

2003

The Willow Tree Teen Institute: an Evaluative Study of a Resiliency-Based Substance Abuse Prevention Program for Middle School Students

Susan Hunter-Mazzella
Seton Hall University

Follow this and additional works at: <https://scholarship.shu.edu/dissertations>

 Part of the [Educational Administration and Supervision Commons](#), and the [Medical Education Commons](#)

Recommended Citation

Hunter-Mazzella, Susan, "The Willow Tree Teen Institute: an Evaluative Study of a Resiliency-Based Substance Abuse Prevention Program for Middle School Students" (2003). *Seton Hall University Dissertations and Theses (ETDs)*. 1696.
<https://scholarship.shu.edu/dissertations/1696>

THE WILLOW TREE TEEN INSTITUTE:
AN EVALUATIVE STUDY OF A RESILIENCY-BASED
SUBSTANCE ABUSE PREVENTION PROGRAM
FOR MIDDLE SCHOOL STUDENTS

By

Susan Hunter-Mazzella

Dissertation Committee

Dr. Anthony J. Colella, Mentor
Dr. John Collins, Committee Member
Dr. Joseph Potaski, Committee Member
Dr. Mariana Pedro-Medlin, Committee Member

Submitted in partial fulfillment of the
Requirements for the Degree of Doctor of Education
Seton Hall University

2003

TABLE OF CONTENTS

LIST OF TABLES.....iv
LIST OF FIGURES.....vi

I. INTRODUCTION.....1

The Problem.....1
Background Information.....4
Purpose of the Study.....8
Significance of the Study.....9
Research Question.....9
 Subsidiary Questions.....9
Definition of Terms.....10
Limitations.....12
Organization of the Study.....13

II. REVIEW OF RELATED LITERATURE.....15

Introduction.....15
Assessing Middle School ATOD Prevention Programs.....16
The Drug Abuse Resistance Education Model.....18
The DARE Controversy.....22
The Risk and Protective Factors Model.....22
The Problem with Identification.....24
Resiliency Defined.....28
Historical Overview of Resiliency Research.....30
Summary.....34

III. THE WILLOW TREE TEEN INSTITUTE.....37

Introduction.....37
Overview.....38
Participants.....39
The Conference.....39
Follow-Up.....46
Resiliency Skills Addressed.....47
Summary.....48

IV. METHODOLOGY.....50

Overview.....50
Participants.....50
Procedure.....51
The Questionnaire.....51
Data Analysis.....52

Summary.....	53
V. PRESENTATION OF DATA.....	55
Introduction.....	55
Category I - Advisor Background/Demographics.....	56
Summary of Category I.....	59
Category II - Action Plans/Follow-Up.....	64
Summary of Category II.....	68
Category III - Collaboration.....	73
Summary of Category III.....	76
Category IV - Resiliency Components.....	81
Summary of Category IV.....	86
Category V - Advisor Feedback.....	89
Summary of Category V.....	97
VI. CONCLUSIONS AND RECOMMENDATIONS.....	110
Summary.....	110
Advisor Background and Demographics.....	111
Action Plans and Follow-Up.....	112
Collaboration.....	114
Resiliency.....	115
Advisor Feedback.....	117
Implications.....	122
Implications Regarding Policy.....	122
Implications Regarding Practice.....	123
Recommendations for Future Research.....	125
REFERENCES.....	127
APPENDIXES.....	134
Appendix A: The Questionnaire.....	134
Appendix B: The Action Planning Process.....	143
Appendix C: The Conference Agenda.....	150
Appendix D: The Speakers.....	154

LIST OF TABLES

Table 1. Conference Attendance.....56

Table 2. Advisor Roles.....57

Table 3. Student Risk Percentages.....59

Table 4. Success of Action Plans.....64

Table 5. Networking Success.....66

Table 6. Quality of Follow-Up Help.....67

Table 7. DARE Collaboration.....73

Table 8. Collaboration with Municipal Alliance.....74

Table 9. Completion of Collaborative Projects.....75

Table 10. Improvement of Resiliency Skills.....81

Table 11. Resiliency Components Addressed.....82

Table 12. Most Effective Component.....83

Table 13. Component Most Frequently Addressed.....84

Table 14. Most Important Component.....85

Table 15. Frequency of Student/Advisor Meetings.....89

Table 16. Degree of Advisor Satisfaction.....90

Table 17. Advisor Reward Level.....90

Table 18. Risk Levels Most Benefited.....91

Table 19. Advisor Idea of Good Base Program.....92

Table 20. Cost Issue.....94

Table 21. Change in School Climate.....95

Table 22. Types of Climate Change.....95

Table 23. Program Effectiveness.....96

Table 24. Return to Program.....96

LIST OF FIGURES

Figure 1. Number of Times Advisors Attended Conference...	61
Figure 2. How Advisors Describe Their District.....	62
Figure 3. Risk Factors of WTTI Students.....	63
Figure 4. Action Plan Success.....	70
Figure 5. Ability to Network.....	71
Figure 6. Quality of Follow-Up Help.....	72
Figure 7. Collaboration with DARE Officer.....	77
Figure 8. Collaboration with Municipal Alliance.....	78
Figure 9. Collaborative Projects.....	79
Figure 10. Use of Technology.....	80
Figure 11. Improvement of Resiliency Skills.....	88
Figure 12. Frequency of Advisor/Student Meetings.....	100
Figure 13. Level of Advisor Satisfaction.....	101
Figure 14. Advisor Reward Factor.....	102
Figure 15. Amount of Students Benefited.....	103
Figure 16. Advisors Ideal Prevention Program.....	104
Figure 17. Cost Factor Issue.....	105
Figure 18. Change in School Climate.....	106
Figure 19. Type of Climate Change.....	107
Figure 20. Advisor Opinion of WTTI Effectiveness.....	108
Figure 21. Advisor Participation in 2003.....	109

ABSTRACT

The Willow Tree Teen Institute: An Evaluative Study of a Resiliency-Based Substance Abuse Prevention Program for Middle School Students

Since the late 1960's, the use of alcohol, tobacco, or other drugs (ATOD) by adolescents has been a persistent problem in the United States. Research by the New Jersey Department of Law and Public Safety's Task Force on Juvenile Drug and Alcohol Use in New Jersey (1999) indicates that about four in every five students report having used alcohol at some time in their lives. That, coupled with findings by the Children of Alcoholics Foundation that there are at least 11 million children living in alcoholic families, causes concern over the effectiveness of current and past prevention programs.

During the past decade, a number of strategies have been used by educators to help to reduce the problem of adolescent ATOD use. Some have proven to be successful, while others have not. Considering the number of youth in high risk environments and the number who are presently experimenting with substances, particularly alcohol and tobacco, the consensus is that ATOD prevention programs need to target all students, not just those who appear to

be at risk.

Resiliency studies altered the perspectives of prevention educators who began to focus on their students' strengths rather than their weaknesses. Many very effective resiliency based prevention programs emerged from this change in perspective. A benefit of resiliency based prevention programs is that they target all children, not just those who appear to be at risk.

The Willow Tree Teen Institute is an alcohol, tobacco, and other drug (ATOD) prevention program that focuses on building resiliency in students in grades 5 through 8. This study examines the Willow Tree experience from the perspectives of prevention professionals who have acted as advisors to groups of student participants.

A questionnaire designed by the researcher was completed by approximately 75 past and present advisors. An analysis of the data helps the reader to understand the phenomenon of the Willow Tree Teen Institute as an alcohol, tobacco, and other drug (ATOD) prevention program.

CHAPTER I
INTRODUCTION

The Problem

With her head held high and a look of confidence on her face, 13 year old Bethany walked onto the stage of the auditorium to receive her award. No one in the audience seemed the least bit surprised at this achievement because Bethany is a middle school superstar. Not only is she in the top of her class academically, she is also a student council member, a cheerleader, and an aspiring artist and writer. She is popular with her peers and well liked by adults. She is trustworthy, enthusiastic, self-motivated and is rarely seen without a smile. She is, indeed, an eighth grader with a bright future.

What sets Bethany apart from her peers, however, is not her long list of achievements. After all, there are many high-achieving students in schools all across America. Unfortunately, what makes Bethany remarkable is something that a standardized test can't measure. Each day when she leaves the safety of the school building, Bethany goes home to a father who is an abusive non-functioning alcoholic and a mother who is so fearful and emotionally needy that she can barely care for herself. When Bethany walks through her

front door, she changes from academic superstar to primary caretaker of her entire family. She cleans, cooks, changes diapers, washes clothes, consoles her mother, breaks up fights, goes on errands, puts on Band-Aids, appeases bill collectors, listens to drunken obscenities, and still somehow manages to complete her homework. She is also, miraculously, drug and alcohol free. What makes Bethany remarkable is that somewhere along the way she has learned how to rise above the adversities in her life. She has become resilient.

It is uncertain, however, how long this resiliency will last considering her abusive environment and her obsession with perfection. As a child of an alcoholic (COA), Bethany needs support from the outside to help her to develop a healthy life style. Her problem, however, is not unique.

According to The National Association for Children of Alcoholics (1998), 76 million Americans (about 43% of the U.S. adult population) have been exposed to alcoholism in the family and that roughly one in eight Americans is either alcoholic or experiences problems due to the use of alcohol. Findings indicate that there are an estimated 26.8 million children of alcoholics (COAs) in the United States today. Over eleven million of them are under the age of 18. This fact becomes evident in the public school system, where a teacher can expect to find four to six children of alcoholics in a typical classroom (Leite & Espeland, 1987).

Unfortunately, many children of alcoholics (COAs), such

as Bethany, fail to receive the services they both need and deserve. Paradoxically, the coping skills that keep them temporarily safe may prevent them from receiving help. Their skills may mask the fact that they are children of alcoholics.

According to Wegscheider-Cruse (1981), this problem exists because children in alcoholic families tend to take on specific roles. She has identified four basic roles that are played out by children of alcoholics. They are the "family hero", the "scapegoat", the "lost child", and the "mascot". Sometimes a person assumes more than one of these roles, or may even change from one role to another, but in all families, each of the roles is always played out.

The first role, that of the family hero, is usually assumed by the oldest child. The family hero is the one who is responsible for bringing respectability back to the family. This child will do anything to please the alcoholic parent. As an over-achiever, both at home and at school, Bethany certainly fits this description. However, our superstar also assumes a second role, that of the "lost child". According to Wegscheider-Cruse, the job of the lost child is to provide some relief to the family. He or she allows the family to believe that there is at least one child who causes no problem. Again, that describes Bethany perfectly and it is for that reason that she may slip through the cracks. Bethany may be a superstar now, but how long can she maintain her strength without the support and

encouragement of her school and community? How long will it be before Bethany changes from "hero" to the defiant "scapegoat" who frequently acts out or to the childish "mascot" who thinks that all problems can be solved by acting silly and foolish? How long can she maintain her resiliency without some help from the outside?

Statistically, with one alcoholic parent, Bethany has a 25% chance of becoming an alcoholic herself and a 50% chance of someday marrying into addiction (Children of Alcoholics Foundation, 1999). These are not good odds by any means. Although children like Bethany curiously manage to defy the odds, most are not as skillful. Many children, including those from non-alcoholic homes, frequently turn to alcohol during those difficult teenage years.

According to the New Jersey Department of Law and Public Safety's Task Force on Juvenile Drug and Alcohol Use in New Jersey (1999), about four in every five students (78.5%) reported having used alcohol at some time in their lives, while 36.9% reported having used within the past year. These statistics generate questions regarding the effectiveness of current and past prevention programs.

Background Information

For over two decades, funding has been allocated from both private and public resources to help researchers to develop effective drug and alcohol prevention strategies. There is evidence that some techniques such as scare

tactics, large assemblies, and didactic presentation of materials have not proven to be effective (Tobler & Stratton, 1997). "Research has shown that programs relying solely on providing information are not only ineffective, but may actually result in a greater likelihood of drug experimentation (Bangert-Drownes, 1988). Current programs such as D.A.R.E. (Drug Awareness Resistance Education) that incorporate those types of strategies have recently come under scrutiny for their lack of effectiveness. According to Rosenbaum & Hanson (1998), D.A.R.E. is "the nation's most popular school-based drug education program." It is "administered in approximately 70% of the nation's school districts, reaching 25 million students in 1996, and has been adopted in 44 foreign countries. According to Upton (2000), "for all of D.A.R.E.'s expense, a four month Detroit News study found teens in districts that offered DARE in elementary school were no less likely to try drugs and alcohol than teens from districts without D.A.R.E."

Many prevention specialists use the Risk and Protective Factors Model in their prevention programs in an attempt to address the problem of adolescent alcohol, tobacco, or other drug (ATOD) use. This model is based on the theory that certain aspects of an individual's personal life and environment can be indicative of a potential for alcohol, tobacco, or other drug (ATOD) use. The factors associated with an increased potential for ATOD use are referred to as *risk factors*, while those associated with a

reduced potential for ATOD use are called *protective factors* (Catalano, Lehman, & Hawkins, 1994).

The goal of these types of programs is to reduce the known risk factors, while increasing the known protective factors. This dual approach has led to the development of many effective ATOD prevention programs. However, the problem with prevention programs based solely on the Risk and Protective Factors Model is that they target the "high-risk" student. With this approach, the danger exists that a child who is considered to be "high-risk" may become labeled and singled out, causing embarrassment and humiliation. Conversely, children who have few risk factors and many protective factors in their lives may be perceived to be at "low-risk" for substance abuse and may be overlooked. In fact, it is conceivable that our previously mentioned student, Bethany, might appear to be "low-risk" to educators and other professionals who are unaware of her home life. Professionals who rely solely on the Risk and Protective Factors Model of prevention could easily overlook her.

The previously cited study by the New Jersey Department of Law and Public Safety's Task Force on Juvenile Drug and Alcohol Use in New Jersey (1999) indicates that about four in every five students reported having used alcohol at some time in their lives. The implication for substance abuse professionals is that prevention programs should encompass the entire population of students, not just those perceived

to be "high-risk" according to the Risk and Protective Factors Model. Researchers Konrad and Bronson (1997) contend that it is time for "a paradigm shift from an "at-risk" perspective to one that views people as resources, as experts in their own lives, and as possessing innate mental health, and well-being."

Recent studies by researchers such as Drs. Steven and Sybil Wolin (1993) and Bonnie Benard (1996) attempt to make that paradigm shift a reality. They have also been able to answer the important question that the Risk and Protective Factors Model fails to answer. That is, why do some children who are overwhelmingly at risk, with few protective factors, manage to rise above their adversity, while others in similar circumstances succumb to it?

Researchers such as the Wolins and Bonnie Bernard attribute it to *resiliency*. According to Dr. Stephen and Dr. Sybil Wolin, individuals are able to rise above adversity by developing specific life skills that cause them to become resilient. Wolin & Wolin (1993) describes resiliency as a paradox that "encompasses both the psychological damage and the enduring strength that result from struggling with hardship (p. 7)." Individuals are able to rise above adversity by developing certain life skills. They are insight, independence, relationships, initiative, creativity, humor, and morality.

The Willow Tree Teen Institute is an alcohol, tobacco, and other drug (ATOD) prevention program that focuses on

building resiliency in students in grades five through eight. It is an intensive four-day experience that is designed to transform students into prevention advocates. It does this through creative and engaging activities that are specifically structured to empower the participants by giving them an increased awareness of their own uniqueness and a deeper understanding of the social dynamics that exist within their homes and communities. Students are taught how to identify risk factors their schools and communities and subsequently learn to create a custom-made action plan to address their specific needs. Following the Willow Tree experience, the students return to their respective schools to carry out their plan. They then network throughout their schools and communities to encourage others to join them in their quest.

It is the belief of the researcher that participation in the Willow Tree Teen Institute program will impact upon students in a positive way regardless of their individual risk and protective factors.

Purpose of the Study

The purpose of this study is to understand the Willow Tree experience from the perspectives of prevention professionals who have acted as advisors to groups of students who have participated in the Willow Tree Teen Institute program.

Significance of the Study

This study is significant when considering the seriousness of the problem of adolescent ATOD use by students regardless of their perceived risk factors. Hopefully, understanding the experience of resiliency building and the effects of a resiliency-based ATOD prevention program on students from diverse backgrounds will facilitate the development of similar "generic" style prevention programs that can address the needs of both high-risk students and those who do not appear to be at-risk.

Research Question

How will prevention professionals, who have acted as advisors to groups of students in grades 5-8, perceive the experience of participating in Willow Tree Teen Institute, a short-term, intensive, resiliency-based alcohol, tobacco, and other drug prevention program?

Subsidiary Question

1. Did the climate of the schools change as result of student and advisor participation in the Willow Tree Teen Institute program?
2. In the advisors' opinions, were the student participants changed by their Willow Tree experience?
3. Did the conference represent a true cross-section of students in regard to their risk factors?

4. What type of student was most benefited by the Willow Tree experience?
5. Upon their return to their respective schools, were the participants successful in their quest to involve other students?
6. Did the Willow Tree experience change the advisors in any way?
7. Did the advisors feel that the Willow Tree conference was a resiliency-building experience for their students?
8. What were the strengths and weaknesses of the conference according to the advisors?
9. Would the advisors recommend the Willow Tree Program to their colleagues?
10. How does the Willow Tree Program rate compared to the advisors' currently used school program?
11. Will the advisors continue to attend the WTTI conference?
12. What changes could be made to improve the program according to the advisors?

Definition of Terms

1. COA: An acronym for child of an alcoholic.
2. Child of an Alcoholic: Any person under the age of 18 whose life has been affected through the use and/or abuse of alcohol by one or both parents or step-parents.
3. ATOD: An acronym for alcohol, tobacco or other drugs.
4. Resiliency: A paradox that encompasses both the

psychological damage and the enduring strength that result from struggling with hardship.

5. Components of Resiliency: The life skills needed for individuals to rise above adversities in their lives. They are insight, independence, relationships, initiative, creativity, humor, and morality.

6. Insight: The habit of asking tough questions and giving honest answers.

7. Independence: Drawing boundaries between yourself and troubled parents; keeping emotional and physical distance while satisfying the demands of your conscience.

8. Relationships: Intimate and fulfilling ties to other people that balance a mature regard for your own needs with empathy and the capacity to give to someone else.

9. Initiative: Taking charge of problems; exerting control; a taste for stretching and testing yourself in demanding tasks.

10. Creativity: Imposing order, beauty, and purpose on chaos of your troubling experiences and painful feelings.

11. Humor: Finding the comic in the tragic.

12. Morality: An informed conscience that extends your wish for a good personal life to all of humankind.

13. Risk Factors: The factors in an individual's life that are associated with an increased potential for alcohol, tobacco, and other drug (ATOD) use.

14. Protective Factors: The factors in an individual's life that are associated with a reduced potential for alcohol,

tobacco, and other drug (ATOD) use.

15. WTTI: An acronym for the Willow Tree Teen Institute

16. Action Plan: A custom made plan of action that is suitable to each school's specific needs. This plan is devised by students and advisors with the help of a WTTI staff member and is implemented by the students following completion of the conference.

17. Advisor: Person responsible for coordinating the action plan of a specific group of students. The advisor usually selects the students who will attend the conference, helps them to create an action plan for their school and community and oversees implementation of that plan.

18. WTTL (pronounced "whittle"): An acronym for Willow Tree Teen Leader. WTTLs are selected from a group of WTTI graduates and are considered junior staff members during and after the conference.

19. WIC: (pronounced "wick"): An acronym for Willows in College. WICs are WTTLs who have gone on to college. They help to oversee the WTTL program.

Limitations

Limitations of this study relate to the use of a questionnaire as a tool to collect data. Because of the intense nature of the program being researched, respondents may have answered on an emotional, rather than an analytical level.

The willingness to respond to the nine-page questionnaire may also have influenced responses. The respondents may have felt a time constraint since many of the questions required detailed explanations.

The fact that several of the advisors surveyed had held staff positions at prior Willow Tree Teen Institute conferences may also have influenced their responses.

Finally, only twenty of the seventy-four advisors responded to the request to participate in this research which limited the scope of the study.

Organization of the Study

This study is presented in six chapters. Chapter I provides an introduction to the study, including an explanation of the problem, background information, statement of the problem, significance of the study, the research question and subsidiary questions, definition of terms, limitations of the study, and the organization of the study.

Chapter II reviews the literature related to the assessment of prevention programs, and an overview of currently used prevention programs such as the Drug Abuse Resistance Education Program, programs emanating from the Risk and Protective Factors Model, and resiliency-based programs. This Chapter also explores the effectiveness of these types of prevention programs.

Chapter III describes the actual conference on a day

to day basis, explains the various components of the program, and efforts at follow-up interaction with each school district.

Chapter IV describes the instrument and procedures used to collect the data.

Chapter V presents an analysis of the data collected from the questionnaires.

Chapter VI is a summary of the study with conclusions and recommendations by the researcher.

CHAPTER II

REVIEW OF RELATED LITERATURE

Introduction

Since the late 1960's, the use of alcohol, tobacco, or other drugs (ATOD) by adolescents has been a persistent problem in the United States. Current research by the New Jersey Department of Law and Public Safety's Task Force on Juvenile Drug and Alcohol Use in New Jersey (1999), has indicated that about four in every five students (78.5%) report having used alcohol at some time in their lives. That coupled with findings by the Children of Alcoholics Foundation (1999) that there are at least eleven million children living in alcoholic families causes concern over the effectiveness of current and past prevention programs.

Considering the number of youth in high risk environments and the number who are presently experimenting with substances, particularly alcohol and tobacco, the consensus is that ATOD prevention programs need to target all students, not just those who appear to be at risk.

This chapter will include a review of literature regarding the assessment of ATOD prevention programs. The most popular types of prevention programs for students in grades 5-8 will also be discussed. These programs include

the Drug Abuse Resistance Education Program (D.A.R.E.) and programs based on the Risk and Protective Factors Model. Information regarding the effectiveness of these programs will be included in this literature review. The chapter will also include an overview of resiliency research, and will conclude with a summary of the chapter.

Assessing Middle School ATOD Prevention Programs

During the past decade, a number of strategies have been used by middle school educators to help to reduce the problem of adolescent ATOD use. Some, however, have not proven to be successful. According to Tobler and Stratton (1997), the research is far from conclusive. "There is evidence that some strategies are ineffective. Scare tactics, providing only information on drugs and their effects, self-esteem building, values clarification, large assemblies, and didactic presentation of material have not been shown to be particularly effective in the prevention of ATOD use." The researchers contend, however, that other approaches have been shown to have positive results. "No one intervention will be able to prevent use and abuse of drugs for everyone, but studies indicate characteristics of curricula and programs necessary for success. Because the majority of youth experiment with substances, particularly alcohol and tobacco, ATOD prevention needs to target all students. Since risk factors are present years before initiation, prevention activities must start in elementary

school, and be periodically reinforced as students encounter new social situations and pressures to use substances. Programs designed to meet developmental needs of the students should be offered at each grade level without over-saturating students to the point they discount the information (Tobler & Stratton, 1997)."

