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## **The Selection and Implementation of a Drug and Alcohol Intervention Program/Model for Grand Coulee Dam Junior High School, Grand Coulee, Washington**

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THE SELECTION AND IMPLEMENTATION OF A DRUG AND ALCOHOL  
INTERVENTION PROGRAM/MODEL FOR  
GRAND COULEE DAM JUNIOR HIGH SCHOOL,  
GRAND COULEE, WASHINGTON

by

Scott L. Ramsey

July, 1991

The purpose of this study was to plan and implement an intervention program to combat adolescent substance abuse at Grand Coulee Dam Junior High School, Grand Coulee, Washington. This study presented a review of the research and literature related to drug and alcohol intervention models and has documented the steps and procedures taken by the Grand Coulee Dam Junior High School Core Team to implement the intervention model selected.

#### ACKNOWLEDGEMENTS

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## CHAPTER I

### Background of the Study

Responses from the class of 1985 show that nearly two-thirds of all seniors (61%) reported having used marijuana or other illicit drugs at some time in their lives. Virtually all seniors had used alcohol (92%) and two-thirds (66%) had used it in the last month. . . . (Deck, 1987)

It can be concluded from the above statement that the use of drugs by America's youth has presented our society and school community with a major problem.

How can we eliminate, or at least minimize the impact of drug use on our teens? Too many school districts have assumed that the problem can be dealt with in a two-week unit of classroom instruction in health education. However, while some might argue that an ounce of prevention is worth a pound of cure, schools cannot stop there in the effort to combat the problem of substance abuse. Instead, to win the battle with adolescent drug and alcohol abuse, each school community must plan, implement, and evaluate substance abuse intervention programs.

The Student Assistance Program Model, frequently termed the "Core Team" approach, has provided one means for combatting adolescent substance abuse, by implementing drug and alcohol intervention programs in the schools. This study tells the story of the Core Team intervention program used at Grand Coulee Dam Junior High School, Grand Coulee, Washington, to address that

school's problem of student substance abuse. This study also sought to provide answers to the following questions:

1. What are some of the effective strategies of Student Assistance Programs for combatting substance abuse?
2. How can substance abuse intervention programs be implemented in the schools?
3. How might a drug intervention model be adapted to meet the needs of Grand Coulee Dam Junior High School?

#### Purpose of the Study

The purpose of this study was to plan and implement an intervention program to combat adolescent substance abuse at Grand Coulee Dam Junior High School, Grand Coulee, Washington.

#### Significance of the Study

The preponderance of research and literature summarized in Chapter 2 of this study has confirmed that, because of widespread drug and alcohol abuse in American schools today, it is imperative that school administrators be not only well informed on matters of substance abuse, but on the means available for combatting this problem. Student Assistance Programs, or Core Team intervention models have provided an effective way to fight student substance abuse in schools. According to Hawley (1988), administrators and teachers who have used the Core Team to its full potential can take a strong stand against drugs. Anderson (1987), as indicated in the following statement, has further contended that the schools can, as part of their basic mission, contribute much toward winning the war against drug usage.

Drug abuse compromises any school system's primary function: to teach. More generally, school systems are also in the

best position to help individual students and to create climates that militate against drug abuse.

#### Limitations of the Project

For the purpose of succinctness and focus, it was necessary to set the following project limitations.

1. Population. The seventh through ninth grade student population involved in this study were residents of the Grand Coulee Dam School District, a primarily rural district located in north central Washington. The students involved in this study reside in six cities in five counties, including the Colville Indian Reservation.

| <u>Cities</u> | <u>Counties</u>               |
|---------------|-------------------------------|
| Keller        | Ferry County                  |
| Nespelem      | Okanogan County               |
| Elmer City    | Okanogan County               |
| Coulee Dam    | Okanogan and Douglas Counties |
| Grand Coulee  | Grant and Lincoln Counties    |
| Electric City | Grant County                  |

2. Characteristics of the Population. The characteristics of the population utilized in this project may have been influenced by:

- a. the variety of governmental jurisdiction in the greater Grand Coulee Dam area;
- b. the emphasis placed on the Core Team intervention program/model adopted by the faculty at Grand Coulee Dam Junior High School.

3. Other Limitations. The review of literature summarized in Chapter 2 was limited to research conducted since 1985.

### Definition of Terms

Significant terms used in the context of this study have been defined as follows by the Western Center for Drug-Free Schools and Communities Training Manual (1988).

Addiction. The physical and/or psychological dependence on a drug, the overpowering physical or emotional urge to use a drug repeatedly that an individual cannot control, accompanied by a tolerance for the drug and withdrawal symptoms if the drug use is stopped.

Aftercare. The process of providing services aimed at maintaining the individual to full functioning following treatment.

AODA. Alcohol and Other Drug Abuse.

Core Team. A student assistance program that is designed to make assessments, interventions, and referrals on at-risk students. They are also known as Care Teams, or Impact Teams.

Denial. A habitual, unconscious defense where true feelings, ideals, and facts about oneself or even one's environment are pushed out of conscious awareness.

Dependence. Consists of an overpowering desire to continue using the drug; a tendency to increase the dosage or the frequency of consumption; and a psychological and sometimes physical dependence on the drug's effects. Sometimes, the same as addiction.

Drug. Any substance that, when ingested, changes the functioning of the body or mind. Drugs are used to treat illness, to protect against disease, to alter moods and behavior, and to promote better health.

Identification. Process of documenting observable risk behaviors for purposes of referral.

Intervention. The act of confronting a chemically-dependent person, in a caring and concerned manner, with his/her dependence, by documenting facts and motivating the person to take a course of action.

Prevention. The organized efforts by individuals, schools, organizations, and communities designed to deter or inhibit the development of substance use and abuse by individuals.

Referral. Process of giving information about possible assessment, treatment, or other social services.

School Team. Building-level teams composed of an administrator, teacher, professional and non-professional support staff and community members.

Self-help Groups. Any organization of people recovering from some form of dependency, who agree to help each other in the recovery process. There are usually no fees and no fixed obligations similar to those characterizing professional or paraprofessional treatment programs. Leadership is restricted to, and rotates around the members. Includes, Alcoholics Anonymous (AA), Alanon, Overeater's Anonymous (OA), Adult Children of Alcoholics (ACOA), Gamblers Anonymous (GA), Narcotics Anonymous (NA).

Significant Other. Any person in one's life to whom one gives credibility and respect, and toward whom one cares a great deal.

Student Assistance Program. (SAP) A program aimed at identifying and referring students to counseling, assessment

treatments or other services. Student Assistance programs are staffed by adults. Also known as Core Teams, Care Teams, Impact Teams, or Insite Teams.

Treatment. The broad range of planned and continuing inpatient, outpatient, and residential services, including diagnostic evaluation, counseling, and medical care.

## CHAPTER II

### Review of Related Literature

In undertaking the review of literature summarized in Chapter 2, the investigator, Scott Ramsey, sought to discover information concerning:

1. Drug and alcohol abuse as a national school problem.
2. The use of intervention programs designed to combat the problem of substance abuse.
3. Selected drug and alcohol intervention program models considered for Grand Coulee Dam Junior High School.
  - a. A.J. Consultants, Core Team;
  - b. Roberts, Fitzmahan & Associates, INSITE program;
  - c. Northwest Regional Educational Laboratory, Western Center for Drug-Free Schools and Communities.

Accordingly, the literature reviewed and presented on the following pages has been organized to address these three topics.

