All Graduate Projects   Graduate Student Projects

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A Student Assistance Programs Model

David Edward Eby

A

STUDENT ASSISTANCE PROGRAMS

MODEL

A Project Report

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by

David Edward Eby

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The purpose of this study was to develop a manual
detailing the components of Student Assistance Programs
in the Olympia School District. The manual would be
useful to a school district or a high school intent on
establishing Student Assistance Programs. The
development of the manual was beneficial to the Olympia
School District due to fact that Student Assistance
Programs were established at the two high schools,
Capital High School and Olympia High School in 1991. A
vice-principal and a key staff member from Capital High
School attended workshops and conducted research on
what type of program would address the needs of at-risk
students. The outcome was the formation of Student
Assistance Programs. The result of this study was a
manual titled, "A Student Assistance Programs Model."

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CHAPTER I

Background of the Study

Introduction

Today's teachers are facing the difficult task of educating students with a wide array of problems. Many students come to school with mental, emotional, or behavioral problems. These problems have put the student at a disadvantage for achieving success. Many of these problems can be attributed to alcohol/drug use by the student or the student's family member. Schools have begun to formulate comprehensive programs to address the needs of disadvantaged or at-risk students.

Alcohol/drug use and its effects on an adult are sufficiently complex. Compound this with an individual in an early developmental stage such as a preadolescent or teenager and the problem becomes even more complex.

Many attempts to design programs or develop strategies to combat so-called "alcohol/drug problems" have revealed a number of lessons. The first lesson is that the problem continues despite major investments of time, money, and expertise.

A second lesson is that the alcohol/drug-related problems of young people demand a response that engages the entire school system, as well as the other major systems of which young people are a part: the family and the larger community. A third lesson is that Student Assistance Programs are the most effective means not only of assisting troubled students but also of creating a truly preventive atmosphere. (Anderson, 1988).

Purpose of the Study

The purpose of the study was to develop a manual detailing the components of Student Assistance Programs in the Olympia School District. The development of the manual had originated from the needs of at-risk students and by a building level administrator at Capital High School. The development of this manual reflected a coordinated effort of various personnel in the district.

Procedures

The Student Assistance Programs in the Olympia School District were developed in three years. It was coordinated at the district level by the chairperson of the Substance Abuse Task Force. A designated CORE team leader in each high school was responsible for staff

selection and training for the CORE team. Student referrals were accepted from the staff in the 1991-92 school year. An informal evaluation was done in the spring of 1992.

Definitions of Terms

1. Alcohol/drugs. Term which emphasizes that alcohol is a drug--just like cocaine, marijuana, uppers, downers, or any mood-altering substance. It does not differentiate between alcohol and drugs, even though our culture, government, and even laws treat alcohol differently from the way they treat pot, crack, or smack; the symptoms of addiction are essentially the same for all these drugs.

2. Assessment. This is a process of gathering and interpreting information in order to discover the nature of the problem.

3. At-risk. Students who have a decreased chance of success in learning due to circumstances which can be overcome.

4. Chemical dependence. Short and simple term referring to an addiction to any mood-altering substance.

5. CORE team. This is a group of staff members at the building level who may have responsibilities during the early design and implementation stages of the

Student Assistance Programs. This group has the following major functions during program operation: participates in the data collection phase of screening and assessment; reviews and evaluates all data collected during assessment; makes recommendations for referral and/or intervention; and monitors the progress of individual students and reviews outcomes.

6. Enabling. Ideas, attitudes, feelings, and behaviors that unwittingly allow alcohol/drug problems to develop, continue, and even worsen.

7. Intervention. A process of purposeful activities by which meaningful persons or segments of the environment strengthen the individual and the individual's environment in order to interrupt existing harmful alcohol or other drug abuse-related behavior in a manner intended to bring about a change in a positive direction.

8. Student Assistance Programs (SAPs). A system involving all the things we need to know, think, feel, and do in order to help students deal with all the ways in which they are affected by their own alcohol/drug use or that of someone else.

CHAPTER II

Review of Related Literature

Introduction

The related literature on the topic of Student Assistance Programs has increased with the public's growing awareness of alcohol/drug use and abuse. Using Student Assistance Programs as a descriptor yielded no literature in the summer of 1991 by ERIC. However, related literature with descriptors such as drug free schools, at-risk, and prevention programs generated an abundance of literature.

In this study, the review of the literature had focused on the areas of 1) Statistical research data on alcohol/drug use, 2) Developments leading to the formation of Student Assistance Programs, 3) A successful model and 4) An evaluation project.

History

The major motivation for implementing Student Assistance Programs resides in the nature of alcohol/drug-related problems of young people. The past two decades have witnessed the progression from a time when a handful of young people became involved with drugs to a period when approximately one third of

all school-aged youth are harmed either by their own use of mood-altering chemicals, or by that of a family member.

Thus, we have found that the use of alcohol and other drugs have now become common among teenagers and preadolescents. For many drug use begins prior to secondary school. While there is some evidence that the increase in alcohol/drug use is moderating, it is stabilizing at high levels. There are only slight variations between national regions and rural, urban, suburban locales. Particularly, dangerous patterns of multiple drug use are common among a significant percentage of young people. As Baumrind and Moselle had pointed out, "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 & Moselle, 1985, p. 44).

Additional reasons for implementing Student Assistance Programs have to do with the role of school systems, first as educational institutions, and secondly as forces for change in their respective communities and in society as a whole. Common sense is supported by statistics on the degree to which students' drug use hampers attendance, academic achievement, and school conduct. 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.

Scope: Student drug use

Since the early 1970's there has been an abundance of statistics about alcohol and drug use and abuse. Several national studies were conducted under the auspices of the National Institute on Alcohol Abuse and Alcoholism (NIAAA) and the National Institute on Drug Abuse (NIDA). Numerous other studies of alcohol/drug prevalence have also been conducted by individual researchers, and many more by communities and school districts.

The data that NIDA has collected annually since 1972 on drug abuse by twelve and seventeen year olds, or those in the seventh and twelve grades, illustrates the following conclusions in 1988: 92% of high school seniors have tried alcohol and 35% of those seniors have had five or more drinks in a row at least once in the prior two weeks of the survey; 54% have tried an illicit drug while 33% have tried some illicit drug other than (usually in addition to) marijuana; 2.7% smoke marijuana daily and 13% had been daily marijuana smokers at some time for at least a month; and 4.8%

have tried crack, a dangerous form of cocaine. (NIDA,
1988, p. 15).

Surveys by Monitoring the Future Surveys have been
conducted annually since 1975. These surveys have
indicated that for the overall senior class of 1984
61.6% of them report some illicit drug use; 21.3%
report using marijuana only; and 40.3% have used some
illicit drug other than marijuana. By the 12th grade,
nearly 55% of high school students have had some
experience with marijuana, and 92.6% have used alcohol.
One out of six (16.1%) have some experience with
cocaine, and more than one out of four (27.9%) report
having used stimulants. Of more importance, 5% report
using marijuana daily and 4% report daily drinking
(Johnston, 1985, p. 34). According to the National
Institute on Alcohol Abuse and Alcoholism, nearly one
out of three American high-school students experiences
alcohol problems (NIAAA, 1985).

A 1986 survey of 15,200 American high-school
seniors conducted by the University of Michigan
Institute for Social Research revealed that 65.3
percent had used alcohol within the 30 days prior to
the survey. Thirty-seven percent admitted to heavy
drinking, consuming five or more drinks in a row during
the two weeks prior to the survey. Nearly 51 percent
had used marijuana at least once; 23 percent had used

it within 30 days of the survey. Four percent used it
daily. Nearly 17 percent had tried cocaine; 6 percent
had tried crack (NIDA, 1987). According to Dr. Donald
Ian Macdonald, pediatrician and administrator of the
Alcohol, Drug Abuse, and Mental Health Administration,
"teenage drinking . . . has become statistically the
norm" (Macdonald, 1986).

A Weekly Reader survey found that nearly 30
percent of fourth graders experience pressure to try
alcohol, and the use of alcohol among sixth graders has
more than doubled in the last four years (Weekly Reader
Publications, 1987). It is estimated that by the time
children reach age 13, 10 to 25 percent will have tried
alcohol (NIAAA, 1987).

The state of Washington through the Office of
Superintendent of Public Instruction surveys nearly
18,000 students in 176 schools each year. Among the
study's key findings, compared to 1988 statistics,
fewer Washington students report having ever tried
alcohol or other drugs. The decline is most dramatic
in grade six, only 33% of sixth-grade students in 1990
had ever tried alcohol, compared to more than 51% of
sixth-graders in 1988. Although slight declines in
heavy use occurred at grades six and 10, a higher
proportion of eighth-graders drank heavily in 1990 (7%)
than in 1988 (5.5%). Across grades six through 12, the

survey projects that approximately 45,000 students are heavy drinkers. (Gabriel, 1991, p. 7).

According to Anderson, any use of drugs by young people is problematic and is not to be condoned. While some might agree with this philosophically, it is nonetheless true that a student who drinks every day and uses four other types of drugs has a different type of drug problem than one who has smoked marijuana twice in the past year. At what point does an individual's drug use become problematic? When does it cease to be experimental, social, or recreational and become pathological, harmful or dangerous? (Anderson, 1988).

The major difficulty in defining "problem use" involves the absence of objective, widely accepted criteria (clinical or statistical) that separates normal from pathological use. The most rigorous study of adolescent problem drinking was conducted in 1974, and was reported in Donovan and Jessor (1978). Adolescents in grades 7-12 in the 48 contiguous states were sampled (N=13,220). The survey collected data concerning frequency of drinking, amounts consumed per occasion, and problems subsequently encountered. Of the total sample, 57% (7,481) were categorized as "moderate drinkers." Taken a step further with stricter definitions of "problem drinking" applied to the sample of student drinking at or above the

"moderate" level, Donovan and Jessor defined "problem drinking" as the combination of frequency of drunkenness and pattern of negative consequences caused by drinking; almost 30% of the 57% of the moderate-or-above sample fit into this definition or 18.8% of the total sample of 13,220. Definitions involving frequency of drunkenness and frequency of consequences alone, revealed 9.4% and 8.9% of the total sample as "problem drinkers."