According to Sussman and Johnson (1996), prevention programs need to be comprehensive and have sufficient intensity to reasonably expect that the skills can be taught. Content areas that are necessary for an effective curriculum include:

1. A normative education to help students to realize that use of ATOD is not the norm for teenagers.
2. Teaching of social skills to help students to increase their ease in handling social situations. These include decision making, communication skills, and assertiveness skills.
3. Awareness of social influences to aid students in recognizing external pressure (e.g., advertising, role models, peer attitudes) to use ATOD, and to develop the cognitive skills to resist such pressures.
4. Awareness of perceived harm to help students to understand both the short and long-term consequences regarding the risks of ATOD use.
5. Knowledge of protective factors to support and encourage the development of positive aspects of life such as helping, caring, goal setting, and challenging students

to live up to their potential and facilitating affiliations with positive peers (Hawkins, Catalano, & Miller, 1992).

6. Ability to utilize refusal skills that will enable them to refuse ATOD effectively and to still maintain friendships.

The U.S. Department of Education (1989) contends that the enforcement of a clear "no use" message should also be included in a successful prevention program. This "requires that schools consistently stress that drug use is wrong and enforce consequences for school drug activity."

Other approaches include targeting families (U.S. Department of Education, 1989; Pearish, 1988), and enhancing trust between adults and children (Milgram, 1987).

The Drug Abuse Resistance Education Model

Drug Abuse Resistance Education (D.A.R.E.) is the nation's most popular school-based drug education program for children in grades 5-8. It is administered in approximately 70% of the nation's school districts, reaching 25 million students in 1996, and has been adopted in 44 foreign countries (Rosenbaum & Hanson, 1998). However, its effectiveness in combating drug usage has been a matter of bitter controversy.

D.A.R.E. is a series of school-based drug and violence prevention programs for children in Kindergarten through

12th grade. For the purpose of this paper, however, the researcher will focus on the D.A.R.E. program for middle school students. That is, the program designed for 5th and 8th grades. The D.A.R.E. program attempts to integrate school, family, and community protective factors in order to achieve their goal of reducing drug use in the adolescent population. A trained, uniformed police officer is placed in the classroom to teach a carefully planned drug prevention curriculum. Created in 1983 as a collaborative venture between the Los Angeles Police Department and the Los Angeles United School District, D.A.R.E. has expanded to become the largest drug education initiative in the world. The core D.A.R.E. curriculum focuses on children in their last year of elementary school (5th or 6th grade). "It is based on the assumption that students at this age are the most receptive to anti-drug messages as they approach the age of drug experimentation (Rosenbaum & Hanson, 1998)."

The following curriculum was developed for the original Drug Abuse Resistance Education Program:

Session Topic/Description

1. First Visit/Personal Safety: Introduction of DARE and law enforcement officer safety practices; discussion of personal rights
2. Drug Use & Misuse: Harmful effects from misuse of drugs

3. Consequences: Consequences of using and choosing not to use alcohol, marijuana, and other drugs
4. Resisting Pressures: Sources of pressure, types of pressure to use drugs
5. Resistance Techniques: Refusal strategies for different types of peer pressure
6. Building Self-Esteem: Identifying positive qualities in oneself; giving/receiving compliments; importance of self-image
7. Assertiveness: Personal rights/responsibilities discussion; situations calling for assertiveness skills
8. Managing Stress Without Drugs: Identification of sources of stress; when stress can be helpful or harmful; ways to manage stress; deep breathing exercise
9. Media Influences: Media influences on behavior; advertising techniques
10. Decision-Making & Risk Taking: Risk-taking behaviors; reasonable and harmful risks; consequences of various choices; influences on decisions
11. Drug Use Alternatives: Reasons for using drugs; alternative activities
12. Role Modeling: Meet older student leaders/role models who do not use drugs
13. Forming Support System: Types of support groups;

barriers to friendships; suggestions to overcoming barriers to forming friendships

14. Ways to Deal with Gang Pressures: Types of gang pressure; how gangs differ from groups; consequences of gang activity

15. DARE Summary: DARE review

16. Taking a Stand: Taking appropriate stand when pressured to use drugs

17. DARE Culmination/Award Assembly: Recognition of participants

According to Botvin (1990), the curriculum is designed to provide students with enough knowledge to make informed decisions about drug use. This is similar to the "personal and social skills" approach, but is focused on a strategy of "social enrichment." D.A.R.E. attempts to do this by focusing the curriculum on self-esteem building, managing stress, decision-making, role modeling, and forming support systems. "The general hypothesis implicit in the D.A.R.E. model is that classroom instruction by trained police officers will result in enhanced self esteem, self-understanding, and assertiveness, a clearer sense of values, and more responsible decision-making habits, which, in turn, should make students less vulnerable to the enticements and pressures to use drugs and alcohol."

The D.A.R.E. Controversy

Throughout the years, however, there has been much controversy regarding the D.A.R.E. Program. According to the Research Institute (1994) of North Carolina, "a three year, \$300,000 study conducted by specially trained local police officers in 17 weekly, 45-60 minute sessions for fifth and sixth graders has concluded that the effect of D.A.R.E.'s core curriculum is statistically insignificant in preventing drug use among that group." This study was commissioned by the National Institute of Justice, the research arm of the Department of Justice.

The Justice Department counteracted by claiming that the population researched (fifth and sixth graders) rarely used drugs and refused to accept the findings of this study.

According to Elliot (2001), "critics have been increasingly vocal in recent years, attacking the (D.A.R.E.) program as a costly and ineffective way of teaching kids about the perils of drug abuse. They claim that D.A.R.E. was just another untested pedagogical gimmick that served no purpose other than soaking up private donations and local, state, and federal tax dollars (page 1, paragraph 2)."

The Risk and Protective Factors Model

Dr. J. David Hawkins, Dr. Richard Catalano, and their colleagues at the University of Washington have determined through their own research and through examination of over

thirty years of existing research, that certain aspects of an individual's personal life and environment can be indicative of a potential for ATOD use (Utah Division of Substance Abuse and Social Research Institute [on-line], 1999, Risk and Protective Factors for Substance Abuse and Other Youth Problem Behavior, page 1, paragraph 2). The factors associated with an increased potential for ATOD use are referred to as *risk factors*. Although they do not guarantee negative outcomes, the presence of risk factors in an individual's life increase the probability that problem behaviors will arise. Risk factors fall under the general categories of environmental and individual. The environmental risk factors include those that occur in the child's immediate neighborhood or in the surrounding community. The individual risk factors are those that lie within the individual and his relationship with his family, classmates, and peer groups. These general categories can then be further broken down into the four domains of community, family, school, and individual/peer (South Carolina Department of Alcohol and Other Drug Abuse Services, 1999).

Conversely, factors associated with a reduced potential for ATOD use are called *protective factors*. These factors act as a "buffer zone of defense" against ATOD use, thereby causing the individual to be statistically less likely to engage in such activities. Protective factors fall within the domains of community, family, school, and individual.

Substance abuse educators frequently incorporate the risk and protective factor model in their prevention programs in an attempt to address the problem of adolescent ATOD use. The goal of these types of programs is to reduce the known risk factors, while increasing the known protective factors. This dual approach has led to the development of many effective ATOD prevention programs.

The Problem with Identification

The problem with this type of program is in the identification of high-risk students. Because many children of dysfunctional homes assume roles, they sometimes appear not to be at risk.

According to Wegscheider-Cruse (1981), there are four basic roles that are played out by children of alcoholics (COAs). They are the "family hero", the "scapegoat", the "lost child", and the "mascot". Sometimes a person assumes more than one of these roles, or may even change from one role to another, but in all families, each of the roles is always played out.

The first role, that of the family hero, is usually assumed by the oldest child. The family hero is the one who is responsible for bringing respectability back to the family. He or she is successful both at home and at school. This child exhibits an air of confidence and self-reliance. He or she works hard channeling feelings into energy. The family hero is super-responsible and will do anything to

please the alcoholic parent. Failure to do this results in feelings of inadequacy and low self-esteem. In truth, the family hero is filled with guilt, fear, loneliness and feelings of low self-worth.

In the second role, the job of the scapegoat, is to divert attention from the alcoholic. He or she is usually the one who gets in trouble at school or with the law. The scapegoat is sullen and defiant. He or she frequently acts out and displays an attitude with those in authority. This child may begin to abuse chemicals at an early age. He or she tends to bond to peers rather than family members. Although the scapegoat may appear tough on the outside, he or she is actually craving for love and attention, and feels left out or out of step with the rest of the family.

Wegscheider-Cruse, (1981) describes the third role as that of the lost child. The job of the lost child is to provide some relief to the family. He or she makes it possible for the family to say that at least there is one child who causes no problem. This child is often considered to be the angel of the family because he or she is quiet and never causes trouble. This child is frequently shy and often goes unnoticed. He or she may retreat to the solitude of his or her room to read or draw. The lost child tends to have strong attachments to animals, but none to humans. This child may grow up to be a compulsive overeater and is at high risk for suicide. Although angelic on the outside, the lost child feels lonely, hurt, and guilty.

The last role, that of the mascot, is frequently assumed by the youngest child (Seixas & Youcha, 1986). The mascot finds survival in humor. He or she often is considered the clown of the family. The one goal of the mascot is to provide comic relief. He or she uses silly tricks to divert the attention off of a potentially explosive situation. The mascot is often hyperactive. They receive the most attention because they demand the most attention. While appearing frivolous on the outside, in reality, the mascot is anxious, fearful, and insecure.

Without help, these children may grow up with multiple problems. The hero child may become a workaholic. He or she may marry a dependent person, have a need to control and manipulate, become compulsive, and not be able to accept failure. With help, however, the hero child can learn to become responsible for himself, rather than those around him. He or she can realize that recreation time is necessary to provide balance in one's life. With help, the hero child can learn to accept failure. As adults, children who assume the hero role make excellent executives.

The scapegoat child, according to Wegscheider-Cruse (1981), also faces many problems in adulthood unless he or she receives help. The scapegoat child may go from problematic student to juvenile delinquent to criminal, and may eventually end up in prison. He or she may find it difficult to accept guidance from authority figures, making it difficult to maintain a job. Scapegoat females may have

unplanned pregnancies. Substance abuse may become a problem. With help, however, the scapegoat child can turn his or her rebelliousness into courage. He or she can learn to face the challenges of daily life without fear. Children who assume the scapegoat role often enter the human services professions, becoming counselors or, ironically, law enforcement officers.

Seixas and Youcha (1986) state that, without help, the lost child may grow up with little zest for life. He or she may have sexual identity problems, and may either become promiscuous or withdraw into isolation. Lost children are at high risk for depression and suicide. With help, however, the lost child can learn to be independent, assertive, and resourceful. He or she can learn to turn a private world of fantasy into a delightful world for all to share. Lost children frequently become artists, musicians, or writers. The lost child, who once believed himself to be invisible, could even become a successful actor.

According to Seixas and Youcha (1986), the mascot of the family may face problems growing up. He or she may remain silly and immature into adulthood. The mascot child may find it difficult to handle the stresses of daily life, and may frequently turn to tranquilizers to calm down. With an overwhelming need to be 'taken care of', he or she may marry a 'hero child', but may find it difficult to maintain a relationship. The mascot often suffers from ulcers or other stress-related disorders. With help, however, he or

she can learn to become independent and self-sufficient. The mascot can develop a quick wit and a good sense of humor. He or she can become a 'friend to the world', full of hope and positive thoughts.

Research indicates that at over seven million American children have at least one alcoholic parent (American Academy of Child and Adolescent Psychiatry, 1996; The Children of Alcoholics Foundation, 1996). This figure is low according to the National Association for Children of Alcoholics (1999), who estimate that children in the United States with at least one alcoholic parent number more than eleven million.

The question still arises, however, as to why some children who are overwhelmingly at risk, with few protective factors, such as the eleven million children of alcoholics, manage to rise above their adversity, while others in similar circumstances succumb to it. Many researchers attribute it to resiliency.

Resiliency Defined

There does not appear to be a consensus regarding a global definition of resiliency. In the words of Dr. Daniel Gottlieb (1991), "the power of the human spirit to sustain grief and loss and to renew itself with hope and courage defies all description (p. 34)."

According to Sagor (1996), resiliency is "the set of attributes that provides people with the strength and

fortitude to confront the overwhelming obstacles they are bound to face in life (p. 40)." Linqanti (1992) agrees with Sagor, but defines the term in relationship to children. He states that resiliency is "that quality in children who, though exposed to significant stress and adversity in their lives, do not succumb to school failure, substance abuse, mental health, and juvenile delinquency problems they are at a greater risk of experiencing (p. 12)."

Drs. Stephen and Sybil Wolin (1993) describe resiliency as a paradox that "encompasses both the psychological damage and the enduring strength that result from struggling with hardship (p.7)." According to Wolin & Wolin (1993), "the inner life of a typical survivor is a battleground where the forces of discouragement and forces of determination constantly clash. For many, determination wins out (p.6)."

Steinhauer (1996) contends that resiliency is "an unusually good adaptation in the face of severe stress and/or the ability of the stressed person to rebound to the pre-stress level of adaptation (p. 67)."

Resiliency theory, contends Krovetz (1999) "identifies protective factors present in the families, schools, and communities of successful youth that often are missing in the lives of troubled youth. When at least some of these protective factors are present, children develop resiliency...the ability to cope with adversity(p.15)."

Horn and Chen (1999) further simplify this definition by describing resiliency as "the ability to bounce back from adverse conditions". This seems to be the most commonly accepted definition of resiliency. For the purpose of this paper, however, the definition as formulated by Dr. Stephen and Sybil Wolin (1993) will be used.

Historical Overview of Resiliency Research

The field of resiliency study grew out of the research of Dr. Richard Catalano and his colleague, Dr. David Hawkins (1992) who for over two decades investigated the idea of risk and protective factors. The study of protective factors, in particular, lead directly to the study of resiliency.

According to Masten and Coatsworth (1998), the "peerless pioneer in the study of competence and resiliency" is Dr. Norman Garmezy (1991). His study of children of schizophrenics determined that 90% of the children of schizophrenics did not develop the illness in spite of the increased risk factor. Garmezy states that these children "upset our prediction tables and in childhood bear the visible indices that are hallmarks of competence-good peer relations, academic achievement, commitment to education and to purposive life goals...if we were to study the forces that move such children to survival and to adaptation, the long range benefits to our society might be far more significant than our many efforts to construct models of

primary prevention designed to curtail the incidence of vulnerability (Garmezy, 1991, p. 418)." Garmezy continued to investigate what protected these children and, thus, was begun the research of resiliency.

A classic study of resilience was conducted by Emmy Werner and Ruth Smith (1982). Over a 40-year period, they studied 700 at-risk Hawaiian residents born under adverse circumstances, 200 of who were considered to be from high risk environments.

According to Wang, Haertel, and Walberg (1994), approximately two-thirds of the sample had various problems during childhood, while the other one-third showed no problems at all. By the time the study participants reached their mid-thirties, almost all had become "constructively motivated and responsible adults." A distinguishing factor shared by each resilient child was a long-term, close relationship with a caring, responsible parent or other adult. Only about 30 of the original group of 700 did not effectively 'bounce back'.

Resiliency research has expanded the focus of social and behavioral science study to include not only risk, deficit, and pathology, but what Drs. Emmy Werner and Ruth Smith (1992) call self-righting capacities. These are the "strengths people, families, schools and communities call upon to promote health and healing."

According to Bonnie Benard (1996), a noted preventionist and resiliency researcher, this research "offers the

prevention, education, and youth development fields solid research evidence for placing human development at the center of everything we do." Gordon (1996), further stated that "this information can aid in the process of keeping resilient people resilient throughout all stages of their lives. It can also aid in enhancing resilience in non-resilient people."

According to Rockwell (1998), viewing people as at-risk or high-risk is not the answer. It is "far more productive to reframe people's overcoming difficulties as proof of their strength, intelligence, insight, creativity, and tenacity. Such reframing not only helps practitioners to become more compassionate and effective, but it helps the youth to see themselves as heroes in their own struggles to self-right."

Drs. Stephen and Sybil Wolin (1994) contend that focusing on the negative aspects of a child's life can be counterproductive.

The at-risk mindset can easily shape work with youth into a search for problems. Its hallmarks are diagnoses, labels, and "fix-it" interventions. Dwelling on the negative, it induces despair and burnout in staff, biases their understanding of the youth they serve, and promotes low expectations. For youth, the at-risk mindset also has negative consequences. Regarded as clients or victims rather than as resources in their own lives, youth can experience services guided by the at risk mindset as

uncaring, disrespectful, and even threatening (p. 23).

According to Wolin and Wolin (1994), it is far better to focus on the child's strengths. This, they contend, can be done through reframing.

By contrast, a challenge mindset credits youth with the power to help themselves. It also casts adults not as directors or authorities in the lives of youth but as partners in their struggle to prevail. The hallmarks of a challenge mindset are a vocabulary for identifying resilience, reframing- a technique for talking to youth about their strengths, and the intention of motivating youth to act on their own behalf. A challenge mindset also encourages helping professionals to be hopeful and to hold high expectations for the youth in their care (p. 29).

They describe the inner life of a typical survivor as a "battleground where the forces of discouragement and forces of determination constantly clash. For many, determination wins out (p.6)." These individuals are able to rise above adversity by developing the certain life skills. They are:

Insight: The habit of asking tough questions and giving honest answers.

Independence: drawing boundaries between yourself and troubled parents; keeping emotional and physical distance while satisfying the demands of your conscience.

Relationships: intimate and fulfilling ties to other people that balance a mature regard for your own needs

with empathy and the capacity to give to someone else.

Initiative: taking charge of problems; exerting control; a taste for stretching and testing yourself in demanding tasks.

Creativity: imposing order, beauty, and purpose on chaos of your troubling experiences and painful feelings.

Humor: finding the comic in the tragic.

Morality: an informed conscience that extends your wish for a good personal life to all of humankind (p. 12-17).

Wolin and Wolin (1994) regard these seven resiliencies as "tools to be used by teachers, clinicians, and prevention workers. They serve as a guide, or a kind of mental map to help you know where to look for strengths in the stories of youth that are laden with problems and seemingly insurmountable obstacles (p. 17).

Summary

Since the late 1960's The use of alcohol, tobacco, or other drugs (ATOD) by adolescents has been a persistent problem in the United States. Current research by the New Jersey Department of Law and Public Safety's Task Force on Juvenile Drug and Alcohol Use in New Jersey (1999), has indicated that about four in every five students (78.5%) report having used alcohol at some time in their lives. That coupled with findings by the Children of Alcoholics Foundation that there are at least eleven million children living in alcoholic families causes concern over the

effectiveness of current and past prevention programs.

During the past decade, a number of strategies have been used by educators to help to reduce the problem of adolescent ATOD use. Some have proven to be successful, while others have not. Considering the number of youth in high risk environments and the number who are presently experimenting with substances, particularly alcohol and tobacco, the consensus is that ATOD prevention programs need to target all students, not just those who appear to be at risk.

Drug Abuse Resistance Education (D.A.R.E.) is the nation's most popular school-based drug education program for children in grades 5-8. However, its effectiveness in combating drug usage has been a matter of bitter controversy. Some critics feel that it is ineffective in deterring ATOD use within the target population.

Many substance abuse educators incorporate the risk and protective factor model in their prevention programs in an attempt to address the problem of adolescent ATOD use. The goal of these types of programs is to reduce the known risk factors, while increasing the known protective factors. Although this dual approach has led to the development of many effective ATOD prevention programs, many children slip through the cracks because they do not appear to be at risk. This is because children from dysfunctional homes tend to take on roles that give them a false appearance of wellness.

Since the early 1990's the buzzword among prevention professionals has been "resiliency". Resiliency research grew out of studies of risk and protective factors. Resiliency can be defined as a person's ability to bounce back in the face of adversity.

Resiliency studies altered the perspectives of prevention educators who began to focus on their students' strengths rather than their weaknesses. Many very effective resiliency based prevention programs emerged from this change in perspective. The goal of these types of programs is to strengthen certain life skills that will increase a child's resiliency in the face of any present or future adversities. A benefit of resiliency based prevention programs is that they target all children, not just those who appear to be at risk.

CHAPTER III

THE WILLOW TREE TEEN INSTITUTE

Introduction

The Willow Tree Teen Institute (WTTI) is an alcohol, tobacco, and other drug (ATOD) prevention program that focuses on building resiliency in students in grades five through eight. It is an intensive four-day experience that is designed to transform students into prevention advocates.

The information in this chapter was taken from various written sources provided to the researcher by the Willow Tree Teen Institute, Inc. and from the Willow Tree Teen Institute website (www.willowtree.org).

The Willow Tree Teen Institute was incorporated as a not for profit agency in 1995. It was developed by Sue Nobleman who acts as Executive Director. She holds a Master's Degree and is a Certified Prevention Specialist (CPS). She has had over twenty years of experience in the ATOD prevention field. The WTTI staff is made up of highly qualified professionals including counselors, teachers, social

workers, DARE officers, and other trained individuals. The staff members work on a voluntary basis. The ratio of students to staff is 5 to 1.

The cost is approximately \$350.00 per participant and includes all activities, meals, and lodging as well as follow-up activities. This cost can be decreased by \$25.00 per participant with early registration.

Overview

The Willow Tree Conference takes place annually in the month of November at the Ralph S. Mason Camp near Blairstown, New Jersey. It is scheduled to coincide with the dates of the New Jersey Teachers Convention. This provides the participants with four days of uninterrupted time in which no school days are missed. The conference begins on a Thursday morning and ends on Sunday afternoon.

Participants register in *Action Groups*. These groups consist of at least five students and one adult advisor. Action Groups are comprised of all students and adults from a single school district.

Students from different school districts, however, are assigned, according to gender, to various cabins. The students from different districts are mixed together so that they can interact. Each cabin is overseen by staff

members. The advisors are assigned to their own cabins. Students are also assigned to various small family groups. Family groups meet daily and are facilitated by a trained staff member.

Participants

Participants in the conference include students and advisors, teen volunteers called Willow Tree Teen Leaders or WTTLs (pronounced whittles), college age volunteers called Willows in College or WICs (pronounced wicks), and staff members.

WTTLs are selected from a group of WTTI graduates and are considered junior staff members during and after the conference. WICs are WTTLs who have gone on to college. They help to oversee the WTTL program.

