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Protective Factors in Preventing Adolescent Alcohol Abuse

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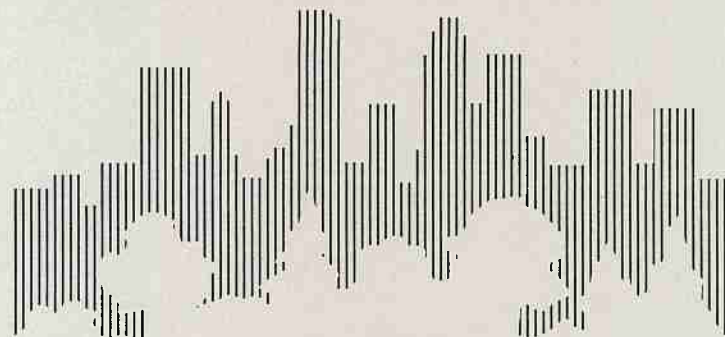
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MASTERS IN SOCIAL WORK THESIS

MSW
Thesis

Robin Leigh Howard

Thesis
Howard

**Protective Factors in Preventing
Adolescent Alcohol Abuse**

1994

ABSTRACT OF THESIS

Protective Factors in Preventing Adolescent Alcohol Abuse

Robin Leigh Howard

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Recent data suggests that the decrease of risk factors and the increase of protective factors relating to adolescent alcohol abuse will aid in the resilience of adolescents and prevent alcohol use. The purpose of this study was to interview several suburban school district support staff on what they understand the protective factors to be with young people they work with in individual schools.

It was determined that, although parental influence has the greatest impact on adolescent alcohol use, school support staff can and do nurture and positively impact the reduction of adolescent alcohol use.

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**Protective Factors in Preventing
Adolescent Alcohol Abuse.**

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CERTIFICATE OF APPROVAL

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has been approved by the Examining Committee for the thesis requirements for the Master of Social Work Degree.

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May 10, 1994

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TABLE OF CONTENTS

Introduction.....	1
Research Questions.....	3
Adolescent Alcohol Abuse.....	3
Prevention.....	5
Risk Factors.....	5
Protective Factors.....	6
Literature Review.....	8
Problem Statement.....	8
Why do Adolescents Drink Alcohol.....	10
Risk Factors.....	11
Alcohol Related Problems for the Adolescent.....	19
Protective Factors in Preventing Adolescent Alcohol Abuse.....	20
Methodology.....	24
Hypothesis.....	24
Rational for Study.....	24
Design.....	24
Population and Sample.....	25
Operational Definitions.....	26
Interview Instrument.....	27
Data Collection.....	27
Findings.....	29
Data Analysis and Discussion.....	41
Limitations of Study.....	44
Implications to the field of Social Work.....	45
Conclusions and Recommendations.....	49

Appendix.....	51
Appendix 1.....	52
Appendix 2.....	54
Appendix 3.....	55
References.....	56

INTRODUCTION

Alcoholism is a disorder of great destructive power. In the United States, alcoholism is involved in a quarter(25%) of all admissions to general hospitals, and it plays a major role in the four most common causes of death in males ages 20 to 40: suicide, accidents, homicide, and cirrhosis of the liver (Vaillant, 1983). The damage it causes falls not only on the alcoholics themselves but on their families as well, and this damage touches one American family out of three. Children of alcoholics are at a high risk of developing alcoholism themselves or marrying someone who becomes alcoholic (Fleming, 1994).

Adolescent alcohol abuse is the focus of this thesis. The use of alcohol, a mood altering chemical, by the adolescent is problematic. Alcohol not only changes mood but also changes cognition and behavior, the three of which are inextricably linked. It is documented that mood altering chemicals alter human physiology, including neurotransmitters. Considering that adolescents already have a feeling of invincibility, the addition of alcohol can be detrimental to the individual.

Adolescence is also the time of life when one goes about the tasks of individuation, emancipation, and separation. To develop one's own identity, separate from parents, develop the capacity to function independently, psychologically and physically separate from their nuclear family in an appropriate manner is very important. Youth who abuse alcohol have a more difficult time with this, as their relationships with family

tend to be marked by conflict and polarized feelings.

Family form and family process surface as major factors in adolescent alcohol abuse (Brody, 1993). David Wilmes of the Johnson Institute (1993) writes about the risk factors that may cause certain young people to be more vulnerable to the abuse of alcohol and other chemicals. They fall into two large categories: the internal and the external. External factors as he sees them are: family, peers and community. Internal factors: psychological, behavioral and biological.

There has been more written within recent years about risk factors concerning adolescent alcohol abuse. I will be exploring those factors in an effort to provide an information base for a proactive prevention program for adolescents where one looks at the protection factors. That would be the internal and external protection factors that the adolescent or a concerned adult could nurture in order to prevent adolescent alcohol abuse.

Research suggests there is a correlation between increased protection factors and the decrease of alcohol abuse by adolescents. Some of the protection factors that have been presented are: 1) adults assisting young people in developing clear values and emotional coping skills; 2) increase decision making skills; 3) looking at alternative highs; 4) increased communication skills; 5) design their own chemical refusal plan (Bell, 1993).

Those protection factors could possibly be generated and developed by the adolescent him or her self but the support of

an adult would very likely increase success.

My intent is to confirm these thoughts on protective factors. The following are the research questions that will help focus on the task of drawing out the data from the research participants.

Research question number one:

What are the protective factors that prevent adolescent alcohol abuse?

Research question number two:

How does one promote protective factors within the adolescent?

In an effort to give the reader a broader understanding of alcohol related issues concerning the adolescent, the following is a brief discussion on: alcohol abuse, prevention, risk factors and protective factors.

Alcohol abuse

One who is abusing alcohol is moving along the continuum of abstinence to chemical dependency. It is this researcher's opinion that an adolescent who is abusing alcohol is probably experiencing many of the attributes of the chemically dependent person. A working definition of chemical dependency is as follows: chemical dependency is a bio/medical and psycho/social illness. It has a genetic base that is significantly influenced by environmental factors which include the addictive potential of the chemical being abused. It is a primary progressive, pathological and love/trust

relationship with a mood altering chemical.

Chemical dependency also results in behavior that is in repeated conflict with personal values and goals. The individual's ability to function physically or mentally in a competent manner is often impaired.

Chemical dependency can be most successfully prevented, diagnosed and treated when taking into account the cultural context in which the chemical use or abuse developed (Bell, 1991; Frances & Miller, 1991).