#### Drug and Alcohol Abuse as a National School Problem

Abuse of substances, licit and illicit, is so widespread in our present societal context that we might well ask why some adolescents abstain, rather than why most do not (Baumrind and Moselle, 1985).

The above statement has emphasized how students in our schools have faced tremendous pressure to use drugs and alcohol. The fact that adolescent use of alcohol and drugs has also cut across geographic, cultural, ethnic, and socioeconomic boundaries



has compounded the problem of substance abuse in the schools, for which no quick fix has been found (Deck, 1987).

It has been the contention of Brook and Steinberg (1989) that alcohol use by young people or their parents is a leading cause of diminishing academic performance among students today. Other authorities have argued that drug and alcohol abuse in schools has an effect on all students in the school, rather than just the user. According to Hawley (1988), "Even a few drug-enervated students in a classroom will change the learning climate for everyone."

In many American schools more than a "few" students have been affected by drugs at school. A 1985 study was conducted of teenagers contacting a cocaine hotline and it revealed that 57% of the respondents bought most of their drugs at school. Of the seniors in 1986 who reported using marijuana, one-third of them said that they had smoked it at school, and 60% of the seniors using amphetamines during the past year reported having taken them at school (Bennett, 1987). This level of drug abuse in schools has turned our classrooms into drug marketplaces and has led to destruction of school property and classroom disorder. Bennett (1987) has stated:

Among high school seniors, heavy drug users were more than three times as likely to vandalize school property and more than twice as likely to have been involved in a fight at school or at work as nonusers.

Public awareness and concern regarding the magnitude of substance abuse in schools has also become apparent. A 1986 Gallup Poll of attitudes toward education revealed that 28% of the

people surveyed viewed drug use as the most important problem in education (Deck, 1987). The 1989 Gallup Poll of public's attitudes toward the public schools indicated that 34% of respondents viewed use of drugs as the biggest problem with which the public schools must deal.

As the severity of alcohol and substance abuse has increased nationwide, it has been important for schools to place a great deal of emphasis on the prevention of drug and alcohol abusing students and upon the intervention programs designed to help these students. If schools wish to curb the substance abuse problems they need to make it a top priority. "Robert DuPont, one of the clearest voices in the field of drug abuse prevention, likes to tell school faculties, 'Every school will have precisely the amount of drug use that it tolerates.'" (Hawley, 1988)

#### Intervention Programs for Combatting Substance Abuse

Student Assistance Programs (SAP's) have been implemented in the schools to create climates for combatting substance abuse.

According to Kelley and Peters (1989):

The SAP philosophy emphasizes the integration of student assistance and disciplinary measures to deal with students' problems related to alcohol and other drug abuse. Students with substance abuse problems are routinely referred to the SAP team for intervention and outpatient referral; disciplinary measures are applied consistently in the case of students who engage in criminal activity related to substance abuse.

Anderson (1987) has contended that school systems are in an excellent position to help combat the problem of adolescent substance abuse.

The school setting is the most practical setting within which to implement intensive AODA preventive and interventive programs, because of the opportunity it has for observing student behavior.

Student Assistance Programs also have a positive impact on general school performance. Alcohol and other drug abuse have been implicated as causative factors in truancy, vandalism, tardiness, drop-out rates, etc.

SAP's have attempted to address some of the special needs of students in our schools. These needs are often related to drug and alcohol problems and may appear in any school at any grade level. According to Johnson (1989), student assistance has attempted to intervene at the earliest stages of dysfunctional behavior, to reduce or counter negative effects of alcohol or other drug usage.

To be successful, a SAP must address the needs of a variety of different people. Just as there are different levels of chemical dependency, there are different groups of people that need to be targeted by the Student Assistance Program. Each target group must be addressed if the SAP is to be comprehensive in its effort to deal with drug and alcohol related problems among today's young people. Anderson (1987) has maintained that there are six primary target groups to be dealt with:

1. students who are chemically dependent: the 5% of adolescents who are the most seriously affected by their alcohol/drug use;
2. students who abuse alcohol or other drugs: the 15% or more of adolescents whose alcohol/drug use is causing them problems in their daily lives;
3. students who are affected by others: the 25% of all school-aged youth who are concerned about or affected by someone else's alcohol/drug abuse;
4. recovering students: those who are returning to the school setting from an alcohol/drug treatment program, or who are attending school and primary treatment concurrently;
5. non-using and non-abusing students: the majority of students who need help in avoiding alcohol/drug abuse or who need support for their decision to remain chemically free;
6. students with other, non-AODA-related problems: separation and divorce, death and loss, suicide, sexuality issues, child abuse and neglect, etc.

According to Johnson (1989) many schools have implemented SAP's to meet the needs of the targeted student; not all programs have been the same. There are variations due to the size of the school, resources available within the school, and resources available within the community.

Anderson (1987) has identified six common components found in most effective Student Assistance Programs. They include:

- (1) early identification of those students in need: this can include behaviors that interfere with the learning

process or which are harmful to the student or others in the school;

(2) assessment of the problem's nature and degree of severity;

(3) intervention, including referral to appropriate sources of help;

(4) treatment for the problem: this can include in-school programs or out-of-school treatment;

(5) support for individuals engaged in making changes in their lives and also for those who want to remain drug-free;

(6) case management to assure that the other functions are being performed.

Anderson has further explained that the above components are part of the continuum of care available to a particular student, and that the school must define the nature and extent to which each component will be addressed. Anderson (1987) has further contended that to be effective, "A student assistance program must assure that all six functions are performed for any given student." However, Anderson has concluded, having all six functions performed in a school does not ensure the success of a SAP.

Effective implementation of a SAP is also critical to its success. Before the implementation phase can begin, there are several steps that must be accomplished. These include: the SAP team must gain the support of the district and school administration; SAP program staff must be trained and training assigned; finally, an awareness program must be developed and provided for all school staff, students, and their parents

(Johnson 1989). Johnson has emphasized that all steps are important to the program's success, and that the composition of the team has almost everything to do with the SAP's initial credibility, acceptance, and use by both students and staff. According to Kelley and Peters (1989), SAP team members should be viewed as professionals who possess good communication skills, a high degree of commitment to students, and good relationships with students and staff.

With approximately one-third of all school-aged children or one of their family members being harmed by their own use of mood-altering drugs, it is no surprise that SAP's have been a particularly valuable means used by schools to combat substance abuse problems. Furthermore, according to Anderson (1987), schools have a responsibility to join the war against alcohol and drugs. Said Anderson, "The school has an obligation to create an environment which is not conducive to fostering the development or continuation of alcohol and other drug-related problems among youth. Put another way, schools have a responsibility to create environments which support healthy growth and development."

Selected Drug Intervention Program Models Considered  
by Grand Coulee Dam Junior High School

In preparation for designing and implementing a Student Assistance Program (SAP) for Grand Coulee Dam Junior High School, that school's Drug and Alcohol Committee attended training sessions and workshops, and studied literature and research concerning three selected drug and alcohol intervention models:

- (1) A.J. Consultants, Core Team;
- (2) Roberts, Fitzmahan & Associates, INSITE program; and

(3) Western Center for Drug-Free Schools and Communities;  
Northwest Regional Educational Laboratory.