The Conference

The conference consists of six different components. These components occur daily in various formats (Fig.3-A). They are:

1. Sunrise Sharing
2. Community Sessions
3. Breakout Sessions
4. Action Planning Sessions

5. Family Group Sessions

6. Community Gatherings

Beginning on day two and continuing each morning following breakfast, the students participate in "Sunrise Sharing". It is during this time that individuals or small groups of students can voluntarily share something special with the rest of the participants. It can be a story, a poem, a song, either original or not, that is meaningful to the presenter. The volunteers are few in the beginning, but as the days pass and people become more comfortable with one another, everyone is clamoring to share. Advisors and staff are welcome to share as well. The students are encouraged to support each other and after each presentation, collectively shout, "Good Job...Good, Good, Good Job!"

Community Sessions are offered several times daily. A Community Session may consist of:

1. An interactive event
2. A learning session
3. The Adventure Course
4. A guest speaker

Interactive events may include an initial icebreaking activity, a "Show of Hands", "The Great Egg Drop", and the Graduation Ceremony. All of these events are designed to

help the students and advisors to work collaboratively towards a shared goal.

For example, in the "Show of Hands" exercise, the entire conference community (advisors, students and staff) put their handprints and signatures on a banner that is then displayed in the community gathering center. The banner acts as a visual reminder of unity. The banners from past conferences are also displayed each year.

"The Great Egg Drop" exercise is also designed to help the students to work collaboratively. Each action group is given a raw egg, some plastic drinking straws and masking tape and are asked to design a protective casing that will prevent the egg from breaking when dropped from a height of about ten feet. Students are encouraged to cheer on all the teams, not just their own.

The Graduation Ceremony is the final event of the conference. Parents are encouraged to attend and, while the students are not present, are briefed by the staff regarding transitional difficulties that may occur when the student returns home. It is sometimes difficult for students to go from the safety and openness of the conference into the real world. Parents are asked to listen to their children and not to be surprised by any changes in their behavior. Most students leave the conference with a

sense of euphoria and sometimes don't understand why others don't share in it. After this parent/staff discussion, students return to the community gathering place where each action group presents their action plan. There is also a sing along and other closure activities.

A Community Session may also include a learning session. For example, "Alcoholism: Signs, Symptoms, and Stories" includes a skit presented by the WTTLs and WICs, followed by the personal stories of some of the staff members who are in recovery from the disease. It is important for students to realize that alcoholism is a disease that can affect anyone, regardless of race, gender or social status and that it is possible to get and remain sober.

Another example of a Community Session is the Adventure Course. Students complete the Adventure Course in their action groups. The course is a series of problem-solving activities that physically engage teams to develop and execute a plan. Each activity challenges the group to collaboratively complete a task. Each member contributes his or her ideas, support, and effort. The Adventure course is designed to:

1. Pull students together to practice problem solving.

2. Build interdependence and risk taking skills.
3. Create a reference point for improving communications.
4. Clarify roles and responsibilities.
5. Strengthen relationships.

The remaining type of Community Session involves guest speakers. These speakers are frequently humorists with strong anti-drug messages. A regular guest speaker at the WTTI conference is Michael Pritchard, an internationally acclaimed keynote speaker and prevention professional who was recently featured on CNN and in Time Magazine. Mr. Pritchard has been the PBS host for five critically acclaimed educational series including "SOS: Save Our Schools" and "Peace Talks". His series of videos are used by schools around the nation.

Another regular speaker is humorist Sandy Queen. Her philosophy that "You are Good Stuff" helps students to believe in themselves and to "find humor in the life experiences that we all share". She also leads the community in various songs through the use of sign language. One song, in particular, is repeated many times throughout the conference. Over the years, it has become known as the Willow Tree theme song. It is called "If I Were Brave" and has a very positive and upbeat message. By the end of the four days, most of the students have learned

how to sign to it. Ms. Queen is a grandmother, an educator, an author, and a speaker who is dedicated to "helping people reconnect with a sense of their own uniqueness." Her videos and books are also used by schools across America. A list and description of other regular speakers can be found in the appendices of this study.

Breakout Sessions are typically offered on the second and third day of the conference. These sessions are designed to teach facts about prevention through interactive and entertaining activities. The WTTLs and WICs are very involved in the Breakout Sessions. Again, advisors and students attend different sessions. Examples of topics include the following:

1. Refusal Skills - Students learn how to say no to drugs while still maintaining their image.
2. Badvertise - Students learn how advertising can influence them to make unhealthy choices.
3. How to Teach - Students learn how to spread their "no use" message to their classmates.
4. Alcohol, Tobacco and Marijuana - Students are taught the effects that these drugs have on the user.

The fourth component of the conference is the Action Planning Sessions. These sessions are offered on each day

of the conference and are designed to help both students and advisors to create a realistic prevention plan for their school and community. Prior to attending the conference, each advisor is sent a "Pre-Tree" activity packet. This activity is to be completed before the conference date. The purpose of this exercise is to help the students and advisors to recognize the risk and protective factors that are present in their schools and communities, enabling them to target a specific factor for their plan. While at the conference, each school meets with a trained prevention professional who helps them to develop a realistic Action Plan that is custom designed (based upon the Pre-Tree activity) to meet the needs of their school and community. At the end of the conference, each school presents their action plan ideas during the Graduation Ceremony.

The fifth component of the conference is Family Group Sessions. Family Groups meet daily and are facilitated by a trained staff member. These groups are designed to allow students to process their feelings without fear of being criticized or teased. Advisors do not attend student groups with students. They are assigned to an *advisor family group* with a trained facilitator. Adult participants are encouraged to share their feelings as well. Everything that

is said during family group time is not to be shared with other family groups. It is held in the strictest confidence by the members of the individual groups. This confidentiality helps participants to openly share their thoughts and feelings.

The final component of the conference is the Community Gathering. Gatherings occur at the end of the day. It is a time for the entire conference community to interact socially. Cookies and milk are usually served. The purpose of this activity is to allow participants to relax and to reflect upon the day's events.

Follow-Up

Follow-up includes a reunion, periodic newsletters, and unlimited help from the Willow Tree staff. Students and advisors are encouraged to remain in continual contact with the staff regarding the progress of their individual action plans. Advisors are asked to fill out progress reports. Staff members are eager to offer their services and frequently visit individual schools upon request. All participants are also encouraged to send their thoughts, ideas, stories, poems or other items to Willow Tree to be included in the newsletter. It is the goal of the WTTI to provide a communication "safety net" to the students, so

that they can maintain the spirit and enthusiasm that they had developed during the conference.

Resiliency Skills Addressed

For the purpose of this study, the resiliency model as proposed by Drs. Stephen and Sybil Wolin will be used. They describe resiliency as a paradox that "encompasses both the psychological damage and the enduring strength that result from struggling with hardship". According to Wolin (1993), "the inner life of a typical survivor is a battleground where the forces of discouragement and forces of determination constantly clash. For many, determination wins out." They identify the resiliency components as being:

1. Insight: The habit of asking tough questions and giving honest answers.
2. Independence: Drawing boundaries between yourself and troubled parents; keeping emotional and physical distance while satisfying the demands of your conscience.
3. Relationships: Intimate and fulfilling ties to other people that balance a mature regard for your own needs with empathy and the capacity to give to someone else.

4. Initiative: Taking charge of problems; exerting control; a taste for stretching and testing yourself in demanding tasks.
5. Creativity: Imposing order, beauty, and purpose on chaos of your troubling experiences and painful feelings.
6. Humor: Finding the comic in the tragic.
7. Morality: An informed conscience that extends your wish for a good personal life to all of humankind (p.12-17).

The Willow Tree Conference is a resiliency-based prevention program. Each component of the conference is designed to address one or more resiliency skill.

Summary

The Willow Tree Teen Institute (WTTI) is an alcohol, tobacco, and other drug (ATOD) prevention program that focuses on building resiliency in students in grades five through eight. It is an intensive four-day experience that is designed to transform students into prevention advocates.

The Willow Tree Conference takes place annually in the month of November at the Ralph S. Mason Camp near Blairstown, New Jersey. The conference consists of six

different components. These components occur daily in various formats. They are:

1. Sunrise Sharing
2. Community Sessions
3. Breakout Sessions
4. Action Planning Sessions
5. Family Group Sessions
6. Community Gatherings

The Willow Tree Conference is a resiliency-based prevention program. Each component of the conference is designed to address one or more resiliency skills. Follow-up help is available and includes a reunion and periodic newsletters, as well as unlimited help from the Willow Tree staff. Both students and advisors are encouraged to remain in contact with the staff. It is the goal of the WTTI to provide a communication "safety net" to the students, so that they can maintain the spirit and enthusiasm that they had developed during the conference.

CHAPTER IV

METHODOLOGY

Overview

The purpose of this study is to understand the Willow Tree experience from the perspectives of prevention professionals who have acted as advisors to groups of students who have participated in the Willow Tree Teen Institute program. Additionally, this research hopes to determine the effect of participation in the Willow Tree program in regard to students, the general climate of the school, and the overall effect on the community.

This study is relevant because understanding the experience of resiliency building and the effects of a resiliency-based ATOD prevention program on students from diverse backgrounds will facilitate the development of similar "generic" style prevention programs that can address the needs of both high-risk students and those who do not appear, initially, to be at-risk.

Participants

The population of this study is comprised of all those who acted as advisors throughout the history of the Willow Tree Teen Institute. An advisor can be defined as any adult

who oversees a group of students during the four day Willow Tree Conference, and who, with the assistance of a Willow Tree staff member, aids the students in the formulation of an Action Plan. This Action Plan is custom designed to meet the needs of the students' school and community. The advisor also is responsible for assisting the students in implementing their Action Plan following completion of the Conference. The advisor acts as a liaison between the students and the Willow Tree staff.

The names of the advisors have been acquired from a directory that was provided to the researcher by the Executive Director of the Willow Tree Teen Institute. The advisors number approximately seventy-five.

Procedure

Questionnaires designed by the researcher were mailed to each advisor. The questionnaire was accompanied by a cover letter and a stamped, self-addressed return envelope. The cover letter was designed to seek voluntary cooperation from the respondent. It explains the nature and purpose of the study, identifies Seton Hall University as the researcher's affiliation, provides instruction for the completion of the survey, and indicates assurance of complete confidentiality for the respondent.

The Questionnaire

The questionnaire, which was designed by the

researcher, consists of five distinct parts. Questions 1 and 2 of Part One were designed to help to determine the experience of the advisors. Questions 3-5 of Part One refer to the demographics of the respective schools and communities. These questions will help to determine whether or not a balanced cross-section of students had participated in the Willow Tree program. Questions 1-8 of Part II concern the Action Plans and quality of follow-up help received. Questions 1-5 of Part III refer to any collaboration that may have taken place following the Willow Tree Conference.

All the questions in Part IV of the questionnaire deal with the Willow Tree Teen Institute as a resiliency based ATOD prevention program. The questions are based solely upon the opinions of the respondents.

Finally, questions 1-10 of Part V require feedback from the advisors regarding the quality and effectiveness of the Willow Tree Program, and the advisors' personal commitment to its success. The last question asks if the advisors would recommend the program to other school districts. The questionnaire also leaves the final page for any additional comments that the advisors would like to add.

Data Analysis

Questionnaires were numbered for the purpose of categorizing data. Individual responses were coded and

grouped according to topic. Responses to the questionnaire were grouped for the purpose of obtaining data in six categories. These categories include data regarding:

1. Advisor background
2. Demographics
3. Action plans and follow-up
4. Resiliency components and
5. Advisor feedback.

The researcher compared and contrasted responses in each category and assertions were made regarding findings. Tables and/or charts were used to display data. In some cases, direct quotes from individual respondents were used to support the assertions of the researcher.

Summary

The purpose of this study is to understand the experience of the Willow Tree Teen Institute from the perspectives of individuals who have acted as advisors to groups of student participants. A questionnaire designed by the researcher was mailed to approximately 75 past and present advisors. Responses were grouped for the purpose of obtaining data in six different categories. Findings lead to broad assertions by the researcher. This study is significant because understanding the phenomenon of the Willow Tree Teen Institute as an alcohol, tobacco, and other drug (ATOD) prevention program will facilitate the development of similar programs that target both high-risk

students and those who do not, initially, appear to be at risk.

CHAPTER V

PRESENTATION OF DATA

Introduction

This chapter presents findings from a five part questionnaire that was designed by the researcher. The questionnaires have been numbered for the purpose of categorizing data. Responses to the questionnaire have been grouped for the purpose of obtaining data in six categories. These categories include data regarding:

1. Advisor background/demographics
2. Action plans and follow-up
3. Collaboration
4. Resiliency components and
5. Advisor feedback.

Each research question will be restated in this chapter followed by the presentation of data relative to the question. A summary will be presented for each of the five categories.

The purpose of this study is to understand the Willow Tree experience from the perspectives of prevention

professionals who have acted as advisors to groups of students who have participated in the Willow Tree Teen Institute program. Additionally, this research hopes to determine the effect of participation in the Willow Tree program in regard to students, to the advisors, and to the general climate of the school.

Category I - Advisor Background/Demographics

Question #1:

I have attended the WTTI Conference:

- a. one time
- b. two times
- c. three times
- d. four or more times

The data indicate that 35% or 7 out of 20 of the respondents have attended the WTTI conference only one time, while 3 out of the 20 or 15% have attended twice and 50% or 10 out of the 20 respondents have attended 4 or more times.

Table 1
Conference Attendance

Value Label	Frequency	Percent
1 time	7	35%
2 times	3	15%
3 times	0	0%
4+ times	10	50%
total	20	100%

Question # 2:

I have attended the WTTI Conference in the following capacities (please circle all that apply):

- a. as a participant
- b. as a WTTL
- c. as a WIC
- d. as an advisor
- e. as a staff member
- f. as a presenter
- g. other

Although all of the 20 respondents have acted in the role of advisor at one time, 11 or 55% of them have also acted in other capacities. Eight of the twenty or 40% have also been staff members, 2 or 10% have been presenters and one had served in another, undisclosed capacity. Of the 11 or 55% of the respondents who have acted in other roles, 9 of the 20 or 45% have attended the conference four or more times. The remaining two respondents have both acted as staff members/advisors during their first conference. None of the respondents have been to the conference as participants, WTTLs (Willow Tree Teen Leaders) or WICs (Willows In College).

Table 2
Advisor Roles

# times	advisor	also staff	also presenter	also other capacity
1 time	7	2	0	0
2 times	3	0	0	0
3 times	0	0	0	0
4+ times	10	6	2	1
total	20	8	2	1

Question # 3:

I would describe my school district as:

- a. rural
- b. suburban
- c. urban
- d. inner city

Of the 20 respondents, 1 or 5% describe their school district as rural, while 15 or 75% describe their district as suburban. Only 2 respondents (10%) come from urban school districts and 2 (10%) from inner-city districts.

Question #4:

My school district is an Abbott District:

- a. yes
- b. no

Of the 20 respondents, 14 report that their school districts are non-Abbott districts, while 3 respondents (15%) report that they are Abbott districts. Another 3 respondents didn't know. This can be attributed to the fact that several of the advisors are not school employees and would not necessarily have this type of information.

Question #5:

I would describe my WTTI students as being:

- a. mostly high risk (more risk factors than protective factors)
- b. mostly low risk (more protective factors than risk factors)
- c. mostly average risk (equal number of risk and protective factors)
- d. a mix of all of the above
- e. other

Of the 20 respondents, 4 advisors (20%) report their WTTI students to be mostly high risk, while 6 advisors (30%) report their students to be mostly low risk. Another 4 respondents (20%) describe their students as being mostly average risk and another 6 (30%) report their WTTI students to be a mixture. No advisor selected "e" (other).

Table 3
Student Risk Percentages

Risk Level	Frequency	Percent
mostly high	4	20%
mostly low	6	30%
mostly avg	4	20%
mix of above	6	30%
other	0	0%
total	20	100%

Summary of Category I

Category I presents data concerning advisors' backgrounds as relates to the WTTI conference, as well as demographics of the school districts. Analysis of the data concludes that 65% of the respondents have attended the WTTI conference at least twice (Fig. 1). Of the 20 respondents, 55% have also acted in capacities other than advisor.

Although 75% of respondents describe their schools as suburban, students from rural, urban and inner city

districts were also represented at the conferences (Fig. 2). Three of the 20 districts report being Abbott Districts.

Of the 20 respondents, 20% report their student participants to be of high risk, while half (50%) report their students to be of low or average risk. Another 30%, however, describe their students as being a mixture of risk levels (Fig. 3). Therefore, although 50% of the students were of low or average risk, students of all risk levels were present at the conferences.

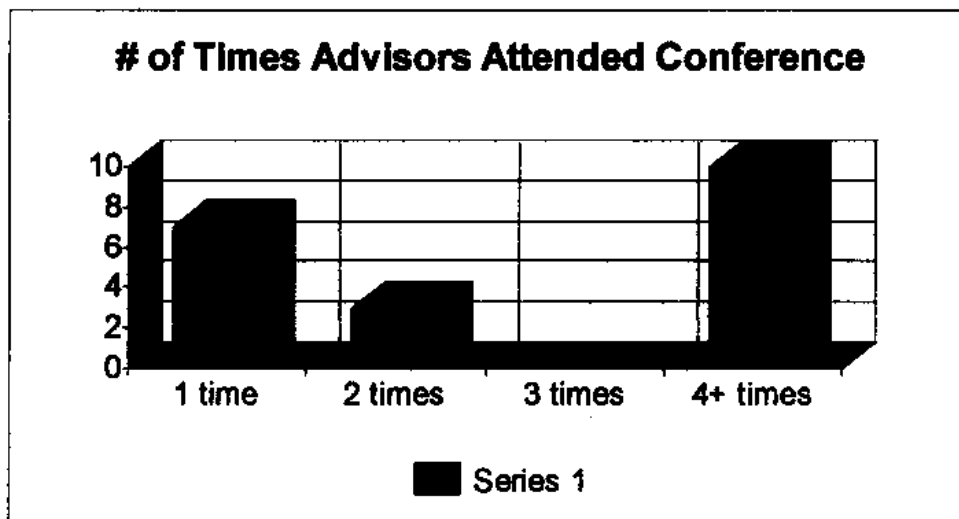


Fig. 1

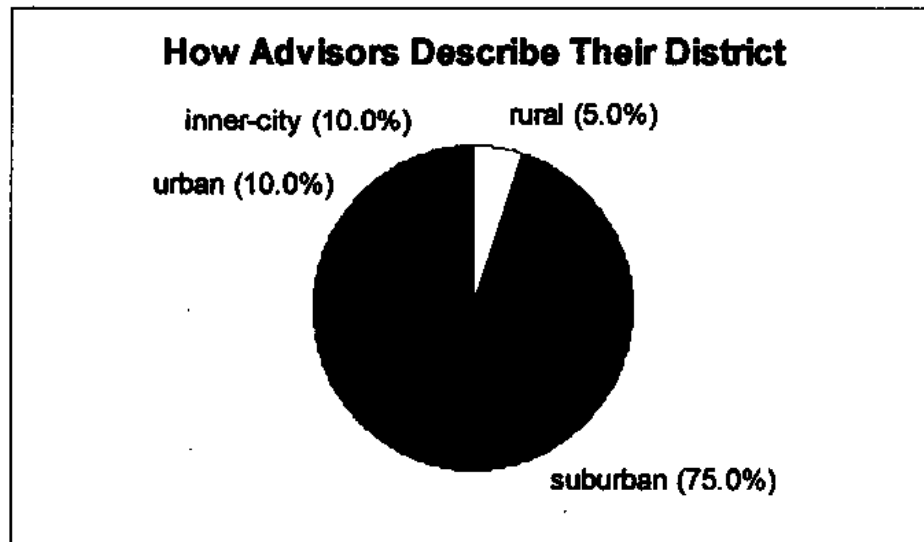


Fig. 2

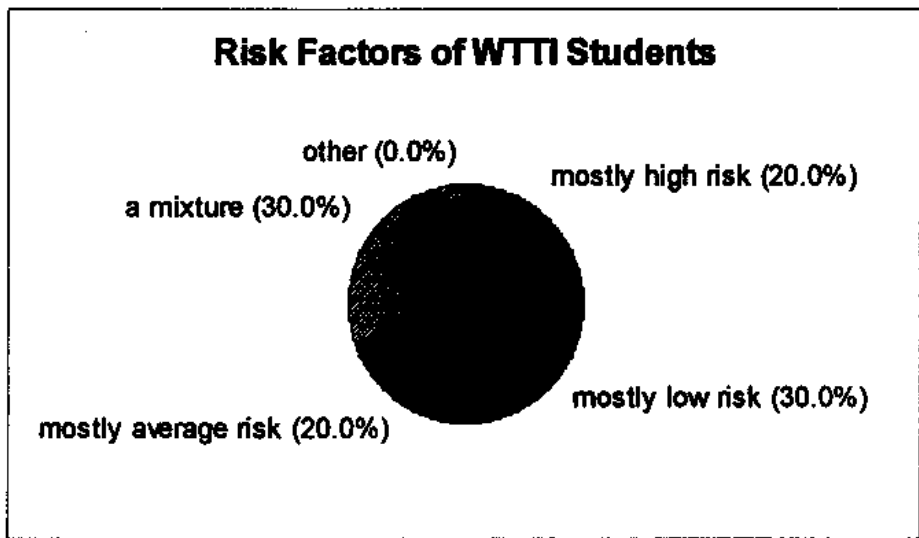


Fig. 3

Category II - Action Plans/Follow-Up

Question #1:

With the help of a WTTI staff member, we were able to create an Action Plan that was suitable to our school and community:

- a. yes
- b. no

Of the 20 respondents, all of them (100%) report having created an Action Plan.

Question #2:

I feel that our Action Plan was successfully completed in the months following the WTTI experience:

- a. definitely
- b. somewhat
- c. not at all

Fourteen of the 20 respondents or 70% report feeling that their Action Plan was somewhat completed during the months following the conference, while 4 advisors (20%) report that their plan was definitely completed. Only two respondents (10%) report that they did not at all complete their Action Plan.

Table 4
Success of Action Plans

Value Label	Frequency	Percent
definitely	4	20%
somewhat	14	70%
not at all	2	10%
total	20	100%

Question #3:

Our Action Plan involved the following types of projects:

- a. school-wide
- b. district-wide
- c. community-wide
- d. county-wide
- e. other

The respondents were asked to select as many categories as appropriate. Eighteen of the 20 advisors (80%) report having planned school-wide projects. Of the 18 respondents, 5 or 25% had also included district-wide and community-wide projects in their action plans. Another 3 or 15% had included only community-wide projects with their school-wide projects. Only one advisor out of 20 reports having done another type of project.

