

Help is Down the Hall

A Handbook on Student Assistance



Acknowledgments

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Introduction

Help is Down the Hall is dedicated to the students whose personal issues interfere with their capacity to function effectively in the educational process, including those who love mothers and fathers who struggle with the problems of living, addiction, and mental illness. It is hoped that the fruits of this handbook will be the creation and sustaining of Student Assistance Programs whenever and wherever these students find the courage to walk down the hall.

When Help is Down the Hall...

When help is down the hall, children find understanding, comfort, and hope.

When help is down the hall, children are able to concentrate on their schoolwork and enjoy learning.

When help is down the hall, children can look forward to going to school and do so on a consistent basis.

When help is down the hall, children learn to form connections with caring adults and other kids.

When help is down the hall, teachers have access to supportive input when they are worried about the students in their class whose behavior creates concern or who seem worried and unhappy and can't concentrate on their work.

When help is down the hall, school secretaries, custodians, bus drivers and all support staff are trained to know when a student needs help.

When help is down the hall, administrators bring their helping professionals together to plan for students who are losing their way.

When help is down the hall, communities find direction and leadership when they seek to help their children thrive.

Student Assistants Programs (SAPs) are a powerful resource to integrate into the educational community. With the involvement of all staff and volunteers, behavioral problems and fights are reduced, attendance is enhanced, grades are better and fewer students drop out. An SAP is a valuable tool to enhance the ability of schools to let students know that there are people who notice when they don't come to school, people who are dedicated to the success of each child. In schools with Student Assistance Programs, caring adults are trained to provide appropriate skills, information and resources to children who have no one else in their world to pay attention to them.

In spite of the measurable, positive academic and personal outcomes of SAPs, when school budgets are stretched, administrators and school board members question whether or not the district can afford the expenses associated with Student Assistance Programs. SAP strategies and programs create the infrastructure for sustaining strong prevention and early intervention across the school system, decreasing behavioral, disciplinary and academic stresses that are disruptive and costly to schools and communities.

As an educational community, the school takes responsibility for promoting the capacity of every student to learn and grow. Up the hall, many students are waiting and hoping for the necessary additional support and direction that can be provided by Student Assistance Programs. When help for their unspoken yet compelling needs is provided, the whole educational community benefits.

Notice

All of the forms and web addresses contained in this document are available at www.nacoa.org.

Chapter 1

Meeting Educational Standards Through Student Assistance Programs

1. Background

Today, more than ever, there is enormous pressure on schools and students to meet state and federal learning standards. To accomplish this arduous task, schools invest a great deal of time and money in curriculum development, staff development, policies, procedures, and testing.

Despite these efforts to create an environment where students are “ready to learn,” there are students who fail to meet the standards. For many, this failure has nothing to do with a lack of skills, intellectual capacity, teacher competency, or school environment. Rather, emotional turmoil, drug or alcohol use, living with drug or alcohol dependent parents, and other problems interfere with students’ ability to learn, socialize, and interact with others in the classroom and extracurricular activities.

In truth, nearly every student is at risk at one time or another. Research reflects a myriad of concerns youth face day to day:

- 11% of children in the United States live with at least one parent who is in need of treatment for alcohol or drug dependency. One in four children under the age of 18 is living in a home where alcoholism or alcohol abuse is a fact of daily life. Countless others are exposed to illegal drug use in their families. (*You Can Help*, NCADI Publication No PHD878)
- Alcohol and drug abusing parents are three times more likely to abuse their children and four times more likely to neglect them than parents who do not abuse these substances. Children of alcohol and drug abusers are at increased risk of accidents, injuries, and academic failure. Such children are more likely to suffer conduct disorders, depression, or anxiety, conditions that increase the risk children will smoke, drink, and use drugs. (*Family Matters: Substance Abuse and the American Family* by The National Center on Addiction and Substance Abuse (CASA) at Columbia University, March 2005.)
- According to results from the 2005 Youth Risk Behavior Survey:

- 35.9% of students had been in a physical fight one or more times during the 12 months preceding the survey and 6.5% of students had carried a weapon (e.g., a gun, knife, or club) on school property one or more of the 30 days preceding the survey.
- 28.5% of students nationwide had felt so sad or hopeless on almost every day for more than two weeks in a row that they stopped doing some usual activities. 16.9% of students had seriously considered attempting suicide during the 12 months preceding the survey.
- 74.3% of students had consumed at least one drink of alcohol in their lifetime. 43.3% of students had at least one drink of alcohol on the 30 days preceding the survey.

The challenge to help troubled students is formidable, but not insurmountable. This manual presents a cost- and time-effective approach for professionals and volunteers in schools and in the community to establish and support efficient, effective, and coordinated programs for students – known for more than thirty years as Student Assistance Programs (SAPs). Step-by-step, this manual will guide the reader toward creating a caring school environment in which educational goals are met and “help is down the hall.” This handbook will spell out the role, importance, and core components of SAPs and support groups.

2. The Student Assistance Program

What is a Student Assistance Program?

A Student Assistance Program is a comprehensive school-based program for students (K-12) designed to identify issues which prevent students from learning and being successful in school. Student Assistance Programs provide education, prevention, early identification, intervention, referral, and support groups for students. They foster risk reduction and positive asset development and work to provide a safe, alcohol and drug-free environment. SAPs provide a safe place in which students are free to express their feelings and concerns as they develop positive relationships with peers and adults and acquire knowledge, skills and attitude development leading to student success in the school setting.

The Association of Student Assistance Professionals of Vermont reminds us that SAPs are proactive rather than reactive. They are based on the recognition that personal problems can seriously affect a student’s potential to achieve maximum performance in the learning environment and in life. SAPs are meant to complement, not replace, existing programs such as school-based health clinics, substance abuse prevention curricula, peer leadership programs, and community agencies.

The National Student Assistance Association (NSAA) defines Student Assistance as “a collaborative framework that creates opportunities for all students and families to be healthy, successful and connected.”

What do SAPs look like?

Most SAPs function within the school; however, many successful models are managed by community-based agencies. Most SAPs are coordinated by a key individual. A team approach, however, is most effective in assessing the extent of a student’s problems and making decisions on how to best help that troubled student. Indeed it is the team approach that best ensures that there is ongoing monitoring and support available to each at-risk student. In all SAP models, the support and involvement of administration, all school personnel, and the community is imperative to the success of the program.

NSAA outlines the approaches to the delivery of SAP services as follows and notes that a combination of these approaches can offer more comprehensive SAP services.

External Approach

An agency-based individual contracted through a district to provide on-site services is categorized as an external SAP Counselor or Coordinator. Specialized training and certification in at-risk issues such as substance abuse and mental health problems are the strengths of this approach. The external SAP Counselor is trained to conduct initial screenings and assessments for these problems offering more readily available connections to community professional services. Because of funding issues, this approach may be limited in the number of hours per week allotted to work directly with students, with little or no time devoted to directing prevention efforts or coordinating the continuum of SAP services within the building.

Internal Approach

An individual hired by the district to work directly with students and coordinate prevention efforts is categorized as the internal SAP Counselor or Coordinator. Specialized training along with a background in counseling are often the primary advantage of the internal SAP Counselor. More time devoted to student needs along with coordination of all SAP efforts in the building make this a strong approach for many schools.

Core Team Approach

The SAP core team approach is characterized by a team of individuals, representing a variety of disciplines within the building, who work with identified students to implement school-based strategies and connect students and their families to community resources. Core team members represent administration, education, and health interests in implementing the SAP process. The core team approach often does not depend on

outside funding for services, and the core team as an entity does not usually provide direct services to students although some members of the team do.

Who most benefits from an SAP?

There are three major groups of at-risk students who constitute the majority of student participants, and who probably benefit most from the SAP. These groups are described in detail on pages 10-12. In addition to the fact that the community at large is a major beneficiary of the power of SAPs, the three groups of at risk students, their peers, their teachers, and their families are the immediate focus of the SAPs' efforts .

How are SAPs funded?

Prior to the mid-eighties, SAPs relied on the generosity of local businesses, foundations, service organizations, and allocated funding within school budgets. This changed in 1986 with the Drug Free Schools and Communities Act. Within a few years, DFS funding formally supported SAPs and provided an incentive to schools who lacked local support or whose administration wouldn't commit funds for program implementation. This fiscal support, along with the development of professional SAP organizations, created an explosion of SAPs in all fifty states resulting in a marked reduction of adolescent alcohol and other drug use which continues to this day.

In 1994, the legislation that authorized the drug free schools program was altered. It became the Safe and Drug Free Schools and Communities Act. In many districts, funds were diverted away from student assistance to law enforcement, violence prevention, policy development, and metal detectors. An outcome of this change in funding was an erosion of real help to students who benefited from student assistance support.

Schools were caught off guard and a difficult lesson was learned by SAPs throughout the country. Student Assistance Programs that survived were those which used federal funding as an adjunct to established programs, relied on local support, and continued ongoing training.

How can SAPs survive during economic downturns?

We know that national and state funding for SAPs continues to diminish each year; at the same time, children, parents and the entire community continue to need strong SAPs. To ensure their survival, with adequate staffing, SAP leaders must develop plans to recruit funding and buy-in from the local community. Indeed this is how SAPs were funded in the early days, before federal Drug Free Schools monies became available. Every community wants to help its children, but many are not familiar with SAPs, are unaware how crucial they are to the community, or have not been made aware of the funding crisis.

To survive, SAP professionals must develop marketing campaigns so that community awareness is raised and local leaders and consumers are encouraged to participate in the funding and planning of SAP efforts. When forming a SAP Advisory Committee, it is important that membership include parent representatives and leaders from the major systems in the community, such as schools, local business leaders, law enforcement and health care. They not only can help develop the plan, they can spread the good word about SAPs to their systems and help solicit money. SAP professionals should become visible in the community by making presentations to local foundations and businesses, fraternal and civic organizations, etc. These particular groups give money to a wide variety of causes and the goal is to get SAPs on their radar screens. Many organizations are willing to fund curriculum, equipment, audio-visual materials, and/or training for new SAP professionals and volunteers.

3. Families and the Student Assistance Program

In families, alcohol, tobacco, and other drug abuse and addiction can wreak havoc on children. Children of parents who smoke, even those parents who smoke outside the home, have higher rates of cotinine (metabolized nicotine) in their blood than do children of parents who don't smoke. Children of smokers suffer from increased ear infections, asthma, and reduced capacity to learn. Children of parents who abuse or are addicted to alcohol or other drugs suffer from increased rates of parental divorce, violence and abuse – mental, physical, and sexual.

At any given moment, one drug seems to emerge and be perceived as the scariest, most damaging drug invading local communities. Historically, such drugs have included LSD, heroin, crack/cocaine, and ecstasy. Today, the drug most feared is methamphetamine (meth). Indeed, meth is deadly, not only to those who use it, but to those exposed during its manufacturing. While such drugs certainly cannot be discounted, it is important to recognize that over time, research consistently bears out that more adolescents use and are harmed by alcohol, tobacco, and marijuana. While SAPs help students facing a myriad of concerns, alcohol and other drug use is a common thread among the issues affecting children and teens and, therefore, is a core concern addressed.

When a family is in turmoil because of addiction, divorce, or health concerns, there is a greater likelihood that a young person will experience some or all of the following:

- Emotional neglect
- Inconsistent and unpredictable behavior by a parent
- Failure of parents to set appropriate limits
- Family conflict
- Non-fulfillment of parental responsibilities

- Unstable living conditions—sometimes leading to traumatic experiences
- Loss of a parent due to separation, divorce, incarceration, or abandonment
- Negative messages from peers and adults outside the home
- Poor grades and truancy
- Avoidance techniques, such as sitting in the back of class, never answering questions, or avoiding eye contact with the teacher
- Withdrawal from others, isolation, loneliness, and problems with peers
- Anxiety
- Depression
- Discipline problems, such as curfew violations, foul language, and skipping school
- Demonstration of disrespect toward parents, siblings, and teachers
- Mood swings: feeling elated, expansive, friendly, and gregarious one moment, then depressed, withdrawn, pessimistic and reticent
- Poor concentration or preoccupation
- Extreme fatigue and lethargy
- Boredom and apathy
- Physical complaints such as stomachaches, backaches, and headaches
- Sleep problems such as insomnia, excessive sleepiness, or sleeping in class.

It is quite normal to observe young people exhibiting some of these behaviors at times. However, when a child presents several of these behaviors at the same time, and it appears that the intensity of the behaviors and their manifestations could be described as “extreme,” it is likely that the child is experiencing a personal crisis and the behavior is a signal that the child needs assistance. Many children, however, suffer in silence while enduring high levels of stress and attempting to manage ongoing strain that often represents sustained trauma. When these children are identified via careful observation by the Student Assistance Team, and they learn to trust the support that they need, they experience great relief in realizing that “Help is down the hall.”

Troubled students are also troubling students. The struggles of youth seldom remain isolated. Parents, peers, teachers, and school administrators inevitably become involved, often working at odds with one another as they try to deal with the latest symptom of the problem as each sees it. Troubled students impact schools through poor academic performance, disruptive classroom behavior, policy violations, suicide attempts, dropping out, and multiple other ways. Although schools spend millions of dollars every year in an attempt to deal with these problems their success is severely limited because the approach to these issues too often ignores the drug-related or other personal problems that underlie the disruptive behaviors. Such schools deal only with the symptoms, not the causes of the problems.

4. Schools and the Student Assistance Team

Popular opinion to the contrary, it is well established that most of the time when children actually consume alcohol or other drugs, they are not at school; these behaviors take place in the community, and in homes of friends where there is no supervision. However, children spend more waking hours in school than anywhere else. For many, school is the only place where adults have a unique opportunity to know what's going on, and to actively address the issues that interfere with students' education, growth, and development. After high school, employers, the Armed Services, and colleges are less focused on students as persons and more focused on them as performers. It is in elementary, middle, and high school where they are most likely to get help for what may be the most important issues in their lives.

Step by step, this handbook will guide you toward creating a caring school environment in which educational goals are met and help is down the hall. This handbook will spell out the role, importance, and core components of SAPs and support groups.