Youth are exposed to a variety of alcoholic drinks. All of them, if used in excess, will produce intoxication, therefore altering one's chemical makeup. The forms of alcohol used by adolescents are: wine, wine coolers, beer, whiskey, vodka and other forms of distilled liquor. Alcohol is a general depressant, it slows the brain and central nervous system down. There are many dangers related to alcohol abuse: faulty judgment, impaired coordination, emotional instability, aggressiveness, damage to the brain, liver, pancreas, kidneys and risk of death by overdose. Some of the symptoms of alcohol use are: impaired coordination, nervousness, jitteriness, hand tremors, slurred speech, mood swings, emotional instability and decreased inhibitions. The incidence of alcohol use is high, it is the most widely used drug by youth today. Nationally, 92.2% of high school seniors reported use; 55.9% reported use by ninth grade (Wilmes, 1993).

In preventing adolescents from abusing alcohol one protects them from many painful experiences, and some of them

may be life changing.

Prevention

The development and/or enhancement of protective factors is necessary at every level of alcohol abuse prevention. Many prevention programs deal most often with young people who are at the primary prevention level. These young people are those who have not started using alcohol. Primary prevention focuses on reducing the rate of occurrence of alcohol use; preventing the problems experienced by alcohol users; and enhancing individual strengths to protect against alcohol use (Linney, 1991).

Secondary prevention is used to reduce the prevalence of alcohol use among young people who have already made the choice to use alcohol. Enhancing or developing protective factors is a very important piece of secondary prevention as well. Even at the intervention level, which most often will be referred to as treatment, the promotion of protective factors is essential.

Researchers today recognize that alcohol use and related problems of youth have many and interrelated causes. Understanding the causes (risk factors) is very complicated because factors that increase or decrease the probability that youth will use alcohol are found at all levels of society.

Risk factors

As more research is being done on adolescent issues, some of the factors that impact alcohol abuse are being identified. In order to prevent alcohol abuse one must have an understanding

of the possible risk factors. Risk factors fall into two categories, internal and external (Wilmes, Hawkins, Shulman, 1993).

The internal risk factors are those that operate inside the individual. They are most often broken down into three types: psychological, biological, and behavioral. Three types of external risk factors that may affect an individual are family, peers, and community.

A risk awareness approach to prevention seeks to eliminate, reduce, or mitigate the precursors of drug abuse. This kind of approach has already demonstrated success in addressing problems such as heart and lung diseases (Hawkins, 1992).

Protective factors

There is little research focused specifically on protection against adolescent alcohol abuse. In related areas, protective factors have been identified among children exposed to extreme stress because of family dysfunction. These resilient children display a wide range of social problem-solving skills and belief in their own self-efficacy. They seem to have a positive disposition, and an external support system that encourages development of coping skills and promotes positive values.

The specific tasks of protective factors are: establishing clear values, develop emotional coping skills and coping skills, look to alternative highs other than alcohol, improve communication skills, and have an alcohol refusal plan.

These protective factors are life skills that young people must have if they are to resist alcohol (Wilmes, 1988).

LITERATURE REVIEW

Problem Statement

Experimentation with alcohol by young people during high school is happening in staggering numbers. Approximately 90% of high school seniors have consumed alcohol (Cromwell, LeMoine, 1992). Alcohol has been and continues to be the drug most commonly used and abused by adolescents in the United States (Bailey & Rachal, 1993; Holladay, 1987).

Adolescent alcohol use has occupied the attention of alcohol researchers since the mid-1970s. An agreed upon definition of alcohol abuse by adolescents is: Frequent use of alcohol during the teenage years or use that is associated with problems or dysfunctions. This conception of the problem is not meant to condone the infrequent use of alcohol by teenagers, which is a violation of the law; it simply acknowledges that many teenagers try alcohol without becoming involved in frequent problematic use. Characteristics of alcohol abuse include: (1) heavy intake or use intensity, ie. five or more drinks at one time, (2) frequent intoxication, (3) use of alcohol for escape reasons, and (4) experiencing specific negative consequences of drinking (Hawkins, Catalano, Miller, 1992; Bailey and Rachal, 1993).

Whether an individual meets one or more of the operational definitions of alcohol abuse, the ninety percent (90%) experimental rate (Novello, 1992) of alcohol by adolescents is alarming, considering any rate of consumption is illegal by

this age group.

Our society has made some strides in lowering the use of illicit drugs and even tobacco use. This can be attributed to a clear no use message being sent from families, schools, churches, community and the media. However, the messages are not consistent with underage alcohol use. The media sells images that say, "Drink me and you will be macho, drink me... you will have fun... you will be sexy, etc." Some young people also get the message from their parents that drinking alcohol is not as bad as using illicit drugs. Former Surgeon General Antonia Novello, M.D. (1993) stated that she has "done everything I can think of to wake Americans to the real health risk and potential tragedy of saying, 'well, at least my kid doesn't do drugs--he only drinks beer.' This American complacency is killing our children. It is time we all wake up to the fact that alcohol is a drug, and it is one of the most powerful and abused drugs we have in our country today."

Studies show that alcohol use by the adolescent does lead to many serious health risks (Cromwell&LeMoine, 1992). There are other consequences, too, such as truancy, vandalism, date rape, random violence, and even death (Novello, 1992; Tuttle, 1993). Novello cites an incident where a 15 year old boy from Maryland drank 26 shots of vodka at an "all you can drink" party and died two days later. This is not an isolated incident. Only 10 states have the "social host" laws that hold an adult or parent liable for the consequences of underage drinking on

their property. Each individual member of our society must ask themselves, "Will I be part of the problem or part of the solution?"

Why Do Adolescents Drink Alcohol?

The average age of initial use of alcohol now is 11 to 11 1/2 years old. By fourth grade, young people are starting to feel peer pressure to drink alcohol (Ackerman, 1994; Holladay, 1987). Many children who abuse alcohol were exposed to it in their homes (Jones & Houts, 1992), and many young people who experiment with alcohol do so with the alcohol that their parents have in the home.

Many teenagers who drink claim they are using alcohol to handle stress and boredom. A high percentage of them are breaking the stereotype of party drinking by drinking alone (Novello, 1992). Another aspect to why young people drink is the fact that two out of three teenagers cannot distinguish alcoholic from non-alcoholic because the labeling is so similar. According to the Alcoholism Report (January, 1991), 10 out of 15 adolescents brought into a particular hospital emergency room in one night were treated for acute alcohol intoxication. They all had been drinking the same product, Cisco. Cisco looks and tastes like a wine cooler, but in fact one 12 ounce bottle is equal to 5 shots of 80 proof vodka. Reliable information seems to be lacking concerning alcohol and its effects. Two million people do not even know that a law exists pertaining to illegal underage drinking.