A.J. Consultants Core Team Model

A.J. Consultants Core Team model, a SAP drug and alcohol intervention model that has been used by several schools in Washington state, has placed a great deal of emphasis on the identification and assessment of the troubled child. The A.J. Consultants model has emphasized: the importance of having concerned and caring members on the Core Team; the need for team members to trust and respect students' feelings; a willingness to listen to students, and to be aware of their problems; and, a willingness to talk to students and to keep their students' thoughts confidential. The program has been developed and marketed by A.J. Consultants, based in Yakima, Washington.

Due to the fact that every case is different, the following six-step Core Team process has been designed to serve each student's particular needs:

1. The Core Team process will begin when a staff member, student, or community member expresses concern in a student's outward behavior to the Core Team.
2. The Core Team will discuss the referral and assign a Case Manager to be in charge of this particular case and assign additional responsibilities.
3. The third step is the information gathering stage. Student Observable Behavior Charts distributed to each of the student's teachers, the principal, and the counselor so that information on the student's absenteeism, tardiness, and other discipline problems can be compiled. This data is

then compared and presented at the next Core Team meeting. When the Core Team interviews the student, questions are directly asked about the student's use of alcohol and other drugs, about the student's friends, family members, leisure time activities, and other behaviors of concern. After the interviews have been conducted and the data has been analyzed, the Core Team sets up initial goals with the student.

4. In the fourth step, the team members assemble reports detailing the student's status and conduct, the intervention with a team member, and student, parent, and principal input. The student is informed about the dangers of drug and alcohol abuse and the necessity for him to change his behavior immediately. At this point the referral plan, which has been prearranged by the parents and the Core Team, is presented to the student and the goals are outlined.

5. In the fifth step, the Case Manager confers with the student as the student participates in his referral program, to review goals, reinforce accomplishments and question setbacks, and meet with the parents.

6. This step requires the Core Team to monitor the ongoing progress of the student. If the student's initial behaviors of concern improve, his active file is closed but, if the student regresses, the process is reactivated and continues. The sixth step also gives the Core Team a chance to evaluate their process and ask questions of themselves.



INSITE Model

In-School Intervention Training for Educators (INSITE) is a school-based substance abuse intervention model developed to identify students who demonstrate inappropriate school behaviors and then refer them to appropriate helping resources. The program has been developed and marketed by Roberts, Fitzmahan & Associates, based in Seattle, Washington.

The INSITE program has been organized around the following six premises that guide its philosophy in helping students cope with today's problems.

1. It is not enough for schools to simply punish children who act inappropriately. Students need to understand why their actions were inappropriate and what they could do next time.
2. Children that are troubled do not learn optimally, therefore, helping these children is also an educational goal that we cannot overlook.
3. Chemical dependency is a disease and school personnel should be trained to recognize this fact and treat it as such.
4. The primary function of the school team should be to identify and refer the troubled child to the appropriate resources.
5. Careful selection of the school team is critical to the success of the intervention program.
6. The school team should work closely with community resources and parents.

The INSITE training manual developed by Roberts, Fitzmahan & Associates has emphasized several points that are critical to the success of a school substance abuse intervention team. These include:

1. School District Support: The program needs a committed school district to provide funding, release time, and moral support.
2. Team Members: The INSITE team should be comprised of a variety of people, including both men and women of diverse ages and backgrounds. This diversity allows for greater technical assistance and aids the team in referring students to the proper helping agency.
3. Support Committee: To assure broad-based support and to increase the awareness and availability of the program, a Support Committee should be organized and comprised of students, parents, school staff, and administrators. The Support Committee has a great deal of impact on how positively people view the program. This group needs to share the efforts of the INSITE team with people outside of the team while protecting the confidentiality of those involved. It is also important for the rest of the staff to be informed in chemical dependency issues and the overall workings of the INSITE team. The process of implementing a functioning INSITE team takes approximately three years, yet most people only serve about three years at a time on the team. Staff members need to be aware of this fact and be prepared to fill the vacancies on the team when they occur.

4. Building Coordinator: Selection of a Building Coordinator is an important step in implementing an INSITE program. The person selected should be one who has placed a high degree of priority on the implementation of a school intervention program and who has a good working relationship with the school administration and adequate release time. The Building Coordinator will be responsible for reviewing information packets, coordinating other preparations, for assisting the principal in setting up the Support Committee, and for working with the Support Committee in selecting the INSITE team.

5. Community Resource Representative (CRR): The primary responsibility of the CRR is to provide education and technical assistance to the INSITE team. The CRR can be a person or an agency and should be trusted and accessible to parents and students. CRR's are often helpful in the planning phase of the team and can later be hired to manage support groups in the school. Small and remote school districts often face difficulty obtaining a CRR with the desired credentials, but local mental health workers and people knowledgeable about addiction are often available.

6. Communication and Program Maintenance: Throughout the INSITE program implementation process, the Building Coordinator and CRR should meet with the school administration to develop a positive mode of communication. Existing policies and procedures should be reviewed along with program goals and expectations, scheduling of meetings, possible problems in implementation and maintenance, and

legal issues such as confidentiality. The extensive planning phases can help a team prevent problems before problems arise.

Western Center for Drug-Free Schools and Communities Model

Although many districts have implemented drug and alcohol free programs in their schools, these plans have sometimes proven unsuccessful. Districts fail to realize there have been no quick-fix methods. If a drug-free model is to accomplish its goal, it must be accompanied by sound planning and preparation. Western Center for Drug-Free Schools and Communities has offered a comprehensive plan that can assist a school district from the initial planning stages to the ultimate goal of a drug-free school and community.

Western Center has contended that any plan for drug-free schools must be comprehensive. Drug and alcohol problems are not the sole responsibility of the schools, but of parents and the community as well. Any comprehensive plan must assure that all three of these constituents work together to accomplish the goal.

The intervention plan developed by the Western Center for Drug-Free Schools and Communities has included five phases:

1. Needs Assessment: The purpose of the needs assessment phase is to determine the nature and amount of drug and alcohol abuse in schools. Surveys, interviews, compiling data on absenteeism and drop-out rates, discipline referrals, and students involved in auto accidents are all valid approaches to understanding the magnitude of the problem.

2. Planning: In the planning phase the team sets long and short term goals and investigates programs that would be most effective in the particular school district to accomplish these goals. The final step in the planning phase involves the assignment of roles and responsibilities to each committee within the team.

3. Implementation: The implementation phase incorporates prevention, early intervention, referral, and aftercare activities based upon the goals adopted in the planning phase. A district may choose from the four stages of the program as a point of first priority, but all activities must be accounted for if the comprehensive model is to obtain its goal of drug-free schools.

4. Evaluation: This phase of the comprehensive program model serves as a self-correcting mechanism to support ongoing program planning and setting goals, objectives, and activities. The district can evaluate their process in terms of implementation, effectiveness, numbers served, activities used, resources needed, and/or student responses about the program.

5. Dissemination: This phase of the comprehensive model allows districts to view and possibly implement successful programs used in other districts. To gain further community involvement and support, the local media should be informed of both positive programs, and unsuccessful efforts.

The Western Center for Drug-Free Schools and Communities model has been designed to serve as a guide for districts to follow in developing drug-free programs and policies. Western

Center has emphasized a comprehensive planning model that addresses both the process and content required to meet the goal of drug-free schools. They have also stressed the necessity of community involvement in stating that, stopping drug abuse is not "solely the responsibility of the school."