The Adolescent Alcohol Involvement Scale (Mayer & Filstead, 1980) has been used in studies that employ somewhat different criteria to establish problem drinking but with consistent results. Mayer and Filstead's survey of Chicago area high school students found that 19.1% scored in the problem use range; Mobergs application of the scales to adolescents in Wisconsin found that 19.8% scored in the same range (Moberg, 1983, p. 75).

One slowly occurring phenomenon is the movement toward greater polydrug use. It is now rare to encounter a student who has only had experience with one drug. Polydrug use multiplies the potential for harm. On physiological grounds alone, the concurrent use of different types of drugs with different manners of action, different metabolic pathways, and different behavioral effects, makes this an extremely dangerous

pattern of drug behavior.

Monitoring the Future Surveys of high school seniors only illustrates the alcohol-marijuana use core, and indicates that 23.4% of students surveyed reported using three or more drugs. In addition, it documents the high correlation between daily use of marijuana ("commitment" measured in terms of frequency) and simultaneous use of other drugs.

Based on a survey of 1,970 students in the 9th-12th grades in New Jersey (Pandina, 1981) only 22% of the students report no current or former drug use; and only 44% report use of alcohol only. More than a third (36%) report using two or more drugs; 19% use three or more; and 14% use four or more. This particular study also exemplifies the degree to which concurrent alcohol and marijuana use form the predominant "core" of drug use.

When thirteen to eighteen year olds were asked to name the biggest problem facing young people today, drug use led the list. In 1987, 54% of teens cited drugs as their greatest concern; up from 27% only ten years earlier. Drugs and alcohol rank high on the list of topics that teens wish they could discuss more with their parents; 42% want more discussions with parents about drugs, and 39% feel the need to talk about drinking (Gallup Youth Survey, 1987 and 1988). Adults

share the same concern as teens, ranking student alcohol/drug use as the most serious problem facing our nation's schools for the third consecutive year (Gallup Poll, 1988).

An area often overlooked and of increasing significance is the alcohol/drug-related problem of someone else. To have a drug problem often meant to have a problem with one's own use. There is an increasing awareness of the problems faced by the other victims of drug abuse: the children and adult children of chemically dependent parents. A few studies have been done on the number of children who have alcoholic parents. Those that have been conducted support the conclusion that one out of four students, or 25% of students in all grades have at least one biological parent who is an active alcoholic, and with whom they may or may not now be living (Anderson, 1990).

If one adds to these children those students concerned about a friend's chemical use or those concerned about the drug problems of siblings, 25% becomes a very conservative figure as an estimate of "concerned" or "affected others."

Despite the improvements in recent years, it is still true that this nation's young people show a level of involvement with alcohol/drugs which is greater than can be found in any other industrialized nation in the

world.   Even by long-term historical standards in this country, these rates remain extremely high.   Heavy drinking also remains widespread and troublesome.

Current Trends

Whether viewed within the narrow confines of the school or as a broader societal problem, the history of the last two decades' attempts at prevention of alcohol/drug abuse is in many ways a catalogue of strategies that didn't work, either because they're flawed in principle or because any one of them alone is insufficient.   Some of these failed strategies include denial, scare tactics, objective information, responsible use, getting tough, dogs and stars, hiring an expert, and community solutions.

Denial involves deciding not to recognize the problem as a problem.   This has been the first and most frequent strategy.   Alcohol/drug abuse by adolescents is often perceived as either an individual or a social phase that will pass.   Many adults rationalize that they drank when they were kids and it didn't hurt them. Denial results, in part, from inadequate information, from lack of awareness about the true nature, scope, and consequences of alcohol/drug abuse by young people.

The failure of scare tactics was one of the earliest active strategies to be employed.   Educators

and other adults frequently projected their own irrational exaggerated fears of alcohol/drugs upon young people. Many educators reasoned that effectively communicating the horrors of alcohol/drugs to youth would be enough to prevent their using them. While accurately representing the clear and present dangers of a situation does have some preventive value, this approach to alcohol/drug abuse failed and continues to fail for two basic reasons. First, it was based on the irrational projection of narrow social statistics onto individuals. What may have been true for a small percentage of the population simply didn't apply to the majority of teenagers. Secondly, this approach failed because it contradicted the day-to-day experiences of youth. They saw that these arguments simply weren't always true. In the long run, scare tactics produced two disasters; kids kept on using these chemicals, and educators employing such strategies lost credibility.

Educators and prevention specialists learned from experience and concluded that what was needed was objective information about alcohol/drugs. The federal government spent millions of dollars on prevention programs designed to teach kids objectively about alcohol/drugs: for instance, what kinds of drugs there are, what they look like, what they're called, how they affect the body and mind. This approach failed for a

practical reason that was utterly unforeseen. Before, many students had been afraid to try drugs other than alcohol. But providing them with objective, cognitive information about these other chemicals merely reduced their anxieties, liberalized their attitudes, and made them consumers of all sorts of drugs. The approach also failed because it, too, was based on false assumptions: that kids use chemicals because of ignorance, and that cognitive knowledge would of itself be sufficient to prevent alcohol/drug problems.

"Responsible use" appeared to address these shortcomings by targeting behavior change as the goal of prevention and by addressing the value systems and decision-making skills that students bring to their decisions about whether to use alcohol/drugs. While it appeared to be a major step in the right direction, the "responsible use through values clarification" approach had complexities. In many instances this approach had the effect of condoning alcohol/drug use if it was done "responsibly." But young people didn't need to be taught how to use chemicals responsibly; they did need to be taught how to make healthy, responsible decisions about such use. Also, this approach didn't communicate to young people the set of values by which adults in the school setting judged alcohol/drug use as harmful and unacceptable.

To some schools it became clear that more effective measures were needed: evidence of student alcohol/drug use and its disruptive consequences were becoming more aware to the public. Often a drug bust, an overdose, a traffic fatality, or a community alarmed by results of a survey on teenage alcohol/drug use prodded the school into some type of action. The result was a "get tough" policy designed to move the problems out of the school. Such policies forced the suspension or expulsion of any student who became involved with alcohol/drugs in any way in school. This approach enjoyed some short term success but failed in the long run because it pushed problems underground, made students, parents, and staff afraid to ask for help, and created an environment that prevented students from accepting help if it was offered.

Some schools tried the dogs and stars approach. This quick fix approach included drug-sniffing dogs, massive locker searches, or the celebrity expert. In the latter, a well known speaker came into the school for an assembly to arouse in students an intense but momentary conviction against alcohol/drug use. But by all reports, student alcohol/drug use always returned to its former level within days when such approaches were one time only events or lacked long-term schoolwide follow-up.

Another common solution was to hire an expert. This person could be a full-time alcohol/drug counselor or specialist in the school who could deal with such problems expertly. Or the school formed a working relationship with a community alcohol/drug counselor who visited the school for a few hours each day or week. But at best, the counselor could see only a fraction of the students who had alcohol/drug-related problems. More serious was the implication that others in the school, or the system itself, didn't have to examine or change the factors that were allowing alcohol/drug problems to continue or worsen.

In many places it was recognized that alcohol/drug problems were, after all, community problems requiring community-wide solutions. Accordingly, task forces, advisory panels, or chemical people groups were organized. Such community-wide efforts failed because they didn't develop an action agenda or the agenda they did develop was inappropriate. Youth centers, alternative programs, recreational opportunities, and other projects were implemented but couldn't be sustained or had little effect on youthful alcohol/drug abuse.

Origins

Student Assistance Programs were developed over a period of time. Three factors have been most responsible for its development. The first and foremost was the need. National, regional, and local surveys of adolescent alcohol/drug use were showing alarming increases during the early 1970's; people working in schools, law enforcement, and local alcohol/drug agencies were experiencing changes in an immediate way as were parents and kids themselves.

The second factor contributing to the emergence of the Student Assistance Programs model was an obsession for and repeated disillusionment with "prevention." New solutions and strategies mentioned previously were not effective. Each existed in the absence of evaluation data to prove its effectiveness, or was followed shortly by data demonstrating either no effect on student drug use or actual increases.

The third and most important factor was the increasing momentum of the Employee Assistance Programs (EAPs). This was a program which proved to be the most successful means of reaching adults with alcohol and other drug problems. It addressed the needs of both employees and their families; it benefited employer as well as employee; it saved jobs, families, and money. The success of the EAP model was due in large part to

the structure of the model itself. It addressed the
problem by examining the functional necessities for
helping rather than arguing over the merits of
prevention or intervention and by the fact it addressed
the context, or work environment, more than it focused
on employees themselves. If it worked in industry, why
couldn't it be adapted to education?

All of the factors above, in a fairly direct way,
contributed to the development and initial form of the
Student Assistance Programs model.

Federal Role

The United States Department of Education (1986)
supported the position that reducing student substance
use levels should be a cooperative effort between
parents, schools, students, and communities. A
statement was issued encompassing all four groups in "A
Plan for Achieving Schools Without Drugs." The
prevailing viewpoint was that the local educational
organization i.e., the local community school district,
provided all four groups with a focal point for
implementing substance use abatement programs through:
1) organizational goals, 2) collective power, 3)
centralized, 4) interface with external environment,
and 5) student educational resources. The school
district served as the organizational structure for

programs to prevent future childhood substance use and intervene on community youth who were already involved with substance use. The concept, "substance use prevention and intervention programs" emanated from these organizational goals.