Student Assistance Programs promote protective factors and increase:

- Students' academic achievement and good grades
- Students' positive attitude towards school
- Students' likelihood of staying in school
- Students' attendance in school
- Students' sense of self-worth
- Students' ability to communicate and express feelings appropriately
- Students' positive relationships
- Staff involvement in student issues and concerns
- Parent and community support for students and schools

Student Assistance Programs reduce risk factors and decrease:

- Disruptive behavior that interferes with learning
- Dropout rates
- School truancy and poor attendance
- Alcohol and drug use
- Discipline referrals
- Drinking and driving
- Other behavior problems

http://www.cde.state.co.us/cdeprevention/pi_sap.htm (Retrieved October 5,2006)

Three groups of high-risk students ordinarily served by the SAP

1. Students who use alcohol, tobacco, marijuana, and other drugs

When children, teens, and adults feel emotional pain, they seek out ways to lessen it. Some find relief talking with a friend, counselor, or caring adult. Some feel better after recess, working out, or playing a sport. In today's world, many turn to alcohol, tobacco, and other drugs to ease their emotional pain. Some use a little over a short period of time, while others become addicted. Research tells us that:

- More than two-thirds of 10th graders, and about two in every five 8th graders have consumed alcohol. And when youth drink they tend to drink intensively, often consuming four to five drinks at one time. Monitoring the Future (MTF) data shows that 11 percent of 8th graders, 22 percent of 10th graders, and 29 percent of 12th graders had engaged in heavy episodic (or "binge") drinking within the past two weeks. (Monitoring the Future Survey 2005).
- Each year, approximately 5,000 young people under the age of 21 die as a result of underage drinking; this includes about 1,900 deaths from motor vehicle crashes, 1,600 as a result of homicides, 300 from suicide, as well as hundreds from other injuries such as falls, burns, and drownings.
- Many adolescents start to drink at very young ages. In 2003, the average age of first use of alcohol was about 14, compared to about 17 1/2 in 1965. People who reported starting to drink before the age of 15 were four times more likely to also report meeting the criteria for alcohol dependence at some point in their lives.
- The younger children and adolescents are when they start to drink, the more likely they will be to engage in behaviors that harm themselves and others. For example, frequent binge drinkers (nearly 1 million high school students nationwide) are more likely to engage in risky behaviors, including using other drugs such as marijuana and cocaine, having sex with six or more partners, and earning grades that are mostly Ds and Fs in school.

From <http://pubs.niaaa.nih.gov/publications/AA67/AA67.htm> (Retrieved October 5,2006)

Recent advances in brain research show actual physiological changes in the brain as a result of such drug use. Over time, drug use permanently changes the brain's shape, structure, and function, making the developing brain of a growing child particularly at risk.

Students of all ages who use alcohol and other drugs experience increased academic challenges and problems in school, at home, and with the law. Many drop out of school and are more likely to join gangs, run away from home, be suicidal, and/or land in the juvenile justice system. Their use puts them at increased risk for sexual activity, violence, and harm. The bottom line is that their alcohol and other drug use prevents them from reaching their full potential.

2. Students who are at-risk for reasons apparently unrelated to alcohol or other drugs

In addition to groups for these using students, there are many students who don't necessarily fall into a discreet group, and almost any student can be at risk at some time in his or her educational career. A student can become "at risk" for a number of reasons, but it seems that most lack the ability to form healthy relationships and usually lack appropriate skills to help them cope with problems they face. Some problems may appear relatively surmountable, such as the breakdown of a friendship, parental job loss, or weight issues; but can be a great source of feelings of sadness and personal inadequacy. When these feelings become overwhelming, a student may begin to feel hopeless and barely able to survive emotionally, day in day out. Some problems are hidden from the public eye, such as parental addiction or physical, emotional, or sexual abuse. Others can be obviously traumatic – a natural disaster, parental divorce, death, physical or mental illness, and violence. These situations place a student at risk for a host of difficulties including alcohol and other drug use, violent acting out, suicide, school failure, and many other destructive outcomes.

3. Students affected by family alcoholism and other drug addiction

One in four children under the age of 18 lives in a home where alcoholism or alcohol abuse is a fact of daily life. In a classroom of twenty students, at least five are children of addicted parents (COAs). Countless others are exposed to illegal drug use in their families. Research compiled by the National Association for Children of Alcoholics (NACoA) indicates that:

- COAs are more at risk for alcoholism and other drug abuse than are other children.
- A relationship between parental addiction and child abuse has been documented in a large proportion of child abuse and neglect cases.
- Children of drug addicted parents are at higher risk for placement outside the home.
- Children of addicted parents exhibit symptoms of depression and anxiety more than do children from non-addicted families.
- Children of addicted parents have a high rate of behavior problems.
- Children of addicted parents score lower on tests measuring school achievement and they exhibit other difficulties in school.
- Maternal consumption of alcohol and other drugs during any time of pregnancy can cause birth defects or neurological deficits.

Because of the issues COAs face, they may not be able to meet academic standards. They may be too worried, tired, or depressed to focus on learning. COAs need support to help them become aware of their risks and to cope with the problems of living in a home that

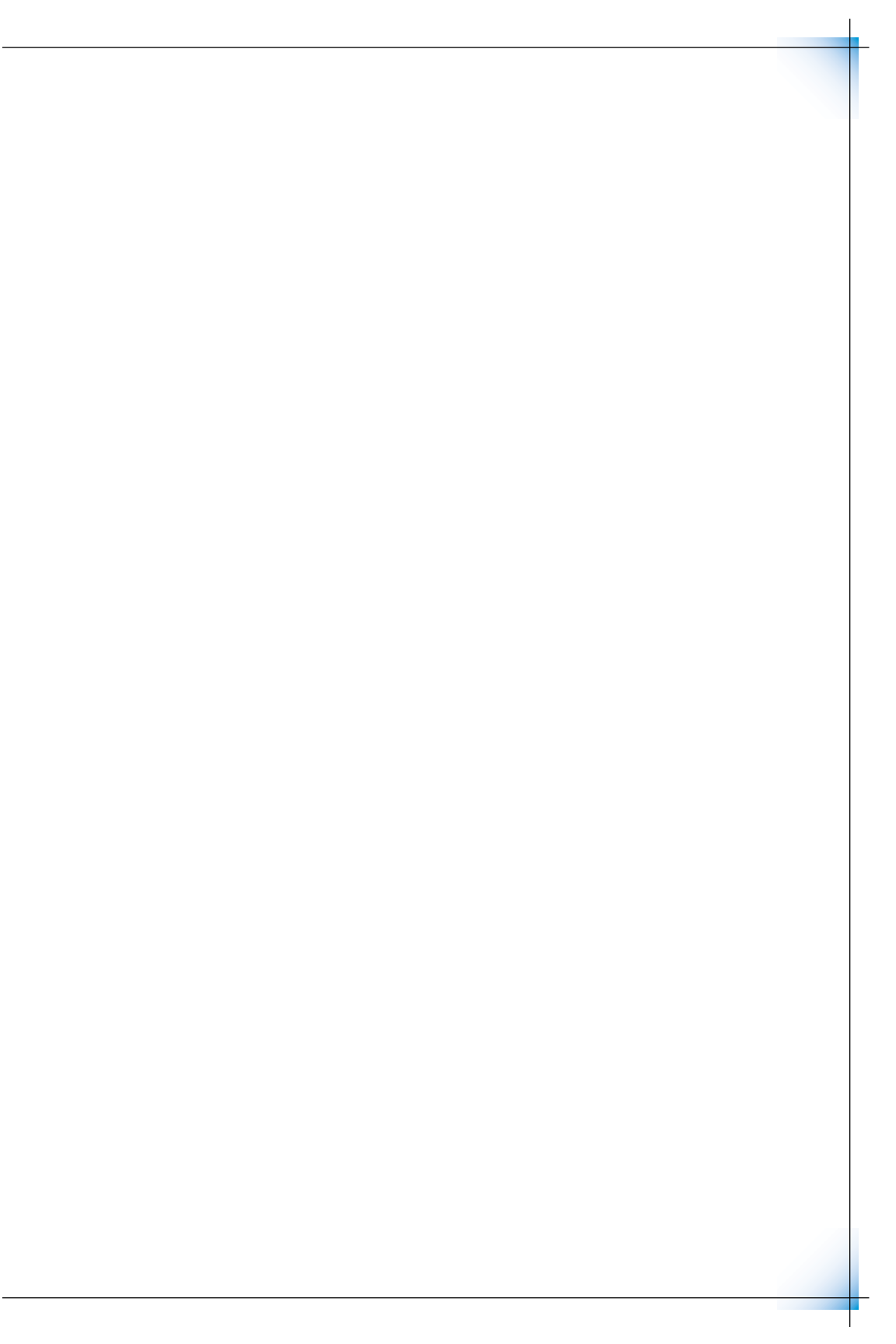
is feeling the acute effects of alcohol problems. The simple assistance provided through SAPs can be invaluable to COAs. SAPs identify COAs and create a school atmosphere where they feel free to ask for help. SAPs also provide the education and support they need to cope with trouble at home.

Research shows that many children with drug or alcohol dependent parents benefit tremendously from adult efforts to help and encourage them. In fact, children who cope most effectively with the trauma of growing up in families affected by alcoholism or drug addiction often attribute their sense of well-being to the support of a non-alcoholic parent, step-parent, grandparent, teacher, or other significant adult in their lives.

Educational support groups

A core component of SAPs is the small interactive educational support group. A support group offered in school and facilitated by trained leaders is one of the best ways to help students positively change behavior to achieve their personal and academic goals. While they are education based, support groups provide a trusting, open, feelings-oriented environment in which group members not only acquire critical knowledge to enable safe and healthy decisions, they nurture their own and one another's growth. Students share common concerns, such as coming from a family whose parents are going through a divorce, or where parental alcohol or drug use is creating problems. Support groups teach children how to identify and express their feelings in healthy ways and develop coping skills to deepen their innermost strength and resilience.

An in-depth discussion of educational support groups is presented in this book in Chapter 3.





Chapter 2

The Six Core Components of a Student Assistance Program

The SAP model allows schools and communities to develop programs compatible with their current methods of operation and emerging needs. However, the most successful SAP Programs accomplish six basic tasks:

1. Identify students with academic, personal, and social concerns before their problems destroy their chance for a successful and rewarding school experience.
2. Take initial action towards an effective, positive process of change.
3. Conduct a pre-assessment* to determine how best to help students examine and sort out their lives, and move in a positive direction.
4. Refer for help, either within the school or in the community, to provide students the assistance they need to overcome whatever personal problems interfere with their education and overall development.
5. Support access to appropriate care, doing as much as possible to ensure that students take advantage of the opportunities given to them within the school and community.
6. Support change through educational student support groups, where students learn to make behavior changes, develop skills, and regain their ability to learn.

Many schools have had effective SAPs in place for several years and successfully accomplish these six tasks. They realize the payback in helping students through a safe, trusting school atmosphere where staff and students know that “help is down the hall.”

**A preliminary assessment (“pre-assessment”) does not provide an in-depth description of students and their problems. A pre-assessment process gathers the minimum amount of information needed to determine 1) Can the child’s problems be assisted by present in-school services, or 2) Is it necessary to make a referral to an outside agency for a formal assessment of the child’s issues and/or for a possible treatment recommendation.*

Component One: Identification

Anyone who interacts with students on a daily basis – teachers, administrators, coaches, bus drivers, cafeteria workers, school nurses, school counselors, school social workers, custodians, and peers – can be trained to watch for observable behavior changes that indicate an issue may be creating a barrier to learning and interfering with a student’s ability to be successful at school. Concerns may come from parents or from caring members of the community, such as physicians, employers of youth, pastoral counselors, youth workers, drug courts, juvenile probation officers, and so forth. Finally, when students themselves become aware of the available SAP services and trust that they will be helped in a caring, respectful, confidential manner, they ask for help on their own.

“Red flags,” warning signs, or observable behaviors of concern may be academic, personal, or social. Some signs are blatant cries for help and clearly indicate the nature of the problem, such as tobacco, alcohol, or other drug use. Others can be more subtle, such as a change in grades or attendance, increased behavioral problems, health concerns, or falling asleep in class.

While a student’s appearance, behavior, or words can signal certain problems, they do not clearly indicate the cause or extent of a student’s problems. For instance, a student may be depressed because of alcohol abuse. Conversely, the student may be using alcohol to medicate feelings of depression. Falling asleep in class may be due to a student working at a job too late at night or it may be because the child’s parents fight late into the night. Which problems are causes and which are effects is not important. SAPs are meant to simply notice a possible problem, consider how the problem impedes school success, and refer the student for help through the SAP or in the community.

Observable Behaviors of Concern

While many behaviors may indicate a possible concern, the most common issues focus on the following:

- Grades
- Attendance
- Behavior
- Discipline
- Legal problems
- Problems at home
- Tobacco, alcohol, or other drug use

While many students clearly exhibit behaviors of concern that identify them for SAP services, other troubled students, often children of alcoholics or drug using parents (COAs), get good grades and work very hard not to do anything to draw attention to themselves or to the trauma in their lives. The American Academy of Child and Adolescent Psychiatry says, “Some children of alcoholics may act like responsible ‘parents’ within the family and among friends. They may cope with the alcoholism by becoming controlled, successful ‘overachievers’ throughout school, and at the same time be emotionally isolated from other children and teachers. Their emotional problems may show only when they become adults.”

Children of Alcoholics: A Guide to Community Action, explains that one particularly difficult feature of family alcoholism is that many of the children hide their suffering quite well. They have picked up habits of denial and social withdrawal that their parents have modeled for them. Too often, we do not approach them and offer them the information and support they need. But by pretending to ignore their situations, we send the message that their feelings and concerns are not real or important.” (Guide available through NCADI – 1-800-729-6686)

Since many COAs do not exhibit observable behaviors of concern, one of the best ways to identify and refer COAs is to integrate age-appropriate information about alcohol, drugs, and the disease of addiction into conversation, the classroom, and prevention curriculum. At a minimum, messages children need to hear include:

- Alcohol/drug dependency is an illness. It is not the child’s fault that a parent drinks too much or uses drugs. The child is not responsible to “fix” the problem.
- Children can learn to take better care of themselves, by talking with a trusted person and making healthy choices in their own lives.
- Treatment for alcohol/drug dependence is available and can be effective in getting a parent with addiction on the road to recovery.
- Lots of children live with alcoholics parents, and it feels so bad.
- They are not alone. They need and deserve help. There are safe people and places that can help, and some of them are in the SAP.