#### Summary

Student Assistance Programs (SAP's) designed to combat adolescent substance abuse have developed as a professional response to students' problems in school. These programs have been characterized by adult teams working with students. In the intervention phase the programs are commonly known as Core Teams, Care Teams, or Impact Teams. These teams have responded to student behaviors by assessing the nature and extent of their problems and by taking action as defined in policies and procedures of the school district. There are many SAP's to choose from for combatting substance abuse, each with different goals. School districts should exercise care in selecting the SAP that best fits the needs of their schools and community and should make modifications where needed.

## CHAPTER III

### Procedures of the Study

The purpose of this study was to plan and implement an intervention program to combat adolescent substance abuse at Grand Coulee Dam Junior High School, Grand Coulee, Washington. In undertaking the procedures of this study the investigator, Scott Ramsey, sought to:

1. Identify the need for this study.
2. Develop building and district level support.
3. Explain how the substance abuse model selected for use at Grand Coulee Dam Junior High School was implemented.

Accordingly, the following pages have been organized to address these three topics.

#### Identifying a Need

The need to establish a Student Assistance Program (SAP) to combat adolescent substance abuse at Grand Coulee Dam Junior High School evolved from a series of events that occurred from 1986-1991 which included:

1. The Self-Study conducted at Grand Coulee Dam Junior High School during the 1986-87 school year, mandated by the Office of the State Superintendent of Public Instruction, indicated that substance abuse was a major problem at Grand Coulee Dam Junior High School.

2. As a result of the Self-Study, a Drug and Alcohol Committee was established at Grand Coulee Dam Junior High School.

3. This investigator, Scott Ramsey, met with Ronald Banick, principal of Grand Coulee Dam Junior High School, to discuss the need for a drug and alcohol intervention program in the school. From these discussions, the determination was made to assemble a faculty committee to study and plan a substance abuse model/program that best suited our individual building. Committee members selected were John Adkins, administrative intern, health teacher, and coach; Bruce Shields, Natural Helpers advisor; Susie Albert, Natural Helper and concerned teacher; Richard Irving, counselor; Principal, Ronald Banick; and this investigator, Scott Ramsey.

4. The Drug and Alcohol Committee began formal meetings in the fall of 1987 and conducted a student body survey to determine: a) if the problem was real or perceived; b) if the problem was real, to what extent did it exist; and c) if the problem was real, what were its unique characteristics?

5. To identify the different models available, a review of related literature and research was conducted by the Drug and Alcohol Committee. This information was used in the selection of an appropriate substance abuse model for Grand Coulee Dam Junior High School. The research was also useful in guiding the committee in the implementation phase.

#### Developing Building and District Level Support

Commencing in the Spring of 1988, the Drug and Alcohol Committee developed a plan to gain support from the rest of the faculty and administration at Grand Coulee Dam Junior High School, as well as the support of the district administration for a substance abuse SAP at Grand Coulee Dam Junior High School.



The ensuing two-year process for developing building and district level support involved the following events and activities:

1. Based upon the results of the student body survey conducted in January 1988, the Drug and Alcohol Committee, faculty, and the Community Mental Health Counselor determined that a major substance abuse problem did exist at Grand Coulee Dam Junior High School. The school district Drug and Alcohol Committee resolved that a comprehensive drug and alcohol program needed to be implemented at Grand Coulee Dam Junior High School and in the other district schools. The comprehensive program would consist of prevention, referral, aftercare, and early intervention.

2. In April 1988, Principal Ron Banick, Jane Penning, teacher, and this investigator, Scott Ramsey, attended a two-day conference presented by A.J. Consultants. Upon their return, a special faculty presentation was organized to explain A.J. Consultants' program rationale and process. After being apprised of the results of the student body survey, the faculty agreed to the need for a Core Team at Grand Coulee Dam Junior High School.

3. The Drug and Alcohol Committee also sought to explain the rationale and objectives behind the A.J. Consultants model to the Grand Coulee Dam School District Board of Directors. The district committed the financial resources and release time necessary to allow team members to attend a variety of conferences and visit school districts with SAP's currently in place.

### Implementation

After gaining support of the faculty, district administration and the board of directors, the Drug and Alcohol Committee sought immediate implementation of a Student Assistance Program (SAP) at Grand Coulee Dam Junior High School. Although the faculty and the Drug and Alcohol Committee favored immediate implementation, the final drug and alcohol intervention program did not emerge until fall, 1989. The two-year process to implement a functioning SAP at Grand Coulee Dam Junior High School included the following events and activities:

1. The Drug and Alcohol Committee organized a group of individuals to serve as the Core Team. Team members were selected on the basis of previous interest in the Drug and Alcohol Committee and their knowledge of a variety of issues affecting students. The team consisted of: Ronald Banick, Principal, Richard Irving, School Counselor; Susie Albert, Resource and Chapter I Teacher; John Adkins, Health Teacher and Coach; Bruce Shields, Teacher and Natural Helpers Advisor; Darlene Wilder, Teacher Certified Addiction Counselor; and this investigator, Scott Ramsey, Chairperson. Betty Brueske, Grand Coulee Dam School District Drug and Alcohol Prevention and Intervention Specialist, was added to the Core Team later.

2. Grand Coulee Dam Junior High School Core Team members attended a variety of workshops and instructional training sessions concerned with SAP models and drug and alcohol abuse. The training programs attended include:

- a) the A.J. Consultants Core Team seminar in Yakima, Washington;

b) INSITE program model presented by Roberts, Fitzmahon & Associates in Wenatchee, Washington;

c) a two-day workshop presented by Western Center for Drug-Free Schools and Communities from Northwest Regional Educational Laboratory in Wenatchee, Washington.

3. During its implementation phase, the Core Team benefitted greatly from observing effective programs currently in operation. John Adkins and this investigator visited Kennewick High School and two treatment centers in the Yakima Valley. Kennewick High School's Assistant Principal and SAP leader, Dr. Judi Kosterman, stated that because the basic framework of the different programs were similar, when selecting a program, a team needed to consider such factors as the cost of the training sessions, and follow up teacher inservice and technical assistance provided by the company. Dr. Kosterman also emphasized that school teams should investigate programs and adopt items that best fit their needs.

Members of the Core Team also visited Green Valley Lodge Treatment Center in Sunnyside, Washington and the Sundown M Ranch Treatment Center near Selah, Washington. Both facilities offer 28-day treatment programs that accept adolescent clients. The information gained from these visits aided the team in both referring students and understanding what a student had experienced when they returned to school.

4. After visiting treatment centers, successfully operating SAP's, attending workshops, and researching a variety of program models, the Core Team assembled to develop the procedures and practices to be used at Grand Coulee Dam Junior High School. The

team agreed there was no one perfect program, but there were parts from each of the three selected models that would work well in our building. Thus, it was decided to selectively choose the most appropriate items from each model.

For example, procedural items including the classification of terms needed to be addressed. The team recognized the importance of having one common definition for each term used by both the Core Team and faculty. The Core Team was trained to "observe" warning signs and to direct a student to necessary care personnel, rather than to "diagnose" the extent of a student's problem. "Secrecy" was defined by the Core Team as total silence, regardless of whether the information was helpful, or possibly damaging to the student. "Confidentiality" was defined as keeping information concealed unless it was potentially damaging to the student or had a direct influence on the case.

The Core Team also studied student observable behavior charts. The chart selected for use closely resembled the example presented by the Western Center for Drug-Free Schools and Communities, but several changes were made so that the chart would better fit our school situation. Having effective and readily accessible referrals was crucial to the Core Team's ability to function. The location of the Grand Coulee Dam School District limited its access to certain types of referral personnel. Mickey Fabian, a prevention and intervention specialist from the Grant County Alcohol and Drug Center, served the school district by leading support groups and performing assessments on identified students.