The local school district was often seen as a loosely-coupled set of various educational missions (March & Olsen, 1976; Weick, 1976). Structural power was often fragmented and compartmentalized. With compartmentalized programs varying from school to school and teacher to teacher, program evaluation and decision-making has remained a relatively undeveloped field of organizational activity (Meger & Rowan, 1975). Beginning with the Coleman Report of 1966 and progressing through the effective schools research of the 1980's (Berliner, 1980; Cohen, 1982; Odden & Webb, 1983) attempts to objectively quantify school district-decision making processes has significantly increased.

In the "Plan for Achieving Schools Without Drugs," the first school guideline called for an objective decision-making process: "Determine the extent and character of drug use and establish a means of monitoring that use regularly" (U.S. Department of Education, 1986). This conceptual statement underscored findings dating back to the Coleman Report.

Local school districts, though influenced by national trends, are a unique combination of variables, which predominantly include: socioeconomic status, school-related characteristics, community-related variables, and teacher attributes (Cohn & Rossmiller, 1987). The original determination of the community's youth drug use problem is viewed as a needs assessment for decision-making on prevention and intervention programs, while continued monitoring served as a post-implementation evaluation of ongoing programs. (Moore, 1989).

U. S. Department of Education Recommendations

Lauro F. Cavazos, then Secretary of Education, issued a revised edition of "What Works: Schools Without Drugs in 1989. The handbook was first published in 1986 in response to the "Plan for Achieving Schools Without Drugs" statement. It cites research to demonstrate that the most promising approaches to drug prevention are comprehensive programs that involve schools, communities, parents, students, and law enforcement. The handbook details a plan for achieving schools without drugs. The plan included the following four components: parents, schools, students, and communities. Each component issued a set of recommendations to follow.

Parents:

1. Teach standards of right and wrong, and demonstrate these standards through personal example.

2. Help children to resist peer pressure to use alcohol and other drugs by supervising their activities, knowing who their friends are, and talking with them about their interests and problems.

3. Be knowledgeable about drugs and signs of drug use. When symptoms are observed, respond promptly.

Schools:

1. Determine the extent and character of alcohol and other drug use and monitor that use regularly.

2. Establish clear and specific rules regarding alcohol and other drug use that include strong corrective actions.

3. Enforce established policies against drug use fairly and consistently. Ensure adequate security measures to eliminate drugs from school premises and school functions.

4. Implement a comprehensive drug prevention curriculum for K-12, teaching that drug use is wrong and harmful, and supporting and strengthening resistance to drugs.

5. Reach out to the community for support and assistance in making the school's anti-drug policy and program work. Develop collaborative arrangements in which school personnel, parents, school boards, law enforcement officers, treatment organizations, and private groups can work together to provide necessary resources.

Students:

1. Learn about the effects of alcohol and other drug use, the reasons why drugs are harmful, and ways to resist pressures to try drugs.

2. Use an understanding about the effects of alcohol and other drug use, the reasons why drugs are harmful, and ways to resist pressures to try drugs.

Communities:

1. Help schools fight drugs by providing them with the expertise and financial resources of community groups and agencies.

2. Involve local law enforcement agencies in all aspects of drug prevention: assessment, enforcement, and education. The police and courts should have well-established relationships with schools.

Anderson Model

Although Student Assistance Programs take many different forms, Gary Anderson of the Johnson Institute, an industry expert in Student Assistance Programs and Employee Assistance Programs feels that the most effective ones have certain characteristics in common.

1) Student Assistance Programs recognize the complexity of alcohol/drug-related problems. The problem is neither singular nor simple. It is too complex for simplistic or convenient responses. They have accepted that no single film, curriculum, policy, celebrity speaker, or workshop can adequately address a complex problem that affects young people and the system itself in so many ways.

2) They are comprehensive in that they address the unique needs of at least six distinct target groups of students. Acknowledging that students can be affected by alcohol/drug use in many ways,

and that specific strategies have to match the different needs of students. It is estimated that at least five percent of secondary students are chemically dependent and need early identification, intervention, and treatment.

Another group representing about fifteen percent consists of students who are abusing alcohol. These students may not require treatment and can often stop their alcohol/drug abuse through counseling and by participating in support groups.

It is widely accepted that at least twenty-five percent are affected by someone else's chemical dependence. Being a child of an alcohol/drug-dependent parent can impair educational performance as well as healthy psychosocial development. These children are at high risk for developing alcohol/drug problems themselves.

Students who have been treated for chemical dependence and are recovering also have unique needs. When such students return to the school setting they face a difficult period of adjustment as they attempt to remain abstinent among peers who still use.

Another group consists of non-using students who either haven't tried alcohol/drugs or haven't progressed beyond experimentation or beyond infrequent, non-problem use. Primary prevention strategies, which are typically ineffective with students in other target groups, are often successful at preventing these students from developing alcohol/drug problems.

Still, there are students with other problems or concerns such as physical or sexual abuse, grief and loss issues caused by divorce or death of a family member, pregnancy, eating disorders, or suicide. Student Assistance Programs are meant not only to discover the extent to which these other student problems overlap with alcohol/drug use but also to provide assistance for any student problem.

3) They perform six basic functions. The functions are to: develop methods of early identification, begin the process of assessment, do an intervention or referral, identify and establish sound working relationships with community treatment specialists, provide support groups, and coordinate the functions effectively and efficiently.

4) They clarify roles and structures. A team
approach maximizes ownership in the program,
provides continuity for staff turnover, and
spreads out the responsibilities.

5) They offer a variety of services to students
and parents by providing appropriate intervention
and referral services to students and family
members.

6) They are supported by appropriate policy
language. Policies are firm in that they take an
uncompromising stance that chemical use by
students is unsafe, unhealthy, and unacceptable.
Policies spell out clear consequences for
alcohol/drug "use, possession, delivery, or sale"
in school or at school-sponsored events, and
consequences are clearly and uniformly enforced.
Policies provide for self-referral mechanisms that
don't punish students for asking for help. School
policies make it clear that the consequences for
breaking the policy apply to all student in all
extracurricular activities, not just to specific
groups such as athletes. Policy language is
positive in tone. The tone conveys to students,
parents, and staff that the program is designed to
provide help, not to label, detect, or punish.

7)   They provide key staff with appropriate training. All administrators, pupil services workers, classroom teachers, and other staff are given formal training in alcohol/drug issues and concerns.

8)   They are the result of a conscious implementation plan. Initial effort is spent in planning, organizing, and securing the commitment of key people in the school and community. Appropriate policy language is written and approved by the school board. Significant time is spent on program design; deciding on the form of the program, on who will perform what roles, on what services will be offered, and on specific procedures. The school system makes plans for promoting the program to students, staff, parents, and the community.

9)   They are the result of a joint school/community effort. Effective responses involve the whole community such as families, social service agencies, local government, law enforcement, and the juvenile justice system.

10)   They address student alcohol/drug problems as "system issues." Chemical dependence is perhaps the only disease that by its nature seems to create an ideal environment in which it can

thrive; an environment characterized by fear and
mistrust, isolation, secrecy, and feelings of
inadequacy and insecurity. It addresses the
subtle dynamics of "enabling."

Process Evaluation

A California study done on Student Assistance
Programs by Pollard, Horowitz and Houle (1991) yielded
some surprising conclusions. The study was implemented
in five school district locations and addressed issues
primarily related to coverage, whether students in need
of services were being identified, and once identified,
were services available to these students. The study
took a detailed look at the demographic characteristics
of students being served, the kinds of problems the
students bring to the Student Assistance Programs, the
referral system that funnels the students into the
system, and finally how the program serves the students
once they have been identified.

A few of the key findings were that students were
being served by the Student Assistance Programs in
rough proportion to their sex and ethnicity in the
overall student population. Female students, in
general, received more of the services. On the
average, almost ten percent of the schools' students

were being served by the Student Assistance Programs during the time of the study.

By far, the most important source of referrals for the Student Assistance Programs were from the students themselves. This source of referral increased in importance when consideration of the seriousness of the student's presenting problem was made. Self-referrals made up an even higher percentage of the referrals with students who reported more serious problems such as family violence, personal trauma, family divorce or breakup, or delinquency. Teachers, school counselors, and other on campus sources made up the next three most important referral sources. About one-third of the students were recorded as having a serious personal problem when they entered the Student Assistance Programs.

On average, the students received about 6.6 service events. The average wait from the identification of the student to their first assessment was less than two days. For the more serious students, there was a substantial increase in the number of service events, the number of assessments increased, and there was a shorter time lag between identification and the first assessment event.

The two most frequent reasons for referring the
students to the Student Assistance Programs were:
1) behavioral and 2) social relationships problem.
Behavior problems accounted for about 40% of the
referrals, and included antisocial behaviors, students
who were seen as depressed and/or withdrawn, other
emotional symptoms, physical symptoms, poor attention
skills, and criminal behavior. Alcohol and other drug
problems were noted about ten percent of the time.

The two most frequent problems as determined at
the time of assessment were classified as: 1) personal
and 2) chemical. Personal problems included
depression, suicide, grief and loss issues, pregnancy,
sexual identity and behavior issues, and eating
disorders. The chemical classification included actual
alcohol/drug use and recovering students who are
referred to the Student Assistance Programs.

The study concluded that the Student Assistance
Programs are functioning as planned. They are serving
all segments of their student populations; they are
successfully identifying a large proportion of students
who are reporting serious problems; and they are
serving all students efficiently and frequently.
(Pollard, et al., 1991).

Survey results in the state of Washington on
student alcohol/drug use yielded important feedback for

the influence of school prevention programs. As in
1988, and even higher proportions in 1990, students
find school the most important source of information
about alcohol and other drugs. Family was second and
the media third.

Students who reported they learned a lot from
their drug education program were much less likely to
report moderate to high alcohol/drug use. Suggestive
evidence of the effectiveness of the school programs
was obtained through correlational analysis of the
survey information (Koss-Warner, 1991).