When COAs consistently hear these messages, they begin to trust and believe that help is truly down the hall.

Barriers to Effective Identification of Possible Problems

- Lack of education about problems students face. This may include alcohol or other drug use; depression; family problems; physical, emotional, and sexual abuse; parental alcoholism; eating disorders, and so forth.
- Unclear school policies and procedures and lack of enforcement. For instance,

smoking in the bathrooms may be ignored or the captain of the football team may not suffer the same consequences for chewing tobacco as a student on the third string.

- Labeling. For instance, students who use drugs may be labeled “losers” or “burnouts.” Girls who act out sexually may be dismissed as immoral, rather than in need of help.
- Overlooking students. For instance, disruptive students are easily identified, while quiet ones are not. Sometimes boys get in trouble more than girls.

A comprehensive list of behaviors that may warrant concern is presented at the end of this chapter.

The Seven Cs

Some children with moms and dads that drink too much think that it is their fault. Maybe you are one of those children. Well, it's not your fault and you can't control it. But, there are ways that you can deal with it. One important way is to remember the 7 Cs.

I didn't Cause it.

I can't Cure it.

I can't Control it.

I can help take Care of myself by
Communicating my feelings,

Making healthy Choices, and

By Celebrating myself.

Component Two: Take initial action

When a behavior of concern is identified, there are a variety of ways to take initial action. However, the earlier a problem is identified, the less complicated the action. It is best to begin with the least intrusive, least time consuming, and least expensive approach. For instance, a teacher may notice declining academic performance and become concerned. The teacher expresses this concern to the student, clarifies the standard of behavior or expectations and asks the student to take specific steps to bring the grades back to normal. If the student's grades improve, no further action may be necessary. If the grades do not improve or continue to decline, additional action may be necessary. At this point, the teacher may choose to communicate his/her concerns to the SAP counselor or team for help.

Care-frontation: How to share concerns about behavior with the student

I care...express concerns as a teacher, adult

I see...describe the actions which raise concern

I feel...express your concern, anger, hurt, fear, etc.

Listen...to the student's response

I want...express your expectations as a teacher, adult

I will...inform them of your next action and how you will support them

Written by Elizabeth Eaton, a national trainer and twenty-year veteran of school-based SAPs.

According to NSAA, there are several ways a person can use the SAP internal referral process to communicate their concern with the SAP Counselor or a multi-disciplinary, problem solving and case management team. Typically, the concerned member of the school staff completes a standardized form listing the student's identification and behaviors of concern. This confidential form can be given directly to the SAP Coordinator or, as is more customary with updated technology, the form can be completed online or emailed as an attachment.

In other instances, a behavior of concern becomes blatantly apparent when a student violates a school policy, such as intoxication or possession of alcohol or other drugs on school property. In this case, the appropriate initial action is clearly defined by the school's disciplinary code.

Barriers to Taking Successful Initial Action

Personal and professional enabling: Enabling behaviors are those which allow the behavior of concern to continue without change. Enabling often happens as a result of fear of confrontation or not wanting to cause additional problems for the person of concern or others involved. Sometimes the source of the enabling is a sincere hope that the problem will work itself out, and at times enabling persists because of a lack of understanding of how to intervene into the situation.

Don't Wait for Referrals

If you are not receiving enough referrals to keep the team's energy level up, look for additional ways to get kids to the help and care that you offer. Consider some of the following methods of appropriate identification as well.

Check grade reports at the end of 9 weeks and compare with attendance reports. From those, select 3 to 5 students that would benefit from working with the SAP.

Check attendance sheets every two weeks. Does anyone stand out with a higher than usual absence count?

Answer the following question as a team. "If I asked you to name 10 kids that you believe would do better in school with a little more help from the SAP, who would those be?" After you answer that question, start with the top three names and get to work.

Be ready in any case to answer parent questions about why you are singling out their children. With SAPs, we focus on the potential we see in children, and then look at some of the barriers keeping them from achieving that potential. We invite the parent's participation so that we can work together to help the child get closer to that potential.

From IL Prevention First

A cumbersome referral process: First, staff, students, and parents must know that they do not need to have all the answers before they contact the SAP Coordinator. Second, referral must be easy, whether it is communicated by email, form, telephone, or in person. The most important thing is to talk to a safe person who will in turn contact the SAP Coordinator.

Inappropriate counseling: Some prefer to do their own counseling. While this can occasionally be helpful, it may also lead to a delay of action when a person takes on more than is appropriate. In addition, well meaning adults may attempt to counsel a student without the proper skills or information.

Concern about labeling or diagnosis: If staff, students, or parents believe that participation in a SAP carries an automatic label, such as “bad student,” “druggie,” or “your dad’s a drunk,” they are less likely to use the program.

Lack of trust in SAP: Staff, students, and parents must trust the good intentions, competency, confidentiality, and professionalism of the SAP staff. They must also believe the SAP is helpful, rather than punitive.

Lack of administrative support: If staff do not believe they will be backed by administration when they take action, they will be unlikely to move appropriately when they believe a student needs help. For example, school administrators may be reluctant to intervene if the parents of drug users are prominent members of the community or when the student is a star athlete.

Unclear school policies and procedures: When policies and procedures are poorly written or inconsistently enforced, concerned persons are not likely to follow them. However, effective SAPs do not solely rely on disciplinary infractions to identify at-risk students.

Ways in which schools enable students to avoid addressing behavioral and emotional problems:

- Students remain in class when they are not earning credit toward graduation.
- Students earn credit for less than adequate performance.
- Students are continually allowed to leave the classroom to run to the office, go to the bathroom, see someone, etc.
- Students' programs and schedules are constantly being reworked to enhance the likelihood of success.
- Students are allowed to discuss parties, alcohol and other drug use, sexual experiences, and other inappropriate, destructive, or illegal behaviors openly. Nothing done to intervene with inappropriate talk.

- Students are talked about in the faculty room, but never directly confronted.
- Students' consequences are lightened because of special circumstances.
- Students are overlooked if they cover up their mistakes and get unusually upset when criticized
- Students are overlooked when they don't make waves and work to please..
- Students' stories about absences are believed without checking.
- Students are allowed to cut a deal with a teacher because of a special relationship.
- Students receive special consideration or preferential treatment because they are the offspring of a board member, faculty member, principal, or office staff member.
- Student behavior is treated differently in the case of a star athlete, actor, or other student leader.

How schools can overcome enabling behaviors

- Become educated in the area of addiction and accept addiction as a disease, not a moral issue.
- Develop and maintain a standard, consistent set of rules and acceptable behaviors with stated consequences.
- Hold individuals accountable for their behavior.
- Make reasonable, achievable demands for which all are held accountable.
- When rules are broken, make no special exceptions.
- Validate students as people without consideration of their behavior.
- Confront specific behaviors that are disturbing, disruptive, and unacceptable.
- Give attention to all kids, even if they are doing what is expected and not causing problems.
- Encourage and develop strengths and talents.
- Allow students to make mistakes and experience consequences.
- Be aware of sudden behavior change, drop in attendance, poor test scores, mood swings, etc., and seek appropriate help.
- Realize your limitations. Accept that someone else may be better equipped to evaluate the situation.
- When the slightest suspicion creeps in regarding a student, even if the student is known as a good kid, talk to a counselor, administrator, or other teachers to gather data and share information.
- Follow school policy and procedures if you suspect alcohol, tobacco, marijuana, or other drug use at school during school day.
- Call parents if you suspect alcohol, tobacco, marijuana, or other drug use.

- Express care and concern at all times and act as a mirror for students by reflecting back what you observe, e.g., "You seem angry," "You look upset."
- Be accepting and supporting of all individuals recovering from alcohol or other drug treatment.
- Work to alleviate enabling behaviors.

Component Three: Identify the Possible Problem

This is a three-step process to gain a clear understanding of the student's problem(s) and the best course of action. It should be clear that "pre-assessment" differs from "assessment." Many agencies perform professional assessments for behavioral, emotional, and drug and alcohol use problems. Typically, assessments take place outside of school by a professional such as a certified alcohol and other drug counselor, psychiatrist, or physician. Sometimes, but not always, the steps taken by the SAP to conduct a pre-assessment lead to a formal assessment.

Step 1: Gather Information and Data

It is important to develop simple, easy-to-follow procedures for teachers, coaches, administrators, guidance counselors, parents, youth workers, community professionals, and students to follow when they want to refer a student to the SAP or seek consultation from SAP staff.

Staff must know exactly what to do when they are concerned about a student's behavior. For instance, SAP guidelines might direct that a form be completed that identifies the specific behaviors of concern and be given to the counseling department or administration prior to the SAP Coordinator. Other guidelines might dictate an initial email be sent to the SAP Coordinator.

Step 2: Assess the Data

The SAP counselor or team reviews objective data (observation forms, cumulative files, interviews) and considers questions such as, "What do all the areas of trouble seem to be for this student? Is one problem emerging as the main focus of concern? Do we have all the information we need?"

Step 3: Decide on a Plan of Action

Based on the information gathered, the SAP counselor or core team considers the possible solutions from a comprehensive list of school and community resources and decides on the best plan of action. The goal is not to learn how depression, drug use, or family history affects a student's life; but to decide what, if any, action to take in order to get the student the help he or she needs. Input, agreement, and support from the

student and parents is important for the plan to succeed.

In regard to this problem solving and recommendation development, NSAA says, “A plan is developed to help the student and family reduce the barriers to learning and improve the student’s chances for success. The plan attempts to link the student to appropriate in-school resources such as meeting with the school counselor, tutoring, mentoring, peer mediation, or participation in a life skill education or support group. Linking the student and family with needed community resources to assist with problems beyond the scope of school services may also be part of the plan.”

The identification process should be customized to meet individual school or district needs and then standardized across the district. There needs to be agreement regarding:

- What data to collect
- How to collect the data (forms, interviews, cumulative files)
- To whom this data should be reported
- What information is to be asked for and given to students and families during interviews
- Which school and community services are to be included in the pool of recommended resources
- Which educational student support groups will be offered and by whom
- What type of students should go to

Whatever the guideline, there should not be only one line of communication. Bureaucracy should not hinder access to the SAP.

It is up to each school or district to choose the best, easiest, and most time-efficient way to gather data. This step should never impede the identification and initial action process. Optional ways to gather more information about the student and the problem, above and beyond the immediate concern, include:

- Paper or electronic forms. Completed by teachers, coaches, parents and other staff to assess the student’s behaviors of concern, along with strengths, assets, attitudes, learning styles, social concerns and academic performance.
- Cumulative school files. Include data on grades, attendance and discipline covering an extended period of time. For instance, the file may show that a student did well in school until ninth grade and then began a performance decline with a drop in grades and increased tardiness.
- Conversations. Begin with the student and parent/family members to assess the student’s and family’s reaction to information presented; gauge the student’s mood, appearance, and attitude; and ascertain problems occurring in the family system. Next, gather information from others in the school who have frequent contact with the student.
- The “grapevine.” Offers SAP Counselors clues as to where to begin to gather data and ask questions. SAP Counselors must use the “grapevine” judiciously and not use hearsay to label or accuse a student of any specific behavior or problem. For instance, student remarks that the parent of one of their peers is “always drunk” may prompt the SAP Counselor to look into the situation.

what type of service

- What release-of-confidential-information forms are to be used

Standardization leads to consistency, effectiveness, and program support. Inconsistent procedures confuse the issues and people involved.

Barriers to Successful Identification

- Lack of specific data. Teachers and other staff members make vague complaints or specific diagnoses of the problem and do not describe behaviors of concern.
- Limited referral options. When there are no alcohol or other drug treatment services or when community services are oriented toward adults, SAP teams find it hard to make decisions. Likewise, if all support groups in the community for people with eating disorders are filled with adults, adolescents may not comfortably fit in.
- Lack of parental cooperation to support behavior change in their children.
- Inconsistently applied procedures for disciplinary action or data collection.

Component Four: Refer for Help

SAP Counselors need to know what programs and agencies are available in the school and community in order to match troubled students and their families with available resources. In-school resources could include educational student support groups, academic tutoring, mentoring, counseling, special education, and so forth.

SAPs generally do not refer students directly to resources outside the school. Rather, they make a recommendation to the parents or guardians and support follow-through.

Community-based organizations to which the SAP may refer a student for help may include:

- Human Services
- Behavior and addiction treatment facilities
- Court, probation and police
- Faith community
- Al-Anon, Alateen and Alcoholics Anonymous
- Pastoral counselors and other religious leaders
- Mental health technicians
- Family counselors
- Youth outreach and after-school programs (i.e., YMCA, Big Brothers/Big Sisters, Boy Girl Scouts)
- Academic tutors
- Medical service providers

Smaller communities and rural areas may lack the referral resources available in higher-populated areas. This makes SAPs and the support services available at school more vitally important. If counseling, support, and treatment are not available in the school or community, it is important to document unmet student needs. This enables schools to campaign successfully for the development of services. Social service agencies may become willing to provide different types of counseling or treatment when they see the need for it.

It is important for SAP counselors to nurture and maintain healthy relationships with community-based agencies, avoid favoring one agency over another, and clearly understand the procedures to help students access services. Frequent conversations or meetings with organization representatives provide the opportunity to gather and share information and build working relationships to increase support. For instance, the SAP Counselor may meet with representatives from local alcohol and other drug treatment providers or representatives from faith organizations annually. They may meet with law enforcement and probation officers every six weeks. When interviewing community-based agencies, the SAP Counselor may ask questions such as:

- What trends in youth behaviors of concern do you see?
- What services does your organization provide to help youth and their families?
- What services do you see are missing?
- What can the school do to support your efforts?
- Who do you call in the community when you need assistance with youth concerns?

Confidentiality in SAPs

Confidentiality is key to the success of any SAP. Students and families must trust that their issues and information be kept in the strictest confidence. Federal laws and guidelines dictate this practice. Exceptions to this are cases where suicidal or homicidal behavior or intent is evident, if a youth is reporting abuse, or when medical emergency occurs.