Due to the variety of student problems the Core Team could confront, the group recognized the importance of individuals receiving additional training in specific areas. Thus, the team divided roles among its members to develop areas of expertise. Members were assigned to their group based upon their previously acquired knowledge and interests. Each member was allowed to work with students in other areas if the need arose, but it was important to have a "resident expert" in each category to insure an adequate knowledge base. The assignments included:

- a) Substance Abuse: Scott Ramsey/John Adkins;
- b) Family/Personal Problems (sexual, emotional, physical, spiritual, and social): Susie Albert/Richard Irving;
- c) Suicide: Bruce Shields;
- d) Legal Problems: Ron Banick.

5. Next, the roles of the Case Manager and the Core Team Leader were defined. The Case Manager was responsible for documenting the results of the completed Student Observable Behavior Charts and serve as the main contact between the student and the team. Case Managers were selected based upon their area of expertise and relationship with the student. The Core Team attempted to match the student with the member with the most expertise in a particular problem area unless another member had particularly good rapport with the student.

One responsibility of the Core Team Leader was to preside over team meetings. However, the most important function of the leader was to receive referrals from teachers, other staff members, parents, and possibly students. When a referral was made, it was important that the Core Team Leader distribute the

Student Observable Behavior Charts to the student's teachers as soon as possible. At the next meeting the returned charts were given to the assigned Case Manager to be documented. The Leader was also responsible for monitoring the actions and progress of Case Managers.

6. The final phase involved meeting with faculty and staff members again to inform them of the Core Team program and procedures. For a SAP to be successful it is essential that staff support its efforts and know how to make referrals. The Core Team can not be solely responsible for noticing students with problems. Rather, staff and community members also need to be educated in problem recognition skills and SAP process.

## CHAPTER IV

### The Project

The purpose of this study was to plan and implement an intervention program to combat adolescent substance abuse at Grand Coulee Dam Junior High School, Grand Coulee, Washington. The implementation plan developed by that school's Student Assistance Program Core Team has been systematically detailed on the following pages, which has been organized in the following sequence/format:

1. Purpose of the Core Team
2. Grand Coulee Dam Junior High School Core Team Process
3. Grand Coulee Dam Junior High School Core Team Personnel
4. Core Team Forms Used
5. Parental Correspondence

AN INTERVENTION PLAN  
TO COMBAT ADOLESCENT SUBSTANCE ABUSE  
AT  
GRAND COULEE DAM JUNIOR HIGH SCHOOL  
GRAND COULEE, WASHINGTON

A Plan Developed by the  
Grand Coulee Dam Junior High School  
Student Assistance Program Core Team  
1991



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SECTION 1

PURPOSE OF THE CORE TEAM

#### PURPOSE OF THE CORE TEAM

According to Dennis Deck (1987), a consultant for Northwest Regional Educational Laboratory in Portland, Oregon:

Responses from the class of 1985 show that nearly two-thirds of all seniors (61%) reported having used marijuana or other illicit drugs at some time in their lives. Virtually all seniors had used alcohol (92%) and two-thirds (66%) had used it in the last month. . . .

It can be concluded from the above statement that the use of drugs and alcohol by America's youth has presented our society and school community with a major problem.

How can we eliminate, or at least minimize the impact of drug use on our teens? Too many school districts have assumed that the problem can be dealt with in a two-week unit of classroom instruction in health education. Instead, to win the battle with adolescent drug and alcohol abuse, each school community must plan, implement, and evaluate substance abuse intervention programs.

The purpose of the Student Assistance Program Model at Grand Coulee Dam Junior High School, termed the "Core Team" approach, was to provide a means for combatting adolescent substance abuse, by implementing drug and alcohol intervention programs in the school. In addition, our Core Team offers assistance to students coping with problems of separation and divorce, death and loss, suicide, sexuality issues, child abuse and neglect, among others. Simply stated, the Core Team program at Grand Coulee Dam Junior High School has attempted to address the special needs of our students before their lives become unmanageable.

SECTION 2

THE GRAND COULEE DAM JUNIOR HIGH SCHOOL  
CORE TEAM PROCESS

THE GRAND COULEE DAM JUNIOR HIGH SCHOOL

CORE TEAM PROCESS

The Core Team process at Grand Coulee Dam Junior High School encompasses six steps.

1. The Core Team process begins when a staff member, student, or community member expresses concern in a student's outward behavior to a Core Team member.

2. The Core Team discusses the referral and assigns a Case Manager to be in charge of this particular case and assign additional responsibilities.

Case Managers are responsible for documenting the results of the completed Student Observable Behavior Charts and are the primary contact between the student and the team. Criteria for selecting Case Managers include:

- a. relationship/rapport with the student;
- b. expertise in the following area(s):
  - (1) substance abuse;
  - (2) family/personal problems;
  - (3) suicide and loss;
  - (4) legal problems.

3. This information gathering stage is crucial to understanding the nature of the student's problem. The Case Manager distributes a "Student Observable Behavior Chart" to each of the student's teachers, and to the building principal and counselor. This chart details the student's absenteeism, tardiness, and other discipline problems. These data are presented and discussed at the next Core Team meeting. The team must analyze the information and prepare for interviews.

When the student is interviewed by the Core Team, questions are asked about the student's use of alcohol and drugs and other at risk behaviors that have been identified. Questions are also asked about the student's friends, family members, and leisure time activities to gain better insight into the cause of the behaviors of concern. It is impressed upon the student that the Core Team is concerned and is there to help, not to punish.

After the interviews have been conducted and data have been analyzed, the Core Team establishes initial goals for the student. These goals can range from the student attending all of his/her classes and raising his/her grades, to attending a support group session, or meeting with the Core Team on a regular basis. The goal might also be a referral for a formal assessment with the school district's substance abuse prevention specialist if the problem is clearly defined.

4. The intervention phase involves the presentation of initial goals to the student. During this phase, the Case Manager, in cooperation with the principal, parents, and student, explain specific observed behaviors and their reason(s) for concern. The student is informed about the dangers of drug and alcohol abuse and the necessity to change their behavior immediately. At this point the referral plan, that has been prearranged by the parents and the Core Team, is presented to the student and the goals are outlined. Intervention plans can range from a full-scale inpatient hospitalization at a treatment center, to assignment, to a counseling support group within the school setting. If there is a referral to a treatment center or an assessment facility, options are made available to the family that

will best suit the student's specific needs. If referral to a support group is sufficient to solve the problem, the student is allowed to attend a support group during the school day where drug and alcohol education is provided and a lifestyle without chemicals is advocated. Regardless of the referral made, the Core Team offers additional help when possible.

5. The Case Manager confers with the student regarding the referral program, reviews goals, and meets with the parents. An opportunity is afforded the Core Team to let everyone know the student has not been forgotten. The Case Manager's role is to reinforce student accomplishments and question any setbacks. If necessary, new goals can also be set at this time.

6. The Core Team monitors student progress on an ongoing basis. If the student's initial behaviors of concern improve, the active file is closed. If student behavior regresses or continues unchanged, the process is repeated. It is important to point out that the student is not abandoned. Rather, new efforts and approaches are employed. The sixth step also provides the Core Team a chance to evaluate the process and to ask questions of themselves. Was this intervention effective? How can we make the process more effective? What did we learn from this case? Spending time to answer these questions provides the Core Team with the opportunity to improve the ability to help students.