Conclusion

The literature is overwhelming in making a case
that there is an alcohol/drug problem in our society
and in our schools. Schools have an excellent
opportunity to address this problem. Today, Student
Assistance Programs are the best solution to the
problem. "No other problem threatens the health,
safety, welfare, and development of children to as
great an extent as do the problems suffered by young
people because of alcohol and other drug abuse"
(Anderson, 1990, p. 27).

CHAPTER III

Procedures

This study was used to develop a manual for establishing Student Assistance Programs, primarily in the secondary setting. The manual also included the necessary components and steps for an entire school district. The sources of information included materials and publications from workshops and seminars on alcohol/drug use and abuse. This information was helpful to our school district in adapting a program for our needs. The literature reviewed included current information available regarding Student Assistance Programs. History and scope of current alcohol/drug use, current trends and origins toward development of Student Assistance Programs, the Federal government's role along with the U. S. Department of Education recommendations, an example of the Anderson model, and a process evaluation were included.

Needs Assessment

The manual was created to facilitate uniformity and consistency between two high schools within the same district. This would ensure program continuity.

The Student Assistance Program has been developed over the past three years.

Literature

Components detailed in the manual were adapted from supporting information found in current literature.

Form and Function

If the program in its initial stages follows an established form, the result will be effective Student Assistance Programs. A comprehensive Student Assistance Program's function is to address the needs of at-risk students. At Capital High School these needs dictated at the building level, a concern that not enough was being done for this group. Some staff members and an administrator took their concerns to the district level. The response was to form a district-wide Substance Abuse Task Force with a staff member and an administrator from each building. Money was budgeted and a chairperson designated from the administrator ranks. Dissemination of information, concerns and staff training were agenda items in the formative years. A direct result of participation at workshops and seminars was a strong commitment to institute Student Assistance Programs at the two high

schools. It was important to transfer that commitment to the board and district office.

The most important form, or program element, was a decision by the school board and the district office in the form of a philosophy statement and to set policies regarding alcohol/drug matters. The district office endorsed the program but was unwilling to seek board approval. Each high school was free to establish its own alcohol/drug procedures as long as it did not conflict or attempt to circumvent existing district policies. However, a vice-principal from each high school met and were able to adapt the district student conduct code to reflect some goals of the Student Assistance Programs.

The district curriculum staff had already in place an articulated curriculum (K-12) for alcohol/drug use and abuse. The two main programs were Here's Looking at You, Two; and the more current version; Here's Looking at You, 2000 at the secondary level. The Drug Abuse Resistance Education (DARE) program was being utilized at the elementary level.

In coordination with the Substance Abuse Task Force and the curriculum department a time frame for establishing staff training and in-service was implemented. The most important training was for the CORE team. Key staff members would be developing a

system for processing information based on a student referral. The entire Student Assistance Programs concept would revolve around the CORE team due to its decision making responsibilities.

Other important forms would be: to establish an Employee Assistance Program with goals consistent with the Student Assistance Program; designate a staff person or counselor to establish and maintain an in-school group for students just out of a treatment facility; empower advisors to set up student interest groups; designate a key staff person to coordinate school and business efforts: provide a current data base of community treatment and service providers; and to utilize an evaluation tool with which to measure desired outcomes.

Evaluation

Communication on the status of individual cases and the overall effectiveness of the program was essential. The CORE team and CORE team leader generated confidential forms to be used for accumulating information on student referrals. Memos were used to keep members informed on meeting times and dates. Hour long meetings were held every other Thursday for case management. The end of the year meeting generated feedback by staff and students on the

effectiveness of the program.   Evaluation of the

Student Assistance Programs at the two high schools was

done at the last meeting of the Substance Abuse Task

Force.   The CORE team leaders shared the feedback from

their building and also concerns with the task force

outcomes.

CHAPTER IV

In this chapter one can find the actual manual for "A Student Assistance Programs Model." The manual is a separate appendage.

The adoption of the manual in its entirety or portions thereof can be helpful to a school district or to an individual school building. The manual is indexed for easy reference. It is a compilation of many workshops and publications which have been adapted and revised to fulfill the needs of the Olympia School District.

CHAPTER V

Summary, Conclusions, and Recommendations

Summary

The procedure used for this study was to produce a product in the form of a manual for establishing Student Assistance Programs. The methods utilized were a related literature search, summarization of field notes from the actual three year implementation of Student Assistance Programs at the high school level, and incorporation of the experience gained from participation at workshops and seminars on prevention programs.

This study focused on the problem of student alcohol/drug use and abuse in the schools, reactions to the problem, and the development of prevention-based programs. Statistical data and research continues to point out that there is a problem with alcohol/drug use in schools and that the problem is real. Alcohol/drug problems do not allow children to learn and develop normally. Schools slowly recognized that there was a problem and reacted by instituting some failed strategies.

The development of Student Assistance Programs was due to three factors. The first was the need. People not only in the educational field recognized that there was a problem and something needed to be done. The second factor was the realization that the old strategies and solutions were not working. The last and most important factor was the adaptation of a successful model used in industry called an Employee Assistance Program. The Federal government through the Department of Education has directed schools and communities to work together along with money that has been appropriated under the Drug Free Schools and Community Act.

Most comprehensive Student Assistance Programs have some common characteristics if they are to be effective. Some of the important characteristics are:

1. Student Assistance Programs recognize the complexity of alcohol/drug-related problems.

2. They are comprehensive in that they address the unique needs of at least six distinct target groups of students.

3. They perform six basic functions. The functions are to: develop methods of early identification, begin the process of assessment, do an intervention or referral, identify and establish sound working

relationships with community treatment specialists, provide support groups, and coordinate the functions effectively and efficiently.

4. They clarify roles and structures.

5. They offer a variety of services to students and parents by providing appropriate intervention and referral services to students and family members.

6. They are supported by appropriate policy language.

7. They provide key staff with appropriate training.

8. They are the result of a conscious implementation plan.

9. They are the result of a joint school/community effort.

10. They address student alcohol/drug problems as "system issues." Chemical dependence is perhaps the only disease that by its nature seems to create an ideal environment in which it can thrive; an environment characterized by fear and mistrust, isolation, secrecy, and feelings of inadequacy and insecurity. It addresses the subtle dynamics of "enabling" - those ideas, attitudes, feelings, and

behaviors that unwittingly allow alcohol/drug problems to develop, continue, and even worsen.

Conclusions

The review of the literature and the development of the manual lead to several conclusions:

1. The existence of a manual for establishing Student Assistance Programs will ensure continuity for the two high schools.

2. The manual will help to inform and educate school boards and district staff about alcohol/drug problems in schools and their respective roles in developing a comprehensive alcohol/drug program.

3. The manual would be useful to a school district with the goal of establishing Student Assistance Programs.

4. Numerous studies and research projects on the subject of teenage and adolescent alcohol/drug use reveal statistical data leading to conclusions that are consistent nationwide; in other words, there is a problem.

5. The schools and the community must begin to work together to solve the problem of alcohol/drug use.

6. A comprehensive approach in the form of a Student Assistance Program addresses the problem of alcohol/drug use and abuse and is most systematic solution today. It focuses on identification, intervention, referral, treatment, aftercare and support services.

Recommendations

Education has been asked to provide solutions for all of society's ills. Schools are a microcosm of the community in which they are in. One of the major problems facing society is the alcohol/drug problem. If one of America's greatest assets is our children, then something must be done soon.

Based on the current literature presented and on the general consensus among experts in the field of alcohol/drug prevention, the following recommendations are made:

1. School districts should conduct a needs assessment of its students. By doing a survey with a reliable instrument on alcohol/drug use, the district would be able to compare its figures with nationwide,

regional, and local statistics on alcohol/drug use.

2. Schools should recognize that there are model examples, monies available, industry experts, community resources, federal and state legislation to help with the problem.

3. School districts should hire a full-time person to develop and coordinate a alcohol/drug program for the entire district.

4. School districts should establish comprehensive Student Assistance Programs.

5. The programs will be supported by appropriate policy language adopted by the school board. The policies spell out clear consequences for alcohol/drug "use, possession, delivery, or sale" in school or at school-sponsored events, and consequences are clearly and uniformly enforced. Policies will provide for self-referral mechanisms that don't punish students for asking for help. Policy language is positive in tone. That the tone conveys to students, parents, and staff that the program is designed to provide help, not to label, detect, or punish.

6. The school district will implement an
    integrated drug prevention curriculum for K-
    12.

7. The district will provide key staff with
    appropriate training. All administrators,
    pupil services workers, classroom teachers,
    and other staff are given formal training in
    alcohol/drug issues and concerns.

8. Each school will establish its own CORE team.

9. The schools will reach out to the community
    for support and assistance in making it's
    anti-drug policy and program work; develop
    collaborative arrangements in which school
    personnel, parents, school boards, law
    enforcement officers, treatment
    organizations, and private groups can work
    together to provide necessary resources.

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APPENDIX A

A   STUDENT ASSISTANCE PROGRAMS MODEL

THE STORY OF THE STARFISH

One day as I as I was walking on the beach at dawn, I noticed an individual who was picking up an object from the sand and throwing it back into the waves. Curiously, I walked closer and asked, "What are you doing?"

He replied, "I've been walking the same beach as you and noticed a little starfish washed up last night by high tide. They'll dry up and die as the sun comes up, so I'm putting back the ones I see."

Surprised, I said, "Look fella, at the speed you're going, you won't get as far down the beach as you can see before the tide will do the same thing all over again. What difference will it make if you pick up one or two starfish and put them back in the ocean?"

Before answering, he stopped to pick up one perfect little starfish lying near his feet and said, "I don't know how much difference one person can make in this whole scheme of things, but one thing I do know . . . TO THIS ONE IT MAKES ALL THE DIFFERENCE IN THE WORLD!"