School policy on confidentiality should be compatible in every respect with existing laws and regulations. However, confidentiality is an ethical and professional issue, as well as a legal one. A few general guidelines always hold:

- Staff members should never talk publicly about confidential information or allude openly to a youth's participation in the SAP.
- Written remarks about a student's behavior should never appear in the student's permanent record file.
- Care should be taken with all questionnaires and reporting forms.

Some information about students should be shared on a need-to-know basis. To preserve a student's privacy, only those school staff members who need to know about

a student's personal issues should have access to such information. This may include teachers of students who return to school following treatment and want credit for the class work they did during treatment. All teachers do not need these details. Also, general processes of a treatment group must be described to certain teachers if the student is to receive academic credit for participating in the class. In many instances, sharing information is beneficial to the student, and not sharing may be detrimental. Most often, students themselves come to realize this; and with the support of a concerned adult willingly share appropriate information with school staff members, parents, and friends.

As directed by NSAA, "The Student Assistance Program frequently collects objective information when needed from individuals who work with the student in the school setting to help ascertain the best course of action. The Student Assistance Program may also communicate with community resources through appropriate confidentiality protocol to promote the student's best chances for success. "

When working with community-based agencies, it is important to maintain appropriate confidentiality; at the same time keep the lines of communication open. Information must only be shared between community agencies and schools if it benefits the student and should only be provided on a "need-to-know" basis. For confidential information to be shared, students and parents must sign written releases that meet school, state, and federal regulations.

The Family Educational Rights and Privacy Act (FERPA) is a federal law that governs the process of sharing education records with other community agencies or in making referrals. Parent involvement and consent is generally required when sharing a student's school records with an outside entity.

The Student Assistance Program should be ready to work with the family and local treatment providers to obtain signed confidentiality releases facilitating communication that enhances the student's likelihood of getting the support to maintain health, reduce inappropriate behaviors, improve success in school, and remain alcohol and other drug free.

Barriers to Appropriate Referrals

- Lack of school-based services
- Lack of staff support and cooperation with those services
- Lack of familiarity with community-based services on the part of SAP staff
- Poor communication between service agencies and the schools
- No follow-up after decisions are made to ensure that the services recommended were appropriate or that students and parents pursued the recommendation
- Gaps in the continuum of care, whether due to finances, gender, age, race, or location.

Not all of these barriers may be clearly spelled out in their admission criteria for service, but they can still be impediments. No social service agency can refuse client assistance because of race, of course. Nevertheless, special care should be taken to ensure minority students entry to treatment programs where the staff and client population are sensitive to the issues of their communities.

Component Five: Support Access to Appropriate Care

SAPs monitor a student's progress while utilizing school- or community-based services; completing a treatment program; or finishing therapy or counseling. The SAP coordinates the exchange of important information and a school support plan which may be put in place. For example, if a student must leave school early to attend counseling sessions, schools adjust the student's schedule. Similarly, if a student must be absent from school for treatment, the SAP Coordinator may provide the treatment center with information on the student's class work in order to keep the student moving forward academically. In turn, information about classes taken during treatment and aftercare support recommendations applicable to school need to be passed back to the schools in a timely, efficient, and respectful manner.

Barriers to Support for Appropriate Care

- Lack of communication and coordination between the schools and community agencies impede well-planned interventions. School staff and service providers must clearly communicate with one another in order for students to successfully access services, coordinate services with schedules, or return to school after treatment is completed.
- Misinterpretation of confidentiality rules. When a student is going through a crisis, the SAP Counselor can only help and support if he/she is aware of the crisis.

Component Six: Supporting Behavior Change through Educational Student Support Groups

People of all ages but especially young people need support when attempting to understand and change their behavior. Most get support from their immediate or extended family. However, millions of children lack competent, caring adults in their lives due to alcoholism, parental marital conflicts, abuse, abandonment, and other problems.

An effective and practical way to help young people suffering because of personal, social, or family issues is through educational student support groups, an essential component of an effective SAP.

Support groups are neither “rap” nor therapeutic groups, but are age-appropriate, curriculum-based, solution-focused student discussion groups. The goal of such groups is to provide education and support behavior change.

Most support groups are offered at school during the school day and are facilitated by SAP counselors, guidance counselors, social workers, and other school or agency professionals who receive specific training on how to facilitate support groups. Research shows that daily or weekly contact with a caring, concerned adult greatly increases protective factors and reduces risk factors in youth.

Support Groups Work

In 2004, The Safe & Drug Free Schools Program of the Idaho Department of Education reported the following survey results of students participating in support groups:

- 85% reported that the program gave them positive ways to deal with problems.
- 83% reported that the program helped them stay in school.
- 81% reported that they felt increased feelings of self worth.
- 77% reported that they had stopped or decreased use of tobacco, alcohol, or other drugs.
- 77% reported that the program had an overall positive effect.
- 73% reported that the program had a positive effect on school attendance.
- 71% reported that the program had a positive effect on overall school work.

Support groups can be time limited or open ended. For instance, a support group for children affected by divorce may meet once a week for eight weeks. On the other hand, a support group for children living with an addicted parent may meet weekly for an indeterminate period of time. The student may remain in group for as long as he/she needs support, which may be his/her entire school career, especially if there is no recovery in the family.

In elementary schools, support groups primarily focus on family issues, support for COAs, and social skills. With younger elementary children, the support group focus is less on conversation and more on learning through activities. In the middle and high school, students may participate in learning activities, but significant time is spent in conversation and sharing. At all levels, each group session must have a goal, objective, and specific outcome. Many support group curriculums have been published and are available for school use. One such tool is SAMHSA’s Children’s Program Kit, available free through NCADI (1-800-729-6686)– order code, CPKIT.

The specific goals, objectives, and outcomes of support groups depend upon the focus and topic addressed. The goals of most student support groups are:

- To provide accurate information in a safe, confidential setting where students can ask questions and get clarification
- To clarify and define how others' behavior affects the child
- To provide children with a framework to understand what they experience at home
- To validate their emotions and emotional experiences
- To address problems by utilizing appropriate problem solving skills, clarifying options, identifying support resources, and connecting to support systems outside group
- To provide and support healthy relationships
- To assess and respond to child protection issues
- To separate the person from the problem behavior
- To refer to additional services, such as a formal assessment, family counseling, tutoring, and so forth.

Outcomes of participation in student support groups may include, but are not limited to:

- Improved attendance
- Improved academic achievement
- Decreased denial, confusion, and isolation
- Improved social skills and sense of belonging
- Increased self esteem
- Increased coping skills
- Ability to discriminate between safe and unsafe people
- Hope

Benefits of support groups over one-on-one counseling

- **Time and cost efficiency.** Since several children participate in support groups at once and focus on common concerns, the group format may be more time efficient than one-on-one counseling. Further, not all schools can afford school counselors, social workers, and/or psychologists. In any case, these professionals are burdened with ever-increasing caseloads. Support groups facilitated by trained professionals can ease the counseling burden and broaden the range of services, especially in small, rural communities.
- **Breaking the isolation** of participants when they meet, talk to, and work with other students and a caring adult to solve similar problems.

- **Appropriate emphasis on information.** COAs and children from other disrupted family environments have a lot to learn about how their family problems affect them. Support groups provide a safe, positive environment in which information can be learned.
- **Safety and protection.** Group members offer each other ideas and experiences on how to stay safe at home and on the streets.
- **Healthy relationships.** The relationships developed in support groups can serve as guidelines for developing healthy relationships outside of group.
- **Respect.** Participants learn and model how to give and receive respect from their facilitators and peers. This may be a new and affirming experience for them.
- **A positive peer and community environment.** Although support groups generally take place during one period, one day a week, participants may gather outside of group for recreation or volunteer activities.
- **Validation of their own experiences.** Group feedback helps participants do a “reality check” and gain perspective on how others’ behavior affects them. By seeing how their peers are affected by family situations, participants are better able to understand their own.
- **Absolution of blame.** Support groups provide an opportunity for students to hear often, and from many different sources, that they are not the cause of their parent’s addiction or other family problems.

Barriers to Supporting Behavior Change through Student Support Groups

- Lack of administrative support to allow for time during the school day to facilitate groups.
- Lack of understanding and support by classroom teachers to allow students to attend support groups. This is often related to pressure placed on teachers to meet graduation standards and lack of understanding of how groups improve a student’s ability to focus and learn.

One-step-at-a-time-interventions

Whenever possible, interventions and pre-assessments should begin with the least intrusive, least time-consuming, least expensive approach. Some students respond to relatively minor interventions while other students move through a succession of one-step-at-a-time interventions.

However, this step-by-step approach is not always feasible. Whenever there is an indication that a student is in danger, staff must err on the side of safety. If faculty are concerned that a student is suicidal, being abused, carrying a weapon, or seems to be under the influence of alcohol or other drugs, immediate action should be taken.

The following chart gives a detailed view of a “one-step-at-a-time” intervention model. A flowchart outlining the major “steps” of the model follows the pages of this chapter.

Student Assistance Program Flow Chart

Concerned Adult

- Identifies student behavior(s) of concern, performance issue(s), or incident
- Documents problem behavior
- Shares concern one-to-one with student
- Specifies expected standard of achievement or behavior



If no change in behavior or performance...

- Discuss behavior of concern with student again
- Reiterate the need for action
- Discuss concern with counselor, social worker or other helping professional
- Discuss concern with parent(s) or guardian(s)
- Submit form documenting behavior(s) of concern to SAP



Pre-Assessment

SAP Counselor or Team

- Creates a case management file
- May send out observation forms to others to gather more information
- May interview teachers, counselors, administrators and others
- Interview student and parents to give and get information
- Reviews cumulative file



Assessment and Referral

SAP Counselor or Team

- Reviews student’s case file
- Considers internal and community referral options
- Develops action plan or behavior contract with family and student
- Refers student and/or family to services in school or community



Internal Options

- Educational Student Support Group
- School counselor
- Social worker
- School psychologist
- School nurse
- Student Study Team
- Special education
- Speech or ESL
- Tutoring
- Mentoring
- Conflict management or mediation
- Individual Behavior Contract



Or External Options

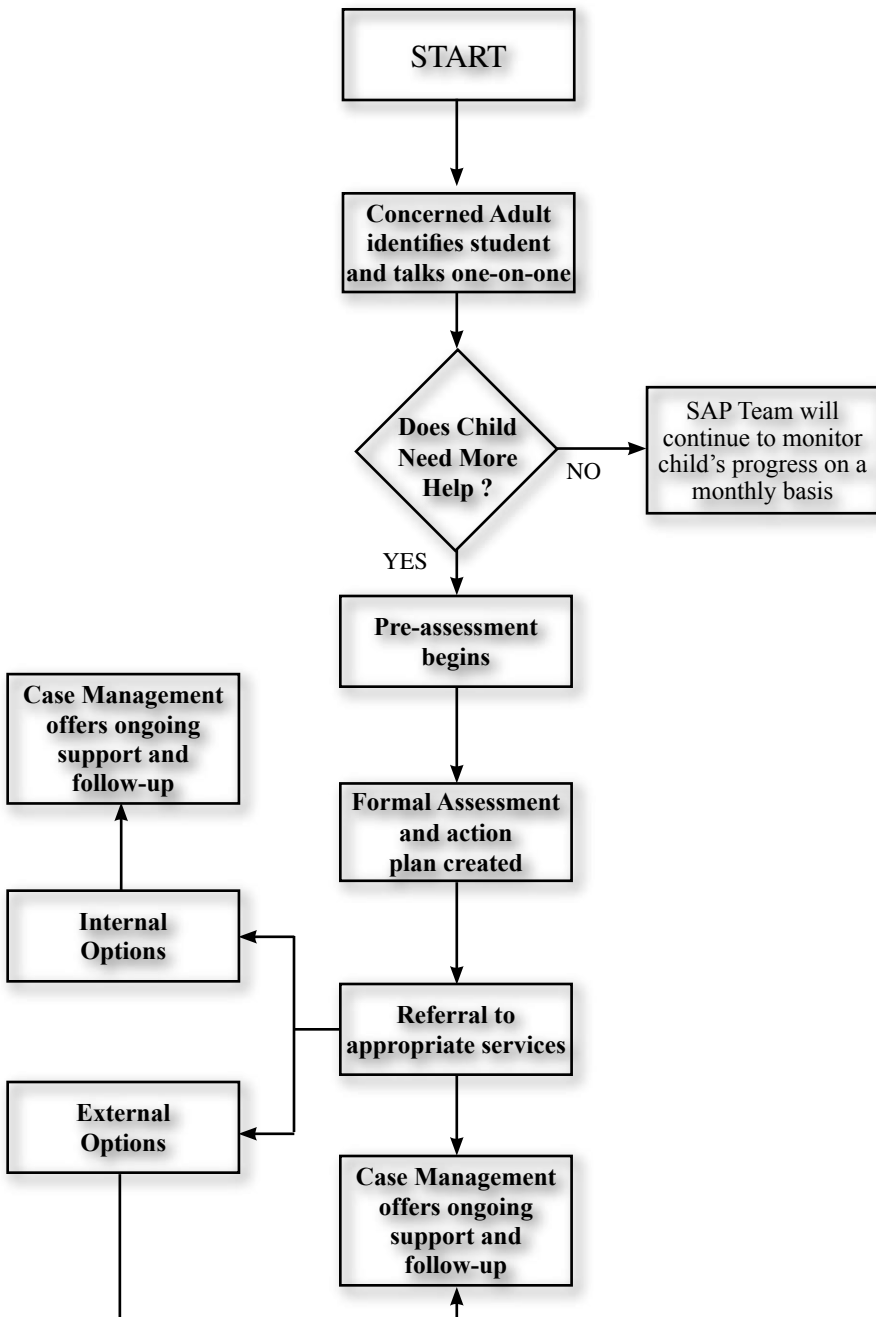
- Community agency for assessment
- Addiction treatment
- Pastoral counselor
- External SAP Interventionist
- 12-Step program
- Mentoring
- Food pantry/clothing
- Medical or mental health clinic
- Probation
- Youth organization (Big Brothers/Big Sisters, YMCA)



Case Management and Support

- Assigns responsibility to monitor student's performance
- Designates date of follow-up evaluation
- Develops monitoring and support plan

Student Assistance Program Flow Chart





Chapter 3

Student Assistance Program Support Groups

At the heart of Student Assistance Programs are student support groups. Each year, many thousands of students participate in these groups and find the information and emotional support necessary to sustain them through times of great pain and pressure as they attempt to survive in their life circumstances. In these support groups, healthy relationships with the adult group leader are formed and, of perhaps equal importance, they meet other kids whom they have passed in the halls, and find that the sharing of their life struggles in the group sessions forges a bond between and among them that is unique and life-giving.