Question #4:

Our Action Plan involved reaching out to students in

- a. our district's elementary school(s)
- b. our district's high school(s)
- c. other school districts

Again, the respondents were asked to select as many categories as appropriate. Fifteen out of twenty advisors (75%) report having reached out to their district's elementary schools. Of that 15, 5 had also reached out to their district's high schools and three had included other school districts as well. Two out of twenty (10%) report having reached out to only their district's high schools

and one out of twenty only to another school district.

Question #5:

My students were able to successfully network throughout our school to enlist the aid of other students who did not participate in the WTTI Conference:

- a. yes, easily
- b. yes, but with some difficulty
- c. not really
- d. not at all

Of the 20 respondents, 6 or 30% report that their students were able to network throughout the school easily, while 8 or 40% were able to network, but with some difficulty. Another 6 advisors (30%) report that their WTTI students were not really able to network. None, however, report a "not at all".

Table 5
Networking Success

Value Label	Frequency	Percent
yes, easily	6	30%
yes, with difficulty	8	40%
not really	6	30%
not at all	0	0%
total	20	100%

Question #6:

We started a club or organization based upon our WTTI experience:

- a. yes
- b. no

Of the 20 respondents, 13 or 65% report having started a

club based upon their WTTI experience, while 7 or 35% had not.

Question #7:

We were able to take advantage of the follow-up help offered by the WTTI staff:

- a. yes
- b. no

Of the 20 respondents, 16 or 80% report having taken advantage of the follow-up help, while 4 or 20% did not.

Question #8:

The follow-up help we received was:

- a. extremely beneficial
- b. somewhat beneficial
- c. not at all beneficial

Of the 80% of the respondents who answered yes to the previous question, 40% report that the help was extremely beneficial, while the other 40% report the follow-up help as somewhat beneficial. None selected "c", not at all beneficial.

Table 6
Quality of Follow-up Help

Follow-Up Help Beneficial?	Frequency	Percent
extremely	8	40%
somewhat	8	40%
not at all	0	0%
n/a	4	20%
total	20	100%

Summary of Category II

Category II presents data regarding Action Plans and Follow-Up. Analysis of the data indicates that 100% of the respondents report having been able to create a suitable Action Plan with their students. Eighteen or 90% of those report that they either somewhat or definitely completed their proposed Action Plans. Only two respondents (10%) report no success in the completion of their plans (Fig. 4).

Eighteen or 90% of the respondents indicate that their Action Plans were school-wide, while five or 25% report being able to expand their plans to include the entire district as well as the community. Three or 15% report having included the community, but not the remainder of the school district.

Most of the Action Plans (75%) reportedly focused on their district's elementary schools, while 25% of those also included their district's high schools and other districts as well. Two out of twenty (10%) report having reached out to only their district's high schools, while a single respondent reported having worked only with an outside district.

Of the 20 respondents, 14 or 70% reported achieving some degree of success in networking throughout their schools,

while 6 or 30% report having had little success (Fig 5).

Thirteen of the advisors or 65% report having started a club based upon their WTTI experience, while the remainder did not. Of the 20 respondents, 16 or 80% report having taken advantage of the follow-up help. All of the 80% report that this help was either extremely or somewhat beneficial (Fig. 6).

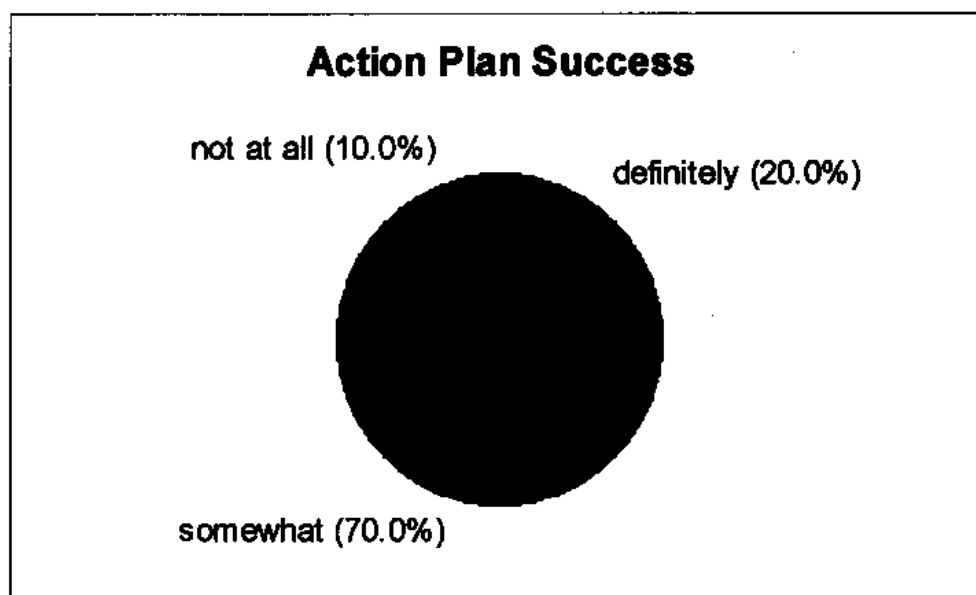


Fig. 4

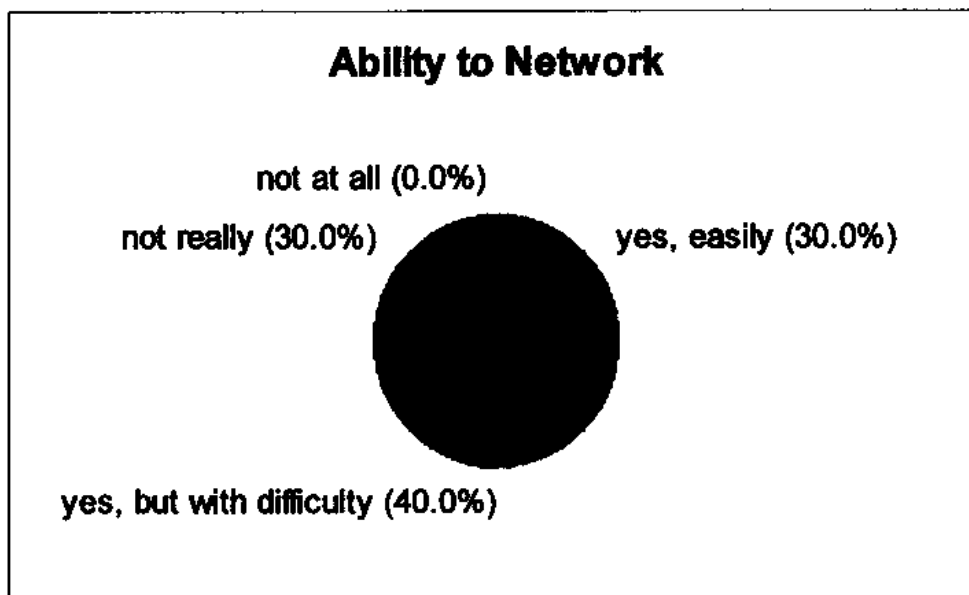


Fig. 5

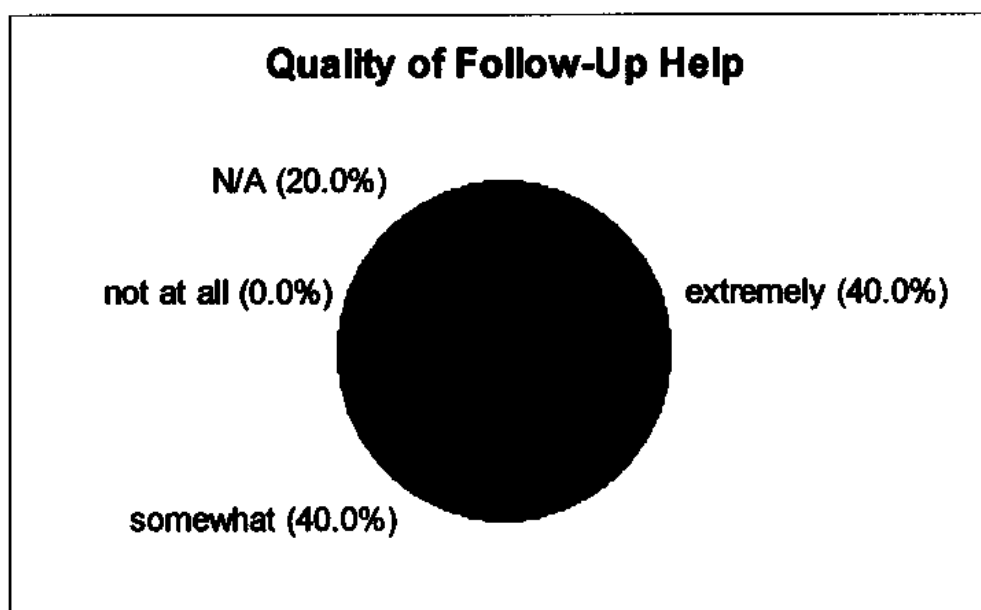


Fig. 6

Category III - Collaboration

Question #1:

My district has a DARE program in the middle school:

- a. yes
- b. no

Of the 20 respondents, 17 or 85% report having a DARE program in their school, while 3 respondents or 15% report having no DARE program.

Question #2:

As a WTTI advisor, I work closely with my school's DARE officer:

- a. yes
- b. no, but I'd like to
- c. no, that could never happen in my district
- d. we do not have a DARE program

Of the 20 respondents, 6 or 30% report having worked with their school's DARE officer, while, 12 or 60% report having never worked with a DARE officer, but express a desire to do so. Only 2 or 10% report not having a Dare officer in their school.

Table 7
DARE Collaboration

Value Label	Frequency	Percent
yes	6	30%
no, but I'd like to	12	60%
could never happen	0	0%
no DARE program	2	10%
total	20	100%

Question #3:

As a WTTI advisor, I work closely with our community's Municipal Alliance:

- a. yes
- b. no
- c. I am not familiar with our Municipal Alliance
- d. we do not have a Municipal Alliance

Sixty percent (12 respondents) report having worked closely with their communities' Municipal Alliances, while fifteen percent (3 respondents) report that they did not. Another 3 respondents (15%) report not being familiar with Municipal Alliances and 2 or 10% either didn't answer or did not have an alliance in their community.

Table 8

Collaboration with Municipal Alliance

Value Label	Frequency	Percent
yes	12	60%
no	3	15%
not familiar	3	15%
no alliance	1	5%
no answer	1	5%
total	20	100%

Question #4:

My WTTI students have completed or plan to complete collaborative projects with WTTI students from other districts.

- a. yes, several
- b. yes, at least one
- c. we have no interest in collaborative projects

Of the 20 respondents, three or 15% report having

completed or having planned to complete several collaborative projects with students from other districts. Seven advisors or 35% report having completed at least one collaborative project. Six of the twenty (30%) report having no interest in collaborative projects and four (20%) answered negatively.

Table 9
Completion of Collaborative Projects

Value label	Frequency	Percent
yes, several	3	15%
at least one	7	35%
no interest	6	30%
no	4	20%
total	20	100%

Question #5:

My WTTI students have completed or plan to complete at least one collaborative project with other WTTI students that involves the use of *technology*:

- a. yes
- b. no

Of the 20 respondents, five or 25% report having completed projects that involve technology. The remainder or 75% report not having completed any projects involving technology.

Summary of Category III

The data indicate that 85% of the respondents report having a DARE program in their schools, but only 30% report having worked with their DARE officer. However, 12 Respondents (60%) report a desire to work with the DARE Program (Fig. 7). Similarly, sixty percent (12 respondents) report having worked closely with their communities' Municipal Alliances, while the remaining 40% either did not work with an alliance, did not have an alliance in their community or were not familiar with it (Fig. 8).

Of the 20 respondents, 10 or 50% report having completed or having planned to complete one or more collaborative projects with students from other districts. The remaining 50% report that they did not (Fig. 9).

Only five of the respondents (25%) report having completed projects involving the use of technology, while the remaining 15 (75%) did not (Fig. 10).

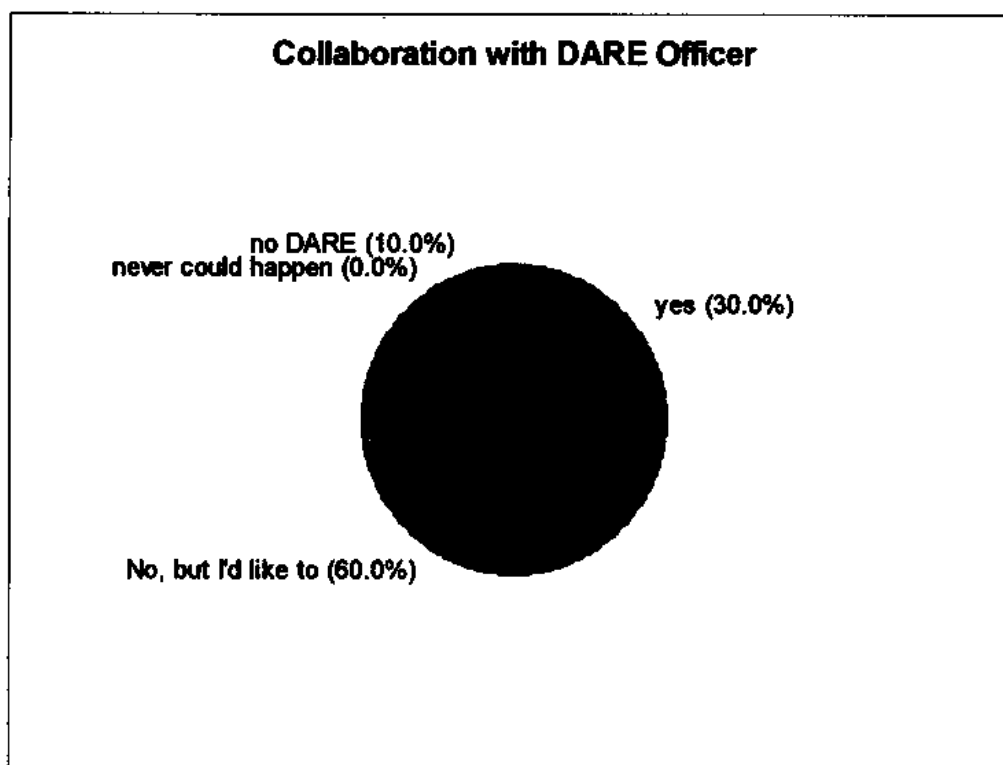


Fig. 7

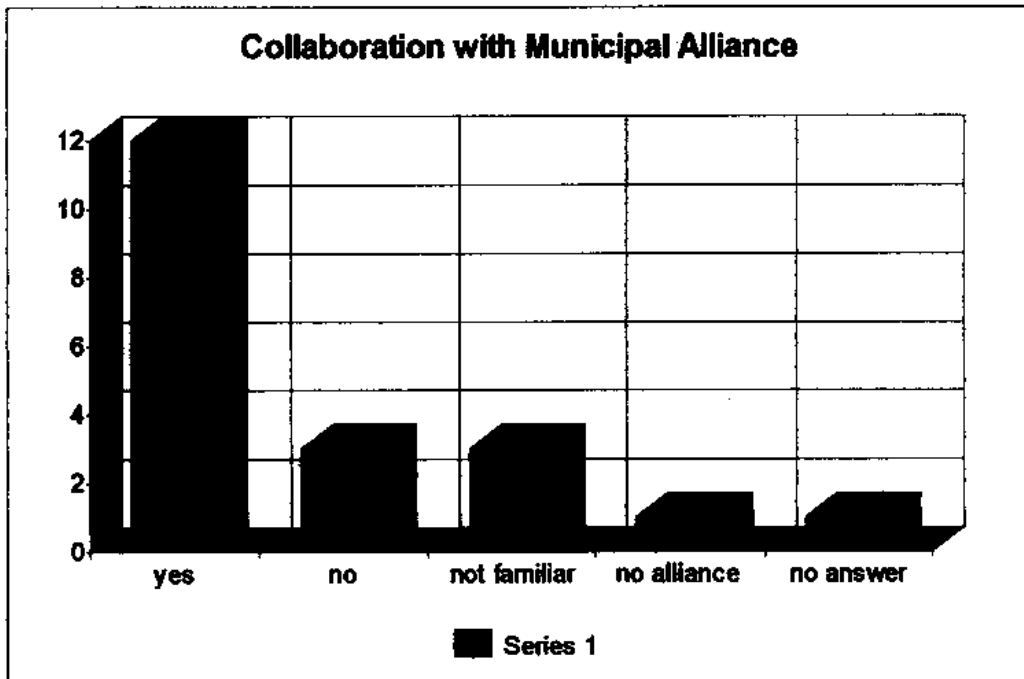


Fig. 8

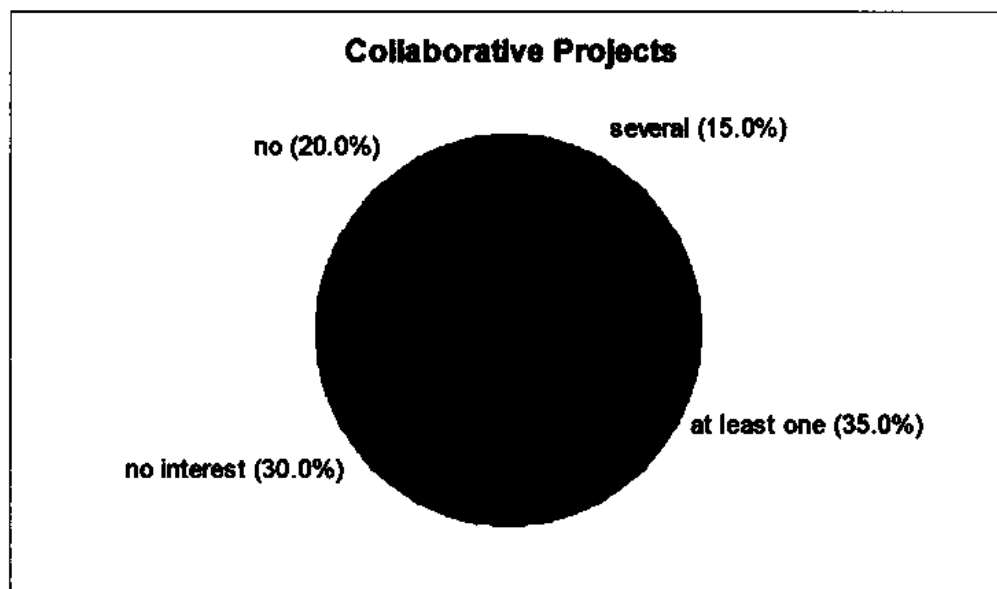


Fig. 9

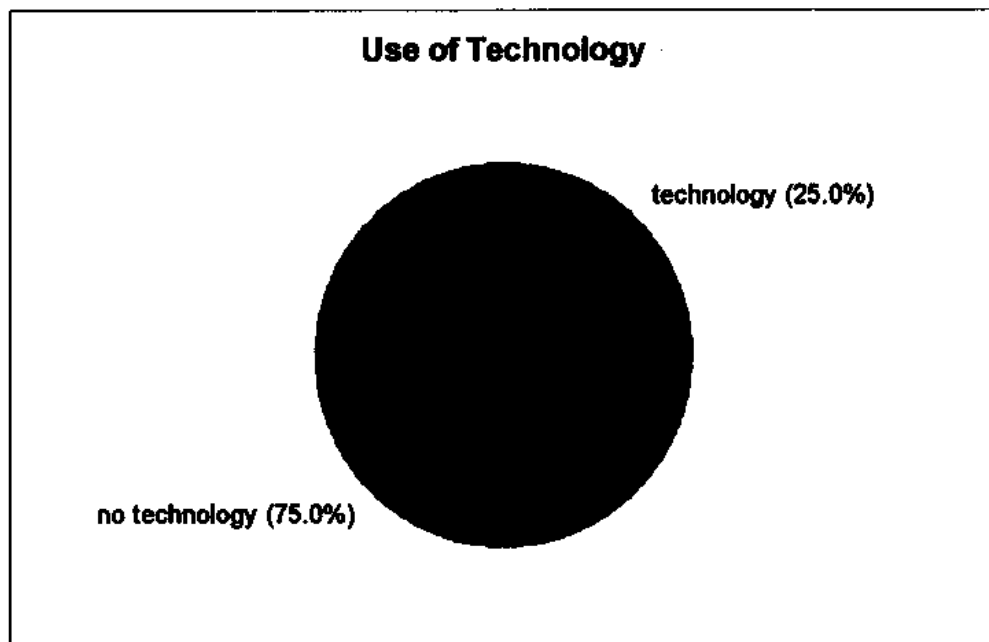


Fig. 10

Category IV - Resiliency Components

Question #1:

I consider the WTTI program to be resiliency-based.

- a. yes
- b. no

All twenty (100%) of the respondents report considering the WTTI program to be resiliency-based.

Question #2:

I believe that, in general, my students have improved their resiliency skills as a direct result of attending the WTTI conference.

- a. yes, definitely
- b. yes, somewhat
- c. not at all

Of the 20 respondents, 12 or 60% report that their students have definitely improved their resiliency skills, while 7 or 35% report somewhat of an improvement. Only a single respondent reports no improvement at all.

Table 10
Improvement of Resiliency Skills

Value Label	Frequency	Percent
yes, definitely	12	60%
yes, somewhat	7	35%
no improvement	1	5%
total	20	100%

Question #3:

I feel that the following resiliency components should be addressed more thoroughly during the WTTI Conference.

- a. insight
- b. independence
- c. relationships
- d. initiative
- e. creativity
- f. humor
- g. morality
- h. all components were thoroughly addressed

Respondents were asked to select as many choices as necessary. Of the 20 respondents, eleven or 55% report that all components were thoroughly addressed. Those respondents selected only that response. Choice "d" (initiative) was selected 7 times, choice "a" (insight) 4 times, choice "c" (relationships) 2 times and choice "b" (independence) 1 time.

Table 11
Resiliency Components Addressed

Resiliency Component	Frequency
insight	4
independence	1
relationships	2
initiative	7
creativity	0
humor	0
morality	0
all thoroughly addressed	11

Question #4:

In my opinion, the resiliency component that was most effective in regard to my students was:

- a. insight
- b. independence
- c. relationships
- d. initiative
- e. creativity
- f. humor
- g. morality
- h. they were all equally effective

Respondents were asked to select as many choices as appropriate. Of the 20 respondents, 8 or 40% report that all components were equally effective in regard to their students. Of the remaining 12 (60%) respondents, five selected "c" (relationships) as being effective, three selected "a" (insight), 3 selected "f" (humor), two selected "d" (initiative), two selected "e" (creativity), and one selected "b" (independence). No one selected choice "g", morality.