SECTION 3

THE GRAND COULEE DAM JUNIOR HIGH SCHOOL  
CORE TEAM PERSONNEL



THE GRAND COULEE DAM JUNIOR HIGH SCHOOL

CORE TEAM PERSONNEL

Members of the Grand Coulee Dam Junior High School Core Team are a group of caring individuals who have been trained in the identification of behaviors of concern in students.

Due to the variety of student problems that the Core Team may confront, this group has recognized the need for its members to receive additional training in such areas as substance abuse, family and personal problems, suicide, and legal problems. Thus, the team has divided roles and responsibilities among its members to develop areas of expertise and to insure an adequate knowledge base. Members are assigned to their group based upon previously acquired knowledge and interests. When working with a student, the Core Team tries to match the student with the member who has the highest level of knowledge in each area of expertise, unless one member has an especially good rapport with the student. The assignments and team members include: Substance Abuse, Scott Ramsey/John Adkins; Family/Personal Problems (sexual, emotional, physical, spiritual, and social), Susie Albert/Richard Irving; Suicide, Bruce Shields; Legal Problems, Ron Banick.

Betty Brueske is the Grand Coulee Dam School District Substance Abuse Prevention Specialist and will be in the junior high one day per week. Her main functions are to lead support groups and to conduct drug and alcohol evaluations.

SECTION 4

CORE TEAM FORMS USED

1. Pre-Assignment Referral
2. Student Observable Behavior Chart
3. Student Schedule and Observable Behavior Chart
4. Feedback

#### CORE TEAM FORMS USED

The Grand Coulee Dam Junior High School Core Team uses a variety of forms to insure accuracy in dealing with student information. The forms used by the Core Team include:

1. Pre-Assessment Referral. This form is distributed to all staff members to record observable student behaviors.
2. Student Observable Behavior Chart. After a student referral has been made, the Core Team distributes this form to appropriate school personnel.
3. Student Schedule and Observable Behavior Charts. This form is used by the Core Team to record the student's class schedule and for observable behavior chart record keeping.
4. Feedback. This form is used to inform staff members of action taken regarding student referrals.

CORE TEAM

PRE-ASSESSMENT REFERRAL

The Grand Coulee Dam Junior High School Core Team is intended to systematically and professionally respond to the problems of students. This referral form is intended to provide school staff an opportunity to involve a student demonstrating problematic behavior with our Core Team so that his/her problem might be resolved.

Please complete this form as accurately and thoroughly as you can. The information you provide will be shared with the Core Team only.

Thank you for your cooperation and concern.

Student Name \_\_\_\_\_ Grade \_\_\_\_\_

List specific student behavior which seems problematic to you. Please be as specific as possible.

| Behavior | Location | Time & Date |
|----------|----------|-------------|
|----------|----------|-------------|

List specific actions which you have taken in response to these behaviors.

| Your Action | Location | Time & Date | Student's Response |
|-------------|----------|-------------|--------------------|
|-------------|----------|-------------|--------------------|

# STUDENT OBSERVABLE BEHAVIOR CHART

ATTENTION TO TEACHER OR REFERRING PERSON: This information summary does NOT become part of the student's permanent record. Individual statements will NOT be identified with the reporting person, nor will the referral source be identified. **Please remember that this information is confidential.**

If a student exhibits any of the following OBSERVABLE BEHAVIORS, it may indicate a health problem and the need for a referral. If a troubled student is to be helped, it is necessary to communicate these observations to a Student Assistance Program (SAP) contact person. Return this form in a sealed envelope to someone on the SAP team. Do not leave it in a place that is accessible to others. Thank you for caring.

STUDENT \_\_\_\_\_ DATE \_\_\_\_\_

GRADE \_\_\_\_\_ PERSON REFERRING \_\_\_\_\_

## A. CLASS PERFORMANCE

- \_\_\_\_\_ current grade
- \_\_\_\_\_ drop in grades
- \_\_\_\_\_ low achievement
- \_\_\_\_\_ always behind in class
- \_\_\_\_\_ alibis or elaborate excuses
- \_\_\_\_\_ lack of motivation
- \_\_\_\_\_ increasing noninvolvement
- \_\_\_\_\_ EXAMPLES \_\_\_\_\_

## B. ATTENDANCE

- \_\_\_\_\_ frequent absences, truancies
- \_\_\_\_\_ absent from class, but in school
- \_\_\_\_\_ tardiness
- \_\_\_\_\_ frequent need to leave class
- \_\_\_\_\_ suspension or pass restriction
- \_\_\_\_\_ dropping out or threats to drop out
- \_\_\_\_\_ EXAMPLES \_\_\_\_\_

## C. DISRUPTIVE BEHAVIOR

- \_\_\_\_\_ defiance of rules
- \_\_\_\_\_ constant discipline problem
- \_\_\_\_\_ blaming denying
- \_\_\_\_\_ fighting, outbursts
- \_\_\_\_\_ verbally aggressive
- \_\_\_\_\_ cheating, lying
- \_\_\_\_\_ throwing objects or defiant littering
- \_\_\_\_\_ obscene language, gestures
- \_\_\_\_\_ overstimulated, nervousness
- \_\_\_\_\_ constantly in wrong area
- \_\_\_\_\_ dramatic attention getting
- \_\_\_\_\_ EXAMPLES \_\_\_\_\_

## D. PHYSICAL SIGNS

- \_\_\_\_\_ avoidance of eye contact
- \_\_\_\_\_ glassy, bloodshot eyes
- \_\_\_\_\_ unsteady gait
- \_\_\_\_\_ smelling of alcohol or marijuana
- \_\_\_\_\_ lack of coordination
- \_\_\_\_\_ altered speech, slur, rapid, incoherent
- \_\_\_\_\_ muscular twitches
- \_\_\_\_\_ tremors
- \_\_\_\_\_ phobias
- \_\_\_\_\_ nausea, vomiting
- \_\_\_\_\_ poor hygiene or grooming
- \_\_\_\_\_ heavy sweating or chills
- \_\_\_\_\_ craving for sweets
- \_\_\_\_\_ drowsiness or sleeping
- \_\_\_\_\_ physical complaints
- \_\_\_\_\_ injuries, bruises
- \_\_\_\_\_ extreme weight loss
- \_\_\_\_\_ extreme weight gain
- \_\_\_\_\_ dilated or constricted pupils
- \_\_\_\_\_ illegible handwriting, fine motor skill loss
- \_\_\_\_\_ increasingly heavy use of makeup
- \_\_\_\_\_ EXAMPLES \_\_\_\_\_

## E. EXTRACURRICULAR ACTIVITIES

- \_\_\_\_\_ loss of eligibility
- \_\_\_\_\_ increasing noninvolvement
- \_\_\_\_\_ dropping activities
- \_\_\_\_\_ unresponsive to coach or advisor
- \_\_\_\_\_ EXAMPLES \_\_\_\_\_

F. PEERS/SOCIAL

- \_\_\_\_\_ peer rejection
- \_\_\_\_\_ loitering in parking lot
- \_\_\_\_\_ avoids peer contact
- \_\_\_\_\_ change of friends or sudden popularity
- \_\_\_\_\_ constant "older" contacts
- \_\_\_\_\_ sexually uninhibited
- \_\_\_\_\_ publicly intimate
- \_\_\_\_\_ EXAMPLES \_\_\_\_\_