Why provide services in groups?

Claudia Black, Ph.D* is an internationally renowned authority on support groups for children of alcoholics. Based on scientific research and her vast experience, she answers this question as follows:

Group Work is the Preferred Strategy Because

- Kids learn they are not alone.
- Group work increases the likelihood of breaking denial.
- Group provides safety and protection.
- Kids experience healthy social interactions.
- Group work builds trust in social situations.
- Group work provides opportunities for group validation.
- Group work allows kids to try out new approaches to old problems.

Education or Therapy?

At times there is confusion about the basic nature of support groups. This becomes important as schools define their role in supporting children who are at risk for school failure. Given the fact that the groups are presented by staff with a variety of credentials and philosophical orientations, it is useful to compare these groups in order to reduce misunderstandings and inconsistent practice.

Claudia Black has articulated the comparison of educational support groups to therapy groups in the following chart:

Educational Groups	Therapy Groups
Focus on life skills/coping skills	Solve personal problems
Education	Resolution
Support/Safety Net	May be supportive but also include confrontation and probing
Educational goals and objectives are achieved through curriculum-based content/activities	Individualized treatment plan, use of therapeutic activities; however, process is always more important than content
Building protective factors	Probing; addressing impact of risk factors; may focus later on building protective factors
Conducted by trained facilitators Caring Knowledgeable about child development and specific issues Have "health" to give	Conducted by trained therapist
LOVEE driven: (Listen, Observe, Validate, Educate, Empower)	Psychological theory and diagnosis driven
Time limited (6-12 weeks)	Length of treatment driven by treatment process and patient's progress, or insurance coverage

Although some groups are offered on an ongoing basis throughout the school year, most student support groups are time-limited and content-focused. Again, Claudia Black has further articulated the nature of student assistance support groups by outlining the goals of short term support group as follows:

1. **Educate.** Give children the framework for what they are experiencing. If they are living with alcohol or other drug abuse, they have the right to understand it. Insight is a significant contributor to resilience in a child. Insight is the “sensing” something is not quite right, i.e., “Noting the change in a person’s walk or the tone of voice says that I need to be careful.”

In time insight becomes “knowing,” being able to put a name to what you see. Discussing with children that their parents are sick with the disease of alcoholism or drug addiction makes sense to young children; acknowledging this readily is acknowledging something they “know in their bones.” As one seven year old said, “Of course my mom is sick, why else would she act like this? She needs help.” It was many years ago a six year old spontaneously said to me, “My dad is sick, he has a disease, he drinks too much, but you do know...he does still love me.”

In this process, we are helping children to separate the disease from the person which is crucial in taking the next step--realizing their behavior is the result of the disease.

When we educate, we talk about the disease of addiction. We discuss progression, denial, blackouts, personality changes, delusional thinking and relapse. These are all complex concepts for a younger person--but they live with it, react to it, therefore they have the right to understand it. The key is using their terminology. We need to find ways to make analogies of these dynamics to their world, i.e., “addiction is being stuck to something, an example of being stuck is when _____.” When they are able to fill in the blank, they can make the analogy.

2. **Clarify.** Education is information we initiate and intend to bring into their process. Clarification is a form of education, but it comes in response to conversation. While we know the dynamics of living with addiction and are knowledgeable about the information that would be helpful for them to understand, we do not want to lose the opportunity to offer information that they solicit directly or indirectly in conversation.
3. **Validate.** Validate their emotional experiences, even those the children are not discussing. The dysfunctional family rule, Don’t Talk honestly is characteristic of addicted family life. Children learn at a young age to discount, minimize, and rationalize not only their perceptions, but their feelings. As a consequence, they repress many feelings that could ultimately lead to depression or distorted, hurtful and inappropriate expression of feelings. Possibly the most hurtful is the dampening of the spirit. All children deserve to laugh, to be held when they cry,

to be heard when they are angry and scared, to let go of fear and guilt. That does not occur in the isolation found in families with parental addiction.

4. **Problem solve.** In an alcohol or drug-abusing family, children are often left to themselves to problem solve. A child comes home after school to find the doors are locked and the car is gone, and doesn't know why someone is not home, nor when they will come home. Where is his mom, his two little brothers? Are they coming back? Has something bad happened? Has he not remembered something? What does he do? If he goes to the neighbors, it may make something worse. Besides, mom says that they don't like our family.

So many COAs seem prematurely adult. They have often taken on responsibilities of one who is much older. Yet we must remember children are not little adults. We need to facilitate them in their problem solving skills. Because of their age and problem solving in a vacuum resulting from the lack of input by others, they often do not see the possibility of options that may be available.

5. **Connect to Support Systems.** Who and where are the significant people in their lives? Are these healthy and available relationships? We need to support these children in their healthy relationships and to identify additional resources should that be necessary. Connecting to a support system does not necessarily mean a referral to a helping professional. While that may be appropriate, the possibilities are many. Resources may be youth groups, school or church personnel; or could be extended family, neighbors, friends, or friends' parents. We hope they have a variety of possibilities. These are not people who need to take on a counseling role, but have an appropriate relationship where the child does not have to act out survival roles. These are relationships where children feel a sense of belonging and acceptance.
6. **Assess and Respond to Protection Issues.** Many of these children will experience neglect through inadequate supervision, food, shelter, and clothing. Some are subject to acts of physical violence and sexual abuse. Abuse, both physical and sexual, is more prevalent in families affected by chemical dependency. We must always be vigilant and proactive with children from such families.

Types of Support Groups

There are essentially three types of support groups offered by Student Assistance Programs. The type of support groups offered depends upon the specific needs of their students and generally fall under the category of one of the following types of groups:

- Groups to intervene early into behaviors of concern or school policy violations

- Groups to help students abstain from alcohol, tobacco or other drug use
- Groups to deal with family issues

Early Intervention Groups

An essential mission of Student Assistance Programs is to prevent the escalation of potentially serious problems. The Early Intervention Groups are a type of student assistance support group for teens in trouble because of their tobacco, alcohol, marijuana, or other drug use, or aggressive/violent behavior. The Student Assistance Team often works with school administrators to offer this group experience as a positive alternative to out-of-school suspension. While some students self-refer to this group, students are typically identified and referred to early intervention groups due to a school policy violation. Occasionally, however, a knowledgeable parent or friend will express a concern and ask the student assistance counselor to help.

The goal of early intervention groups is to help these young people gain insight into what is going on in their lives at the time and to understand the impact alcohol, tobacco, and other drugs and other negative behaviors have on their mental and physical well-being. Teens consider the consequences of their actions and make a decision about changes they need or want to make. Through the time spent with these students, facilitators can make informal assessments of the level of alcohol and drug use among participants and may refer students to special services outside of school, including addiction assessment, counseling, and other support groups, such as the family issues group. With the information and support participants gain in group, they can equip themselves to make decisions about what changes they need to make in their lives and how to access help in school or in the community.

Abstinence and Aftercare Groups

When early intervention support groups and strategies have been successful, or after a student has completed substance abuse treatment, the abstinence and aftercare groups are provided. These students are trying to live and remain free from alcohol, tobacco, and other drugs. Research shows that recovering students stand a much greater chance of staying alcohol and drug free when abstinence support groups are available at school. In fact, research shows that the time when recovering teens need the most support are the months immediately following alcohol or other drug addiction treatment. This is a time when these teens are precariously poised between relapse and recovery. School based abstinence and aftercare support groups provide these teens with a sustained environment in which they receive:

- Support to change their peer relationships from using peers to non-using peers
- Models for post-treatment sobriety

- Continuous contact and recovery monitoring
- Recovery education
- Encouragement in maintaining sobriety
- Feedback, consequences, and accountability should relapse occur

Abstinence support groups are for teens committed to not using alcohol or other drugs. In addition to supporting an alcohol and other drug free lifestyle, this group teaches students how to build healthier relationships with their parents, peers, and teachers. For recovering teens who find it difficult to commit to an alcohol or drug free lifestyle if their peers use, school based abstinence support groups provide a place to meet and get to know other teens whose goal is to stay drug free. It is important to note that abstinence support groups are intended to enhance, not replace community-based mutual support groups, such as Alcoholics Anonymous, Alateen and Al-Anon. They facilitate the student's recovery progress while in school.

Aftercare and abstinence groups can be as simple as a fifteen-minute meeting every morning or a weekly, fifty-minute session offered during school time.

Family Issues Groups

In the early years of SAPs, the first support groups focused on children of alcoholics (COAs). However, professionals working with COAs soon recognized that, while these children shared remarkably similar experiences, theirs were not unique experiences. In fact, children from families disrupted by other issues, from divorce to mental illness to abuse, shared similar losses, fears, and confusion. It became apparent that materials and services provided for COAs benefited children affected by other family problems. As a result, SAPs took on a more "broad brush" approach to help not only children impacted by addiction in their families (COAs), but also children affected by other family issues. Family issues support groups provide COAs and other at-risk youth with a safe, supportive environment of education and support which is part prevention, part early intervention, and part recovery from the "slings and arrows" that participants endure at home. By participating in group to deal with family issues, COAs and other children from troubled families learn to:

Understand that they are not alone. Others share their experiences and understand their feelings.

Validate their perceptions and interpretations of their experiences. Families in crisis send mixed messages to children, and they need help sorting out the confusion. In an educational support group, they learn that they are reacting to adults who may downplay or ignore the severity of their own problems, deny that certain events ever took place, and behave inconsistently.

Gain perspective on how their parents' alcohol or drug use, or other behavior, affects them. For instance, children from alcoholic families often fall into predictable, unhealthy patterns of behavior. Some become overly responsible to compensate for the irresponsibility of a parent, while others act out to get attention from an otherwise inattentive parent.

Shed blame. Children learn that they are not at fault for the alcoholism, drug addiction, divorce, marital problems, neglect, and physical or sexual abuse in their families.

Separate the parent from the problem behavior. For instance, alcoholics or drug addicted parents may be very caring, concerned people when they are not drinking or using; or a depressed, neglectful father may be capable of nurturing when his depression passes. Participants learn that a parent's drunkenness or other behaviors do not mean that their parent does not love them. Most importantly, they learn that they are valuable and that they are not responsible for fixing what is wrong at home.

Find hope. Participants learn that alcoholism is a disease from which their parents can recover. Children from families experiencing a divorce will learn that the initial turmoil will eventually reach a more stable and tolerable resolution.

Help take care of themselves. Participants learn to do positive things for themselves and to stop taking responsibility for duties rightfully belonging to others.

Deal with their anger. Many participants may be very angry with their parents. This anger tends to be expressed in destructive and inappropriate ways. Participants use the safety of the group environment to express their anger appropriately.

Understand the risks related to drugs and alcohol use. Participants, especially children of alcoholics, learn that they are at high risk for becoming dependent on alcohol or other drugs and unhealthy relationships.

Increase self-esteem. For many, simply having an adult listen closely to them boosts self-esteem.

Cope with their daily lives. Because of the stress in the family, even minor tasks such as getting to school on time may be very difficult for some participants. They learn that they will not be pitied or allowed to perform below their potential. Rather, they learn ways to get support to accomplish routine or simple tasks, and move forward, helping them to build a sense of self-efficacy.

Children are relieved to know that confusion and silence at home is not their responsibility. Peer support provides encouragement to talk and show feelings. Group sessions help youngsters build resiliency by empowering them to share their feelings and to

make safe choices in response to problem situations. They also develop self-care strategies, learn about safe people, and come to appreciate their own special gifts. When children experience the relief that group offers, the energy that has been devoted to keeping the family secrets, swallowing the confusion, embarrassment, fear, and shame is released and available for appropriate learning activity. Research shows that students who participate in COA support groups, as well as all of the groups offered by the Student Assistance Program, do better academically.

Children Of Alcoholics Support Groups

A special example of “family issues groups” is the children of alcoholics support group. Children who live in homes dominated by an addicted parent or other family member benefit significantly from participation in support groups provided by the Student Assistance Program. Since it is known that at a minimum one in four students in our schools struggle to survive in families with alcohol abuse or alcoholism, and many others struggle because of parental drug use and addiction, support groups designed specifically for Children of Alcoholics represent a major activity of Student Assistance Programs.

Perhaps the best way to understand some of the positive outcomes for children of alcoholics who participate in support groups is through examples. Again, Claudia Black* describes the experience of two children who took part in support groups for children of alcoholics and provides a brief discussion of the significant ramifications of the benefits they derived.

Emily, age 10, and her sister, Frances, age 7, have been in a weekly COA (children of addiction) group together. Their father has continued to drink. Mom participates in the parenting program. Emily initially comes to group as the family worrier, very preoccupied with dad’s drinking and mom’s response to dad. She appears highly controlled, never relaxed or playful. She has so taken care of Frances that the younger sister does not know how to act independently of her older sibling. She begins group not wanting to speak without relying on her older sister’s cues. At school, Frances is frequently in fights. Within ten weeks, partaking in all of the services we offer, with dad still continuing to abuse alcohol, mom reports and the group facilitator concurs, the younger child is able to act independently of her sister. There is significantly less fighting at school. The older sister, while still preoccupied and worrying, is taking more time on her own, not always being the little adult in the home, and appearing more relaxed. Both children are experiencing positive changes because of their involvement in the program.

Richard, age 8, lives in a foster care situation, has seen violence and sexually inappropriate behavior, and has experienced neglect. He is initially disruptive to group, he is agitated, he talks about the monsters under his bed and that he may need to kill them. Within three group sessions, he is less disruptive, less agitated. He is able to interact with

other children in a manner where they are more responsive to him. He is in need of an outside referral for the possibility of having ADHD, attention deficit hyperactive disorder. Because of his involvement in the program, Richard will be directed to an appropriate resource. The outlook for ongoing healing is significantly improved as a result of his early involvement in his COA support group.