The Roper Organization (1990) conducted a poll in which one of the questions asked why young people started drinking. By a wide margin, peer pressure and parents were seen as the most influential factors (Bailey & Rachal, 1993).

In 1989 the National Association of Student Councils reported forty-six percent (46%) of students polled call alcohol the most serious problem in their school. In 1990, seventy-five (75%) of Americans believed the teen drinking problem has worsened in the past five years. According to the Office of Substance Abuse Prevention (Clark,1992) 8,000 to 10,000 young people are dying from alcohol related causes.

Risk Factors

The focus of alcohol abuse research has slowly been shifting from intervention of alcohol abuse to prevention. Intervention happens after a problem with alcohol abuse by an individual is identified. This is most often called treatment. It is possible, according to the literature, to help prevent some young people from abusing alcohol. A prime example of this is the impact D.A.R.E. (Drug Abuse Resistance Education) has had as far as lowering alcohol use statistics with young people in the fifth grade (Minnesota Survey, 1992).

Literature suggests that primary prevention efforts (preventing initial alcohol use), may be more successful if it targets risk factors for alcohol abuse. A risk-focused approach seeks to eliminate, reduce or mitigate the precursors

of alcohol abuse. This new approach contrasts with early alcohol abuse prevention efforts, such as drug information programs, that have been unsuccessful. It is worth noting that the risk-focused approach programs have already proven to be successful with preventing heart and lung diseases (Hawkins, Catalone, Miller, 1992; Johnson Institute, 1993).

Risk factors are those internal or external situations that may lead an adolescent to use or abuse alcohol. To know and understand the risk factors alone does not provide a formula for prevention, but it does help pinpoint targets for prevention problems. Once one has identified the risk factors, it is then possible to determine which factors can be manipulated, which can be moderated, and which cannot be impacted at all.

David Wilmes of the Johnson Institute in Minneapolis, MN (1992) has divided the risk factors as he sees them into two categories, internal and external. However, there are many other researchers who have identified similar factors (Tuttle, 1993; Hawkins, Catalano, Miller, 1993; Poulin, 1992; Brody, Forehand, 1993; Davidson, Ritson, 1993; Jones, Houtes, 1992; Frances, Miller, 1991; Tuttle, 1993; Catalano, Morrison, Wells, Gillmore, Iritani, Hawkins, 1992). The internal and external format is helpful as far as the organization of information.

Internal risk factors are those that operate on the inside of an adolescent. Some general internal factors are those that emerge because of a young person's psychology, behavior or

biology.

Some of the psychological factors that may impact a child's risk level are ambivalence, alienation, egocentricity, immediate gratification, sensation-seeking, and poor impulse control. Sensation-seeking may be linked biochemically to platelet monoamine oxidase (MAO) activity, which has recently been associated with early-onset alcoholism (Hawkins, 1992). Ambivalence toward school, extracurricular activities, and consequences given from authority figures indicate the young person is in a high risk area.

Adolescents who alienate themselves from good friends and family members, who feel alone and different from those around them are at higher risk to abuse alcohol than those adolescents who feel connected to those around them. Egocentricity is definitely a developmental stage that one must move through. Those adolescents who get "stuck" in this stage tend to have little empathy or concern for others, which creates problems in relationships. In order to cope with relationship rejection they may develop antisocial behavior, which often times is associated with alcohol problems. Those young people who have not learned to delay their gratification, who are impulsive and do not plan for the future nor think about consequences are also at risk for alcohol abuse.

Behavioral risk factors are also those that operate within an individual. Early antisocial behavior, such as fighting with peers, teasing and bullying, will eventually cause

alienation and rejection. Which in turn increases vulnerability to alcohol abuse. If an individual experiences early school failure, difficulties with learning concepts and behavior problems at a young age in school there is a tendency to abuse alcohol as they move into pre-adolescence and adolescence.

Another behavioral risk factor is home avoidance. Young people hanging around the school after hours, asking to go home with teachers and older children, working, or spending a lot of time at shopping malls may be an indicators of alcohol abuse risk. Lastly, early use of alcohol is agreed upon by most researchers as indicating problem use as the young person moves toward and through adolescence.

Biological risk factors continue to be researched and studied. The enzyme aldehyde dehydrogenase (ALDH), which decomposes ethanol in the body, has been linked to alcohol abuse. There have been genetic differences found in comparing children of alcoholics and nonalcoholics. Children of alcoholics also have more slow wave activity on the EEG, there is a difference in serum prolactin response to alcohol, more muscle relaxation in response to ethanol and increased levels of acetaldehyde (Hawkins & Fitzgibbon, 1993).

There have been twin and adoption studies done (Frances, Miller, 1991) that have found some correlations for males. Thirty percent (30%) of sons of alcoholics themselves abuse alcohol and about half of treatment patients have no family history of alcoholism. It is interesting to note that very

little genetic transmission of alcoholism in females has been found (Gfroerer & De La Rosa, 1993; Dawson & Grant, 1993). Neurological factors may play a part in alcohol abuse. Young people who are identified ADHD (attention deficit hyperactivity disorder) seem to be at higher risk for developing problems with alcohol abuse.

Two biological aspects that little research has been conducted on are alcohol abuse among the chronically ill, disabled and gender issues. According to the Resource Center on Substance Abuse Prevention and Disability (1991), there is a higher risk for abuse of prescription or street drugs in self-management of pain, whether physical or emotional. Chronically ill or disabled youth may lack in social supports which could increase alcohol abuse risk. The possibility of depression related to being different or to the illness itself may increase risk of alcohol abuse (Tuttle, 1993).

Teets (1991) discusses surveys that indicate males tend to drink earlier, more frequently, and in larger amounts than females. This may not have as much to do with gender/genetics as it does with male role models and a high propensity to use males in alcohol related advertising.

If a young person does become addicted to alcohol, their chances of an ongoing battle with alcohol abuse as an adult greatly increases. Technically this is called dependence relapse syndrome (Vik, Grizzle & Brown, 1992). In summary of the internal risk factors mentioned, it is disturbing to learn

that research suggests that many young people develop problem areas in specifically the behavioral and psychological areas well before their fifth birthday. This should be an indication of when alcohol abuse prevention should begin.