--Anonymous

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I. OVERVIEW

STUDENT ASSISTANCE PROGRAMS

OVERVIEW

Student Assistance Programs (SAPs) are designed to
prevent and reduce student problems of substance abuse,
teen pregnancy, suicide, truancy, dropout, violence,
child abuse, behavior problems and other serious life
issues. The SAP is made possible through the efforts
of school administrators, SAP coordinators and
counselors, school psychologists or other mental health
professionals, teachers coaches, nurses, students and
community representatives. The most successful SAPs
work closely with a well-defined community network of
treatment programs, social service departments and law
enforcement agencies. Reported benefits of SAPs
include decreased vandalism, increased student
participation in alcohol and drug-free functions, more
positive attitudes toward youth with problems and
improved communication between students, staff
community and parents. An additional benefit is a
decreased drop-out rate for students with problems.

The program philosophy is directed toward
improving the quality of student lives. This is done
with a multifaceted approach that includes many

elements. It is important to note that, although the SAPs appear to have alcohol/drug issues as its primary concern, the program does address many difficult aspects of student life. It is hoped that students will see the SAP as a positive factor in maintaining the health of their friends and peers and the school community.

Comprehensive Student Assistance Programs may consist of a variety of approaches. Although school districts are doing something in this area, it sometimes becomes difficult to develop a unified coordinated effort.

STUDENT ASSISTANCE PROGRAMS

SUGGESTED ELEMENTS

* Board or District Philosophy Statement

* Alcohol/Drug Policies

* Alcohol/Drug Procedures

  - Discipline/Assistance Components

* Articulated Curriculum K-12

* CORE Team (Secondary)

* CARE Team (Elementary)

* Staff training

  - Long Range Plan

  - Meeting Short Term Needs

* Staff In-service

  - Awareness

  - Enabling

  - The Referral Process

  - Personal Issues

* Employee Assistance Programs

* Substance Abuse Groups

  - A Variety as needed

  - Number and Frequency as Needed

* Student Interest Groups

  - SADD

  - High Five

* Peer Assistance

    - Teen Institute

    - Natural Helpers

    - Group

* Parent Component

    - To Enhance and Assist in School Functions

    - Safe Home Pledge

    - Parenting Skills Training

* Community Involvement

* Data Base of Helping Agencies

* A Measurement/Evaluation of Outcomes

* A Maintenance Plan/Long Range Goals

STUDENT ASSISTANCE PROGRAMS

FORM AND FUNCTION

To develop a better understanding of the variety of approaches to accomplish SAPs goals, it is useful to think in terms of form and function. Functions of the SAPs are fairly consistent. Forms, or program elements, can be adjusted to district, a building, and staff factors.

The comprehensive SAPs serve many functions. In an effort to bring these functions to fruition, the model should utilize the following forms:

1. Board/District Philosophy Statement
   A. District mission statement
   B. Clarity of district stance of alcohol/drug issues
   C. Stipulation of desired behaviors
   D. Description of values and beliefs
   E. Explanation of role of school
2. Board/District Policies
   A. Establish district position
   B. Define issues and concerns
   C. Describe administrative options
   D. Explain board sanctions

3. Alcohol/Drug Procedures

   A. Details policy implementation

   B. Sets standards

   C. Assures uniformity

   D. Establishes guidelines for judging disposition of problem

4. Articulated Curriculum (K-12)

   A. Establish uniformity of information to students

   B. Maintain consistency in teaching strategies

5. CORE Team (Secondary)

   CARE Team (Elementary)

   A. Establish a system of processing

   B. Monitor student progress after referral

   C. Provide recommendations for services offered

6. Staff Training/In-service

   A. Develop a consistent knowledge among staff members

   B. Stay current with changing trends in the alcohol/drug industry

   C. Build support and awareness for SAPs

   D. Provide opportunities for staff to utilize effective techniques in student management

   E. Establish a source of student referrals

7. Employee Assistance Programs

    A. Establish a similar resource instrument for employees utilizing goals consistent with the SAPs

8. Establish and maintain in-school groups (variety, frequency and number as needed)

    A. Maintain a forum for alcohol/drug awareness and education for students

    B. Maintain a forum for students from dysfunctional families

    C. Maintain an aftercare service for students committed to sobriety

9. Student Interest Groups

    A. Maintain a forum for students interested in promoting healthy lifestyles

    B. Create an element of positive leadership among peers

10. Teen Leadership Institute Impact Training

    A. Utilize the peer component of assistance for youth

11. A parent group which is organized and run by parents and aligned with school personnel

    A. Encourage parental involvement in the SAPs

    B. Deliver services to parents

    C. Raise awareness and assist parents in issues of alcohol/drug

D.   Involve parents in providing services to
      youth

12. A designated employee of the school to coordinate
     school/business efforts

A.   Raise awareness of alcohol/drug issues and to
      coordinate solutions with local businesses
      and agencies

B.   Raise awareness of the fact that chemical
      abuse is a societal problem, not a school
      based problem

C.   Create involvement of local businesses to
      meet goals and objectives of the SAPs

13. A data base of community treatment and service
     providers, properly maintained

A.   A collection of data charting available
      agencies and services in the community

B.   A method of updating information regarding
      services provided in community

C.   An understanding of treatment providers and
      their philosophical approaches to treatment

14. A comprehensive evaluation tool which measures
     specific desired outcomes.

A.   A measurement of desired outcomes

B.   A vehicle to establish changes in behavior

C.   A knowledge of data to chart relative to
      accomplishment of goals and objectives

STUDENT ASSISTANCE PROGRAMS

SOME SUGGESTIONS

*   Establish leadership and ownership

*   Develop an identity beyond alcohol and drugs

*   Join the National Organization of Student Assistance
    Program and Professionals

*   Produce a pamphlet of SAPs information and intentions

*   Establish a financial base of support

*   Promote positive media coverage

*   Work with administrative leaders to maintain high
    standards of curriculum integrity

*   Develop a student interest group(s) with a broad and
    positive format

*   Work for community involvement:

    -   A parents group working with the school

    -   Patron representation on planning groups

    -   Safe Home Pledge

    -   Drug free graduation party

    -   Evening presentations with pertinent themes

    -   Community representation in alcohol/drug training

*   Maintain groups for students from chemically dependent
    families

*   Maintain a group designed to serve as informational for
    concerned families

* Maintain a strong support and aftercare group for recovering and clean and sober persons

* Develop Employee Assistance Programs

* Establish a solid, dedicated CORE/CARE team, properly trained in alcohol/drug issues

* Maintain the CORE/CARE team members and student body through any means possible

* Continue to evaluate and monitor

II. PHILOSOPHY, PROCEDURES, POLICIES

GUIDELINES FOR THE DEVELOPMENT
OF SCHOOL DISTRICT SUBSTANCE
ABUSE POLICIES AND PROCEDURES

PURPOSE:

To provide a framework for the efficient, consistent and legal management of alcohol/drug related situations. Included are statements of: philosophy, espousing the district's values and beliefs; policy, clarifying rights, roles and responsibilities applicable systemwide; and procedures, allowing for building management of specific situations.

PHILOSOPHY STATEMENTS:

Describe values and beliefs

Explain the facts of the situation

Stipulate desired behaviors

Explain the role of the school

Set goals for addressing the problem

POLICY STATEMENTS:

Establish the district's position

Lists the specific actions given certain circumstances

Defines the issues and concerns

Describes roles and administrative prerogatives

Includes school board sanction

Includes allied endorsements

PROCEDURES STATEMENTS:

Details how policy is implemented

Assures uniformity of operation

Sets the standards for routine handling of situations

Offers guidelines for judging disposition of problems

CHEMICAL AWARENESS

A PHILOSOPHY STATEMENT

The school board recognizes a shared responsibility with its students and their families to address the issues of chemical use by students. As a result, we see three responsibilities of the schools. One is to counsel and discipline students who use alcohol and drugs in connection with any school activity. The second is to offer assistance in seeking treatment or other help for chemically-dependent students with support of their families. Finally, the district is committed to achieving a student community free of chemical use.

In an effort to address these responsibilities, the school board supports a constructive, comprehensive policy statement regarding alcohol and drugs. The contents and scope of this policy will reflect the most recent trends in curriculum, prevention, early intervention, treatment, and aftercare services. These will be implemented in an endeavor to provide a bridge between the students, staff and community in an attempt to impact substance use and abuse in a positive manner.

POLICY DEVELOPMENT

The school district provides guidelines to be followed in an effort to assist students who are in violation of the District's <u>Student Code of Conduct</u> concerning alcohol and drugs. The focus is on education and the ultimate best interests of the student, as well as maintenance of a school environment that is free from substance abuse. A review of the policy and procedures is scheduled yearly.

Policies are clearly defined in the <u>Student Code of Conduct</u>. There is no deviation from the enforcement of the policy. Each situation is dealt with in the same manner. At each step of the discipline policy students are informed of the consequences of their behavior. Much effort is taken to ensure a fair and consistent application of all rules in the school.

Persons participating in policy development include: the school board, the school principal, middle school principal, SAP coordinator, a representative from the local county mental health division, a representative from the local youth services center, certified staff members, community patrons and students.

"School Drug Policies and Procedures" developed by the National Institute on Drug Abuse and disseminated by the Office of Alcohol and Drug Abuse Program, Department of

Social and Health Services and the Office of Superintendent

of Public Instruction should be used as a guide.   ERIC

Digest, No. 12 relating to "Student Discipline Policies" as

well as review of current literature from professional

journals should be used as additional resources.

DISCIPLINE PROCEDURES

If a student uses, possesses, or sells alcohol, or any controlled substances, or drug paraphernalia on or about the school grounds, or at any school sponsored activities, a five school day suspension will result for the first offense. Upon returning to school day the student will be required to participate in a four session educational class on substance use and abuse. The pretense to do any of the above may result in a five school day suspension.

The suspension may be reduced to three school days if the student and his parents agree to:

1. Have a alcohol/drug assessment. The family must have an appointment prior to returning to school.

2. Sign a release allowing the assessor and the school administration to exchange information regarding student behavior.