These children, while they come from very different experiences living with addiction, are examples of children experiencing the benefit of being in a support group for children from substance abusing families.

Most of us have seen how emotionally stressed spouses become in their growing isolation when living with an addicted partner. Why would we expect children to withstand the confusion and hurt of addictive behaviors alone? We must support them in their present resiliency and intervene to protect and foster greater coping skills. It is too much to ask children to cope with the pain and loneliness of addiction in their family by themselves.

People should never underestimate the role they can play in a child's life. Those of us raised in painful families who have experienced a healing process can all identify specific people in our lives who were a part of "making a difference." People whose interaction with us told us in words or behavior we are of value, we are important, or that we deserve better or that we are talented. For some the significant people may have been a grandparent, maybe a neighbor, often a school person, possibly someone at church. But looking back they offered a respite, a time out from our emotional confusion or hurt. They believed in us at a time it would have been easy for us to internalize shame—the belief that somehow we were inadequate, not good enough. So today, as concerned persons, we do what we can do to make that difference.

** Claudia Black, PhD, MSW, author and trainer, is internationally recognized for her pioneering work with children of alcoholics, family systems and addictive disorders. Since 1998 she has been the primary Clinical Consultant of Addictive Disorders for The Meadows Institute and Treatment Center in Wickenburg, Arizona.*



Chapter 4

Support Group Facilitators and Leaders

Leading a successful group is part art and part science, and requires skills that are best learned by experience, whether in class or through training from seasoned professionals. New facilitators have a lot to learn, and one of the most important lessons is to accept limitations – the group’s limitations and the facilitator’s own. Accomplishments in group may not always be startling, but there will be results. One person might come to understand the information. Another person in a group of resistant, uncooperative people may learn to recognize the risks involved in making poor life choices. Several people may go on for further evaluation, leading to a referral for treatment.

Parameters and Expectations for Facilitators

Support group facilitators play a role in the Student Assistance Program imbued with a unique set of skills designed specifically for educational support groups. As mentioned in the last chapter of this manual, there are differences between educational support groups and therapy groups, and therefore there are skills for each model. Facilitators of educational support groups are encouraged to engage fully in the process of the group they are running, and at the same time they are cautioned to maintain the parameters of educational support groups, and not “get in over their heads.” When a facilitator strays from the guidelines for support group facilitation, issues may arise that distract from the service the child should receive, resulting in misunderstandings with parents and/or with other staff members.

Conversely, when trained counselors or clinically trained staff members facilitate support groups, they too are cautioned to observe the distinction between educational support groups and therapy groups. Frequently, school districts specifically state that their role is to provide education. Some school districts clearly state that they are not in the business of providing psychotherapy for their students. Therefore, the provision of therapy groups is usually limited to clinical settings where alcohol or other drug treatment is a clinical mission.

The following list of expectations is presented in the service of further clarifying the expectations for educational support facilitators:

As a group leader you are expected to:

- Educate participants about the issue(s) they face
- Be honest
- Be a good listener
- Refuse to accept excuses or be easily manipulated
- Refuse to enable participants' use or inappropriate behavior
- Refer to other support staff within the school or community, as needed.

As a facilitator, you are not expected to:

- Cure problems
- Know all the answers
- Be an expert counselor
- Be perfect
- Never make mistakes
- Entertain participants
- Convince, convert, or win arguments
- Provide diagnoses or labels.

Group Facilitator Rights, Roles, and Responsibilities

Educational support groups run smoothly if, in addition to specific policies and procedures, all those involved understand the general rights and responsibilities of group facilitators.

Facilitator rights are to:

- Learn more with each leadership experience
- Be respected
- Be assertive
- Take charge of the group while giving participants opportunities to explore their own experiences, ideas, and feelings
- Confront a participant assertively
- Make mistakes
- Say, "I don't know. I'll have to find out."
- Ask questions
- Do your best without being perfect
- Consult with others
- Use your own style and creativity within the structure of the program
- Gain cooperation from the administration.

Facilitator responsibilities are to:

- Plan ahead and know the materials
- Communicate with the group, not at the group
- Be clear and open in communication
- Offer facts and information
- Give suggestions and ideas about issues
- Model healthy, appropriate behavior for participants
- Be a support person for participants
- Listen to what participants say
- Provide access to resources and materials
- Maintain a positive attitude to give participants confidence in the process
- Steer the discussion but not monopolize it
- Encourage sharing of personal reactions, doubts, and hopes
- Involve all group members
- Find answers to participants' questions
- Facilitate problem solving
- Listen for and help elicit thoughtful reactions
- Strive for animated exchanges without argument
- Never act shocked by what is said
- Remember that everyone is different

Characteristics of a Healthy Group

According to the educational student support group curriculum, *Helping Teens Overcome Problems with Alcohol, Marijuana, and Other Drugs*, one of the primary responsibilities of a group facilitator is to create a healthy, productive climate in group. The group should be:

Safe. Participants should feel safe to express their anger, opinions, and any information without ridicule or attack, either from you or other participants.

Confidential. Participants must know that anything they reveal will not be confided to anyone outside the group. Anything said by participants is confidential. However, you must tell the students that you will immediately report to the appropriate authorities any student who might be a threat to himself or herself, be a threat to another person, or be abused. And you must report.

Confrontational. Caring confrontation is part of the group process. Participants who aren't being honest, who do not get their facts straight, or who are not participating in a

caring manner will hear about it from you and sometimes from other participants. However, confrontation must be used sparingly and judiciously. Heavy handed, treatment oriented techniques are not appropriate in an educational student support group.

Caring. Students who participate in an SAP educational support group often live painful lives. Your care and concern must always come through.

How to Promote Healthy Interactions

The following guidelines help to develop a safe, confidential, confrontational, caring and productive group.

- Be open
- Encourage participants to say what is on their minds
- Make participants feel at ease
- Strive to keep the group interesting, upbeat, fun
- Be patient
- Give each person time to respond
- Demonstrate active listening skills by verbally acknowledging what is said, whether by nodding, asking questions, etc.
- Offer positive reinforcement and praise any accomplishment that gives a participant a sense of success
- Remain culturally sensitive
- Be confident and sincere
- Be empathetic and nonjudgmental.

Facilitator's Program-Planning Checklist

- ❑ Develop program procedures and curriculum.
- ❑ Inform the staff about the group(s) that will be instituted.
- ❑ Plan meeting dates and times on a master calendar so groups meet consistently each week, avoiding holidays. Groups should meet during alternating periods on the same day of the week.
- ❑ Order all materials, including curriculum, student workbooks, videos, demonstration aids, paper, markers, and audiovisual equipment.
- ❑ Review prospective participants' school records to see if they have special concerns, such as reading problems or learning difficulties.
- ❑ Create a roster for each group.
- ❑ Send out invitations followed by reminders to prospective participants regarding group meeting times. It is very helpful to have student teacher assistants do this.
- ❑ Display the monthly or yearly group schedule in a central location.

The Mechanics of Setting up Support Groups in School

Length of Sessions

Support groups generally meet weekly for 6-12 weeks. The length of each session depends upon the age of the students:

- Pre-K/Early Education: 20 to 30 minutes/session
- K-2, 30 minutes/session
- 3-5: 30-40 minutes/session
- 6-12: 40-60 minutes/session

Number and Mix of Participants

The size of the group and the mix of participants can affect both the group processes and outcomes. The number of students per group depends upon the age of the students. Consider the following guidelines:

- Preschool/early education: 4 students/group
- K-2: 4-6 students/group
- 3-5: 6-8 students/group
- 6-12: 8-10 students/group

In regard to the mix of participants, it may not be best to group siblings and cliques of friends together, particularly if doing so impedes open, honest communication.

Meeting Room/Space

Groups should meet in a quiet, private room with enough space to comfortably sit in a circle and conduct group-related activities. Students may sit on chairs or on the floor. It is best if the facilitator remains seated with the participants during discussion, except when it is necessary to stand and point to items or conduct an activity.

Rules of Group Participation

The policies and procedures of the school determine what specific rules or guidelines facilitators follow during group. The following group rules are introduced in the first session and may include:

- Everything said in group is confidential. However, the facilitator must immediately report to the appropriate people any participant who might
 - Be a threat to himself or herself
 - Be a threat to another
 - Be abused

- Be respectful
- No put downs
- No abuse
- It is important and okay to share feelings
- Take turns talking
- Support each other
- Be an active participant
- Start on time and end on time

Curriculum Structure

Most support groups use the following format:

- Check in by taking attendance and conducting an opener, ice-breaker, or energizer.
- Introduce the educational focus (topic) of the day's group.
- Lead conversation and conduct activities that support the goals and objectives of the day's group.
- Close group by summarizing the outcome of the day's group and conducting a closing activity.

Parent Communication and Contact

Parent and guardian involvement is one of the primary principles of effective SAPs. Maintaining appropriate communication with parents and guardians is essential to the support and success of groups. Involving parents/guardians in productive ways requires advance planning, as well as skilled and considerate communication.

Parental Permission for Student to Participate in Group

Schools require written parental permission for student participation in activities outside the classroom. Districts handle this in various ways. Some send a permission form home at the beginning of the school year listing the various school-sponsored activities in which their child could participate. Parents either do or do not give their permission for participation. Other districts require permission for each school-based activity as it arises.

Guiding Group Discussion

There are many approaches a group facilitator can utilize to guide group discussion to meet the participants' needs and goals of group. Group interaction often depends on the group facilitator's personality and skill set. A good facilitator must be able to share leadership responsibility, encourage members to help each other, and include all members in discussions.

Groups naturally tend to move through phases of a group process, getting more comfortable and trusting about sharing feelings and information as more meetings occur. To enhance this natural process, the group facilitator must be sensitive, aware, and well-spoken. In addition, a successful group facilitator:

- Initiates group interaction using goals, objectives, and standard group procedures
- Purposefully guides group interaction
- Encourages the discussion of problems and concerns
- Helps to identify, explore, and express feelings
- Helps participants express themselves more clearly and understand each other more accurately
- Focuses on the present
- Links together ideas by clarifying and summarizing
- Keeps interaction within the guidelines set by facilitator and participants
- Listens actively
- Encourages participants to use "I" messages to express feelings, wants, and needs
- Faces conflict openly and positively and models appropriate conflict resolution techniques.

Finally, one of the most important group facilitator skills is to recognize the group members as sources of help for one other. The group facilitator does not and cannot have all the answers. By helping each other, students can help themselves. This improves group morale, helps the group to take ownership, and alleviates some of the pressure on the facilitator. The key is to operate behind the scenes through the group.

Provide Useful Feedback

Useful feedback is possible only when facilitators and participants pay close attention to what others say, what they mean, how they say it, and how they feel.

Effective feedback:

- Is specific rather than general. To be told that one is deluded is not as effective as being told, "You say you don't have a problem, but last week you named two problems in your life that you admitted were related."
- Is focused on behavior rather than on the person. It is preferable for a person to be told that he talked more than anyone else in the meeting rather than be told that he is a loudmouth.

- Takes into account the needs of the receiver of the feedback. Feedback can be destructive when it serves only the needs of the giver and fails to consider the needs of the person on the receiving end. It is given to help, not to hurt.
- Involves an amount of information the receiver can use rather than the amount of information a person wants to give.
- Is directed toward behavior that the receiver can do something about.
- Involves sharing ideas and information rather than giving advice.
- Is timely. Feedback on something someone did three or four sessions ago is not as useful as feedback on immediate behavior.
- Does not focus on causes of behavior, but rather on the observed behavior itself.
- Is solicited rather than imposed. Although this is not always possible, feedback is most useful when the receiver has indicated a desire to learn more about him or herself.
- Focuses on the feelings of the speaker, who has observed or felt the effects of the behavior.
- Allows both the giver and the receiver an opportunity to check out the information with the group.

Ask Open-ended Questions

How questions are asked is very important in soliciting information. There are two types of questions: open-ended and closed-ended. Open-ended questions give the participant a chance to share any information considered important. Such questions are valuable in establishing a comfortable and caring relationship between the facilitator and participants. By creating open communication, the facilitator increases the chance of solving problems. The following are examples of open-ended questions:

- “Why do you...?”
- “How do you feel about...?”

Dealing with Difficult Issues in Group

1. **Can't get group started.** Remind participants that it's their group and say, “Let's get started.”
2. **Group is quiet or unresponsive.** Quiet in group is not always negative. However, if it lasts for an extended period of time and becomes uncomfortable, then it may be a good idea to address the situation directly by saying, “The group seems quiet now. Why do you think we're being so quiet?”
3. **Lack of seriousness.** This can be a problem if it occurs at the wrong time. Try pointing out the problem and getting feedback from the group by saying, “Some of us don't appear to be taking this seriously. What seems to be the problem?”

4. **Chaos – everyone talking a once.** It's best to simply remind the group of the ground rules by saying something like, "let's remember our ground rules and listen while others are talking. We all have something important to say, but if we're all talking at once, we may miss something."
5. **Cross talk.** This can be a real problem as it not only disrupts the group, but can also cause it to lose focus. To handle this situation, a facilitator could say, "There are some side conversations going on and we're losing focus. Let's stay on target." If the conversations continue, it may be a good idea to confront the members directly during the group. If at all possible, however, try talking to them outside the group and sitting between the two cross-talkers during the next meeting. Sitting or standing near the offenders may also be an immediate solution.
6. **Group gets off the subject.** If the discussion has veered off the subject but is serving a purpose, facilitators may want to let it go. However, if the group is totally off track and the discussion is not serving any worthwhile purpose, a facilitator could try saying, "This is interesting, but we've gotten off the subject. Can we get back on track, please?"
7. **Cliques form within the group.** It's best to talk to the members involved individually outside of the group. Let them know that it's great that they are getting to know each other. Do more activities in the group that will help them mingle more and get to know others as well.
8. **Tension within the group.** If you can't figure out any reason for it and it is not stemming from a particular individual's attitude or problem, then you may want to address the group directly by saying, "There seems to be some tension in the group. Why do you think that is?" If the tension can be traced to a few particular members, however, it's best to talk to them about it outside of the group.
9. **Hot debate.** In situations like this it's best to remind the group of the ground rules. Try saying, "We aren't communicating right now. This seems to be a very controversial subject and I'm sure everyone has something important to say, so let's give everyone a chance. Remember, listen to and support each other. That does not mean you have to agree, but you should respect each other's opinions."
10. **War between two or more group members.** If there are a couple of group members who do not seem to be getting along, it should be handled as soon as possible outside of the group. If this situation is not checked, it will tear the group apart. If it feels right and you choose to approach the subject in group, you might say, "I'm sensing some tension between some of us. Can we talk about this?"
11. **Quiet person.** Remember that each group member has the right to pass; however, if one person is being unusually quiet you may try addressing a question directly to them, such as, "How about you, Pete?"