External risk factors impact on an adolescent. Researchers collectively have identified three areas of great importance. Community, family and peer factors make up the world around us. Different indicators within each area may influence an individual to abuse alcohol.

It is important to assess a young person's community to determine what sort of external risk factors an individual may be facing. Is alcohol availability high or low? When alcohol is readily available, consumption increases. When there is insufficient housing, poor conditions and joblessness, there may be an impact on a young person's alcohol use (Poulin, 1992). Lastly, if a community is poorly organized, highly populated, transient, and generally lacks citizen commitment with a high rate of adult crime, this may be an indicator for adolescent crime rates and alcohol use issues to increase. There are some proven ways of decreasing alcohol use in ones' community. One of them is mandating the 21 year old drinking age minimum which has decreased DWIs and highway deaths (Clark,1992).

Without a doubt the two most influential external risk factors are family and peers. If parents and siblings model abuse of alcohol, research shows an increased risk for the young person to develop similar patterns (Bailey & Rachal, 1993).

The more indirect impact of parental use is the attitude that alcohol use is okay. Family management practices, such as unclear expectations for behavior, little or no rewards for positive behavior and very severe punishment for negative behavior may increase alcohol abuse by young people (Jones & Houts, 1992).

Many people like to point the finger at divorced parents as one of the causes of adolescent alcohol abuse. However, studies looking at this particular issue indicate that conflict between members of a family are better indicators than divorced parents in increasing risk of adolescent alcohol abuse. Low bonding or poor family cohesion is another indicator (Watts, 1989). Young people need to belong to a group, if families do not provide something stable for the young person to connect with, it leaves them very vulnerable.

Affiliation with alcohol-using peers increases an adolescent's risk greatly. According to Hawkins (1992), many studies among ethnic groups confirm this relationship. In one study, the influence of peers on drug use was stronger than that of parents for Euro-Americans, African-Americans, Asian-Americans, and Hispanic-Americans (Catalano et al., 1992). Those young people who tend to spend more time at social events, such as parties with their peers, did more drinking, compared to those adolescents who spend more time studying (Teets, 1991).

Many times the media wants to equate the alcohol/drug

problem or the risk of it to the minority populations (Poulin, 1989). Racial differences in alcohol use by a particular population indicated higher use rates by white youth. Out of four hundred and ninety three participants, eighty-eight percent(88%) of the white subjects had used alcohol within the past three months compared to about fifty-three (53%) of the black subjects. In fact, with most alcohol use/abuse studies done, white youth report much higher use than do African-American or Asian-American adolescents (Catalano et al., 1992).

In a study conducted in the state of New York (Barnes,1990) the researchers examined the differences of alcohol use by ethnic groups. The highest rate of drinkers were found among whites(65%) and American Indian(63%). Three factors were identified as making an impact on alcohol use/abuse. 1) Raising the drinking age. 2) schools and communities need to increase their prevention and education efforts. 3) decline in adult use of alcohol and other drugs. Many experts believe that the drinking patterns of adolescents reflect those adults around them, so that a decline in one group leads to a decline in the other," said Dr. Barnes. For the American Indian, some researchers suggest that sobriety comes through spiritual and cultural commitment. Fighting addiction with Indian culture, education of physical dangers, incorporating traditional ceremonies, rituals, and prayers seems to play a part in alcohol abuse prevention among American Indian youth

(Rauch,1992).

The etiology of alcohol use among Hispanic youth is getting much attention by researchers recently. The research has increased knowledge of the role of individual, family, cultural, socioeconomic, and other environmental factors such as living in large urban areas compared to rural areas. Research suggests that one of the best predictors of alcohol use among Hispanic individuals is being male (Gfroerer, De La Rosa, 1993). Acculturation, the process of becoming adapted to a new or different culture and its related stress is significantly related to drug use behavior of Hispanic youth. Hispanics are expected to become the largest minority group in the United States by the year 2010, currently two-thirds of all Hispanics are presently under the age of 30 years old.

Alcohol Related Problems for the Adolescent

By the time adolescents reach driving age, according to the Center for Science in the Public Interest (Clark, 1992), they will have been exposed to 75,000 advertisements for alcoholic beverages. Along with this statistic and the fact that alcohol accentuates the feelings of immortality of youth, drinking and driving is a significant concern.

Fort Hays University President Hammond (Clark,1992), suggests that there is a decline in "Key Life Skills" when alcohol abuse is present. These skills include self-discipline, motivation, judgment and maturity. Alcohol abuse is correlated positively with risk taking behaviors such as

early sexual activity. Sixteen percent (16%) of teens who drink use condoms less often after drinking. Among high school females, eighteen (18%) percent - nearly one in five - said it was okay to force sex if the girl was drunk, and with high school males, almost forty (40%) percent - two out of five - said the same thing (Novello, 1992).

Rape, sexual assault, murder, property offenses and robberies have a high correlation to alcohol or other drug abuse. Approximately one-third of our youth who commit serious crimes have consumed alcohol just prior to illegal actions. Another startling statistic is that seventy percent (70%) of attempted suicides involve the use of alcohol or some other drug. Depression is also a factor in adolescent alcohol abuse. Individuals who are depressed may be prone to use alcohol to put themselves in a better mood, when in fact the use of alcohol depresses the individual even more (Davidson, Ritson, 1993).

Protective Factors in Preventing

Adolescent Alcohol Abuse

Until recently the response to alcohol abuse was treatment strategies, which attempt to change problem behaviors after they happen. This approach does not always work. As one can see alcohol abuse continues to be a serious problem in the United States. This type of treatment is very costly as well as ineffective. It does little in breaking the destructive cycle of the problem spreading to other family members and peers. Instead of continually picking up the pieces of shattered

lives, Hawkins (1993) and other pioneers in this risk-focused/protective factor research field are suggesting we bolster our young people up before there is a problem.

Understanding the risk factors previously mentioned is the first step in alcohol abuse prevention. Secondly, it is imperative that we learn more about protective factors that can shield or protect young people from problems. Something that has been recognized in the research is that problem behaviors such as delinquency, alcohol abuse, violence, school drop-out, and teen pregnancy share common risk factors. If we indeed decrease risk factors for adolescent alcohol abuse, we can make a positive impact on a multitude of problem behaviors.