Table 12
Most Effective Component

Resiliency Component	Frequency
insight	3
independence	1
relationships	5
initiative	2
creativity	2
humor	3
morality	0
all equally effective	8

Question # 5:

In my opinion, the component that was most frequently addressed was:

- a. insight
- b. independence
- c. relationships
- d. initiative
- e. creativity
- f. humor
- g. morality
- h. they were equally addressed

Some respondents selected more than one category. Of the twenty respondents, 8 or 40% report feeling that all components were equally addressed. All eight made this their only selection. Of the remaining 12 or 60%, choice "f" (humor) was selected 6 times, choice "g" (morality) 3 times, choice "d" (initiative) 2 times and choice "a" (insight) once. No one selected choice "b" (independence), "c" (relationships) or "e" (creativity).

Table 13
Component Most Frequently Addressed

Resiliency Component	Frequency
insight	1
independence	0
relationships	0
initiative	2
creativity	0
humor	6
morality	3
all equally addressed	8
total	20

Question #6:

5. In my opinion, the component that is most important is:
- a. insight
 - b. independence
 - c. relationships
 - d. initiative
 - e. creativity
 - f. humor
 - g. morality
 - h. they are equally important

Of the 20 respondents, 17 or 85% report that all components are equally important. Two or 10% report that component "c" (relationships) is most important and a single respondent (5%) reports that "d", initiative is the most important resiliency component.

Table 14
Most Important Component

Resiliency Component	Frequency
insight	0
independence	0
relationships	2
initiative	1
creativity	0
humor	0
morality	0
all equally important	17
total	20

Summary of Category IV

Of the 20 respondents, all (100%) report that they consider the WTTI program to be resiliency-based. Nineteen or 95% report that their students have improved their resiliency skills to some degree as a result of participating in the program.

Eleven advisors or 55% report that all resiliency components were thoroughly addressed during the conference. Of the remaining 45%, the initiative (7 times) and insight (4 times) components were selected most frequently, followed by the independence (one time) and relationship (2 times) components (Fig. 11).

Forty percent of the respondents report that all of the components presented at the conference were equally effective in regard to their students. However, 25% or 5 individuals report that the relationship component was most important, while 4 respondents report being equally divided between initiative and creativity.

Similarly, 40% of the respondents report that all of the resiliency components were equally addressed. However, 30% or 6 respondents report that the humor component was most frequently addressed, followed by the morality component (15%), the initiative component (10%) and the insight component.

Of the 20 respondents, 17 or 85% report that all components hold equal importance, while 2 or 10% report that the relationship component followed by the insight component (5%) hold the most importance.

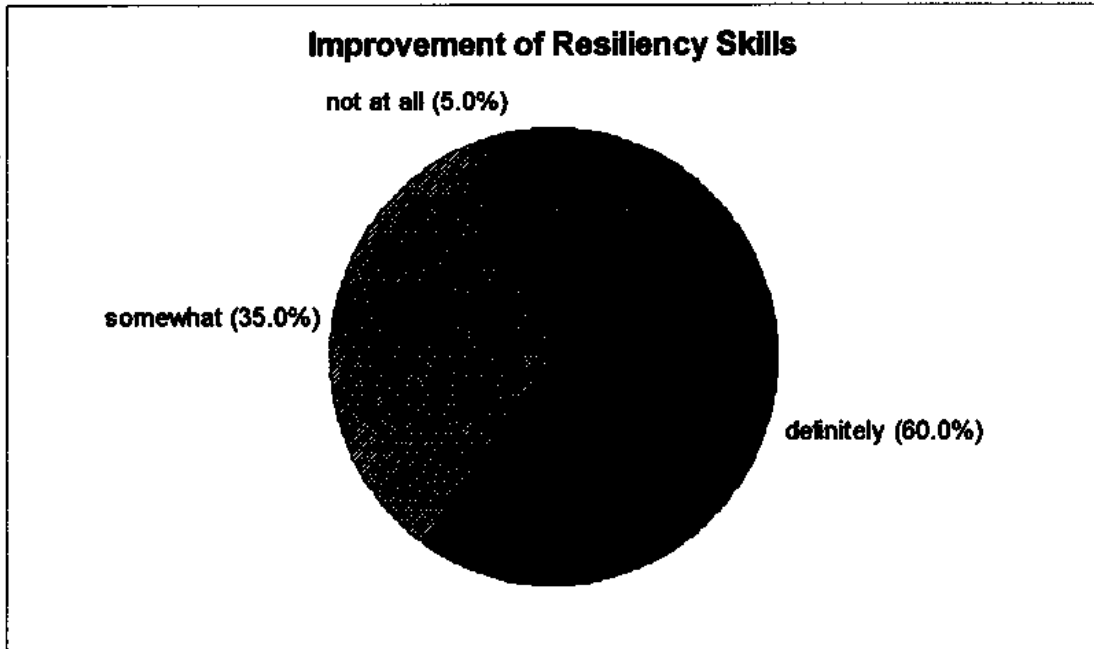


Fig. 11

Category V - Advisor Feedback

Question #1

My schedule allowed me to meet with my students:

- a. frequently
- b. regularly
- c. occasionally
- d. rarely

Of the 20 respondents, 10 or 50% report having met with their students regularly, while 5 or 25% report having met frequently. Only 2 or 10% report having met occasionally and 3 respondents (15%) report having met rarely.

Table 15

Frequency of Student/Advisor Meetings

Value Label	Frequency	Percent
frequently	5	25%
regularly	10	50%
occasionally	2	10%
rarely	3	15%
total	20	100%

Question #2:

I found this to be:

- a. very satisfying
- b. satisfying
- c. acceptable
- d. frustrating

Of the 20 respondents, 10 or 50% report feeling very satisfied with their advisor role, while another 8 or 40% report feeling satisfied. Only 2 or 10% report feeling frustrated.

Table 16
Degree of Advisor Satisfaction

Value Label	Frequency	Percent
very satisfying	10	50%
satisfying	8	40%
acceptable	0	0%
frustrating	2	10%
total	20	100%

Question #3:

My advisor role was:

- a. very rewarding
- b. rewarding
- c. somewhat rewarding
- d. not at all rewarding

Of the 20 respondents, 12 or 60% report feeling very rewarded by their advisor role. Another 7 respondents (35%) report their role to be rewarding. Only a single respondent reports feeling somewhat rewarded.

Table 17
Advisor Reward Level

Value Label	Frequency	Percent
very rewarding	12	60%
rewarding	7	35%
somewhat rewarding	1	5%
not at all rewarding	0	0%
total	20	100%

Question #4:

I feel that the WTTI experience benefited:

- a. only the high risk students
- b. only the low risk students
- c. only the average risk students
- d. all of the students to some degree
- e. none of the students
- f. some of the students
- g. at least one student

Of the 20 respondents, 17 or 85% report that all of the students benefited from the WTTI experience to some degree, while 2 or 10% report that some of the students benefited and a single respondent reports that at least one student benefited.

Table 18
Risk Levels Most Benefited

Value Label	Frequency	Percent
only high risk	0	0%
only low risk	0	0%
only avg risk	0	0%
all to some degree	17	85%
none	0	0%
some	2	10%
at least one	1	5%
total	20	100%

Question #5:

Not including our regular program of group and individual counseling, my idea of a good base prevention program for my school would be:

- a. D.A.R.E. alone
- b. Willow Tree combined with D.A.R.E.
- c. Willow Tree alone
- d. some other program combined with D.A.R.E.
- e. some other program combined with Willow Tree
- f. none of the above

Eighty percent of the respondents (16 individuals) report that Willow Tree Combined with DARE is their idea of a good prevention program for middle school students, while the remaining 20% (4 individuals) report preferring Willow Tree combined with some other type of program.

Table 19
Advisor Idea of Good Base Program

Value Label	Frequency	Percent
DARE alone	0	0%
WTTI & DARE	16	80%
WTTI alone	0	0%
Other program & DARE	0	0%
Other program & WTTI	4	20%
total	20	100%

Question #6:

I believe that the greatest strength of the Willow Tree Program is:

Of the 20 respondents to this open-ended question, 4 or 20% use the words "love" or "unconditional love" in describing the strength of the WTTI program. The phrase

"safe place" is also used four times. Other words or phrases that are used multiple times in regard to student benefits are "confidence", "self-esteem", "acceptance", "empowerment", and "knowledge". The competence of the staff is also mentioned, using words such as "honesty", "trust" and "sincerity". Two respondents report that their students felt "connected" to one another.

Question #7:

I believe that the greatest weakness of the Willow Tree Program is:

Of the 20 respondents to this open-ended question, 7 or 35% either did not answer or could not think of any weakness. Two of the twenty report that the weakness of the program is that it is offered only once a year. Other comments regarding the weakness of Willow Tree include the food, the distance, the cost, the fact that it is only offered in New Jersey, the follow-up, the number of students involved is becoming too great, and that it is difficult for children to return to their schools and community and into the "real world".

Question # 8:

The cost factor was an issue for my school.

- a. yes
- b. somewhat
- c. not at all

Of the 20 respondents, 7 or 35% report that the cost factor was a factor for their district, while another 8 or 40% report that it was somewhat of a factor. Five respondents (25%) report that it was not at all an issue.

Table 20
Cost Issue

Value Label	Frequency	Percent
yes	7	35%
somewhat	8	40%
not at all	5	25%
total	20	100%

Question #9:

I feel that the *climate* of our school was changed as a result of our participation in the WTTI:

- a. yes, definitely
- b. yes, somewhat
- c. not at all

Half (50%) of the respondents report that the climate of their school was somewhat changed, while 25% report that the climate was definitely changed. Four respondents report no change and one respondent failed to answer the question.

Table 21
Change in School Climate

Value Label	Frequency	Percent
Yes, definitely	5	25%
somewhat	10	50%
not at all	4	20%
no answer	1	5%
total	20	100%

Question #10:

I feel that the climate of our school was changed in the following way(s):

- a. a more positive "no use" attitude toward ATOD
- b. students began to treat each other with more kindness
- c. fewer episodes of violence
- d. no change was noticed
- e. other

Respondents were asked to select as many choices as appropriate. Choice "b" was selected 14 times, while choice "a" was selected 6 times. This was followed by choice "c" (5 times), choice "d" (3 times) and choice "e" (2 times).

Table 22
Types of Climate Change

Value Label	Frequency
a more positive "no use" attitude	6
students were more kind to one another	14
fewer episodes of violence	5
no change	3
other	2

Question #11:

Overall, I believe that the Willow Tree Teen Institute is effective as an ATOD prevention program for middle school students.

- a. definitely
- b. somewhat
- c. not at all

Of the 20 respondents, 18 or 90% report feeling that the WTTI program is definitely an effective one for middle school students, while the remaining 2 or 10% report feeling that it is somewhat effective.

Table 23
Program Effectiveness

Value Label	Frequency	Percent
definitely	18	90%
somewhat	2	10%
total	20	100%

Question #12:

I plan to attend the conference again next year.

- a. definitely
- b. probably
- c. not likely

Of the 20 respondents, 15 or 75% report planning to return to the WTTI program in 2003, while 2 or 10% report that they will probably return. Three individuals or 15% report that it is not likely that they will return.

Table 24
Return to Program

Value Label	Frequency	Percent
definitely	15	75%
probably	2	10%
not likely	3	15%
total	20	100%

Question #13:

I would recommend the Willow Tree Program to other districts.

- a. definitely
- b. possibly
- c. unlikely

All of the respondents (100%) report that they would definitely recommend the WTTI program to other school districts.

Summary of Category V

Of the 20 respondents 75% report meeting with their students either frequently or regularly. The remaining 25% report meeting occasionally or rarely (Fig. 12). Ninety percent, however, report that it was either satisfying or very satisfying, while only 10% found it to be a frustrating experience (Fig. 13). Of the 20 respondents, 95% report their role as advisor to be rewarding or very rewarding. Only a single respondent reports feeling somewhat rewarded (Fig. 14).

Of the 20 respondents, 85% report that all of their students benefited from the WTTI experience to some degree, while the remaining 15% report that some or at least one student benefited (Fig. 15).

Eighty percent of the respondents report that their idea of a good prevention program would be DARE combined

with Willow Tree, while the remainder felt that Willow Tree combined with another type of program would be more beneficial to their students (Fig. 16).

Many of the respondents use words such as "unconditional love" and "safe place" to describe the greatest strength of the Willow Tree program, while some could not think of a weakness. The weakness that is reported by three individuals is that it is only offered once a year and only in New Jersey.

The cost factor is reported to be an issue or somewhat of an issue to 75% of the respondents, while the remaining 25% report that it was not at all an issue (Fig. 17).

Seventy-five percent of the respondents report that their school climate was either definitely or somewhat changed as a result of participation in the WTTI program. Twenty percent report no change and one respondent (5%) did not answer (Fig. 18). The respondents were asked to select as many choices as appropriate regarding the type of change in climate. The fact that students were more kind to one another is selected 14 times, a more positive "no use" message is reported 6 times, followed by fewer episodes of violence (5 times). Three report no change and two report another type of change (Fig. 19).

Of the 20 respondents, 90% report feeling that the

WTTI is definitely an effective ATOD prevention program for middle school students, while the remaining 10% report that it is somewhat effective (Fig. 20). Eighty-five percent of the respondents report planning to either definitely or probably return to Willow Tree in 2003 (Fig. 21). All of the respondents, however, report that they would definitely recommend the Willow Tree program to other school districts.