12. **One person dominates the group – a constant talker.** When it becomes obvious that this is a problem, a facilitator should address that person by saying, “Thanks for the input, Jane. We like to hear what you have to say, but let’s give everyone a chance.”
13. **One member interrupts another.** Simply remind them of the ground rules and say, “John was sharing. Let’s let him finish.” Remember to go back and address the second person’s issue.
14. **Other individual member issues.** Other behavior types may appear, such as the incessant comic. These individual issues are best dealt with outside the group. Often, the person just needs some special attention or extra time. The group might police these situations, as well.
15. **Students ask questions the facilitator can’t answer.** The best rule of thumb is to open it up to the group for answers. Facilitators can say they can’t answer that question and try throwing it back to the group. Ask, “What do you think?” or “Why do you ask that?” If the question concerns a point of information, ask, “How could we find the answer?”

Referring Out and Identifying Community-based Resources for Families in Need

It is important to line up the resources to deal with issues that lie beyond the scope of the group or the facilitator’s expertise before the need for them arises. Before starting a support group, professional resources should be located within the community for:

- Depression and suicidal adolescents
- Child abuse
- Concerns about sexual orientation
- Family problems
- Alcoholic or drug dependent parents
- Eating disorders

In addition, prepare or obtain booklets or information that describe local resources related to alcohol, tobacco, marijuana and other drug use and family problems, along with directions on how to contact them. Available service agencies should be contacted in advance to determine:

- The range of services offered
- Strengths and weaknesses of each agency
- The extent to which each is prepared to deal with children and adolescents
- How agency staff members feel about working closely with the school
- Who is and who is not eligible for services at each agency and under what conditions

Do's And Don'ts For Group Facilitators

Do:

- Have a co-facilitator.
- Have a "focus" for each meeting – goals and objectives.
- Know why you are here--have a commitment to what you are doing.
- Be aware of own values and attitudes toward different participants.
- Be willing to share own feelings and ideas about discussion topics.
- Create warmth and trust--"What is said here stays here!"
- Respect all members.
- Relax and learn from the group process.
- Maintain a good sense of direction and clear idea of immediate and long-range goals for the group.
- Learn how to be a good group facilitator by "sitting in on" groups facilitated by seasoned facilitators.
- Encourage members to share ideas and feelings.
- Be aware of nonverbal, as well as verbal, communication.
- Be an active listener.
- Show empathy to individual members' concerns and feelings.
- Keep group on task using direct questions, preventing avoidance, and exploring feelings and defenses.
- Use open-ended questions to stimulate discussion.
- Periodically link together related parts of discussion.
- Confront with respect and sensitivity.
- Refer problems beyond the scope of the group to the coordinator or other quali-

fied personnel (administrator, psychologist, counselor, etc.).

- Allow time to process/evaluate each group. Take a few minutes to write reminders so you can pick up on problems at the next meeting.
- Keep your sense of humor--spontaneity is an important group function.
- Arrange the room so members can easily see each other.

Don't:

- Think the group success or failure is solely your responsibility.
- Allow gossip during group--talking about people who are not present is unrewarding and unhealthy.
- Be patronizing, "know it all," or give advice. You are not expected to have all the answers. Seek the group's reactions to problems and input.
- Do group therapy - neither you nor the group is trained to do this and it is inappropriate in an educational support group.
- Tell members what they should or shouldn't do or feel.
- Be a "caretaker;" allow members to take ownership for their own feelings.
- Have an excessive need to reassure members they are achieving.
- Remain passive to group discussion.
- Avoid silence - it can be healthy for groups to be silent, even though awkward.
- Carry group participants' problems into personal life.

- What fees are charged
- If insurance covers the cost of services.

Sharing Information

Schools, courts, and social service agencies should establish procedures that allow them to share confidential information in a manner consistent with clients' needs and rights. As an experienced SAP counselor says, "Nothing will sabotage a program sooner than not being able to get information back and forth between people regarding students." Assessment counselors need to know what a young person's problems are in school and schools need to know how to integrate post-treatment plans into the school's schedule. This is a significant issue and counselors invest a great deal of time maintaining a feeling of trust and cooperation with community agencies. Standard procedures for the release of confidential information forms should be established, and regular meetings with those agencies should be conducted.

When people begin to make changes in their lives, they frequently need encouragement and support. Occasional brief contacts with SAP staff who offer a sympathetic ear can be a big boost to people who have been referred to agencies outside the school.

Many communities have information and referral agencies that publish books describing local services that may fit the needs of students accessing SAP services. You may be able to obtain and distribute these booklets at little or no cost.

Community Resources

Basic Services

- Suicide prevention hotlines
- Telephone counseling and referral
- Drop-in services

Assessment and Diagnostics

- Special alcohol/drug assessment services
- Interviews by social workers, psychiatrists, psychologists, drug and alcohol abuse specialists
- Psychological testing
- Neurological testing

Inpatient treatment. This usually refers to services provided by hospitals or residential treatment centers to clients who reside onsite.

Residential treatment center. Clients live and participate in a therapeutic community.

Day treatment. Clients do not reside in a hospital or treatment center, but spend weekdays participating in therapeutic activities.

Outpatient services. Clients attend regularly scheduled group or individual therapy sessions.

Aftercare. Services provided to clients after completion of inpatient treatment.

Halfway houses. Long-term residences for people with mental health or drinking and drug use problems, after they complete more intensive treatment.

Self-help groups. Alcoholics Anonymous is the most well known of these self-help groups and nonprofessional organizations.

Specialized Services for Adolescents

- Counseling and psychotherapy
- Sex education and counseling
- Birth control services
- Services for problems with marijuana or other drugs
- Services for runaways
- Drop-in centers
- Youth organizations such as Boys and Girls Clubs, Boy or Girl Scouts, etc.

Drug and Alcohol Services

- Detoxification
- Outpatient alcohol/drug treatment
- Inpatient alcohol/drug services
- General medical hospital or unit
- Specialized alcohol or drug dependency hospital or unit
- Education concerning drug/alcohol use
- Self-help groups
- Alcoholics Anonymous. The major self-help program for alcoholics is a nonprofit organization run almost entirely by recovering alcoholics. The goal of AA is to help alcoholics to stop drinking by following the Twelve Step program.
- Narcotics Anonymous for those addicted to narcotics and drugs other than alcohol.
- Al-Anon, for spouses, children, and friends of alcoholics.

Family and Marital Services

Parents of students participating in an SAP may need many other services, including marital and family counseling, family planning, debt management, legal assistance and more. As a facilitator, you are not likely to be in a position to recommend these services unless you have established considerable personal rapport with the parents.

Mental Health Services

- Individual therapy or counseling
- Group therapy or counseling
- Self-help groups
- Emotions Anonymous
- Recovery Anonymous

The following contact form can be used for simple tracking of these community resources for handy reference while working with students who may need additional help outside of the school setting.

Key Contacts for Special Problems

BEFORE STARTING A SUPPORT GROUP facilitators should make contact with professionals in the school or community who can consult with them and facilitate referrals when special problems arise. At the very minimum, the following key contacts should be identified.

CHILD ABUSE, in-house contacts. People who can help clarify possible instances of reportable abuse and determine when to contact community agencies.

Name: _____ Phone number: _____

Name: _____ Phone number: _____

PHYSICAL/SEXUAL ABUSE, community contacts. Someone who knows the local system and can give advice regarding the best way to access the system.

Name: _____ Phone number: _____

Name: _____ Phone number: _____

DEPRESSION IN CHILDREN AND ADOLESCENTS, in-house and community contacts.

Name: _____ Phone number: _____

Name: _____ Phone number: _____

ALCOHOLISM OR DRUG ABUSE FOR YOUTH AND PARENTS, in-house and community contacts.

Name: _____ Phone number: _____

Name: _____ Phone number: _____

DIVORCE AND RELATED PROBLEMS, in-house and community contacts.

Name: _____ Phone number: _____

Name: _____ Phone number: _____

EATING DISORDERS, in-house and community contacts.

Name: _____ Phone number: _____

Name: _____ Phone number: _____

Assessing Educational Student Support Groups

In addition to the internal value of assessing the SAP's effectiveness, it is important that the SAP leadership report to the community stakeholders as well as the school district leadership. Indeed, raising awareness of the problems as well as the successes encountered by the SAP teams is important.

Following are sample participant and facilitator evaluation forms that can facilitate this process.

Student Support Group Evaluation

Student Number_____

Sex: F M (circle)

Referred to group by:

- Self
- Friend
- Parent
- Teacher
- Counselor
- Admin.

Group: (check one)

- Insight
- Concerned Persons
- Sharing
- Aftercare

Number Sessions Attended: _____

THIS INFORMATION WILL BE KEPT CONFIDENTIAL AND WILL BE USED FOR PROGRAM EVALUATION. Please answer the questions as they relate to your experience of being in a student support group. (Circle your response.)

1. What effect has the student group had upon your school attendance?
 - a. A positive effect
 - b. No effect
 - c. Haven't been in group long enough to know

2. What effect has the student support group had upon your overall schoolwork?
 - a. A positive effect
 - b. No effect
 - c. Haven't been in group long enough to know
3. What effect has the student support group had upon your general attitude toward school?
 - a. A positive effect
 - b. No effect
 - c. Haven't been in group long enough to know
4. What effect has the student support group had upon your ability to communicate and express your feelings in a positive way?
 - a. A positive effect
 - b. No effect
 - c. Haven't been in group long enough to know
5. What effect has the student support group had upon your feelings of self worth and self-confidence?
 - a. A positive effect
 - b. No effect
 - c. Haven't been in group long enough to know
6. What effect has the student support group had upon your physical health?
 - a. A positive effect
 - b. No effect
 - c. Haven't been in group long enough to know
7. What effect has the student support group had upon your relationship with your family?
 - a. A positive effect
 - b. No effect
 - c. Haven't been in group long enough to know
8. What effect has the student support group had upon your being able to help family members who may need help?

- a. A positive effect
 - b. No effect
 - c. Haven't been in group long enough to know
9. What effect has the student support group had upon your relationships with other students?
- a. A positive effect
 - b. No effect
 - c. Haven't been in group long enough to know
10. What effect has the student support group had upon your being able to make or explore supportive friendships?
- a. A positive effect
 - b. No effect
 - c. Haven't been in group long enough to know
11. What effect has the student support group had upon your being able to help friends who may need help?
- a. A positive effect
 - b. No effect
 - c. Haven't been in group long enough to know
12. Would you recommend the student support group to your friends?
- a. Yes
 - b. No
 - c. Don't know
13. Have you asked a friend to come to the student support group?
- a. Yes
 - b. No
14. Have you referred a friend's name for the student support group?
- a. Yes
 - b. No

15. What effect has the student support group had upon your use of alcohol and other drugs?
 - a. Don't use
 - b. Have decreased my use
 - c. Have stopped using
 - d. No effect
 - e. Haven't changed my use but am more aware of the problems

16. What effect has the student support group had upon your ability to find new, positive ways to deal with your problems?
 - a. A positive effect
 - b. No effect
 - c. Haven't been in group long enough to know

17. How do you feel about the length of each student support group session?
 - a. Just right
 - b. Too short
 - c. Too long

18. How do you feel about the number of times the student support group meets per week?
 - a. Just right
 - b. Needs to meet more than once a week
 - c. Should meet less than once a week

19. Do you feel more comfortable now in the student support group than you did at first?
 - a. Felt comfortable from the beginning
 - b. Yes
 - c. No – am still uncomfortable

20. Rate your present comfort level in the student support group.
low 1 2 3 4 5 high

Questions on pages 60-63 are copyrighted by Cheryl Watkins, M.Ed., Student Assistance Training International, and included with permission.

To be completed by each facilitator or observer to assess the group's development.

Educational Student Support Group Process Evaluation

	Could improve	Do okay	Do well
Trust level			
Atmosphere safe, caring, and comfortable			
Listening			
Members give feedback			
Members share feelings			
Power			
Conflict addressed and/or resolved			
All members participate			
Time management			
Amount of structure			
Members take initiative: jump in and integrate			
Clear rules			
Norms: always go around, etc.			
Level of intimacy			

What roles did you observe in group?

What defenses did you observe in group?

Did any issues arise that you would like to discuss further?

Do you have any questions or concerns?

Educational Student Support Group Facilitator Skills Self-Assessment

Facilitator: Please mark the appropriate box that best applies to you. Circle your areas of strength.

	I do well	I am ok	I could improve	NA
Listen actively				
Encourage/affirm				
Clear rules and direction				
Empathy/caring				
Allow silence				
Handle conflict				
Atmosphere: safe, comfortable, trust, respect				
Self disclosure				
Enthusiastic				
Honest				
Work with co-facilitator				
Feel overly responsible				
Time management, closure				
Insight				
Feedback				
Help participants focus on feelings				
Humor				
Structure				
Other:				

Notes/Comments



Chapter 5

Working With Parents

The term “parent” means the person who is doing the parenting, be it two parents, a single parent or a guardian.

Three things have become clear as SAPs developed over the years:

First, the SAP is one of the best ways for the school district to build positive relationships with parents.

Second, parent cooperation is necessary to do almost anything to help a particular student having an alcohol/drug, academic, or other behavioral problem.

Third, parent support is essential in making a SAP successful. It is important to involve parents at the beginning of and throughout the process of program development.

The goals for the SAP in working with parents include:

- Building parental trust in the program and staff
- Assisting them in developing trust in themselves as parents
- Obtaining their support for the program’s efforts to help their child
- Helping parents understand that they do not have to address their child’s issues alone and that the school is one of the community systems that can help.