If one has knowledge of risk factors, the focus of what the problem is becomes clear. Protective factors are attitudes, situations, places, skills, people, etc. that can help buffer the adolescents from the negative consequences of exposure to risk factors by reducing the impact of the risk and/or changing the way a young person responds to the risk.

According to Hawkins (1992) protective factors fall into three separate categories: individual characteristics, bonding, healthy beliefs and clear standards. Individual characteristics consist of attributes that are inherent in a certain young person that are usually not changeable. Gender, as mentioned before, can play a part in alcohol abuse. Given equal exposure to risks such as alcohol abuse, girls are less likely to develop a problem with it. A resilient temperament is

another protective factor. Some young people have the ability to adjust or recover from difficult situations (Benson,1994). A positive social orientation will help reduce risk. Adolescents who are good natured and generally interact positively with others are at reduced risk. Intelligence is also a positive factor.

When a young person bonds with positive family members, teachers, other adults and peers, the risk for alcohol abuse declines. If one is bonded to someone who has a healthy belief about alcohol use the young person is less likely to threaten that bond by abusing alcohol or other negative behaviors. It is encouraging to know that healthy bonding positively impacts many of the risk factors that may be present. Studies done looking at successful children who resided in high risk communities showed that bonding by an adult and child helped to keep young people out of trouble (Watts, 1989).

Bonding needs to be coupled with healthy beliefs and clear, positive attitudes for behavior. To want and expect the best from a child will produce positive results. Adults sharing attitudes about life choices can make a lasting and positive impact on a young person.

As one develops a primary prevention program that includes risk and protective factors, it becomes necessary then to move into the more specific areas such as life skills in preventing alcohol abuse.

Beneficial skills for a young person to have are problem

solving and reading skills; healthy social skills like communication skills, being assertive and understanding it is strength to know when to ask for support (Windle, 1993). Coupled with skill building it is necessary to provide adolescents with opportunities to contribute to their school, family, community and peers. All people, including adolescents have a desire to feel needed in a meaningful and challenging way. Wilmes (1993) points out that as our society moved from agricultural to industrialized, the need for young people to work together with their parents on the farm to support the family disappeared. We now need to create real opportunities within families and communities for young people to contribute in a positive way. In conclusion, young people need to be recognized and affirmed for their efforts at the family, school and community level.

METHODOLOGY

Hypothesis

The hypothesis of this study is that there are protective factors that can decrease adolescent alcohol abuse. The researcher also suggests that professionals within the school system can help develop and nurture these protective factors.

Rationale for Study

As the literature states, alcohol use among adolescents is seen as a major problem by adults and the adolescents themselves. An interesting and disturbing point of fact is that many adolescents who are at risk for alcohol abuse also fall into high risk categories for teen pregnancy, high school drop-out, increased and unprotected sexual activity, increased experience of violence, etc. Therefore, gathering data on protective factors from professionals who work with adolescents may assist in furthering the knowledge that we must expand on, if we are to positively impact the lives of young people.

Design

The purpose of this research is to explore the different aspects of protective factors that adolescents possess within themselves (internal) and/or their environment (external) that prevent them from abusing alcohol. The study will define the protective factors and explore how these factors can be nurtured by support staff within a school district. It will

provide practitioners with knowledge and insight into the challenge of preventing adolescent alcohol abuse.

This is a qualitative study using an eight question telephone interview (see Appendix #3). The data was extracted over a three week period of time, beginning March 14, 1994 through April 1, 1994. There has been a thorough literature review of existing work already done by several researchers who have studied risk factors that present themselves in adolescents' lives and the protective factors that can be nurtured or developed to enhance protection against alcohol abuse and other risk behaviors such as delinquency, and violent behaviors in one's home, school or community.

Population and Sample

Subjects are public school employees who are employed as school social workers, guidance counselors, chemical education counselors and school psychologists.

A nonprobability sampling technique was utilized in this study. The sample was taken from a list of support staff working in one suburban school district. The researcher also works as a support staff person in this school district. She therefore was able to gain permission for the study through the Special Services Coordinator, who is responsible for the support staff within the district.

The cover letter, consent form, (see Appendices #1 and #2) and examples of some questions that may be asked during the telephone interview were sent through the inter-district (no

cost) mail to each support staff working in the school district.

Operational Definitions

Key variables and their operations definitions in this study are:

Protective factors are those individual characteristics or environmental factors that will help prevent adolescent alcohol abuse.

Risk factors are those factors in an individual's life that put him or her at risk for alcohol abuse.

School support staff within this study are school psychologists, school social workers, guidance counselors and chemical education counselors working in a Minnesota suburban school district.

Adolescent is any young person ages thirteen to nineteen.

Abstinence is the non-use of alcohol.

Experimental use is the initial use of alcohol where one is "learning" the effects of the substance.

Alcohol abuse is when the individual uses alcohol for its affects. There may be binge use or frequent use where inappropriate behavior is demonstrated, there is a violation of personal rules and consequences of the alcohol abuse are experienced.

Alcohol dependency can be recognized when the substance becomes the center of one's life. It affects everyone around the person. There is a loss of control, and attempts to stop using

fail. There is a marked change in tolerance for the substance, blackouts and withdrawal occur, and when confronted the individual minimizes or rationalizes their use.

Interview Instrument

The telephone interview consisted of eight questions containing both open and closed questions. The areas of interest were length of experience working with young people, opinions regarding adolescent alcohol use, consequences they have observed when an adolescent abuses alcohol, opinions regarding protective factors that may exist for an adolescent in the prevention of alcohol abuse, and thoughts regarding the nurturance of those protective factors by school support staff.

Data Collection

The cover letter outlined the purpose and procedure of the study. If the individual was willing to participate in the study there were asked to sign, indicate preferred phone number, and return the consent form to the researcher through the inter-district mail by the deadline of March 9, 1994. The researcher began the telephone interviewing on March 14, 1994 and continued through April 1, 1994. The researcher called the telephone number provided on the consent form and if after two efforts to contact the participant the researcher was unsuccessful in reaching the participant, then no other effort was made.

The telephone interviews lasted from fifteen minutes to thirty-five minutes. The consent form and interview results will be kept in a secure place in the researcher's home and will be destroyed after the thesis is completed and approved by the Augsburg College MSW program.