3. Work in cooperation with the school to follow through with recommendations of the assessment.

4. Enroll the student in a four session educational class on substance use and abuse.

5. Complete the assessment and subsequent follow up or the student will be subject to further disciplinary action.

A second offense in one school year will result in the student being recommended for expulsion. The administration has the option to recommend expulsion on a first offense.

Consent for the Release of Confidential Information

I, _____, authorize the

_____ School to exchange information with

_____ providing alcohol/drug evaluation

services. This agreement is made as part of a contract

arising from disciplinary action and allows for disclosure

regarding behavior, academic performance, attendance, and

general student status.

I understand that alcohol and drug records are

protected under the federal regulations governing

Confidentiality of Alcohol and Drug Abuse Patient Record, 41

CFR Part 2, 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, and that in any event this consent expires

automatically as follows: upon completion of evaluation,

follow up, and counseling services as necessary.

Date: _____   _____

                                 (signature of participant)

                                 _____

                                 (signature of parent/guardian

                                 or authorized representative)

III. CURRICULUM

CURRICULUM

The school district should adopt "Here's Looking At You - 2000" for grades K-12. The curriculum and training workshops were developed by Roberts, Fitzmahan and Associates in Seattle. The curriculum is based on the premise that success in life is due, in large part, to decision-making skills. The major goal of "Here's Looking At You - 2000" is to assist students in making responsible decisions.

The curriculum employs effective techniques in a humane classroom atmosphere. There are many participatory activities designed to emphasize the four components of (a) enhanced self-esteem, (b) improved interpersonal relations, (c) reduced peer influence through coping skills, and (d) provisions for information on various substances. Students have the opportunity to examine attitudes about drugs and alcohol and the influences from other people and events.

An additional curriculum model which is more prevalent in K-8 is the DARE (Drug and Alcohol Resistance Education) Program. Local law enforcement officials serve as guest lecturers.

Classes which address alcohol/drug issues include physical education, life sciences, sociology, and traffic safety.

IV. THE CORE TEAM

THE CORE TEAM COMPONENT

The SAPs attempt to help students live full and productive lives. The SAPs include assemblies, curriculum, counseling services, and special activities designed to keep students informed while making important life decisions.

It is important to remember that, although the SAPs appear to have alcohol and drug issues as its primary concern, the program does address many difficult aspects of student life. In grades 7-12 the principle component of the SAPs is the CORE team. This consists of eight members of the staff trained in drug and alcohol matters. Any member of the school community, including staff parents, or other students, may make a referral to the team. It is important to note that referrals are made based on concerns about student behavior. These concerns may or may not be based on chemical use.

Once the CORE team receives a referral, certain procedures take place. The format and functions of this team are discussed in the following pages.

THE CORE TEAM

DESCRIPTION AND PROCESS

* There are eight members of the CORE team: the vice-principal (representing the administration), three counselors, the school nurse, two teachers, and an employee of a local youth services agency. All CORE team members have been Impact trained.

* The group meets for one hour each week.

* The primary task of the CORE team is to receive and evaluate student behavioral referrals.

* CORE team members become individual case managers. The case manager creates a student file consisting of:
  - Referral forms from each teacher of the student referred.
  - A printout of attendance records.
  - Transcript.
  - Current grades.
  - Copies of selected materials from the vice-principal's files.

* The student file is reviewed by the CORE team and a recommendation is made.

THE CORE TEAM
BEHAVIORAL REFERRAL PROCESS
FLOW CHART

STUDENT BEHAVIOR
↓
↓
↓----------<-----------|->--↓
DISCIPLINE   STAFF REFERRAL
↓   ↓
↓   ↓
↓   CORE TEAM
↓   ↓
↓   ↓
                              CASE MANAGER
↓----->---------->------CONFIDENTIAL CHECKLIST
                              RECORD REVIEW
↓   ↓
↓   ↓
↓   CORE TEAM REVIEW
                              FEEDBACK TO REFERRING
                                    TEACHER
↓   COMMUNICATION TO REFERRING
                                    TEACHER
↓   ↓

↓   ↓   ↓   ↓   ↓
INTERVENTION   MONITOR   FOCUS   COUNSELING   REFER
CONFERENCE   OF CONCERN   TO
                                                            GROUP
↓
↓
↓
ASSESSMENT
↓

↓   ↓
TREATMENT   MONITOR
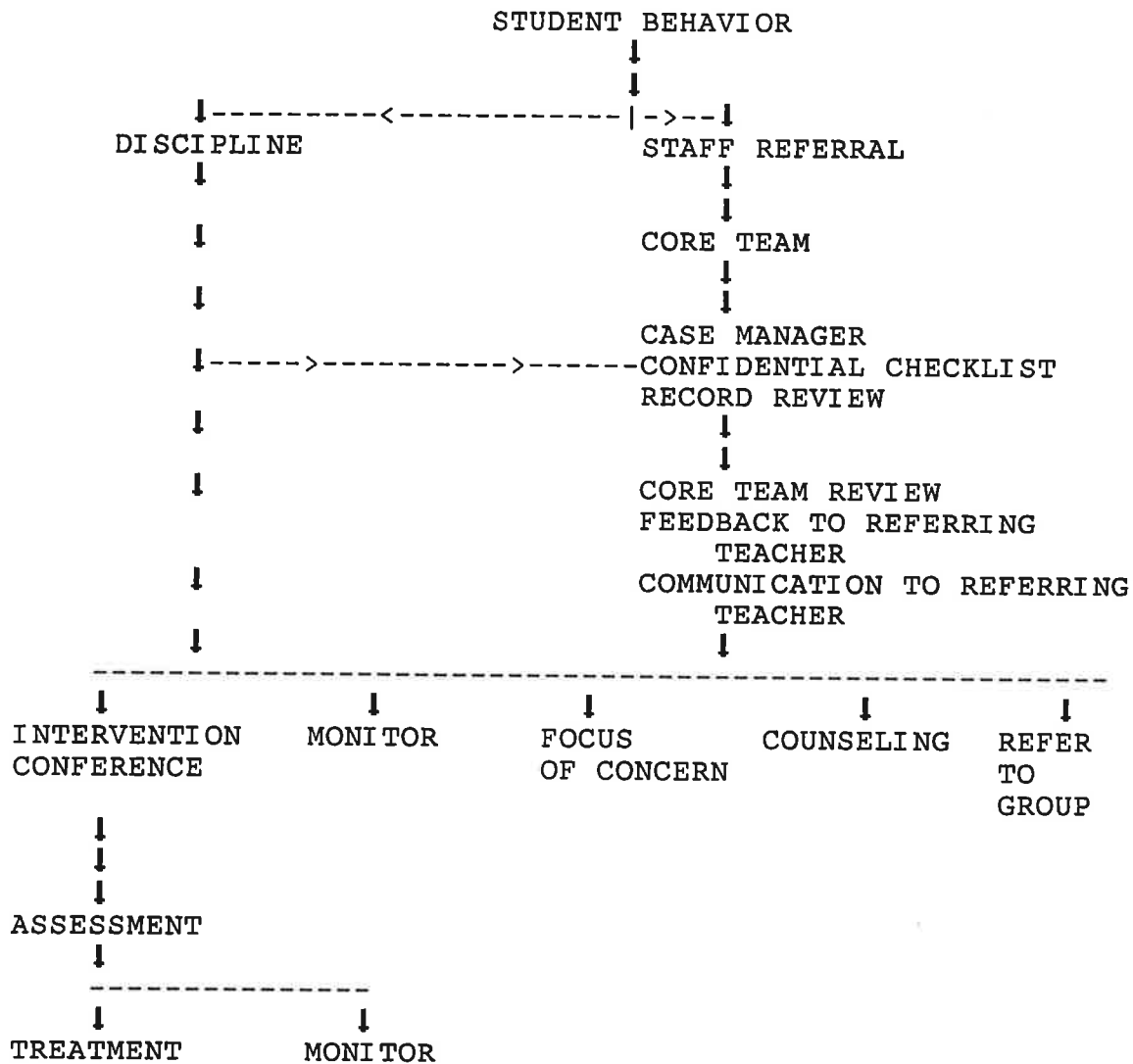
CORE TEAM REFERRAL

STUDENTS NAME _____

TEACHER _____

PERIOD _____

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

RETURN IN SEALED ENVELOPE TO CASE MANAGER BY _____.

CONFIDENTIAL
CORE TEAM

Student Name _____ Today's Date _____

BEHAVIOR REFERRAL FORM

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. Remember this information is confidential.