G. AFFECT

- \_\_\_\_\_ anxious
- \_\_\_\_\_ lethargic, stares, vacantness
- \_\_\_\_\_ crying
- \_\_\_\_\_ extreme negativism
- \_\_\_\_\_ avoids contact with staff
- \_\_\_\_\_ unexplained grief or despair
- \_\_\_\_\_ reports fears or nightiness
- \_\_\_\_\_ time disorientation
- \_\_\_\_\_ erratic behavior changes
- \_\_\_\_\_ inappropriate responses
- \_\_\_\_\_ unrealistic goals or thinking
- \_\_\_\_\_ appears depressed
- \_\_\_\_\_ defensive, irritable
- \_\_\_\_\_ manipulative
- \_\_\_\_\_ withdrawn/loner
- \_\_\_\_\_ sharing personal problems with no resolution
- \_\_\_\_\_ impaired judgement
- \_\_\_\_\_ confused
- \_\_\_\_\_ unwillingness to communicate
- \_\_\_\_\_ EXAMPLES \_\_\_\_\_

H. FAMILY

- \_\_\_\_\_ runaway history
- \_\_\_\_\_ parental absence or unavailability
- \_\_\_\_\_ not living at home
- \_\_\_\_\_ expresses concerns about family
- \_\_\_\_\_ expresses fear of family member
- \_\_\_\_\_ EXAMPLES \_\_\_\_\_

I. OTHER

- \_\_\_\_\_ talks freely about drug or alcohol use
- \_\_\_\_\_ preoccupation with "partying"
- \_\_\_\_\_ unusually large amounts of money
- \_\_\_\_\_ sells personal items for cash
- \_\_\_\_\_ writes or draws drug or alcohol symbols
- \_\_\_\_\_ wears "symbolic" clothing
- \_\_\_\_\_ DUI/legal problems
- \_\_\_\_\_ previously attended treatment
- \_\_\_\_\_ previously attended support group
- \_\_\_\_\_ EXAMPLES \_\_\_\_\_

---



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COMMENTS:

The provisions of the family educational rights and privacy permit this information be made available to members of the professional staff, but prohibit the sharing of the information with any other third party.

Student \_\_\_\_\_

Case Manager \_\_\_\_\_

**CORE TEAM**

**Student Schedule  
and  
Observable Behavior Chart**

| <b>Class</b> | <b>Period</b> | <b>Teacher</b> | <b>Chart Received</b> |
|--------------|---------------|----------------|-----------------------|
| _____        | _____         | _____          | _____                 |
| _____        | _____         | _____          | _____                 |
| _____        | _____         | _____          | _____                 |
| _____        | _____         | _____          | _____                 |
| _____        | _____         | _____          | _____                 |
| _____        | _____         | _____          | _____                 |
| _____        | _____         | _____          | _____                 |

| <b>Additional Student<br/>Observable Charts sent to:</b> | <b>Position</b> | <b>Chart Received</b> |
|--|-----------------|-----------------------|
| _____  | _____           | _____                 |
| _____  | _____           | _____                 |
| _____  | _____           | _____                 |
| _____  | _____           | _____                 |
| _____  | _____           | _____                 |

CORE TEAM FEEDBACK

CONFIDENTIAL

To: \_\_\_\_\_

From: \_\_\_\_\_, Core Team Member

Regarding: Student Referral

Thank you again for taking time to express your concern about \_\_\_\_\_ . The CORE TEAM is now aware of this student and has decided to take the following action:

\_\_\_\_\_ Preliminary data does not indicate the need for further action at this time. Student's name will be kept on file.

\_\_\_\_\_ Student has not been contacted, additional data is needed. Please continue to monitor behavior, and report any concerns.

\_\_\_\_\_ Student has been contacted, and agrees to change problem behavior. Please report any continuing concerns to the CORE TEAM.

\_\_\_\_\_ Student has been referred to an outside agency for further assessment. The CORE TEAM will maintain contact with the student and agency.

\_\_\_\_\_ Other

If you would like to discuss this matter further, let me know. I appreciate your interest in our students, and your willingness to try to help.



SECTION 5

PARENTAL CORRESPONDENCE

1. Information Letter
2. Support Group Permission
3. Needs Evaluation Permission
4. Consent for the Release of Confidential Information

## PARENTAL CORRESPONDENCE

The Grand Coulee Dam Junior High School Core Team communicates with parents in a number of letters and requests. They include:

1. Information Letter. This letter informs the parents of the Core Team function and basic philosophy.

2. Support Group Permission. When a student has been assigned or requests participation in a support group at school, parental/legal guardian consent is required.

3. Needs Evaluation Assessment. After the Core Team has recommended that a student undergo an evaluation to determine his/her needs, this form is used to obtain required parental/legal guardian consent.

4. Consent for the Release of Confidential Information. Upon a student's return to school from a treatment center, it is helpful to the Substance Abuse Prevention Specialist and Core Team to understand the students' conditions and how best to assist them in continuing their recovery program. This form will allow the treatment center to release pertinent information to the school.



# GRAND COULEE DAM JUNIOR HIGH

P.O. Box J, Grand Coulee, WA 99133 • (509) 633-1520

Ronald Banick, Principal

Dear Parents:

The Self-Study conducted at Grand Coulee Dam School District during the 1986-87 school year mandated by the Office of the State Superintendent of Public Instruction and the student survey conducted in January, 1988, indicated that substance abuse was a major problem in the junior high. The Drug and Alcohol Committee began formal meetings in the fall of 1987 and sought to select and implement methods to combat this problem. A number of program models were researched to select the appropriate drug and alcohol intervention model for the make up of Grand Coulee Dam Junior High School.

In response to the Self-Study and the student survey, the Core Team has been established. This team is a professional response to student problems. Intervention at the secondary school level is a process whereby students who are having problems in school that may be related to substance abuse are referred to the appropriate resource. The purpose of the Core Team intervention is to provide assistance to the student and the student's family in order that the student may have the opportunity to resolve his or her problem and maintain a successful school experience.

The Grand Coulee Dam Junior High School Core Team program addresses a wide variety of problem behaviors exhibited by students which may be related to chemical use/abuse problems. School staff are trained in the process of identifying and documenting behaviors of concern. A designated school person conducts an interview which does not assume that the student is involved with chemicals.

Other areas addressed may include the level of adolescent development, student/family dysfunction, child abuse, issues of suicide or loss, learning difficulties, and emotional/psychological or physical problems.

If you have any questions, concerns, or comments please feel free to contact the Junior High.

Sincerely,

Ronald Banick, Principal

Scott Ramsey, Core Team Chairman



**GRAND COULEE DAM JUNIOR HIGH**

P.O. Box J, Grand Coulee, WA 99133 • (509) 633-1520

Ronald Banick, Principal

October 1, 1990

Dear Parents:

This letter is to request your permission for your student to participate in a substance abuse prevention group. Your child has expressed interest in participation in this group, and his/her teachers are supportive of this group. The group will meet once weekly for approximately 10 weeks. Group meetings will last approximately 45 minutes, and we will meet at a different time each week so a student will not miss the same class each week.

We would like your cooperation in this process, and will be happy to talk with you if you have questions.

Please sign the form below and return it as soon as possible so we can begin our groups. Thank you for your assistance.