FINDINGS

Cover letters and consent forms were sent to 15 guidance counselors, 11 school social workers, 8 school psychologists, and 4 chemical education counselors. Consent forms that were returned came from 10 guidance counselors, 10 school social workers, 3 school psychologists, and 4 chemical education counselors. The researcher's final sample included 4 guidance counselors, 11 school social workers, 1 school psychologist, and 3 chemical education counselors. The length of experience working with young people with alcohol related issues ranged from 1 year to 35 years.

Table 1

Support Staff	# of Forms Sent	Return Rate	Percent	Completed Interviews	Percent
Guidance Counselors	15	10	66%	4	40%
School Social Workers	11	10	91%	10	100%
School Psychologist	8	3	38%	1	33%
Chemical Education Counselors	4	4	100%	3	75%
TOTAL	38	27	71%	18	67%

The following are the individuals responses given from the professionals interviewed. Each answer is listed only once but may have been given by more than one person (the interview questions are typed in italics, with the responses following.

Why do you think adolescents drink alcohol? Responses were:

- parents drink
- availability of alcohol
- experimentation
- to escape
- it's exciting
- to challenge authority
- it is part of rebelling
- peer pressure
- it is fun
- it is cool to drink alcohol
- to get high
- because adolescents are curious
- because of the media
- every individual has their own reasons - it is different for everyone
- to hide pain
- to get back at parents

- because it is enjoyable
- for the same reasons adults drink alcohol, once powerful effects are realized and understood
- it is often used to medicate feelings
- they like what it does for them
- popular pasttime on weekends and at parties
- everybody does it
- to fit in and find acceptance
- to escape
- it is part of our culture
- some are depressed
- unsuccessful kids get in a spiral downward academically and abusing alcohol may follow
- because of addiction

Do you think it is harmful for adolescents to drink alcohol? Yes or no. If yes, when does it become harmful? If no, when is it okay?

Twenty-one respondents answered yes. Reasons given were:

- interferes with school performance
- interferes with coping skills
- the first drink is harmful
- when they drink to cope with problems
- when they drink to enhance life
- because of hormonal changes going on, alcohol is like a toxic poison to the adolescent's body
- when it interferes with peer relationships
- when it interferes with family relationships
- when there is a preoccupation with alcohol
- when it becomes an addiction
- early onset of use (young age)
- it is against the law
- when an individual experiences blackouts
- when an adolescent plans their day around using
- when an adolescent lies about their use
- when the adolescent steals to get alcohol
- grades suffer
- relationships in general suffer
- when their spirituality suffers
- having the desire to drink alcohol is harmful
- when there is a change in personality you know it

is harmful

- when there are social consequences
- drinking and driving is harmful
- it is always harmful
- when it affects others

Two respondents answered no, and their answers were:

- drinking with parents
- in a controlled setting, experimentation is okay

In your opinion, what are the consequences of alcohol abuse for the adolescent?

- drop in academics
- DWI
- poor peer relationships
- change in friends
- rebellion
- withdraw from school activities
- preoccupation with alcohol
- social-emotional problems
- family relationship problems
- medicates growing pains
- impairs judgment
- will become addicted sooner than adults
- legal involvement
- interrupts maturation

- interferes with graduation
- drop in grades
- car accidents
- early/unrestrained sexual encounters
- rape
- truancy
- involvement with criminal activity
- maturity stops
- interferes with decision making skills
- early learning of a "cheap" and temporary way to have fun without being creative and to deal with stress without being creative
- provokes unhealthy changes in dynamics with family, i.e. decline in trust
- hell on earth
- insanity
- premature death
- imprisonment
- loss of ability to feel good
- loss of job
- positive people lose interest in users
- lack interest in school
- don't reach full potential intellectually

What interventions have you found to work best to intercept the adolescent drinking pattern?

- groups within school
- develop a relationship with them
- referral to A.A.
- involve them with other activities
- education/information on alcohol use
- talk openly with them about use
- allow them to evaluate the good things about using before condemning alcohol use
- after building trust then bring up how the chemical has affected their life
- tough love
- get parents involved
- enforce laws
- refer to treatment
- refer to assessment
- work with family

What would you say the protective factors to be in preventing adolescent alcohol abuse?

- parental standards
- positive school involvement
- support from school personnel
- healthy outlets
- involvement in sports and hobbies
- having self-esteem
- having confidence in self
- strong family values
- feeling included
- feeling like someone cares
- sees their worth
- doesn't want to put goals at risk
- feels connected with one other person or group without use of alcohol
- sense of problem solving
- sense of part of something larger
- have skill to manage emotions
- develop survival skills with a dysfunctional system, i.e. alcoholic family
- can communicate feelings
- know how to have fun
- stable home environment
- parental discipline
- good health (mental/physical)

- good role models
- having a future orientation
- having goals
- having a faith or belief system
- parental modeling of responsible use and very clear messages of disapproval of adolescent use
- education from recovering kids who have been sober for at least six months
- positive peer role models
- parents spending time with young person
- positive school climate
- role definition in family
- good supervision
- good structure at home
- learn responsibility at home
- parental monitoring
- they have a sense of right and wrong
- strong value system

What do you think a professional in the school system can do to nurture protective factors?

- classroom presentations
- group work to build self-esteem
- encourage activities
- individual work with adolescents
- supportive confrontation
- develop a relationship with students
- encourage alcohol-free social activities
- have a mentoring program
- teach conflict resolution
- provide a safe place to talk
- provide a place to practice social skills
- hold kids accountable
- be fair and respectful
- educate parents
- provide alternative activities
- encourage parents and adolescents to be more responsible
- start presenting to kids every other year, beginning in second grade through high school, info and personal experiences of former addicts about alcohol abuse
- do parent education classes
- help with positive peer relations
- going to church

- communication between home and school
- teach parenting skills
- get family involved with kid

In thinking of those student you know who do not use alcohol, what is it about them in your opinion that prevents them from using alcohol?

- good self-esteem
- parental involvement
- involvement in healthy activities
- they know how to have fun without chemicals
- their families are healthy and they have celebrations and traditions that they do together
- they are goal setters
- they have a sense of power in their own life
- they have a sense of future
- stable home
- consistent expectations
- have self-worth
- they don't want to be out of control
- self-confidence
- good family situation
- because it would be breaking the law
- fear of breaking family value system
- family doesn't use

- lack of interest
- getting their needs met somewhere else
- successful in school, which causes good feelings about self which helps in making good decisions
- good peer group
- church involvement
- family support

DATA ANALYSIS AND DISCUSSION

In the analysis of the data and literature review, it is evident that adolescent alcohol abuse needs to be addressed from many different angles. Family involvement and support seems to be a critical piece in protecting a young person from "at-risk" behavior. Family dynamics not only affect the external protective factors, by providing boundaries and supervision, the family is the foundation of a young person's internal protective factors. Healthy coping skills, the ability to communicate and feeling secure with one's self all originate from the family experience.