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

PUT A CHECK MARK BY THOSE BEHAVIORS YOU HAVE OBSERVED

A. PRE-CHECK
_____current grade
_____# of absences
_____# of tardies
Examples_____

B. CLASS PERFORMANCE
_____drop in grades
_____low achievement
_____always behind in class
_____alibis or elaborate excuses
_____lack of motivation
_____decreased involvement
Examples_____

C. ATTENDANCE
_____absent from class but in school
_____tardiness
_____frequent need to leave class
_____suspension
_____dropping out or threats to drop out
Examples_____

D. EXTRACURRICULAR ACTIVITIES
____loss of eligibility
____decreased involvement
____dropping activities
____unresponsive to coach or advisor
Examples_____

E. 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_____

F. 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
____extreme weight loss
____extreme weight gain
____dilated or constricted pupils
____illegible handwriting, fine motor skill loss
____increasingly heavy use of makeup
Examples_____

G. PEERS/SOCIAL
_____peer rejection
_____loitering in parking lot
_____avoids peer contact
_____change of friends
_____sudden popularity
_____constant "older" contacts
_____sexually uninhibited
_____publicly intimate
Examples_____

H. AFFECT
_____anxious
_____lethargic, stares, vacantness
_____crying
_____extreme negativism
_____avoids contact with staff
_____unexplained grief or despair
_____reports fears of nightmares
_____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 judgment
_____confused
_____unwillingness to communicate
Examples_____

I. FAMILY
_____runaway history
_____parental absence or unavailability
_____not living at home
_____expresses concerns about family
_____expresses fear of family member
Examples_____

J. OTHER
_____talks freely about alcohol or drug use
_____preoccupation with "partying"
_____unusually large amounts of money
_____sells personal items for cash
_____writes or draws alcohol or drug symbols
_____wears "symbolic" clothing
_____DWI/ legal problems
_____previously attended treatment
_____previously attended support group
Examples_____

COMMENTS: _____
_____
_____

CASE MANAGER:

_____

CORE TEAM

Staff Request List

Student Name _____ Date _____

STAFF POSITION	NAME	DATE REQUEST SENT	RETURNED
1ST PERIOD			
2ND PERIOD			
3RD PERIOD			
4TH PERIOD			
5TH PERIOD			
6TH PERIOD			
Counselor			
Pod Secretary			
Nurse			
Coach			
Club Advisor			
Other			

CASE MANAGER CHECK LIST

Attendance _____

Transcripts _____

Discipline _____

Family History _____

Other _____

CORE CASE SUMMARY REPORT

Student Name _____ Date _____

Case Manager _____

	1	2	3	4	5	6	N	A	P	C	O	
CLASS PERFORMANCE												
current grade												
drop in grades												
low achievement												
always behind												
alibis												
lack of involvement												
noninvolvement												
ATTENDANCE												
frequent absences												
skipping class												
tardiness												
frequent need to leave												
suspension												
dropping out												
EXTRACURRICULAR												
loss of eligibility												
noninvolvement												
dropping activities												
unresponsive												
DISRUPTIVE BEHAVIOR												
defiance of rules												
discipline problem												
blaming, denying												
fighting, outbursts												
verbally aggressive												
cheating, lying												
throwing objects												
obscenities												
overstimulated												
wrong area												
attention getting												

RESPONSIBILITIES OF CASE MANAGER

<u>Checklist</u>:

_____	Referral forms
_____	Attendance
_____	Transcripts
_____	Discipline check
_____	Family history
_____	Other
_____	Feedback

<u>Explanation of Responsibilities</u>

1. REFERRAL FORMS
   A. These should be distributed to all of the student's teachers.
      1. Student class schedules may be found in the main office.
   B. Each form should include:
      1. Who to return it to.
      2. The date it should be returned by (if teacher does not respond, talk to them directly).

2. ATTENDANCE
   A. Attendance secretary can furnish attendance history.
   B. Look for patterns:
      1. Student misses the period after lunch frequently.
      2. Student is often tardy.
      3. Student misses Mondays.

3. TRANSCRIPTS
   A. Transcripts obtained from registrar.
   B. Make a copy of transcripts for the file.
      1. Look for drop in grades from year to year.
   C. Check current grades.

4. DISCIPLINE
   A. Check student's discipline files.
      1. If there is one, it will be in administrator's office.
      2. Copy pertinent information.
      3. Talk with administrator.

5. FAMILY HISTORY
   A. Check school directory.
      1. Gather names, ages and grade levels of siblings.
   B. Continue to work with appropriate team if family intervention results.

6. Other
    A. Other sources of information.
        1. School nurse
        2. Activities
           a. Coaches, advisors, directors

7. Feedback
    A. After the CORE team has reviewed the case it is necessary for the case worker to contact each person who contributed input and let them know what is going on with the case.
        1. If teachers don't receive any feedback they may quit giving input.
        2. Information is on a need-to-know basis. Respect client confidentiality.

THE CORE TEAM

SUGGESTIONS FOR STAFF

REMEMBER -- WHEN FILLING OUT REFERRAL FORM:

1. Be objective

   Report only what you see--think in terms of what you see in the classroom.

   Many behaviors on the form are not necessarily alcohol/drug related.

2. Confidentiality--Vital! The CORE team will make a composite of all the referrals you send back (collectively) about a student. There is no reason for your name to appear on the final summary.

3. Remember--When one person refers, we then turn around and send forms to all the student's teachers.

4. Second and third referrals on the same student are not only welcome but are necessary.

5. Return the Referral Form appropriately, but as quickly as possible.

ENHANCING THE CORE TEAM PROCESS

*   Establish an identity beyond drugs and alcohol.

*   Students may be referred more than once.

*   Referrals may come from any source.

*   Feedback to referring staff members is essential.

*   Periodic refreshers regarding the referral process are necessary.

*   All case folders should be kept in one safe place.

*   Keep accurate and current statistics.

*   Work to develop trust and a sense of helping. Remember, this group has no interest in disciplining.

*   Students who are well dressed and smiling still have personal problems.

*   Deliver the message that anyone may attend Impact.

*   Develop a waiting list, emphasizing the potential for personal growth. Attending Impact is a privilege.

*   Meet with Impact trainees before and after the conference.

*   Develop expectations and future plans with Impact trainees.

*   Send a broad range of personnel (staff, administration, clerical, bus drivers, coaches, etc.)

*   Maximize support, send a school board member.

*   Interest will drop off after a time. Be creative!

V. STAFF TRAINING

STAFF TRAINING

The school district should have a generous policy toward staff training opportunities. Participation should be ongoing and continuous at:

Impact Training

Impact II Training

State Alcohol/Drug Prevention Conferences

Regional and National Conferences of the National
  Organization of Student Assistance Programs and
  Professionals

In addition members of the staff frequently attend workshops and conferences as follows:

Johnson Institute

Specific Drug Issues

Youth At Risk

Suicide Prevention

Counseling Issues

Northwest Regional Lab

C-Stars Training

VI.   THE IMPACT EXPERIENCE

THE IMPACT EXPERIENCE

The School District utilizes the IMPACT Training model. It is important that staff working together on any project or committee is familiar with a common terminology. For this reason, similar training experiences will develop a sense of speaking the same language.

The IMPACT model endorses the CORE team concept. The CORE team is a major component of the total SAPs. IMPACT training is offered in many areas of the country at frequent times during the year.

SELECTING IMPACT TRAINEES

* Deliver the message that anyone may attend IMPACT.

* Develop a waiting list, emphasizing the potential for personal growth. Attending IMPACT is a privilege.

* Meet with IMPACT trainees before and after the conference.

* Develop expectations and future plans with IMPACT trainees.

* Send a broad range of personnel (staff, administration, clerical, bus drivers, coaches, etc.)

* Each group should represent a broad spectrum of previous knowledge and alcohol/drug awareness.

* Maximize support, send a school board member.

* Coordinate travel times, transportation, and eating arrangement for each group of trainees.

* The SAP coordinator needs to attend the training on the afternoon of the final day. This shows a caring involvement and establishes unity.

* Listen to suggestions from trainees and implement new ideas. This lets people know that they will be heard.

* Make IMPACT training mandatory for CORE team members.

VII. STAFF IN-SERVICE

IN-SERVICE

In-service activities with SAPs themes are the responsibility of the SAPs coordinator. Various issues are explored periodically. The presentations are offered at morning or afternoon sessions, during school assemblies in conjunction with activities aimed at student interest, and during regular building or district in-service days. Presentations range from thirty minutes to three hours.

Student Assistance Programs generated in-service might include:

Awareness Training	Spring 1992, Fall 1993, Winter 1994, Fall 1995
The Referral Process	Fall 1993, Fall 1994, Winter 1995, Fall 1996
Enabling Workshop	Spring 1994, Fall 1995, Fall 1996
Confidentiality Issues	Fall 1995
Legal Issues	Fall 1995
SAPs An Overview	Spring 1995, Fall 1996

VIII. COUNSELING APPLICATIONS

COUNSELING AND ITS RELATIONSHIP
TO THE DISTRICT
STUDENT ASSISTANCE PROGRAMS

PHILOSOPHY - The aspects of district counseling philosophy which apply to the SAPs follow:

Guidance and counseling services are not limited to intellectual development and achievement, but are also concerned with emotional and social aspects of human development. Guidance and counseling services make it possible or learning experiences to be geared to each individual. Such learning experiences should help students better understand their own values and those of their families. Counseling also helps students develop positive attitudes that will enhance their relationships with other people and help them accept their responsibility for mature behavior.

Because attitudes and personal perceptions form the foundation from which a person acts, it is important that students learn to develop realistic points of view. It is the counselor's role to help the individual define the behavioral goals that he or she want to attain and which the counselor believes will contribute to the welfare of the student. The counselor helps the student make choices that will lead to social maturity.

The individual needs continuous guidance from early childhood through adulthood and may, at times need the information and personalized assistance best provided by competent counselors.

OBJECTIVES - District counseling objectives with SAP implications are as follows:

1. Students will be aware of various child-oriented organizations and activities provided by the community.

2. Students will be aware of available public services and community resources in time of crisis.

3. Students will be aware of the school/community/ parent relationship as it affects the student.

4. The counselor will coordinate the efforts of the community agencies working with targeted youngsters.

5. The students will develop decision-making skills.

6.   The students will obtain information about
     themselves.

Techniques utilized in obtaining objectives are as follows:

1a.   Provide brochures and pamphlets to students.

1b.   Opportunities will be provided to join various
      organizations.

2a.   A list of organizations and functions will be
      available.

2b.   When possible, community resource people will be
      brought into the school to assist in student problems.

3a.   Individual conferences will be maintained and
      supervised throughout any school referred case.

3b.   Each individual program and combinations thereof shall
      be explored fully as befits the individual's
      educational and personal needs.

4a.   Regular meetings will be held with agencies which
      typically work with school age youth.

4b.   Within the limits of confidentiality, information will
      be shared with other agencies serving specific youth in
      order to deliver a coordinated program.

5a.   The student will participate in classroom activities
      such as group discussions and games.

5b.   The student will review the consequences of various
      choices.

6a.   The student will review cumulative files as needed to
      gain a perspective of historical patterns.

6b.   The student identifies his or her own and his or her
      family's values through discussions about values of
      various cultures, analysis of values revealed in
      various literary works, analysis of underlying values
      affecting historical events in the USA, and through
      conversations with his or her own parents about the
      beliefs that are important to the family.