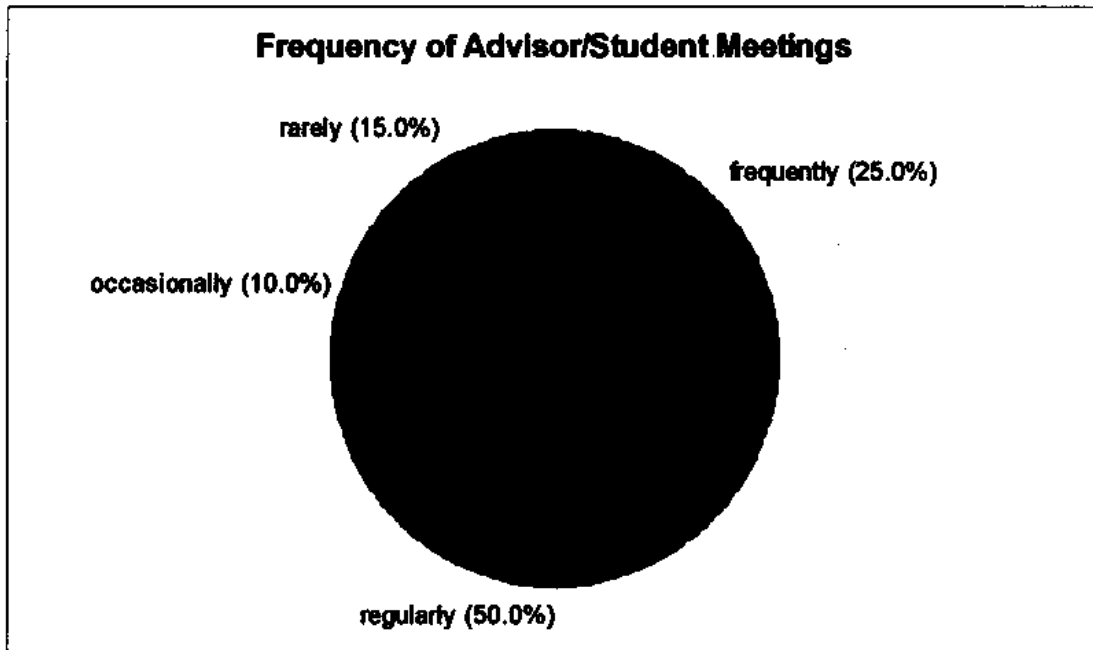


Fig. 12

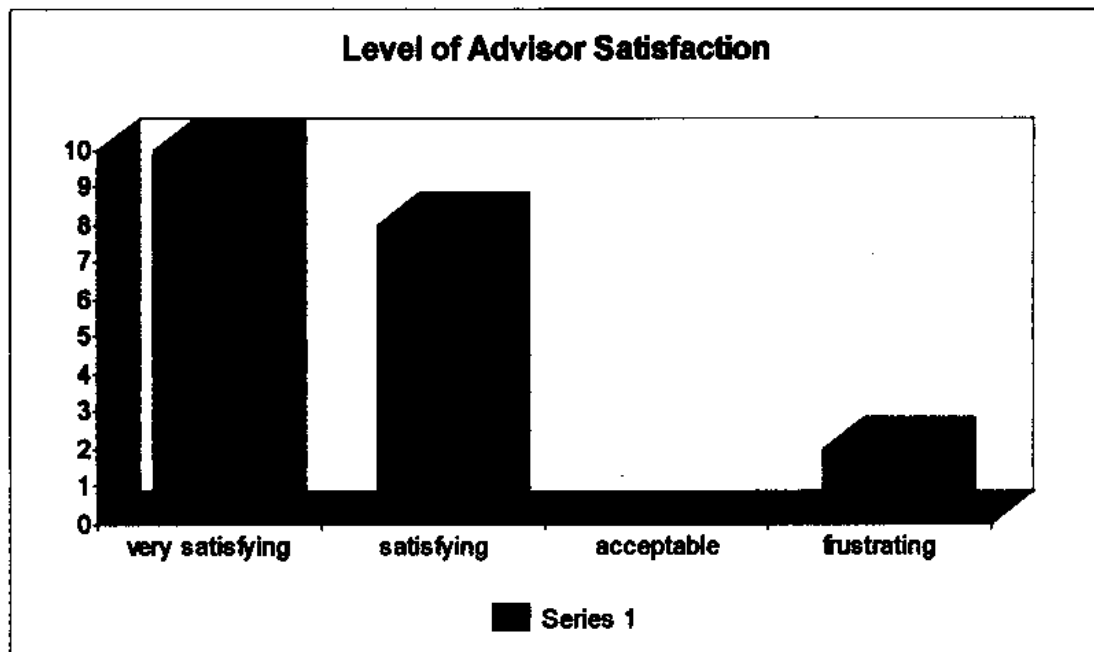


Fig. 13

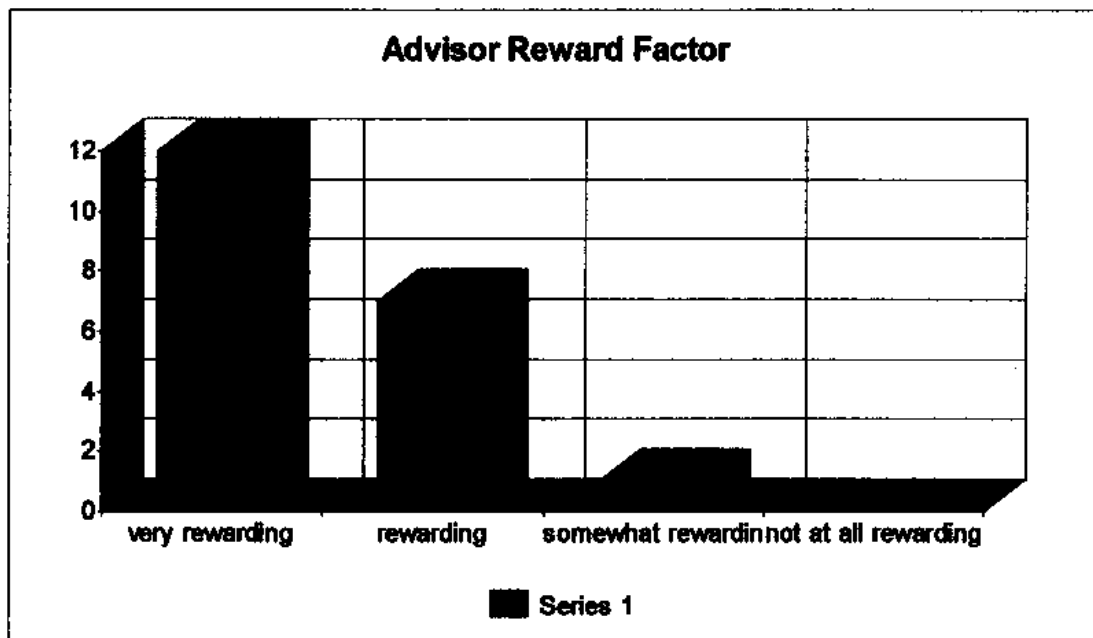


Fig. 14

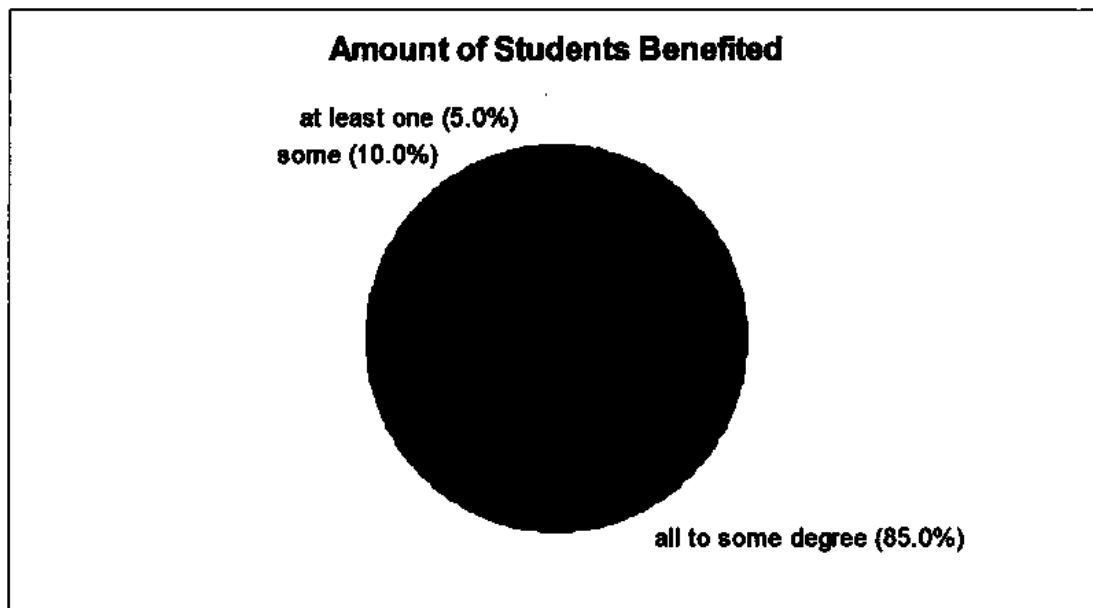


Fig. 15

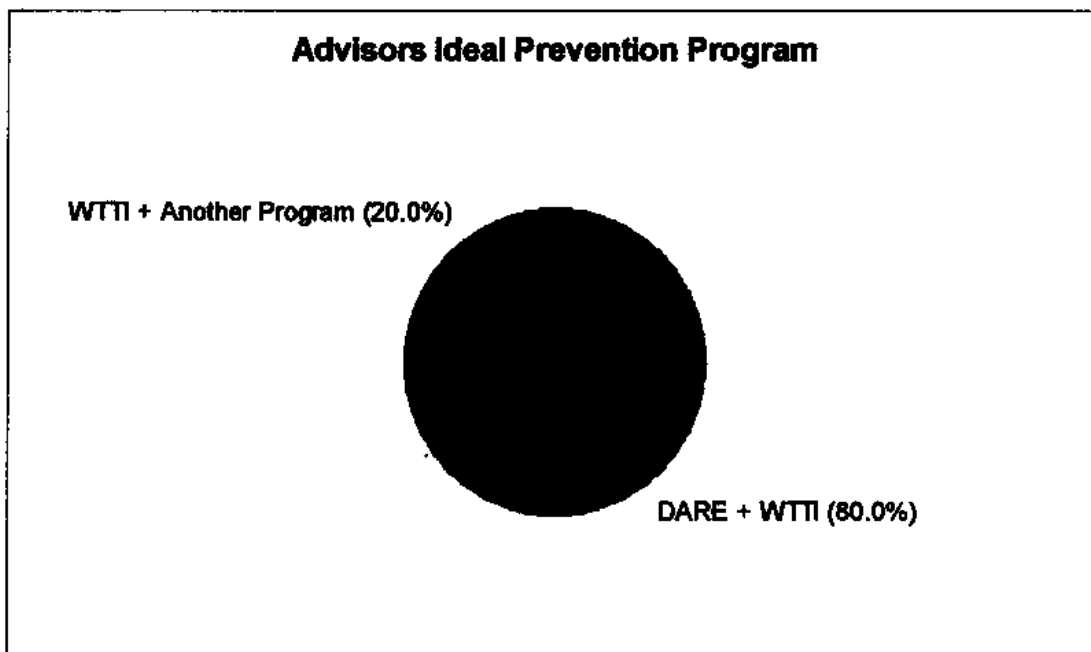


Fig. 16

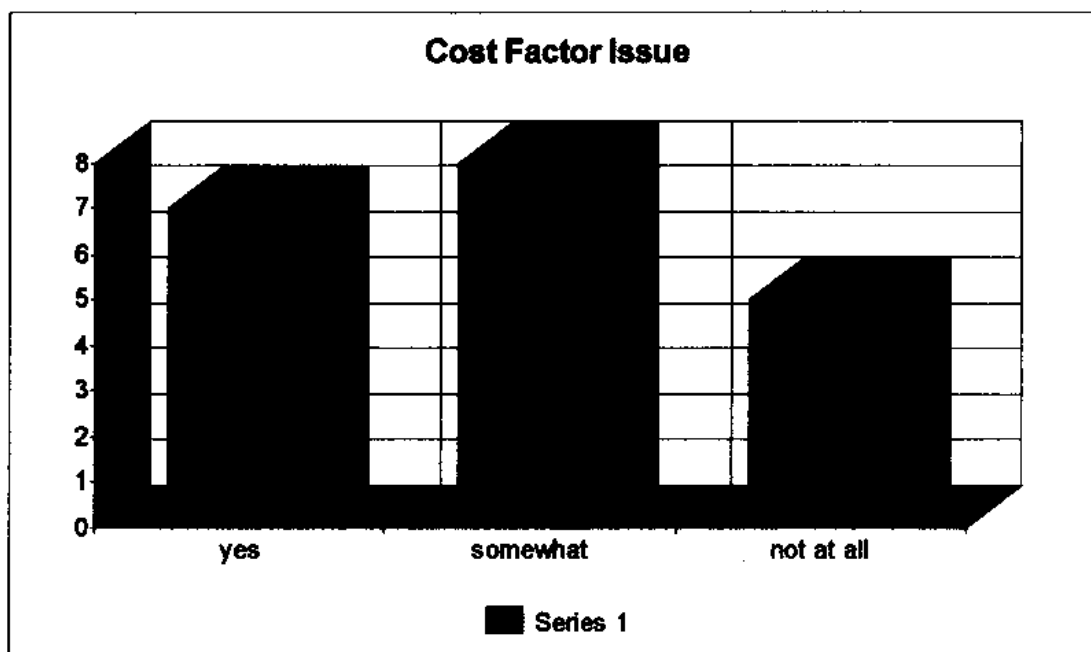


Fig. 17

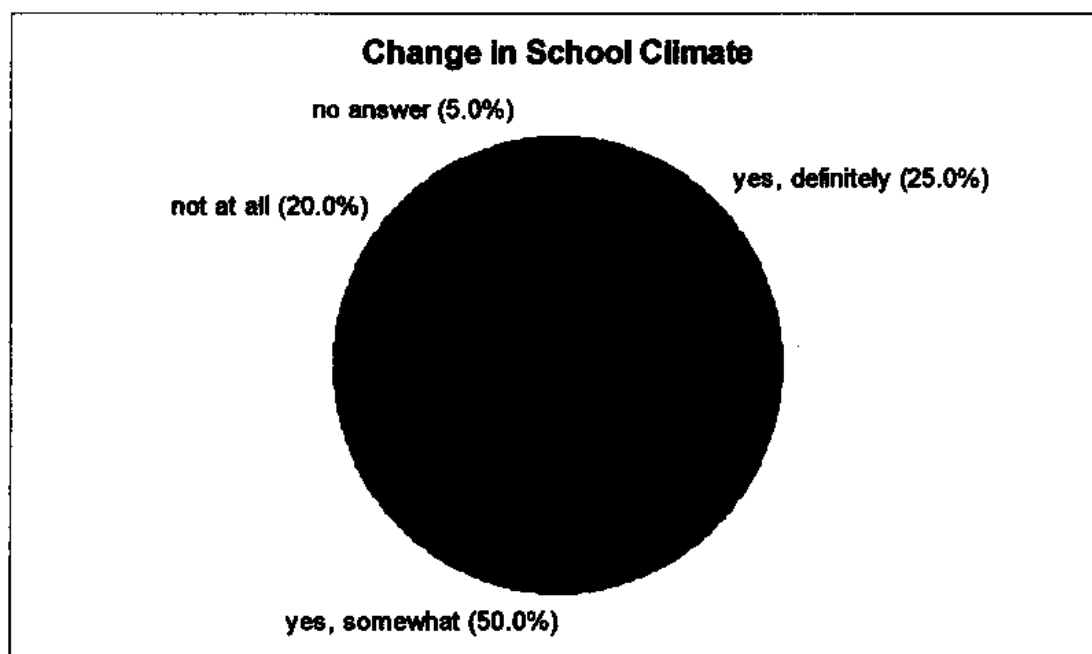


Fig. 18

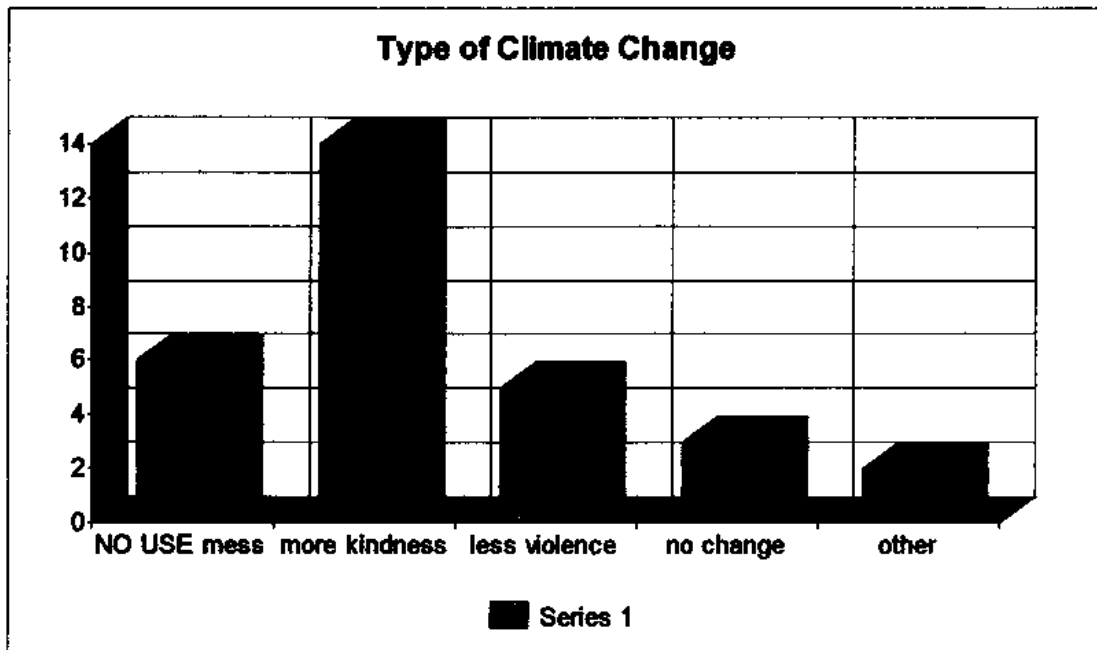


Fig. 19

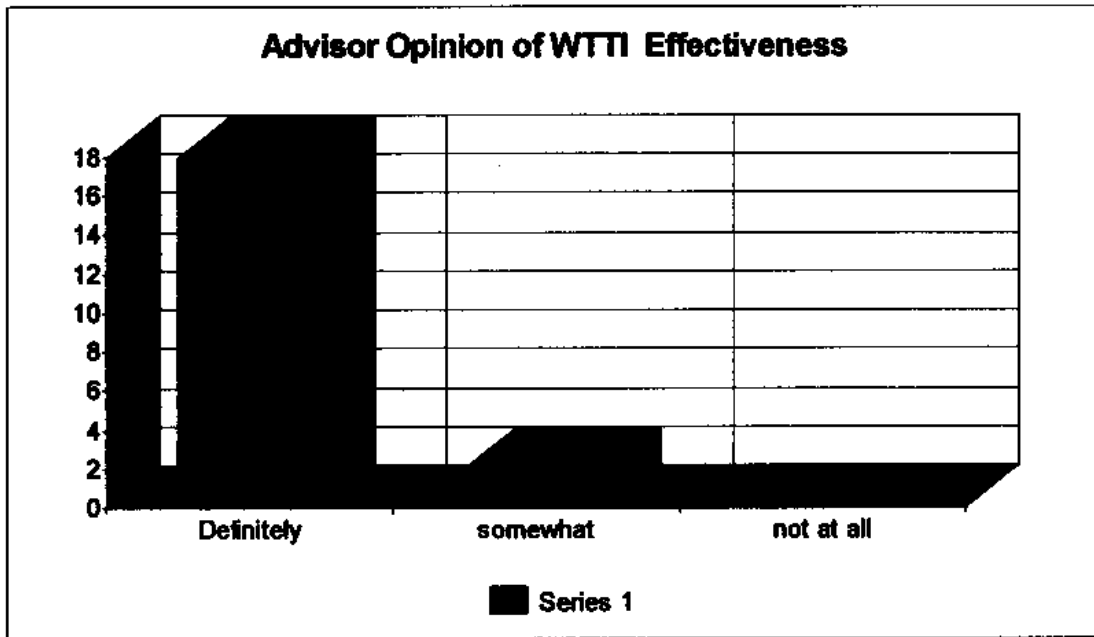


Fig. 20

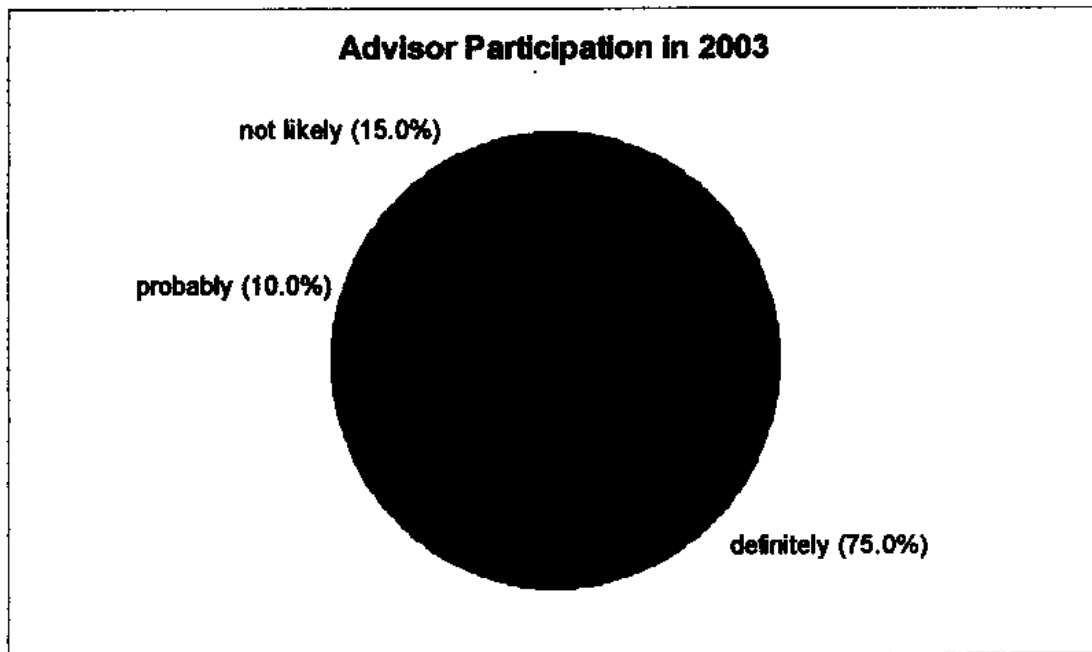


Fig. 21

CHAPTER VI
CONCLUSIONS AND RECOMMENDATIONS

Summary

The purpose of this study is to understand the Willow Tree experience from the perspectives of prevention professionals who have acted as advisors to groups of students who have participated in the Willow Tree Teen Institute program. Additionally, this research hopes to determine the effect of participation in the Willow Tree program in regard to students, to the advisors, and to the general climate of the school.

Questionnaires designed by the researcher were mailed to each advisor. The questionnaires were accompanied by a cover letter and a stamped, self-addressed return envelope. The cover letter was designed to seek voluntary cooperation from the respondent. Questionnaires were numbered for the purpose of categorizing data. Individual responses to the questionnaire were grouped for the purpose of obtaining data in five categories. These categories include data regarding:

1. Advisor background and demographics
2. Action plans and follow-up
3. Collaboration
4. Resiliency components and
5. Advisor feedback.

Advisor Background and Demographics

Data from Category I regarding advisor's background and demographics concludes that most of the respondents (65%) have attended the Willow Tree Teen Institute at least twice, thereby indicating a desire to repeat the experience. Data also concludes that a majority of them (55%) have acted not only as advisors, but also in capacities beyond that of advisor, thereby indicating a desire to further serve the organization.

Although the WTTI has served primarily suburban districts, data concludes that students of all risk factors have participated in the program. In fact, fifty percent of the participants were of average or low risk. This cross-section of participants aligns with the current belief by prevention professionals that programs should address the needs of all students and that the focus should be on a person's strengths, rather than their weaknesses. According to Konrad and Bronson (1997), it is time for "a paradigm

shift from an "at-risk" perspective to one that views people as resources, as experts in their own lives, and as possessing innate mental health and well-being".

Rockwell (1998) concurs with this, contending that viewing people as at-risk or high-risk is not the answer. It is "far more productive to reframe people's overcoming difficulties as proof of their strength, intelligence, insight, creativity, and tenacity."

Action Plans and Follow-Up

Category II presents data regarding Action Plans and Follow-Up. As explained in Chapter III, each advisor is sent a "Pre-Tree" exercise prior to attending the conference. This exercise helps the students and advisors to recognize the risk and protective factors that are present in their schools and communities, enabling them to target a specific factor for their plan. While at the conference, each school meets with a trained prevention professional who helps them to develop a realistic Action Plan that is custom designed to meet the needs of their school and community.

Analysis of the data indicate that all (100%) of the respondents report having been able to create a suitable Action Plan. This data implies that the WTTI has been

effective in their goal of teaching participants how to master this task.

Further analysis indicates that 90% of the respondents were able to either somewhat or definitely complete the Action Plan that they had formulated. Of the two respondents who report having had no success with their plans, one explains that "the kids came up with a good Action Plan, but the school doesn't support them."

The WTTI staff continually stresses that school support is essential to the success of the Action Plan. The students need to know that those in authority are aligned with their goal of abstinence. This idea is supported by the U.S. Department of Education (1989) who contends that "the enforcement of a clear 'no use' message should also be included in a successful prevention program. This "requires that schools consistently stress that drug use is wrong and enforce consequences for school drug activity."

Data analysis also indicate that while some schools were able to reach out to their district's high schools and communities, as well as other school districts, the majority of them (75%) focused on their own district's elementary schools. According to Neil Swan (1995) of the National Clearinghouse for Alcohol and Drug Information, this early prevention approach is crucial. "By the first

grade, or earlier, children show temperament and behavior traits that are powerful indicators of their inclination to use and abuse drugs in their teenage and adult years."

The WTTI teaches the importance of being positive role models. The influence of non-using middle school students is a powerful message to younger children and helps the older students to feel good about themselves. According to the Willow Tree philosophy, children who feel good about themselves are less likely to turn to drugs or alcohol in an effort to achieve a false sense of self-worth.

Collaboration

Data from Category III indicate that only thirty percent of the respondents report having worked with a DARE officer, although eighty five percent report having a DARE program in their schools. However, another sixty percent of the respondents report having a desire to collaborate with the DARE program. These findings are surprising to the researcher considering the results of recent studies regarding this popular, but controversial program.

According to the Research Institute of North Carolina (1994), "a three year, \$300,000 study conducted by specially trained local police officers in 17 weekly, 45-60 minute sessions for 5th and 6th graders has concluded that

the effect of DARE's core curriculum is statistically insignificant in preventing drug use among that group".

The researcher concludes that the respondents were either unaware of the controversy, disagreed with the findings, or elected to ignore them in favor of the Willow Tree philosophy of strength through collaboration.

Additional data from this category indicate that sixty percent of the respondents report having worked closely with their municipal alliances. Of the remaining forty percent, some report not being familiar with their community's alliance.

This category concludes with findings regarding the use of technology. Surprisingly, only twenty five of the respondents report having completed projects involving the use of technology.

Considering the data regarding collaboration, the researcher suggests that either prior to or during the WTTI conference, the staff offers instruction to advisors on community outreach techniques, including types of organizations that could be helpful to them and on the use of technology as an outreach tool.

Resiliency

Data from Category IV indicate that all (100%) of the respondents agree that the WTTI program is resiliency based

and 95% report that their students have improved their resiliency skills to some degree. One respondent reports:

"I have literally watched shy, introverted students become huge flowers - hibiscus! There is no stopping them. I meet with them sometimes and literally stay to the side as they hold their own meeting. They shine now. They act as if they have a purpose and a focus. WTTI camp empowered them!"

This enthusiasm is a result of what resiliency researchers Drs. Steven and Sybil Wolin (1993) refer to as a challenge mindset.

By contrast, a challenge mindset credits youth with the power to help themselves. It also casts adults not as directors or authorities in the lives of youth but as partners in their struggle to prevail. The hallmarks of a challenge mindset are a vocabulary for identifying resilience, reframing- a technique for talking to youth about their strengths, and the intention of motivating youth to act on their own behalf.

Other respondents offer similar comments that further support this concept. According to one advisor, the WTTI program helped his students in "making tough choices and reaching out to friends who find themselves in difficult and dangerous situations." Another advisor contends that the WTTI program helped his students to develop "close friendships" and taught them to speak to administrators in

a "polite, professional, and mature manner" and to speak in front of their peer group "about what they (the WTTI participants) believe in".

Another advisor writes that the experience gained from the Willow Tree conference gives students "a voice, perhaps for the first time." They find out that "they are not alone." Additional comments regarding improvement in students' resiliency skills align with those previously stated. An advisor writes that her students "realize that they are strong and caring. They can handle negative comments positively. They believe in what they are doing." Another states the following: "The students I have now are at least going to think before they try anything. They have enough information to know what consequences are."

Advisor Feedback

Data from category V indicate that the majority of the respondents were able to meet regularly, if not frequently, with their students and found their role as advisor to be satisfying and rewarding.

Eighty-five percent also felt that the Willow Tree experience benefited all of their students to some degree. One respondent reports that "there is not one person that comes out of the WTTI experience without having benefited!" Another respondent, similarly states that "it is impossible to attend the conference and not to be affected by it in a positive way." Another concurs with this by stating that

"some students benefited greatly making them great leaders." She went on to add, however, that "others just love to go away to camp."

The Willow Tree staff stresses the importance of the advisor role in the overall success that students may realize in regard to their school's individual action plans. The advisor can be defined as the person who initially selects the students who will attend the conference, who helps them to create an action plan for their school and community and who oversees coordination and implementation of that plan. The enthusiasm that the advisor exhibits helps to motivate the students to complete long range projects. The advisor may be the driving force that changes the students who "just love to go to camp" into "great leaders".

One respondent notes that "the WTTI experience has such complex effects that don't always become apparent at first. I have found months and years later the crucial effect it has had on some students...where it was actually a pinnacle for them in their lives." The researcher believes that this long-range effect is proportional to the amount of work the advisor is willing to do to maintain enthusiasm, as well as to the follow-up work of the staff members of the program. One respondent offers the comment that in order for students to implement their plans upon returning to school, they must be "very adult motivated" with "constant reminders" from the advisor. The respondent

attributes this to the students' inability to "stay focused at this age."

Many of the respondents report a feeling of "unconditional love and acceptance" while at camp, referring to it as a "safe place". One respondent writes that "the impact that Willow Tree creates in those four days is so strong that the children leave there different people. It affects some more than others, but everyone feels the impact from the love and 'safe place' that Willow Tree creates." Another respondent contends that the greatest strength of the program is "the reinforcement of building self-esteem with our troubled, struggling, and unmotivated children. They make everyone feel at home and loved." Another states that the greatest strength of the WTTI is "the program's ability to demonstrate to the students that a safe and caring environment CAN be created in a world that is filled with pain and turmoil."