Schools and the community also play an important role in helping protect young people from alcohol abuse. The school experience can add to a positive family environment or in some situations the school may be the sole provider of learning healthy coping, social, emotional skills. School can also be a place where young people feel cared for and accepted which boosts self-worth.

A young person's choice of friends also stands out as a factor in whether or not an individual uses alcohol. More than any other time in a person's life, adolescence seems to be when friends take priority in one's life. The 1992 Minnesota Student Survey (1992) states that, "most (adolescents) still find the greatest pleasure in the time they spend with their friends."

As school social workers and other school support staff

attempt to make a positive impact on adolescent alcohol abuse, we must strive to build up and strengthen internal and external factors in an individual's life. The ways in which this task can be accomplished is very diverse.

In attempting to impact the internal protective factors a school support person can assist with making the classroom content relevant to life situations and affirm and nurture success in diverse areas as students learn what they are interested in. It is also helpful to put up posters and have literature available on post high school educational institutions, to encourage educational goals. To nurture school performance, it is suggested to expect the best and encourage parents to do the same. It is crucial to review study skills and continually hold students accountable for finishing a task or assignment.

Group learning, where students learn to help one another provokes a positive experience for a young person. Developing a peer helper or peer tutoring group within a school encourages the value of helping others. The development of global concerns by the students is also a task that leads to growth and protection against risky behaviors.

It is important for school staff to model respect and concern for each other as well as students. This behavior will be helpful in teaching skills in conflict resolution. If the atmosphere is respectful, it will be easier to encourage students to express their beliefs and ideas without being

afraid of being put down. Encouraging youth to express their values and talk with them about how the choices they make affect many aspects of their life. Helping young people talk through why they make a particular decision and practice decision making skills so that they are fresh in the student's mind when needed are some of the ways adult can make a positive impact in an individuals' life.

School staff can enhance friendship making skills by cross-grading classrooms and small group situations. It is healthy to mix students so they can experience relating to diverse peers. As young people experience the differences and the sameness of their peers it nurtures the connected feeling one needs to feel secure. If one feels secure it is easier to handle criticism, have dreams for the future, and accomplish academic and personal tasks (Search Institute, 1994).

The support staff can make an impact on the external protection factors by increasing communication to parents and community organizations. Call or write parents to give them feedback on their child. Include young people and their parents in decision making regarding the school experience. A sense of ownership creates a positive school climate. Whenever possible, the school personel should show respect and reinforce family values and rules, this creates an expected standard in and out of school.

LIMITATIONS OF THIS STUDY

One of the central limitations of this research was not including adolescent interview subjects. An integral part of the research was to determine what support staff within a school district can do to enhance protective factors in preventing adolescent alcohol abuse. The knowledge and experience of those support staff is invaluable, but speaking with the adolescent population in addition to those interviewed would have improved the validity of the research.

The sample of professionals interviewed were homogeneous in terms of ethnicity and socio-economic position. As one attempts to draw pertinent conclusions for the broader population, it would be necessary to include a more diverse group of individuals in a further study of protective factors regarding adolescent alcohol abuse.

The telephone interview presented limitations in that there were not set appointments. It was difficult to make connections with the interview subjects. An option for further study would perhaps be to send a questionnaire to professionals to send back written responses. In the interview questions use (see Appendix 3) the wording of question number three may have made the participants feel as though they had to answer that alcohol use by adolescents is harmful. One should strive for presenting the material in a neutral way.

IMPLICATIONS TO THE FIELD OF SOCIAL WORK

Anywhere a social worker may find themselves working, there they will encounter chemical use issues. The social work field is key in the prevention of chemical abuse and other risky behaviors. Benson (1994) presents twenty (20) behaviors that could put youth in an "at-risk" category. These behaviors potentially limit psychological, physical or economic well-being during adolescence or adulthood. The co-occurrence of alcohol use and other potentially harmful activities is very common. For example, if a student is at risk in the area of alcohol use, then the likelihood that he or she would also be at risk in the area of sexuality is seventy percent (70%), and the chances that he or she is at risk for vehicle safety is eighty six percent (86%) (Benson, 1994).

The practitioner working with adolescents confronts the "at-risk" domain frequently. These areas include alcohol use, tobacco use, illicit drug use, sexuality issues, depression/suicide, anti-social behavior (fighting, theft, vandalism, etc.), school issues (such as truancy and academic failure) vehicle safety and other issues.

To promote prosocial behavior within adolescents, one must have an understanding of the potential risk and protective factors for an adolescent. As stated earlier, this is a complex task because each individual relates to their family, peers and community in their own way according to their own personality. For the practitioner in the field of social work the data

suggests that a commitment to helping prevent or mitigating risk factors and promoting protective factors is necessary to alter the frequency with which adolescents make choices which compromise their health or jeopardize their future.

The data and literature suggest that social workers and other support staff, specifically within the school system, can promote protective factors or positive change by doing classroom presentations or small groups on topics such as self-esteem, conflict resolution and relationship skills. Another important task is developing one on one relationships (bonding) with youth. The role of parent educator or at least parent communicator is something the social worker can facilitate in the school system. Educating and supporting parents in limit setting, nurturing, and social issues confronting adolescents would all be included in this task. This study also suggests that offering quality prevention programming in different risk areas and promoting positive values such as caring for others will aid in the resiliency of our young people.

Other implications of this study, on the field of social work, point toward increased knowledge by the practitioner concerning alcohol use by adolescents. Knowing the signs, symptoms, and repercussions of alcohol use is imperative. This line of thinking suggests dual licensure for the social worker or perhaps the requirement of a chemical dependency certification. There is a prevention specialist degree offered at the University of Minnesota which appears to equip

practitioners with skills to address a multitude issues in a proactive milieu. Social workers could perhaps serve their clientele more effectively with a stronger background in prevention skills.

All the new research points toward promoting resiliency, increasing protective factors and building on individual strengths. Social workers and other professionals in the social service field must move out of the medical model mind set of treating the sick and dwelling on the dysfunction. This is a call to promote the positive attributes of an individual and increase one's knowledge of preventing (not just the intervention of) "at-risk" behaviors among adolescents and other individuals.