COUNSELOR EXPECTATIONS - In order to enhance the district SAP objectives, the counselor will:

1. Be knowledgeable in the area of alcohol and drug information regarding usage, psychological effects, physical effects (long and short term), legal issues, addictive tendencies, method of consumption, dangers of overdose, and other associated problems.

2. Attend workshops to stay abreast of current trends and topics.

3. Be in touch with most recent literature regarding alcohol and drugs, and distribute appropriate materials to staff and students.

4. Work closely with staff and administration regarding exhibited drug oriented behaviors and a referral process for same.

5. Serve as a liaison between staff and the district CORE/CARE Teams, assisting wherever possible.

6. Utilize his or her expertise in making referrals to the district CORE/CARE Teams.

7. Assist students and their parents in matters of assessment and treatment as recommended by the district CORE/CARE Teams.

8. Provide information to parents regarding availability of counseling services outside of the school setting as determined by need, locality and ability to pay.

9. All counselors are members of the CORE/CARE Teams.

IX. EMPLOYEE ASSISTANCE PROGRAMS

EMPLOYEE ASSISTANCE PROGRAMS

An assistance plan for individuals who need help with a chemical dependency problem is available. School district employees can seek help from a variety of sources. This assistance will be paid for in part or in full by the district's insurance plan if the employee is covered by the district insurance. If an employee seeks help, it will be confidential. Most health insurance companies pay 100% of the costs if the insured requires hospitalization.

It is believed that dealing with alcohol and drug related problems quickly will prevent serious personal and professional problems from escalating to a point of crisis.

Employees may seek information from fellow staff and administrators. In a district where the vast majority of personnel have received advanced alcohol/drug training, it may be a valid assumption that awareness is at a particularly escalated level. Staff referring other staff becomes a matter of seeking out appropriate support persons.

X. IN - SCHOOL GROUPS

SUBSTANCE ABUSE GROUPS

In-school groups are viewed as an important outreach
component of the Student Assistance Programs and community
based substance abuse treatment services. During this
developmental stage most adolescents are attempting to
master developmental tasks within a group structure where
peer opinion and influence are very important. Group
participation is a more acceptable and a more natural
setting from the adolescent perspective. Group processes
also provide a means for reducing stigma and allow for a
safe place to take personal risks, develop skills in sharing
personal issues, and in giving and accepting support.
Groups also have a tremendous potential to develop positive
peer pressure to become and/or remain abstinent (clean and
sober). The use of groups also helps adolescents to develop
an on-going base of peer support for sobriety and prevention
of relapse.

Awareness/Assessment Groups

Participants are provided with information on cultural
alcohol and drug issues, substance use-abuse-dependency,
resource options for dealing with all levels of use-abuse-
dependency, and consequences typically experienced by
adolescents. Participants are encouraged and assisted in
identifying their own patterns of use and effects

experienced. Additionally, strategies are explored for confronting and intervening in the use/abuse of family members and/or peers. Facilitators gain additional assessment information for service/treatment recommendations.

Group Goals:

1. Raise awareness of personal effects of alcohol and drug use.

2. Correct alcohol and drug misinformation.

3. To show care and concern.

4. To provide feedback and confrontation.

5. Facilitate self-assessment and problem identification.

6. Encourage participants to involve other students.

7. Provide outreach and easy access to students in need of SAPs services and substance abuse treatment.

8. Promotion of drug and alcohol free student lifestyles.

9. Encourage one another not to be enablers.

10. To identify students with substance abuse problems.

Recovery/Treatment Groups

These groups are for students who have an identified substance abuse problem and have made a commitment to recovery. All participants will have an assessment and individual treatment plan. Sessions will deal with client recovery and relapse prevention issues such as

communication, problem solving, and refusal skills, peer group and family influences on sobriety and use; coping skills for anger, fears, depression, guilt, peer pressure, and loneliness; building and maintaining a substance free support system; and identifying/avoiding relapse triggers.

Group Goals:

1. Develop friendships with other substance free people.
2. Establish a base of support for sobriety.
3. Assist in attaining individual goals.
4. Improve self-esteem and coping skills.
5. Provide feedback and confrontation.
6. Show care and concern.
7. Raise awareness of consequences for continuing use.
8. Encourage us of self help groups; NA, AA, COA.
9. Promote substance free lifestyles.
10. Prevent relapse.
11. Facilitate reintegration into school after treatment.
12. Support movement away from using friendships.
13. Encourage one another not to be enablers.

Once again parental permission slips are required. The justification for this is the hope that individual treatment plans include a family component. Parental involvement is a necessity and the required signature(s) breaks down the barrier of initial contact for the parents of a prospective group member.

GETTING STUDENTS TO THE AWARENESS GROUP

* Invitation in school announcements, bulletin boards, and parent meetings

* Self-referral

* One-on-one counselor contact

* As a requirement for SADD or High Five participation

* As a prerequisite for attending the Impact Training

* A student who brings a friend or friends

* A student who repeats the experience

* The result of policy from a discipline situation

* The result of policy from a discipline situation with a reduced penalty

* As a CORE team recommendation

* The result of an intervention or parental contact

* When recommended to a group of students as a counseling strategy

POTENTIAL OUTCOMES FOR THE AWARENESS GROUP

In addition to meeting the goals and objectives of the
Awareness Group, the positive by-products can be as follows:

*   Students find a safe environment for self-enclosure.

*   Emphasis on education is a good theme for promoting
    widespread participation.

*   Discussions carry over to out-of-group experiences.

*   Social groups can be targeted for participation.

*   A large cross section of the student body becomes
    involved.

*   Good mixes of students (social groups, sexes, grade
    levels) experience each other in positive ways.

*   Groups of friends support each other in participating in
    the process.

*   Concerned friends become natural facilitators for
    bringing students into group.

*   Abstinence contracts, either written or verbal, often
    result from discussions.

*   Awareness group participants can make easy transition
    into support groups if necessary.

*   Volunteering for group becomes a natural process,
    breaking down labels.

*   Students can repeat the process due to high interest.

XI. P R O G R A M   E V A L U A T I O N

PROGRAM EVALUATION

The effects of the SAPs can be measured through both tangible and intangible results. Concrete data can be gathered in the areas of student participation in counseling groups, student interest groups, alcohol and drug free events, sobriety pledges, referrals, assessments and interventions. In addition, the evaluation should include drop-out rates, improved grade point averages, increased attendance, reductions in suspensions and expulsions, and other baseline statistics.

Other aspects of the evaluation process do not deal in numerical statistics and require careful selection of survey documents.

It is important to determine which items of measurement are consistent with local evaluation strategies.

Staff, student, and community awareness is a key SAPs concern. This includes knowledge of the program elements, as well drug and alcohol issues. Enabling behaviors and personal issues which inhibit the success of SAPs should be measured through appropriate surveys. This should be done before and after training and in-service experiences.

The most successful method of gathering data based on attitude and awareness is to offer opportunities for people to write responses. Ask students to write during the last session of the Awareness Group. Solicit opinions from parents about SAPs matters at occasional parent/school events. A survey mailed directly to homes may also be useful.

Determining the successful outcomes of SAPs has proven a difficult task. Very few evaluation models are school-based.

There are few incentives to evaluate and often no requirements. In fact with consistent research pointing to no decrease in alcohol/drug use by service recipients, schools often fear results of surveys and other evaluative tools.

School districts may suffer from a lack of resources for evaluation. Few models utilize a goal driven, planning approach. This weak methodology often results in unclear standards and data not linked to policy and decision making.

The largest gap in the evaluation task is in the tracking of students leaving the programs. Changes in

chemical use behavior over an extended period of time is the principal measurement of SAPs success.

However, the need to evaluate program effectiveness carries a tremendous importance. Part of this is the unintended result of categorical funding. If programs are to continue gaining fiscal support, there is a need to show that they are working.

In conclusion, by determining outcomes of various program elements, long range planning becomes more viable. If the goal is to impact the quality of student life, reliable measurements of outcomes must be in place.

STUDENT ASSISTANCE PROGRAMS SURVEY

INSTRUCTIONS:

1. Please write your answers on a clean sheet of lined paper.

2. Answer may be as complete or as brief as you care to write.

3. Be as honest as possible with all responses.

4. You may place your name on your paper if you desire. However, this is optional and is in no way a requirement.

5. Your efforts are greatly appreciated in helping to plan future activities.

THE QUESTIONS:

A. Explain what the Student Assistance Programs is all about.

B. Discuss changes in your own personal alcohol/drug use over the past three years.

C. How would you describe the general feeling among your group of friends regarding alcohol/drug use?

D. Cite any examples of events occurring at school which have had a positive effect on you, or your friends, in making healthy decisions about alcohol/drug use.

E. Make any comments you would like about your school's Student Assistance Programs.

SUGGESTED ITEMS FOR EVALUATION

* Cost and Cost Benefits

* Baseline Data for Students Receiving Services

    Truancy

    Drop Out Rates

    Suspension

    Grade Point Average

    Expulsion

    Policy Violations

* Alcohol/Drug Use Surveys

    Numbers Who Use

    Volume

    Frequency

    Drugs Used

* Policy Adherence

* Staff Awareness of Alcohol/Drug Issues

* Referral Process

    Initiated By Whom

    Feedback

    Numbers of Referrals

    Follow Up

    Student Referring other Students

    Self-Referrals

* Success Rate (Sobriety)

*   Program Awareness

    Students

    Community

    Staff

    Parents

*   Staff Training

*   School Based Alcohol/Drug Groups

    How Many

    Numbers Involved

*   Quality of Curriculum Delivery

*   Student Behavioral Changes

    Use Patterns

    Delayed Onset

*   Student Knowledge

*   Student Social Skills

*   Qualifications of Service Providers

*   Number of Interventions

*   Number of Assessments