Of the 20 respondents, very few answered the question regarding the greatest weakness of the Willow Tree program. One advisor reports disappointment that the program "is not in every state." Another simply states that there are no weaknesses. Two of the respondents report weaknesses that appear to the researcher not to be the fault of the Willow Tree program. The first states that there is "not enough time during the school year." Another contends that some school districts are unwilling to "get to know more about the program" and expresses a need "to involve

administration." One respondent writes:

Until school administrators become aware of exactly what goes on at the WTTI conference and see firsthand what goes on and the changes that the students undergo in those four days, the program will never get the attention and achieve the growth that it deserves.

Another respondent concurs with this by stating that "our school is not a very organized school. They lack knowledge of Willow Tree. They do not get involved or support Willow Tree. It is a shame because our kids are in desperate need of this program."

Two respondents report negative aspects to the program. The first writes that "it is such an intense four day camp that the children become so energized and then reality hits on Monday in school." In response to this comment, in conversations with the staff prior to completion of the questionnaires, the researcher was told that time was set aside during the conference for transitional work with both the students and the advisors. The WTTI staff warns advisors and parents that the students will be changed following their experience at camp. They stress that they must be closely monitored for the first week. It is the opinion of the researcher that the problem stated by the respondent was mostly likely due to lack of follow-up on the part of the advisor.

Another respondent reports that Willow Tree "is growing too large and losing that personal feeling it used

to contain. The kids used to be heard more and got to be participate more often. It's starting to become a more nameless, faceless moving of cattle and I'm afraid of what that will do to the program." The researcher feels that this situation may possibly be a result of the cost factor.

A majority of the respondents report that the cost factor is an issue for their school. The prior respondent who feels that the program is losing "that personal feeling" because it is "growing too large" also comments that "the growing cost is going to cut our numbers." The researcher concludes through prior discussions with the WTTI staff that the escalation of cost is directly proportional to the rise in the cost of running the program. A major expenditure is in obtaining quality speakers. Since the number of participants is not a factor to cost of the speakers, the logical way to keep expenditures at a minimum is to include more schools in the program. The WTTI Board of Directors is aware of this problem and is presently working to alleviate it through the acquisition of grants and through private donations.

Data indicate that a majority of the respondents report a positive change in school climate as a result of participation in the Willow Tree program. The changes most frequently reported are that students are more kind to one another and that there has been an increase in a definite "no use" message.

In spite of the few negative comments, an overwhelming

majority (90%) of the respondents feel that the WTTI program is definitely an effective ATOD prevention program for middle school students and eighty-five percent of them plan on returning to the conference. The consensus is, however, that all (100%) of the respondents would definitely recommend the Willow Tree program to other school districts.

Implications

The assertions arrived at in regard to this study are based upon the data gathered from twenty respondents who have acted in the role of advisor to student participants in the Willow Tree Teen Institute program. The assertions are, for the most part, favorable towards the program.

Implications Regarding Policy

Findings conclude that although a majority of respondents have a DARE program in their school and most express a desire to work collaboratively with a DARE officer, only 30% report having worked with the DARE program. Considering that the majority of the respondents were able to either somewhat or definitely complete their action plans, the assertion can be made that collaboration with the DARE program is not necessary to achieve the long range goals of the Willow Tree participants.

Implications Regarding Practice

Data indicate that of the 20 respondents, most have attended the Willow Tree conference at least 2 times and have volunteered their time in capacities in addition to advisor. The assertion can be made that a majority of the respondents felt the program was valuable enough to repeat the experience and to offer their services above and beyond the role of advisor.

Data also indicate that the program includes students of various risk factors and from diverse socio-economic districts and that all of them benefited to some degree through their participation in the program. The assertion can be made that the Willow Tree program reaches out to all students and is beneficial to all students regardless of their demographics.

Further data indicate that all of the participating school districts were able to create a suitable action plan and that a majority of them were subsequently able to either somewhat or definitely complete their plan. The assertion can be made, therefore, that the Willow Tree program has achieved success in teaching students to create a suitable, realistic ATOD prevention plan for their school that can be implemented over a period of time.

All respondents report believing that the program presented by the Willow Tree Teen Institute is resiliency-based and a majority of the respondents believe that all resiliency components were thoroughly addressed during the

conference. Therefore, the assertion can be made that the WTTI is a resiliency-based ATOD prevention program that includes all of the resiliency components.

Data indicate that a majority of the respondents were able to meet with their students regularly and that the role of advisor was rewarding and satisfying to them. Most agree that the program benefited all students to some degree and that their school climate was positively changed as a result of participation in the program. The assertion can be made, therefore that meeting with the students regularly can be quite satisfying and rewarding to those individuals who act as advisors and that participation in the Willow Tree Teen Institute can benefit all participants to some degree and can positively change the climate of a school.

Findings also indicate that most respondents (90%) believe the Willow Tree Teen Institute to be an effective ATOD prevention program for middle school students. A majority of advisors (85%) plan to return to the conference and all of them would definitely recommend the program to other school districts. Considering these findings, the assertion can be made that the Willow Tree Teen Institute is, according to advisors who have participated, an effective program for middle school students and one worth repeating. It is a program that all advisors would definitely recommend to other school districts. As one respondent puts it:

"We are all blessed to have been touched by Willow Tree."

Recommendations for Future Research

Based on the data collected, it is recommended that

1. A further study be replicated that includes a gender variable.
2. The issue of an increased focus on communication techniques, including a more extended use of technology, should be addressed by the Willow Tree staff.
3. A further study should be conducted targeting the administration of the participating districts to determine how their support influences the outcomes of the program.
4. Further research regarding geographical differences should be conducted. For example, would this program be as effective if implemented in a different state?
5. A longitudinal study should be conducted to determine the long range effects of the program. This study should include the use of an instrument such as the Resiliency Attitudes Scales (R.A.S.).
6. An evaluation should be made to determine the cost effectiveness of the program.
7. The outcome goals of the Willow Tree Teen Institute are similar to those of a character education curriculum. An effort should be made to align the Willow Tree program with that of existing in-school character education curricula in an effort to improve the possibility of

positive climate changes within the participating school districts.

References

American Society of Child and Adolescent Psychiatry, (1996) [Online]. Available: <http://www.aacap.org>

Bangert-Drownes, R.L. (1988). The Effects of school-based substance abuse education: A meta-analysis. Journal of Drug Education, (18) 243-265.

Benard, B. (1996). From research to practice: The foundations of the resiliency paradigm. Rio Rancho, NM: Resiliency in Action.

Benard, B. (1996). Research report: Fostering resiliency in communities: An inside out process. Rio Rancho, NM: Resiliency in Action.

Botvin, G.J. (1990). Substance abuse prevention: Theory, practice, and effectiveness. Drugs and Crime. Chicago, Illinois: University of Chicago Press.

Catalano, R.F., Lehman, J.D. & Hawkins, J.D. (1994). Reducing risks and protecting our youth: A community mission. Corrections Today (56) 5, 92-100.

Children of Alcoholics Foundation (1999). Fact sheet [Online]. Available: <http://www.coaf.org>

Elliot, J. (2001). Drug prevention placebo: How D.A.R.E. wastes time, money, and police [Online]. Available: <http://www.reason.com/9503/fe.DARE.text.html>

Garmezy, N. (1991). Resilience and vulnerability to adverse developmental outcomes associated with poverty. American Behavioral Scientist, 416-430.

Gordon, K., (1996). Resilient Hispanic youths' self-concept and motivational patterns. *Hispanic Journal of Behavioral Sciences*, 18(1), 63-73.

Gottlieb, D. (1991). Voices in the family. New York: Signet.

Gray, D. & Richardson, G. (1998). High school curriculum fosters resiliency. Education Digest, Feb, 1998.

Hawkins, J., Catalano, R. & Miller, J. (1992). Risk and protective factors for alcohol and other drug problems in adolescence and early adulthood: Implications for substance abuse prevention. Psychological Bulletin, 112 (1), 64-105.

Horn, L.J. & Chen, X. (1999). Toward resiliency: At-Risk students who make it to college. Office of Educational Research and Improvement, U.S. Department of Education. Washington, D.C.

Krovetz, M., (1999). Fostering resiliency: Expecting all students to use their minds and hearts well. CA: Corwin Press.

Leite, E. & Espeland, P. (1987). Children of alcoholics. Washington, D.C.: Johnson Institute.

Leite, E. & Espeland, P. (1989). Different like me: A book for teens who worry about their parent's alcohol and drug use. Washington, D.C.: Johnson Institute.

Liquanti, R., (1992). Using community-wide collaboration to foster resiliency in kids: A conceptual framework. Portland, OR: Western Regional Center for Drug-Free Schools and Communities.

Masten, A.S. & Coatsworth, J.D., (1998). The development of competence in favorable and unfavorable environments: Lessons from research on successful children. American Psychologist, 53 (2), 205-220.

Milgram, G.G. (1987). Alcohol and drug education programs. Journal of Drug Education, 17(1), 44.

National Association for Children of Alcoholics (1998). Children of alcoholics: Important facts [Online]. Available:<http://www.nacoa.org>

New Jersey Department of Law and Public Safety (1999). Task force on juvenile drug and alcohol use in New Jersey [Online]. Available:<http://www.state.nj.us/lps/services>

New Jersey Department of Law and Public Safety (1999). Drug and alcohol use among New Jersey high school students.

Pearish, P.L. (1988). An annotated bibliography of literature analyzing factors of adolescent drug use/abuse

and the effectiveness of various drug abuse prevention programs. ED 299 494.

Research Institute of North Carolina (1994) [Online]. Available: <http://www.allkindsofminds.org>

Rockwell, S. (1998, Spring). Overcoming four myths that prevent fostering resilience. Reaching Today's Youth, National Educational Service, 14-17.

Rosenbaum D.P. & Hanson, G.S. (1998). Assessing the effect of school-based drug education: A six-year multi-level analysis of project D.A.R.E. [Online]. Available: <http://www.tfy.drugsense.org>

Sagor, R., (1996). Building resiliency in students. Educational Leadership, 54(1), 38-43.

Seixas, J.S. & Youcha, G., (1996). Children of alcoholics: A survivors manual. New York, NY: Harper Collins Publishers.

South Carolina Department of Alcohol and Other Drug Abuse Services, (1999). SC prevents alcohol, tobacco and other drug abuse [online]. Available: <http://www.scprevents.com/factors/protective.html>

Steinhauer, P.D., (1996). Methods of developing resiliency in children from disadvantaged populations. What Determines Health? : Summaries of a Series of Papers on the Determinations of Health. National Forum on Health.

Sussman, S. & Johnson, C. (1996). Drug abuse prevention: Program and research recommendations. American Behavioral Scientist, 39 (7).

Swan, N., (1995). Nida Notes [Online]. Available: http://165.112.78.61/NIDA_Notes/NNVOL10N1/Earlychild.html

Tobler & Stratton (1997). Effectiveness of school-based drug prevention programs: A meta-analysis of the research. Journal of Primary Prevention, 17(3).

Upton, J. (2000). Dare doesn't work. The Detroit News [Online]. Available: <http://detnews.com/specialreports/2000>

U.S. Department of Education. (1989). Schools without drugs: What works. Washington D.C. ED 313 645.

Utah Division of Substance Abuse and Social Research Institute (1999). Risk and protective factors for substance abuse and other youth problem behavior [on-line]. Available: <http://courmlink.utcourts.gov/reports>

Wang M., Haertel D. & Walberg H. (1994). Educational resilience in inner cities. Educational Resilience in Inner City America. Hillsdale, NJ: Erlbaum Associates.

Wegscheider-Cruse, S. (1981). Another chance: Hope and health for the alcoholic family. Palo Alto, CA: Science and Behavior Books, Inc.

Werner, E., & Smith, R. (1982). Vulnerable, but invincible: A longitudinal study of resilient children and youth. New York: McGraw-Hill.

Werner, E., & Smith, R. (1992). Overcoming the odds. Ithica, NY: Cornell University Press.

Wolin, S.J. & Wolin, S. (1993). The resilient self: How survivors of troubled families rise above adversity. New York: Villard Books.

Appendix A

**THE WILLOW TREE TEEN INSTITUTE
ADVISOR QUESTIONNAIRE**

Please answer the following questions by circling the appropriate letter(s).

PART I: Advisor Information/Demographics

1. I have attended the WTTI Conference:
 - a. one time
 - b. two times
 - c. three times
 - d. four or more times

2. I have attended the WTTI Conference in the following capacities (please circle all that apply):
 - a. as a participant
 - b. as a WTTI
 - c. as a WIC
 - d. as an advisor
 - e. as a staff member
 - f. as a presenter
 - g. other (please explain) _____

3. I would describe my school district as:
 - a. rural
 - b. suburban
 - c. urban
 - d. inner city

4. My school district is an Abbott District:
 - a. yes
 - b. no

5. I would describe my WTTI students as being:
 - a. mostly high risk (more risk factors than protective factors)
 - b. mostly low risk (more protective factors than risk factors)
 - c. mostly average risk (equal number of risk and protective factors)
 - d. a mix of all of the above
 - e. other (please explain) _____

PART II: Action Plans/Follow-Up

1. With the help of a WTTI staff member, we were able to create an Action Plan that was suitable to our school and community:
 - a. yes
 - b. no

2. I feel that our Action Plan was successfully completed in the months following the WTTI experience:
 - a. definitely
 - b. somewhat
 - c. not at all

3. Our Action Plan involved the following types of projects:
 - a. school-wide
 - b. district-wide
 - c. community-wide
 - d. county-wide
 - e. other (Please explain) _____

4. Our Action Plan involved reaching out to students in
 - a. our district's elementary school(s)
 - b. our district's high school(s)
 - c. other school districts
 (Please comment on the types of projects completed) _____

5. My students were able to successfully network throughout our school to enlist the aid of other students who did not participate in the WTTI Conference:
 - a. yes, easily
 - b. yes, but with some difficulty
 - c. not really
 - d. not at all

6. We started a club or organization based upon our WTTI experience:
 - a. yes
 - b. no

7. We were able to take advantage of the follow-up help offered by the WTTI staff:
 - a. yes
 - b. no

8. The follow-up help we received was:
 - a. extremely beneficial
 - b. somewhat beneficial
 - c. not at all beneficial

PART III: Collaboration

1. My district has a DARE program in the middle school:
 - a. yes
 - b. no

2. As a WTTI advisor, I work closely with my school's DARE officer:
 - a. yes
 - b. no, but I'd like to
 - c. no, that could never happen in my district
 - d. we do not have a DARE program

3. As a WTTI advisor, I work closely with our community's Municipal Alliance:
 - a. yes
 - b. no
 - c. I am not familiar with our Municipal Alliance
 - d. we do not have a Municipal Alliance

4. My WTTI students have completed or plan to complete collaborative projects with WTTI students from other districts.
 - a. yes, several
 - b. yes, at least one
 - c. we have no interest in collaborative projects

5. My WTTI students have completed or plan to complete at least one collaborative project with other WTTI students that involves the use of *technology*:
 - a. yes
 - b. no

(Please feel free to describe your technological project)

**PART IV:
THE WTTI AS A RESILIENCY-BASED ATOD PREVENTION PROGRAM**

For the purpose of this research paper, the Resiliency Model as proposed by Drs. Steven and Sybil Wolin will be used. Please refer to the following definitions when completing this portion of the questionnaire:

1. **Resiliency:** A paradox that encompasses both the psychological damage and the enduring strength that result from struggling with hardship.
2. **Components of Resiliency:**
 - a. **Insight:** The habit of asking tough questions and giving honest answers.
 - b. **Independence:** drawing boundaries between yourself and troubled parents, keeping emotional and physical distance while satisfying the demands of your conscience.
 - c. **Relationships:** intimate and fulfilling ties to other people that balance a mature regard for your own needs with empathy and the capacity to give to someone else.
 - d. **Initiative:** taking charge of problems; exerting control; a taste for stretching and testing yourself in demanding tasks.
 - e. **Creativity:** imposing order, beauty, and purpose on chaos of your troubling experiences and painful feelings.
 - f. **Humor:** finding the comic in the tragic.
 - g. **Morality:** an informed conscience that extends your wish for a good personal life to all of humankind

Please answer the following questions by circling the appropriate letter(s).

1. I consider the WTTI program to be resiliency-based.
 - a. yes
 - b. no

If your answer to question 1 was no, please explain why you feel that it is not.

If your answer to question 1 was yes, please complete the following:

2. I believe that, in general, my students have improved their resiliency skills as a direct result of attending the WTTI conference.

- a. yes, definitely
- b. yes, somewhat
- c. not at all

(If yes, please feel free to give examples)

3. I feel that the following resiliency components should be addressed more thoroughly during the WTTI Conference.

- a. insight
- b. independence
- c. relationships
- d. initiative
- e. creativity
- f. humor
- g. morality
- h. all components were thoroughly addressed

4. In my opinion, the resiliency component that was most effective *in regard to my students* was:

- a. insight
- b. independence
- c. relationships
- d. initiative
- e. creativity
- f. humor
- g. morality
- h. they were all equally effective

5. In my opinion, the component that was most frequently addressed was:

- a. insight
- b. independence
- c. relationships
- d. initiative
- e. creativity
- f. humor
- g. morality
- h. they were equally addressed

5. In my opinion, the component that is most important is:
- insight
 - independence
 - relationships
 - initiative
 - creativity
 - humor
 - morality
 - they are equally important

If you selected a specific component, please explain why)

PART V: Advisor Feedback

1. My schedule allowed me to meet with my students:
 - frequently
 - regularly
 - occasionally
 - rarely
2. I found this:
 - very satisfying
 - satisfying
 - acceptable
 - frustrating
3. My advisor role was:
 - very rewarding
 - rewarding
 - somewhat rewarding
 - not at all rewarding
4. I feel that the WTTI experience benefited:
 - only the high risk students
 - only the low risk students
 - only the average risk students
 - all of the students to some degree
 - none of the students
 - some of the students
 - at least one student

(Please feel free to comment on your answer): _____

5. Not including our regular program of group and individual counseling, my idea of a good base prevention program for my school would be:
- D.A.R.E. alone
 - Willow Tree combined with D.A.R.E.
 - Willow Tree alone
 - some other program combined with D.A.R.E.
 - some other program combined with Willow Tree
 - none of the above

(please

explain) _____

6. I believe that the greatest strength of the Willow Tree Program is _____
-
-
-

7. I believe that the greatest weakness of the Willow Tree Program is _____
-
-
-

8. The cost factor was an issue for my school.

- yes
- somewhat
- not at all

9. I feel that the *climate* of our school was changed as a result of our participation in the WTTI:

- yes, definitely
- yes, somewhat
- not at all

10. I feel that the *climate* of our school was changed in the following way(s):

- a. a more positive "no use" attitude toward ATOD
- b. students began to treat each other with more kindness
- c. fewer episodes of violence
- d. no change was noticed
- e. other (please be

specific): _____

11. Overall, I believe that the Willow Tree Teen Institute is effective as an ATOD prevention program for middle school students.

- a. definitely
- b. somewhat
- c. not at all

12. I plan to attend the conference again next year.

- a. definitely
- b. probably
- c. not likely

13. I would recommend the Willow Tree Program to other districts.

- a. definitely
- b. possibly
- c. unlikely
- d. definitely not

PLEASE USE THE SPACE BELOW FOR ADDITIONAL COMMENTS.

Appendix B

ACTION PLANNING PROCESS

SECTION I

WTTI Action Planning Process

- 1a. Assess school or community for Risk Factors and Protective Factors.
- 1b. Assess Peer Leaders for their Assets & Strengths.
2. Decide which factor you wish to work on.
3. Brainstorm possible solutions.
4. Select one solution to focus on now. Select another for later in case the 1st doesn't work or your problem requires many activities to implement or to create change.
5. Write your Action Plan outlining WHO will do WHAT and by WHEN.
6. Implement Activity.
7. Evaluate Activity and Fill out Activity Report Form
 - A. Successful? Celebrate, fill out your activity report form and mail it to Willow Tree. Then go back to step #2 and choose another factor to tackle or go to step #4 and select another solution to continue working on the same factor. Proceed through the steps again.
 - B. Not successful? Celebrate your effort, fill out your activity report form and mail it to Willow Tree. Assess what you've learned, and then go back to step #4 to choose a different solution. Proceed through the remaining steps.
8. Celebrate your effort ... then continue on with #2 or #4 above.

So, how at risk are we?

Instructions:

Your task or job is to identify THE PROBLEMS or RISK FACTORS that exist in your school or community. Risk Factors are the things that can increase the likelihood of young people using alcohol, tobacco or other drugs. Identify all problems or risk factors that apply to your school or community by marking "TRUE, FALSE, or NEEDS IMPROVEMENT" by each statement. Be sure to work as a group.

True - False - Needs Improvement

- T F NI We have a negative school climate.
- T F NI Our School doesn't help us or prepare us for changing schools.
- T F NI The police do not enforce laws about young people drinking or buying cigarettes. *(This looks at police enforcement.)*
- T F NI Our school condones the use of alcohol, tobacco & drugs (ATD) by not clearly defining or enforcing its ATD policy. *(This looks at school enforcement.)*
- T F NI It's easy to get alcohol, tobacco and other drugs. *(This looks at ATOD availability.)*
- T F NI Kids think it's OK to drink, smoke and/or use drugs. *(This looks at student attitudes.)*
- T F NI Many young kids smoke or drink in our community. *(This looks at student behaviors.)*
- T F NI Many kids have friends who use alcohol, tobacco and other drugs. *(This looks at the ATOD behavior of friends.)*
- T F NI Our students don't get involved in school activities.
- T F NI Students get labeled or pre-judged as bad.
- T F NI Our school does not prevent kids from failing.
- T F NI We have a lot of truancy and suspensions.
- T F NI Many teachers and staff misuse tobacco, alcohol and/or other drugs.
- T F NI Too many kids steal or shoplift.
- T F NI There is a lot of fighting in our schools and/or community.
- T F NI Many kids feel like they don't fit in anywhere.
- T F NI Friends' opinions are more important than parent's opinions.
- T F NI Many community role models smoke, drink too much or drug.
- T F NI There are many poor families in our neighborhood.
- T F NI People don't get involved in community activities.
- T F NI Parties for kids are not chaperoned by responsible adults.
- T F NI Kids don't feel cared about by their families.
- T F NI Families have unclear rules for kid's behavior.
- T F NI Families allow teens to use of alcohol, tobacco and/or drugs.
- T F NI Too many families don't believe in their kid's ability to do well.
- T F NI Many families have a history of alcoholism or drug abuse.

Review your risk factors. List your top 3 concerns or issues here.

1. _____
2. _____
3. _____

So, what's protecting us?