The implication of not focusing on prevention strategies is an increase in adolescent incidence and prevalence rate of all kinds of "at-risk" behaviors: increased alcohol, tobacco and illicit drug use; sexuality issues, rape, increased sexually transmitted diseases, increased unintended pregnancies; increased depression and suicide; increased adolescents involved in the juvenile justice system because of vandalism, assault, homicide, and theft; use of weapons; increase of school absenteeism and desire to drop out; more deaths while driving under the influence of alcohol and increased health problems (Benson, 1994).

Those practitioners working in the field of social work find themselves in a strategic role in helping youth develop the

protective factors needed to make positive life choices.

CONCLUSIONS AND RECOMMENDATIONS

This research study was void of diversity because of being conducted in one homogeneous school district. However, the current literature also lacks diversity in the discussion of ethnicity, gender, sexual preference, and disability issues in regard to adolescent alcohol abuse. Due to the limited research it is hard to predict whether protective factors within different populations would have commonality. Future studies may find it advantageous to promote specific protective factors within certain groups of people instead of trying to fit everyone into the same mold.

As we strive to create an atmosphere and society where kids can grow-up healthy and happy, the literature points in the direction of prevention. We must understand the risk factors that are inherent in our families and society, we must also understand the protective factors that can and do make a difference in helping young people grow into healthy adults.

Based on recent literature and the information derived from the researcher's study it is imperative for practitioners to stay abreast of current prevention issues. Both protective factor research and research on effective schools clearly identifies three characteristics of schools that provide this sort of protection for youth: caring and support, high expectations, and youth participation and involvement (Ackerman, 1994).

It was not surprising to find that most of the subjects

interviewed in this study understood the importance of protection factors. Through their years of experience they have seen those students "survive" adolescence who possess the fore named protective factors. Through out the interviewing process two different views emerged. There are those that feel strongly about working primarily with the family (parents), teaching and supporting them in healthy parenting skills. Others spend most of their energy working with the adolescents themselves, "bonding", teaching protective factors, and identifying the risk factors that they may need to overcome. It is the researcher's opinion that both strategies are equally important. And to those of us who are tired and wondering about the impact that we can have in this life changing endeavor, I ask, "if not us...then who?".

APPENDIX

APPENDIX #1

Cover Letter

February 24, 1994

Dear _____,

I work in the student services office at (). My role there is divided into three areas: guidance, chemical health, and school social work.

A year and a half ago I was accepted at Augsburg College, in the MSW program. I am now doing the research for my thesis. The area I am interested in at this point is protective factors that adolescents may or may not have within themselves and in their environment to prevent alcohol abuse.

You can be of assistance, if you choose to do so, by allowing me to interview you over the telephone. Length of interview will be approximately fifteen minutes.

You have been chosen for this study because you are a support staff in the () school system.

The information received through this interview will be used in my thesis but the school district as well as your identity will remain anonymous. If you choose not to participate in this project, it will in no way affect our working relationship, your

relationship with () or ()
School District.

Find attached the interview questions to be used during the telephone interview. If you volunteer to participate in the interview you are still allowed to not respond to any question with which you may feel uncomfortable. You may also choose to terminate your participation at any time during the interview. Please return the attached form if you are willing to participate. (Please respond by March 9, 1994 if you intend to participate.)

Thank you,

Robin Howard

W# 784-2010

H# 786-8477

APPENDIX #2
Consent Form

I have read the consent form. I have asked questions and received answers. I consent to participate in Robin Howard's research project.

Signature

Date

Telephone number

Signature of the Investigator

I will call you after receiving this form. Please send through the inter-district mail to Robin Howard ().

APPENDIX #3

Interview Questions

1. How long have you worked with young people where there may have been alcohol related issues?

2. Why do you think adolescents drink alcohol?

3. Do you think it is harmful for adolescents to drink alcohol? If yes, when does alcohol use become harmful? If no, when is it okay?

4. In your opinion, what are the consequences of alcohol abuse for the adolescent?

5. What interventions have you found to work the best to intercept the adolescent drinking pattern?

6. What do you believe the protective factors to be in preventing adolescent alcohol abuse?

7. How can a helping professional in the school system nurture those protective factors?

8. Thinking about young people who do not use alcohol, what is it, in your opinion, that prevents them from using alcohol?

**REQUEST FOR APPROVAL FOR THE USE OF
HUMAN SUBJECTS IN RESEARCH
Social and Behavioral Sciences**

1. Project Title: (Use same title as grant application, if applicable)

Protective Factors in Preventing Adolescent Alcohol Abuse

2. Principal Investigator Robin Leigh Howard, BSW

(first mi last degree)

Telephone number 612-784-2010

College department name Augsburg-Social Work Dept

Investigator's address 5100 Edgewood Drive
Mounds View MN 55112

(For IRB Use Only)

Approval #: 94-20-1

3. Check one:

Faculty / staff research

Fellow / post doctoral

Student Research

Undergraduate

Graduate

4. If principal investigator is a student:

Advisor's Name: Dr. Egas

Address: 2211 Riverside Avenue

Minneapolis MN 55454-1351

Telephone 612-330-1000

5. Applications for approval to use human subjects in research require the following assurances and signatures to certify:

- The information provided in this application form is correct.
- The Principal Investigator will seek and obtain prior written approval from the IRB for any substantive modification in the proposal, including, but not limited to changes in cooperating investigators, agencies as well as changes in procedures.
- Unexpected or otherwise significant adverse events in the course of this study will be promptly reported.
- Any significant new findings which develop during the course of this study which may affect the risks and benefits to participation will be reported in writing to the IRB and to the subjects.
- The research may not be initiated until final written approval is granted.

This research, once approved, is subject to continuing review and approval by the IRB. The PI will maintain records of this research according to IRB guidelines.

If these conditions are not met, approval of this research could be suspended.

Signature of Principal Investigator [Signature]

Date 12-27-93

Student Research: As academic advisor to the student investigator, I assume responsibility for insuring that the student complies with College and federal regulations regarding the use of human subjects in research:

Signature of Academic Advisor [Signature]

Date 12-27-93

Faculty/Staff Research: As department chair, or designed, I acknowledge that this research is in keeping with the standards set by our department and assure that the principal investigator has met all departmental requirements for review and approval of this research.

Signature of Department Chair Rosemary Link

Date 1-3-94

Signature of IRB Chair Vera Stebley

Date 2-28-94

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