Sincerely,

Betty Brueske, M.S.  
Substance Abuse Prevention Specialist  
( )

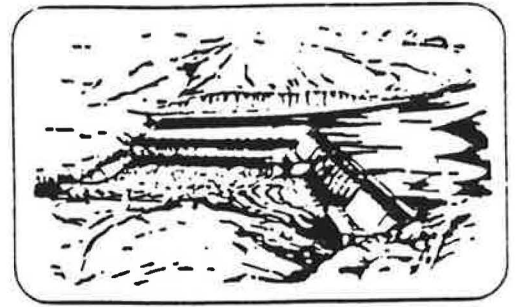
-----  
\_\_\_\_\_ has my permission to participate in a substance abuse prevention group.

\_\_\_\_\_  
DATE

\_\_\_\_\_  
PARENT/LEGAL GUARDIAN

Please note: Telephone numbers on this page were redacted due to privacy concerns.

# Grand Coulee Dam School District 301-J



STEVENS & GRANT  
COULEE DAM, WASHINGTON 99116  
TELEPHONE (509) 633-2143 or  
SCAN LINE 565-1494

The Grand Coulee Dam School District does not discriminate in providing equal opportunities for all persons in educational programs, activities and employment.

**SUPERINTENDENT**  
James D. Keene

**DIRECTORS**  
Gary Reit,  
Chairman  
David Schmidt,  
Vice Chairman  
David Jurgensen,  
Legislative  
Representative  
Maryann Winn  
Rudolph Ayling

**BUSINESS  
MANAGER**  
Roberta J. McIntyre

**SPECIAL SERVICES  
DIRECTOR**  
Joseph G. Pagkos

September 28, 1990

Dear Parents:

This letter is to inform you that your student has become a focus of concern with our District Core Team. The Core Team has recommended that your child undergo an evaluation to determine his/her needs and develop a plan of action that will meet those needs.

We would like your cooperation in this process, and will be in contact with you regarding our findings.

If you have questions, please feel free to call the building principal, the building counselor, or me, the substance abuse prevention specialist. I can be reached on Wednesdays at 633-2245. On other days, you can leave a message with the secretary at that number and I will return your call as soon as possible.

Sincerely,

Betty Brueske, M.S.  
Substance Abuse Prevention Specialist

-----  
\_\_\_\_\_ has my permission to participate  
in Grand Coulee Dam School District's evaluation process.

\_\_\_\_\_  
DATE

\_\_\_\_\_  
PARENT/LEGAL GUARDIAN

CONSENT FOR THE RELEASE OF CONFIDENTIAL INFORMATION

I, \_\_\_\_\_ of \_\_\_\_\_  
student, or parent/Guardian if not 18 \_\_\_\_\_ address

authorize Grand Coulee Dam S.D. to disclose/receive from \_\_\_\_\_

NAME: \_\_\_\_\_ TITLE \_\_\_\_\_

ADDRESS \_\_\_\_\_  
City State ZIP

PHONE \_\_\_\_\_

THE FOLLOWING INFORMATION:

\_\_\_\_\_ nature of information

\_\_\_\_\_ Purpose of information

I understand that my records are protected under the Federal and State Confidentiality Regulations and cannot be disclosed without my written consent unless otherwise provided for in the regulations. I also understand that I may revoke this consent at any time except to the extent that action has been taken in reliance on it (e.g., probation, parole, etc.) and that in any event this consent expires automatically as described below.

Expiration date or condition: \_\_\_\_\_

I further acknowledge that the information to be released was fully explained to me and this consent is given of my own free will.

Executed this \_\_\_\_\_ day of \_\_\_\_\_, 19\_\_\_\_.

\_\_\_\_\_  
signature of student

\_\_\_\_\_  
signature of authorized program representative

\_\_\_\_\_  
signature of parent/guardian if student under 18

PROHIBITION ON REDISCLOSURE: This information has been disclosed to you from records whose confidentiality is protected by federal law. Federal regulations (42 CFR, Part 2) prohibit you from making any further disclosure of it without the specific written consent of the person to whom it pertains, or as otherwise permitted by such regulations. A general authorization for the release of medical or other information is not sufficient for this purpose.

## CHAPTER V

### Summary, Conclusions, and Recommendations

#### Summary

The purpose of this study was to plan and implement an intervention program to combat adolescent substance abuse at Grand Coulee Dam Junior High School, Grand Coulee, Washington.

#### Conclusions

Conclusions reached as a result of this project were:

1. The Core Team at Grand Coulee Dam Junior High School will allow the students with problems related to alcohol and drug abuse to be identified and helped before their lives become unmanageable.
2. Students that are troubled are limited in their ability to realize their optimum potential; therefore, helping these students is an important educational goal at Grand Coulee Dam Junior High School.
3. When junior high school students in the Grand Coulee Dam School District experience problems they will be assisted by knowledgeable and compassionate staff members.
4. Sound planning and organization are important keys to the success of a Student Assistance Program.

#### Recommendations

As a result of this project, the following recommendations have been suggested:

1. The Grand Coulee Dam School District should keep Student Assistance Programs (SAP's) high on their financial priority list

and allow team members to receive specialized training. SAP training sessions could encompass such topics as suicide, eating disorders, depression, legal problems, dysfunctional families, and other problems the team will confront.

2. Since the "burn-out" rate for SAP Core Team members is approximately three years, it is also recommended that new members be continuously trained.

3. Every building in the district should have a SAP.

4. It is also recommended that the Grand Coulee Dam School District administration provide paid inservice time to train all staff members in observing behaviors of concern.

5. School surveys to determine various types of substance abuse should also include/address steroids.

6. It is further recommended that this study be reviewed by districts considering the implementation of a drug and alcohol intervention program in their district.



## References

- A.J. Consultants, Inc.: Dedicated to holistic wellness. (1988).  
Participant Manual, Yakima, Washington.
- Anderson, Gary L. (1987). When chemicals come to school: The student assistance program model. Greenfield, Wisconsin: Community Recovery Press.
- Baumrind, Diana and Kenneth A. Moselle. (1985). A developmental perspective on adolescent drug abuse. Alcohol and Substance Abuse in Adolescence. Vol. 4 No. 3,4.
- Bennett, William J., Secretary. (1987). What works: Schools without drugs. United States Department of Education.
- Brook, Robert C., MDiv, EdD, and Steinberg, Mark, MA. (1989). Preventing student alcohol use. Student Assistance Journal. Vol. 1 No. 5.
- Deck, Dennis. (November, 1987). Assessing the needs of drug and alcohol prevention programs in the west. Northwest Regional Educational Laboratory.
- Elam, Stanley M., and Alec M. Gallup, Phi Delta Kappa. "The 21st Annual Gallup Poll of the Public's Attitudes Toward the Public Schools." September, 1989. Vol. 80, No. 1. pp. 42-54.
- Hawley, Richard A. (1988). Students and drugs: The fancy that has not passed. Schools without drugs: The challenge. Vol. 2 No. 3.
- Johnson, Judith A., Director. (May, 1989). Developing and implementing student assistance programs. Western Center for Drug-Free Schools and Communities. Participant Resources, Northwest Regional Educational Laboratory, Portland, OR.

- Johnson, Judith A., Director. (February, 1988). Planning for drug-free schools and communities. Western Center for Drug-Free Schools and Communities. Participant Manual, Northwest Regional Educational Laboratory, Portland, OR.
- Kelley, John M., PhD, and Peters, Christopher P. (1989). The Pennsylvania model for implementing SAP's. Student Assistance Journal. Vol. 1 No. 4.
- Kosterman, J. (April, 1990). [Interview with Scott Ramsey].
- Roberts, Fitzmahan & Associates. (1985). INSITE program model. Seattle, WA.