Not everyone exposed to risk factors develops problems. That can be attributed to having a well developed set of resiliencies (or assets) or because there are a number of protective factors in place. Protective Factors essentially detoxify or nullify existing risk factors. Please assess your school and community for their Protective Factors by marking "TRUE, FALSE, or NEEDS IMPROVEMENT" by each statement. Be sure to work as a group.

True - False - Needs Improvement

- T F NI Our school expects kids to do well.
- T F NI Teachers encourage goal-setting and good grades.
- T F NI Kids see teachers as caring about them.
- T F NI Students are encouraged to help each other.
- T F NI Student leadership and decision-making skills are taught.
- T F NI Students opinions are actively sought by the administration.
- T F NI Parents get involved in school activities.
- T F NI Our school gives a positive No-Use message re: alcohol, tobacco & drugs.
- T F NI The school provides alcohol & drug-free activities.
- T F NI Young people participate in our school's alcohol and drug-free activities.
- T F NI Kids respect adult authorities.
- T F NI Kids are taught and use good refusal skills.
- T F NI Students get involved in clubs and organized activities.
- T F NI Most of our kids accept and appreciate the differences in people.
- T F NI Our town has attitudes and public policies that support non-use for youth.
- T F NI Our community demonstrates that it cares about its people.
- T F NI Our town involves youth in community service.
- T F NI Most kids feel close to their families.
- T F NI Education is valued and encouraged by our families.
- T F NI Our families provide us with a safe place to be.
- T F NI Adults in our community spend quality time with kids.
- T F NI Most kids see family rules as fair.
- T F NI Kids are given clear messages by their families about how to act.
- T F NI Supportive relationships with caring adults beyond the immediate family are encouraged.
- T F NI In most families within our community, responsibilities are shared.

Review your protective factors. List your top 3 concerns or issues here.

1. _____
2. _____
3. _____

What Assets or Strengths do we, as Peer Leaders, have?

Introduction:

Peer Leaders and Prevention Advocates serve as role models for their peers. Other kids watch how Peer Leaders behave and take their cues from them.

If your goal is to be a positive influence on others, you have a great responsibility to be trustworthy, to be resilient, to demonstrate positive behavior and to develop your personal assets. Research tells us that possessing certain personal assets gives people an advantage in life and reduces the likelihood of them drinking, drugging, smoking or being mean (or violent). In order for your group to be effective in your alcohol, tobacco, drug and violence prevention efforts, your group, therefore, needs to develop the following personal assets:

Willow Tree Teen Leaders need to:

- | | |
|---|--|
| <ol style="list-style-type: none"> 1. Demonstrate positive peer influence, 2. Illustrate personal restraint, 3. Experience a sense of purpose in their lives, 4. Develop achievement motivation, 5. Possess an overall feeling of "can do", 6. Feel and express empathy for others, 7. Have positive adult role models in their lives, | <ol style="list-style-type: none"> 8. Have boundaries set for appropriate behavior ... and in turn, Willow Tree Teen Leaders need to set appropriate boundaries with others, 9. And deserve to live in healthy and safe environments, 10. Feel connected to school and the community. |
|---|--|

Instructions:

To begin, you need to assess how many of these assets your team already possesses. Please identify all assets that apply to your team by marking "True, False, or Needs Improvement" by each statement. Be sure to work as a group.

1. Positive Peer Influence

True - False - Needs Improvement

- | | | | |
|---|---|----|--|
| T | F | NI | In general, our best (close) friends model (demonstrate) responsible behavior.
<i>(For Example: If your friends drink alcohol or smoke cigarettes, the answer should be false.)</i> |
| T | F | NI | We care about how other people feel, are sensitive to their feelings, and gladly reach out to others in friendship — we seek to be a positive influence. |

2. Personal Restraint

- | | | | |
|---|---|----|--|
| T | F | NI | We all agree it is important not to use alcohol or other drugs & not to be sexually active. |
| T | F | NI | We all know how to walk away from dangerous situations and can resist negative peer pressure.
(Students understand and use Refusal Skills.) |
| T | F | NI | We and our friends resolve conflicts (disagreements and fights) non-violently and peacefully. |

3. Sense of Purpose

- | | | | |
|---|---|----|--|
| T | F | NI | We are given useful (important) things to do in our community and/or school. |
| T | F | NI | We each feel that our lives have purpose. |

True - False - Needs
Improvement

4. Achievement Motivation

- T F NI We are committed to doing well in school.
T F NI Our parents and teachers encourage us to do well in school.

5. Self-Efficacy (The feeling of "Can Do!")

- T F NI We feel like "can do" people. We have the skills we need in life to succeed.
T F NI We are optimistic about our personal futures.
T F NI We will stand up for what we believe in. (This is having INTEGRITY.)

6. Empathy for Others

- T F NI People care about and are kind to one another in our school.
T F NI It's important to us to help other people, and we do.
T F NI It's important to us to promote equality and to reduce injustices (like racism & hunger), so we do.
T F NI We care about how other people feel, are sensitive to their feelings, and gladly reach out to others in friendship.

7. Positive Adults

- T F NI We communicate positively with our parent(s) looking for their advice.
T F NI We receive emotional support from two or more non-parent adults.
T F NI Our neighbors care about us.
T F NI We (kids and teens) are important to the adults in our community.
T F NI Parents, teachers and other adults role model positive responsible behavior.
T F NI Our parents are actively involved in helping us to succeed in school.

8. Appropriate Boundaries

- T F NI Neighbors (community) respect what our parents and adults say and do something if they see us (kids) making a bad choice.
T F NI Our families are clear about family rules and the consequences if we break them.
T F NI Our families keep track of our whereabouts (ask where we're going and check up).
T F NI Rules at school are clear and we know what will happen if we break the rules.
T F NI Adults supervise our kids so that we remain alcohol, tobacco, drug and risk free.

9. Positive Environment

- T F NI We feel safe at home, at school and in our neighborhood.
T F NI Our school is a caring and encouraging place.

10. Feel connected to school and the community.

- T F NI We serve as helping volunteers in our community.
T F NI We care about our school and our community.
T F NI We're active in school and community activities.

© 2004 by the National Center for the Prevention of Child Abuse and Neglect, Inc. All rights reserved. This document is a copyrighted work of the National Center for the Prevention of Child Abuse and Neglect, Inc. It is not to be reproduced, stored in a retrieval system, or transmitted in any form or by any means, electronic, mechanical, photocopying, recording, or by any information storage and retrieval system, without the prior written permission of the National Center for the Prevention of Child Abuse and Neglect, Inc. For more information, contact the National Center for the Prevention of Child Abuse and Neglect, Inc. at (202) 301-9004.

Name of School or Community Group: _____

Contact Person and Phone Number: _____

Action Planning Materials

Willow Tree Teen Institute Prevention Activity Plan or Action Plan 973-301-9104 phone 973-301-9105 fax

School / Community Group: _____

Problem (from questionnaire): _____

Goal: _____

1st Event / Activity: _____ Date of Event: _____

JOBS: What needs to be done ...	WHO will do task?	DONE by when?	OBSTACLES: Potential Problems	SOLUTIONS to potential obstacles

Continue on following page.

- 1. What kind of publicity does your activity need?

- 2. What kind of evaluation will you do?

- 3. What will you do to celebrate your group's efforts?

- 4. Who will be responsible for writing and sending in your Prevention Activity Reports?

Name _____ Address _____ Phone number _____

Appendix C

THE CONFERENCE AGENDA

**Day 1
Thursday**

Time	Event	Site
8 am	<i>Breakfast</i>	<i>Dining Hall</i>
8:30	<i>Staff Meeting</i>	<i>Dining Hall</i>
9:30	<i>Arrival of Adult & Youth Participants</i>	<i>Dining Hall</i>
10:30	<i>Community Session 1: A Show of Hands & Scavenger Hunt: Community Building</i>	<i>Tent</i>
12 noon	<i>Lunch</i>	<i>Dining Hall</i>
1 pm	<i>Action Planning Time: Pre-Test</i>	<i>See Action Group Sites Sheet</i>
1:45	<i>Community Session 2: People are MAD: Making A Difference with Ray Lozano</i>	<i>Tent</i>
2:30	<i>Family Group Time</i>	<i>See Family Group Sites Sheet</i>
3:30	<i>Free Time</i>	<i>See Free Time Option Sheet</i>
4:15	<i>Community Session 3: Alcoholism: Signs, Symptoms & Stories</i>	<i>Tent</i>
5 pm	<i>Dinner</i>	<i>Dining Hall</i>
6 pm	<i>Community Session 4: Give the World a Smile with Rob Torres: Addiction Mime</i>	<i>Tent</i>
7 pm	<i>Action Planning Time</i>	<i>See Action Group Sites Sheet</i>
8 pm	<i>Community Session 5: The Great Egg Drop with Charlie Berman</i>	<i>Dining Hall</i>
9 pm	<i>Community Gathering: "Cookies and Milk"</i>	<i>Dining Hall</i>
10 pm	<i>Cabin Time & Quiet Thoughts</i>	<i>In Assigned Cabin</i>
11 pm	<i>LIGHTS OUT! Good Night, All.</i>	<i>In Assigned Cabin</i>

Day 2

Time	Event	Site
7 am	Staff Meeting	Dining Hall
8 am	Breakfast	Dining Hall
8:30	"Sunrise Sharing"	Tent
9 am	ROLL-OVER SESSIONS	
	Group 1: The Power of Choice with Michael Pritchard—1/2 Community Session 1	Tent
	Group 2: Adventure Course	Meet at Flag Pole
10:30	Break	
10:45	Group 1: Adventure Course	Meet at Flag Pole
	Group 2: The Power of Choice with Michael Pritchard—1/2 Community Session 1	Tent
12:15 noon	Break	
12:30	Lunch	Dining Hall
1:20	Community Session 2: You Can Do More Than You Think with Paul Seetoo	Tent
2:15	Breakout Sessions:	
	Advisor Education Session	Camp Office Lounge
	Group A: Alcohol	Algonquin Lodge
	Group B: Tobacco	Apache Lodge
	Group C: Marijuana	Nature Lodge
3:15	Free Time	See Free Time Option Sheet
4 pm	Breakout Sessions:	
	Group A: Marijuana	Nature Lodge
	Group B: Alcohol	Algonquin Lodge
	Group C: Tobacco	Apache Lodge
5 pm	Breakout Sessions:	
	Group A: Tobacco	Apache Lodge
	Group B: Marijuana	Nature Lodge
	Group C: Alcohol	Algonquin Lodge
6 pm	Dinner	Dining Hall
6:45	Action Planning Time	See Action Group Sites Sheet
7:30	Community Session 3: "I'll Never Do That!" with The Improbable Players	Tent
8:30	Family Group Time	See Family Group Sites Sheet
9:30	Community Gathering: "Cookies and Milk"	Dining Hall
10 pm	Cabin Time & Quiet Thoughts	In Assigned Cabin
11 pm	LIGHTS OUT! Good Night, All.	In Assigned Cabin

Day 3 - Saturday

Time	Event	Site
7 am	Staff Meeting	Dining Hall
8 am	Breakfast	Dining Hall
8:30	"Sunrise Sharing"	Tent
9 am	Community Session 1: <i>Community Dialogue Time</i>	Tent
10:30	Action Group Time	See Action Group Sites Sheet
12 noon	Lunch	Dining Hall
12:45	Community Session 2: <i>You are Good Stuff! with Sandy Queen</i>	Tent
1:45	Breakout Sessions: Advisor Education Session Group A: Refusal Skills Group B: BADvertise Group C: <i>How to Teach with Ray Lozano</i>	Camp Office Lounge Algonquin Lodge Nature Lodge Apache Lodge
2:45	Free Time	See Free Time Option Sheet
3:45	Breakout Sessions: Group A: <i>How to Teach with Ray Lozano</i> Group B: Refusal Skills Group C: BADvertise	Apache Lodge Algonquin Lodge Nature Lodge
4:45	Breakout Sessions: Group A: BADvertise Group B: <i>How to Teach with Ray Lozano</i> Group C: Refusal Skills	Nature Lodge Apache Lodge Algonquin Lodge
5:45 pm	Dinner	Dining Hall
6:30	Community Session 3: <i>Stars Who've Lost Their Light with Roger Bryson</i>	Tent
7 pm	Family Group Time	See Family Group Sites Sheet
8 pm	Drug Free Party!	Dining Hall
10 pm	Community Session 4: <i>The Willow Circle with Dot Konopka</i>	Tent
10:30 pm	Cabin Time & Quiet Thoughts	In Assigned Cabin
11:15 pm	LIGHTS OUT! Good Night, Everyone.	In Assigned Cabin

**Day 4
Sunday**

Time	Event	Site
7 am	Staff Meeting	Dining Hall
8 am	Breakfast	Dining Hall
8:30	"Sunrise Sharing"	Tent
9:00	Community Session 1: <i>Celebrate Life with Karl Anthony</i>	Tent
10:30	Family Group Time	See Family Group Sites Sheet
11:30	Pack to go home & cabin clean-up & inspections	In Assigned Cabin
12:15 noon	Lunch	Dining Hall
1 pm	Action Groups Meet <ul style="list-style-type: none"> • Prepare your Prevention Message • Post-Conference Questions • If I could teach ... (open ended sentence completion) 	See Action Group Sites Sheet
2 pm	Community Session 2: <i>WTII Graduation Ceremony</i> <ul style="list-style-type: none"> • Action Group Presentations • Sing Along with Karl Anthony 	Tent
4 pm	Participants Check Out	Tent
5 pm	<i>Dinner to Thank Volunteer Staff & WTILs</i>	Dining Hall

Appendix D
THE SPEAKERS



Michael Pritchard

Keynote Speaker / Facilitator
Expert on Communication - Learning Through Laughter

info@michaelpritchard.com

Educational Presentations & Seminars | Business **Conferences | Video Resources | Booking and** **Schedule**

Michael Pritchard is a nationally acclaimed keynote speaker and facilitator who uses a variety of humorous stories and useful tools to educate his audience on improving communication skills.

"The shortest distance between two people is a good laugh."

"Funny enough to share the stage with Robin Williams" Christian Science Monitor

Recently featured on CNN and in TIME MAGAZINE

Winning countless awards, he is consistently praised for his ability to deliver useful personal skills in a humorous way that renew and inspire his audiences. His keynote focus is empowerment, self esteem, bridging relationships at work or school, overcoming burn out, anger management, team building and inspiring renewed energy.

Winner of - First Place San Francisco International Comedy Competition - Paul Harris Fellowship Rotary International Toastmaster's International Speaker of the Year - Duveneck Humanitarian Award
Complete List of Awards

"What really sets him apart is the humanity and authenticity of his material" Wall Street Journal

Mr. Pritchard has a gift to reach people and can successfully incorporate and convey the objectives of any organization or seminar conference in his keynote speech. He is brilliant at facilitating this message through breakout sessions or seminar workshops.

"Everyone loved your presentation, especially how you combined jokes with serious topics! You were able to get the audience comfortable so you could get your message across. You were the best!" Ontera High School Student, New York

"Your presentation provided the motivation and the message that were the goals of this event." - Gov. Ned McWherter, Tennessee

"Everyone needs a pep talk from Michael Pritchard" Attorney group - Littler and Mendelson

Professional entertainment credits:

- Recently featured in Time magazine and on CNN
- Sharing the stage with *Robin Williams, Jay Leno* and *Jerry Seinfeld*
- A featured role in an Emmy Award Winning episode of "Taxi" and feature film, "The Right Stuff"
- Voices for *Star Wars*, Disney's *Captain Eo* and *Sesame Street*
- Profiled on CBS "Sunday Morning" with *Charles Kuralt* - "Today Show" - "Tonight Show" with *Johnny Carson*

Professional speaking credits:

- PBS host for 5 critically acclaimed Educational series including: "SOS: Saving Our Schools", "PeaceTalks" "winning 16 major awards including Parents Choice Award and Cine Golden Eagle"
- *The Promise of Play*
- Master of Ceremonies for *Pope John Paul II*

Keynote speeches: -- Rotary International -- Western Independent Bankers -- Leadership Kentucky Conference - Stanford, Notre Dame and Harvard -- Sony, First Union Mortgage, General Motors, IBM, McKesson, Nestles, Charter Hospitals, National Youth Crime Prevention Conference, National and State Officials, Business Leaders and thousands of students, staff, healthcare workers and parents.

Suggested Topics: Conflict Resolution - Communication Skills -- Building Resiliency -- Team Building -- Getting Along -- Anger Management -- Bridging the Gap -- Empowerment-- Overcoming Burn Out -- Inspiring Confidence - Resiliency - Dealing with Stress - Balancing Work & Family - Self Motivation

For more information about Michael, please check out these interest areas.

Educational Presentations/Seminars | Business Conferences | Video Resources | Booking and Schedule

3145 Geary Blvd., #752 - San Francisco, CA 94118

Phone: 415 685-2860 Fax: 415 387-3666

info@michaelpritchard.com



Sandy Queen

- Educator
- Trainer
- Professional Speaker

Topics:

- Lighten Up!
 - Maximizing Health and Well-Being Through a Positive Mental Attitude

Because of her energetic stage presence and great sense of humor, Sandy is known internationally as a dynamic trainer and speaker. Her unique blend of insight to human nature along with over twenty years of experience in training and development, education, healthcare and parenting helps her connect with her audiences on a personal level.

Her philosophy: Lighten Up - This is the only life you have!

She is a mother, grandmother, and educator, and a speaker, but most of all, a person dedicated to helping people reconnect with a sense of their own uniqueness.

Thru her wide variety of workshops and keynotes, Sandy's ability to use humor, even for serious topics, has gained her a widespread reputation for helping participants take a look at their lives, attitudes, and feelings, and find places to "lighten up", both personally and professionally.

Sandy has worked with people -- from preschoolers to seniors -- corporate to community groups -- throughout the United States and around the world for over twenty years. She is well-known for her work with young people in helping them become leaders in their own lives and brings an important message with a light manner to all those she meets.

Lighten Up! Maximizing Health and Well-Being Through a Positive Mental Attitude

- "...a unique workshop that will help you see yourself in a totally different way...you'll feel better than you've felt in a long time!"

Most of us misunderstand the nature of humor and laughter. Most people consider humor a 'stand-up comedy' routine of life. Unlike comedy, which makes fun of people or things, however, humor finds laughter in the common life experiences we all share.

This warm and wonderful workshop helps participants take a look at their lives, attitudes and feelings and find places to "lighten up" and take a different look at their humanness.

LIGHTEN UP is based on a set of assumptions about laughter and mental health:

- Laughter creates a positive mental attitude;
- Laughter is necessary for physical, emotional and mental health;
- Laughter helps us reduce stress by teaching us 'not to sweat the small stuff';
- People learn better when they are laughing;
- An organization that laughs together, stays together and produces a better product!
- A school that laughs together, learns more; students even like coming to school!
- A family that laughs together isn't destroyed by family plagues – like adolescence!

This is an excellent presentation for business, school or community groups. It can be presented as a keynote address or can be extended into an all day or multi-day workshop/training session.

"I have been blessed with this wonderful human gift. Your tape will be shared with many others...such joy! Thank you!"

Blue Cross/Blue Shield employee



Kevin Wanzer

Organized Chaos

Organized Chaos. Two perfect words that capture the essence of what it is like when Kevin Wanzer takes the stage. Kevin, who has been speaking since his sophomore year in high school, has 'edu-tained' millions of youth – and those who impact youth – one laugh at a time. Over the past decade, Kevin has evolved into a dynamic speaker who addresses a number of issues relevant to today's youth, educators, parents and communities.



Drug free his entire life, Kevin is a product of the drug free movement. He was one of the youngest appointees to the White House Conference for a Drug Free America by President Ronald Reagan. Working directly with First Lady Nancy Reagan, he helped launch the 'Just Say No' campaign where he traveled, as a high school student, speaking to schools across America. Kevin knows that getting a clear 'no-use' message is important. However, at the same time, you cannot alienate those who may use alcohol or other drugs. In his drug education assemblies, Kevin reinforces those who are already making positive choices. Plus, he helps those who need it, take a step back and think about making some life changes...for the better.

Kevin's leadership keynotes are unlike anything the audience is expecting. His message is clear, concise, and informative but most importantly FUN! As a result of his school assemblies and leadership presentations, students (and staff) learn to renew their school spirit, embrace laughter in everyday situations, be proactive instead of reactive in their decision making skills and appreciate diversity in others. While his audience is laughing at his delivery, they are learning facts they are unlikely to forget.

Kevin graduated with honors from Butler University in 1989. Since then, he has been featured in The New York Times, USA Today and The Washington Post. He has been seen on the CBS Morning Program, the David Letterman Show and various PBS specials. He has been noted by Hugh O'Brian, the founder of the Hugh O'Brian Youth Foundation, as "a man for all stages and ages!" Kevin is definitely one of the most exciting young personalities contributing to the strong character of

America's future.

The plus with Kevin...

...he is one of the only speakers in America that has insightful and 'edu-taining' programs for students at all grade levels. A perfect way to reach your ENTIRE student population!

The problem with Kevin...

...his schedule fills quickly. Please, plan ahead for a speaker well worth the investment of your convocation dollars.

PROGRAMS

◆ **"A.L.O.HA!" - The formula for being a good role model
(The OUTRAGEOUS leadership keynote address)**

The perfect way to set the tone for any youth conference, "A.L.O.HA!" is the formula for being a great role model. This widely sought-after presentation dives into the importance of Attitude, Leadership, Overcoming Obstacles and the magical power of one's sense of humor. "A.L.O.HA!" empowers audiences of all ages to see their potential as leaders for others. Kevin guarantees that the "A.L.O.HA!" spirit will last long after the laughter.

◆ **Just Say HA!
(An ASTOUNDING assembly for High Schools)**

An amazing thing happens when Kevin hits a high school stage. Students laugh, listen and learn! It is a roller coaster of drug education and leadership in an outrageous style with Kevin Waszer at the control. Please, fasten your seat belts and keep hands inside car at all times. Definitely one of America's most wanted and creative speakers, Kevin targets tough and often boring subjects of alcohol and other drugs. Don't yawn...it is not what you think! His rapid-fire comedy style will electrify students, teachers, and administrators.

◆ **1,2,3, NOT IT!
(A HILARIOUS Middle School and Upper Elementary school assembly)**

Kevin captivates and challenges impressionable middle school and upper elementary students to do the right thing and beyond. He encourages students to achieve personal excellence by doing the unexpected and being unique. Throughout this fast-paced and outrageous program, Kevin has young people thinking about his solid drug-free message. Kevin also focuses on staying drug-free, eliminating prejudice before it starts, and being positive role models for each other. When the laughter and smiles subside, the students realize that it is possible to be successful, popular and have fun while being extra-unique.