In years past, parents often had the child’s grandparents or close neighbors helping in the parenting chores. This has changed in most communities, but now the school and SAP can play an important role in assisting parents to help their child reach his/her full potential by:

- Helping empower parents to take positive and workable action to assist in changing the child’s problem causing behavior.
- Making working successfully with parents a priority for the school district and giving strong support from administration, faculty, and staff.

Helpful assumptions when working with parents include:

- Parents care very deeply about their children and want the best for them.

- Parenting can be complicated and difficult.
- Most often parents truly want help.
- It is paradoxical that when parents need help the most, they often can be most rejecting of the assistance offered.
- Often, those most hostile at the beginning of your dealings with them later become the most supportive of your assistance.

When working with adolescents, some of us tend naturally to assume the role of advocate: advocacy for legal rights and the rights of self-determination, or general advocacy for students against any negative pressures impinging upon them. The advocacy, however, can easily slide into advocacy for the youth against the parents. It is important to support both parents and their children when intervening into behavior problems.

A positive “offense” can help to diffuse the defensiveness of parents. When school districts develop positive, trusting relationships with parents on a consistent basis throughout the school year, working with them in a time of crisis with their child is much easier.

The greater the effort the SAP, as well as the whole school district, makes to build a trusting relationship between school and parent, the easier it will be to interact with the parents when Student Assistance is required. Here are some ways which are helpful in this effort.

Frequent Communication

Frequent personal communication with parents can build a healthy bond. This can include written notes, telephone calls, emails, etc. In some districts it is essential that communication be in various languages. A strong bond can be built when parents know your expectations, are given suggested ways in which they can be helpful, and know ways to reach you.

Parents feel respected when the school or SAP requests their advice. Schools that have “parent volunteer programs” bring parents into the school in a variety of roles such as mentoring, chaperoning events, or tutoring. It is also known that when parents come to school and leisurely tour the building on a regular basis, all aspects of school climate improve. As parents and school staff get to know each other, barriers between parents and school break down.

A monthly or at least quarterly parent newsletter helps to maintain communication. A letter at the beginning of each school year outlining policies and procedures for dealing with academic and behavioral problems also can be helpful.

Frequent Contact

Opportunities to reach parents to talk about the SAP and issues schools wish parents to be aware of include:

- Pre-season meetings where coaches and coordinators of extra-curricular events clarify to parents the expectations for student involvement in these activities and during extra curricular or sports events
- Open houses, parent “back to school” evenings
- Ceremonies where students are being recognized
- PTA, PTO, Parent Communication Networks or parent support groups

Presenting a variety of educational opportunities for parents is an excellent way to offer encouragement and support to parents. However, because parents are usually very busy, you need to compete for their time. A few successful ways to get better attendance include:

- Offer prizes and/or food
- Use “teaser topics” to start conversation, such as
 - “Talking with your _____-year old.”
 - “What is normal behavior for a _____-year old?”
 - “How do you parent a teenager?”
 - “How to build resiliency in your children.”
- Hold these events at various sites and times in the community, such as “bag lunches” at places of employment, receptions after worship services, sites of community fraternal or volunteer organizations, a local mall, etc.
- Offer academic credit (a mini parent university).

Student Behaviors Necessitating SAP Involvement with Parents

Five different conditions under which Student Assistance personnel contact parents:

- A student has been caught in possession of alcohol, tobacco, or some other drug on school property
- A student has admitted being concerned about his/her drug use
- A student has shown a marked decline in academic performance or a disinterest in other activities, and there seems to be some disruptive personal problems
- A student has a marked change in personality and behavior, such as withdrawal or aggressive behavior
- An increase in disciplinary problems and/or absences.

Goals to Accomplish When Interacting With Parents

Respect the Parent's Right to Know

- Common sense and explicit laws usually require that the parents be notified when their child has violated the laws and/or is experiencing significant health problems.
- Parents must always be notified when a student is caught using drugs or when the child's behavior is such that staff believe that the child is intoxicated.
- In cases where the student self-refers, or when academic performance declines, the decision to notify parents should be made on a case-by-case basis.

Assessment/Intervention Considerations

- Parents can contribute greatly to the assessment or intervention. Parents have data and the school has data; the best outcomes for students occur when parents and the school cooperate with each other.
- School staff should be given guidelines as to effective ways to approach parents when attempting to gather information about their child's recent behavior.
- To clarify parental responsibilities, parents must be made aware of their responsibilities and prerogatives in regard to addressing and assisting with effective strategies designed to change their child's behavior.
- To clarify the school's responsibilities and prerogatives, parents must be made aware of what actions the school can and will take given their cooperation or non-cooperation.

It is extremely advantageous when parents become willing participants in the assessment/intervention process, especially when their cooperation begins with the very first phone call.

Child Caught in Possession or Under the Influence

When a student is found to be under the influence or in possession of drugs on school property, many schools require that the parents come immediately and take the child out of school. In this situation, school personnel have time to inform parents about the incident and explain the general process that will follow; in-depth discussion of the nature of the child's drug use problems must wait until sufficient information has been gathered from available sources. There may also be some issues regarding police involvement that must be addressed. At this point, three critical points to be communicated are:

1. Since the student was apprehended while under the influence or in possession of drugs, a problem exists and the school must take action immediately.

2. Although the facts of the immediate incident are incontrovertible, the full extent of the problem is not known at this time.
3. Certain standard procedures must be followed.

The parent's reaction to the initial contact may determine whether or not the school can immediately move into a cooperative assessment effort or will have to keep the interaction based on a more legalistic stance with minimum involvement of parents. In dealing with parents when alcohol/drugs are involved, it is best to remember not to let the overzealous use of legitimate power block the likelihood of willing cooperation.

Performance or Behavioral Problems

When a student shows degeneration in academic performance or behavior, the schools have good reason for requesting parent cooperation. In the process of early intervention, the effort should always be to try to help students before they drop below the minimum requirements. Showing concern and offering assistance when a student stops performing up to his/her potential or when there is a marked decline from previous performance levels is always desirable.

With such general criteria as a decline in academic performance, it is possible that current problems are related to issues having nothing to do with alcohol or drug abuse. Therefore, the decision to refer for assessment of drug related problems must be considered carefully and should be deferred until other possibilities have been considered.

If the school has some mechanism for warning parents about their child's behavior in regard to academic and behavioral performance, parents have an opportunity to intervene before the school has to take further action. It is helpful if the initial contacts do not come from a centralized source, such as a school administrator, but rather from individual teachers, coaches, or student assistance professionals. When parents hear the information from a variety of sources, they cannot fault any one person, and denial often breaks down more quickly. When problems start to arise, then, parents can be given opportunities to discuss them with teachers, coaches, or student assistance staff before the administration demands that parents appear for discussion.

First Meeting with Parents

Whether the issue is a violation committed by the student, or an academic/behavioral issue, parents will usually be overwhelmed and will be on the defensive, especially if the issue involves their child's alcohol/drug abuse. The first in-depth meetings with parents must be prepared for ahead of time by having the facts as the school understands them, as well as a possible action plan with options.

It is important that both parents attend this meeting. Even if separated or divorced, if both parents are still involved in parenting, they both should be at the initial conference. If not, one parent may never tell the other about the problem or the information may not be relayed to the other parent without being altered considerably. If this happens, the parent who was not present consequently cannot fully understand the situation and may not cooperate with efforts to intervene into the young person's problems.

Remember that parents:

- Do not want their child to have a bad reputation
- Often feel embarrassed or guilty
- Are afraid they will be judged as bad parents
- May tend to blame the school or others
- Honestly believe that the problems are not that serious

Tips which may help at the meeting include:

1. Begin by being a good host and treating the parents as welcome guests. Help them feel comfortable, offering beverages and some friendly small talk. Even though they are required to be there, thank them for coming to the meeting.
2. Reassure them that they are not the cause of the problems and that many parents go through these same types of issues. Say something positive about their child in order to reduce their defensiveness and to help them maintain some level of positive feelings for their child in this situation.
3. Ask them to work together with you and offer your support. Remind them that these issues can be resolved.
4. Clarify the facts as you understand them. Listen to their side because their views are very important, and acknowledge their feelings in whatever ways that seem appropriate.
5. Initiate possible action steps, offering options. Be gentle yet firm as to what needs to happen. Agree on a plan of action for both the school and the parents. Set time frames for them to act. Make sure that the school's actions are consistent and fair.
6. If parents are cooperative, increase the support. If they are not cooperative you can increase the negative possibilities that could happen.

Involving parents in the assessment process

If cooperative, parents can be very helpful in the assessment process. Parents can be asked for data that may indicate an alcohol/drug problem or other personal problems.

Parent cooperation must also be enlisted to ensure that the young person follows through on suggestions for assistance. Sometimes it is helpful to list the areas where parent cooperation is requested or required so that the parents have a clear idea of what is expected of them.

When There is a Parent with Alcohol Problems

One problem that consistently frustrates those working in SAPs is the difficulty of working with parents whose drinking is having a negative effect on their children. Many staff members feel that confronting parents with concrete data about their children's problems, especially alcohol/drug issues, is risky enough without confronting parental alcoholism. Yet, simply by offering basic support group services to these children as part of the SAP, significant help can be provided regardless of the parent's drinking.

Some Specific Questions for Parents

Below is a long list of questions that school personnel have sometimes asked of parents in order to find out relevant data about a student's behavior at home. SAP counselors should select questions from this list that would be appropriate for a specific family. These questions can be used in a conference with parents to help organize the information being collected and to help maintain the focus of the meeting.

Sometimes it is helpful to send the selected questions home to parents before a conference concerning their child, so that the parents have a chance to think about the questions ahead of time. This can facilitate parent conferences because it can reduce the parent feeling "on the spot" to answer questions without having time to privately reflect on the information that is needed to help their child. This in turn reduces the tension and defensiveness often experienced in a conference with parents when problem areas are discussed.

Indeed, the process of sharing sensitive information about their child can overwhelm parents. The SAP team member, then, is not advised to attempt to address all of the issues on the list with the parents, but rather address those that are relevant to the specific family with whom the SAP is working.

Notice that these questions vary in how "intrusive" they are. Again, it is important that SAP team members remember that parents may not want to answer all of the questions selected on their first meeting. However, as trust is built, parents are usually willing to answer most of the questions asked.

- Has your child demonstrated a change in personality?
- Has your child lost interest in schoolwork or job?
- Has your child become less physically active? Less active in sports?
- Does your child lie? About what, how often?
- Has your trust level decreased?
- Has your child had unexplainable amounts of money or possessions that didn't belong to him/her?
- Have you noticed any rapid up and down personality changes or mood swings in your child?
- Has your child had outbursts of violence, breaking furniture, punching walls, etc., when angry?
- Has your child seemed depressed, threatened suicide, attempted suicide?
- Has your child stayed out all night without permission?
- Where does your child spend his/her free time?
- What does your child do on weekends?

- Has your child ever run away from home?
- Does your child follow family guidelines or rules?
- Does your child participate in family activities?
- Has your child been verbally or physically abusive to any family members?
- Have your other children exhibited any of the above behavior problems?
- Have you and your spouse had conflicts regarding your child's alcohol/drug use or behavior?
- Has your child changed his/her group of friends? Do you approve of his/her choice of friends?
- Have you noticed changes in eating habits, sleeping patterns, weight loss/gain, and frequency of illness?
- Has your child become "spacey" or forgetful? Has your child ever not remembered his/her behavior while "high"?
- Has your child ever been intoxicated or high?
- Has your child ever had a hangover?
- Has your child broken promises about using alcohol/drugs?
- Has your child stolen alcohol, prescription drugs, or money from family members?
- Have you found drugs or paraphernalia in your child's possession?
- Have you suspected that your child has been involved in dealing?
- What substances do you suspect your child has been using?
- How often do you think he/she uses?
- Has your child promised to quit using?
- How old do you think your child was when he/she started using?
- Has your child ever driven a vehicle while under the influence of alcohol/drugs?
- Has your child ridden in a car with a person who has been drinking or using other drugs?
- Do you worry about your child's driving safely because he/she may be using?
- Are you afraid of verbal or physical abuse while your child is under the influence?
- Have your child's relationships with other members of the family deteriorated?



Chapter 6

Suggestions and Steps to Implement a Successful SAP

The six foundational components addressed in Chapter 2 compose the core of an SAP. Individual schools and school districts must decide how to implement these components to meet their school and community needs. This chapter describes nine sub-components that characterize SAPs that are effective, stable entities. These subcomponents, when properly implemented, help ensure that the SAP can survive and adapt during times of economic ebb and flow, and that the SAP can survive through times when shifting political focus challenges the very core of assisting at-risk students in schools.

1. Administrative backup and support
2. Clear policies and procedures
3. Cooperative relationships
4. A key individual to coordinate the program
5. Effective, consistent staff development training for SAP personnel and school staff
6. Prevention education for students
7. SAP awareness education for parents, youth workers and the community-at-large
8. Judicious use of professional volunteers
9. Ongoing program development and evaluation.

1. Administrative Backup and Support

A successful SAP and administrative support go hand in hand. In order for an SAP to meet its goals and objectives, ongoing, active involvement and support of the school board and administration is critical. This support includes:

- Collaborating with staff, parents, legal counsel, and the School Board to ensure that policies and procedures for both students and staff align with the goals and objectives of the SAP
- Committing to active and equitable enforcement of policies and procedures
- Helping all staff and students address problems that may interfere with their ability to teach or learn
- Honoring confidentiality
- Actively involving parents in the SAP process

- Clearly defining and communicating expectations to staff regarding implementation of and involvement in the SAP. Everyone has a role to play -- from bus drivers to teachers to social workers
- Identifying, defining the role of, and supervising the SAP Coordinator
- Allowing time for staff and release time for students to attend Educational Student Support Groups
- Understanding specifically how students who live with alcoholism, addiction, or other problems at home may have problems succeeding in school
- Institutionalizing the cost to implement the SAP into the school budget.

An effective SAP is in the school's best interest and reflects well on the administration's ability to lead. A successfully implemented SAP helps at-risk students remain in school and avoid drop out, without sacrificing the ability for teachers to teach and students not currently at risk to learn. Further, keeping students enrolled ensures a healthier budget to provide lower classroom ratios and more services.

2. Clear School Policies and Procedures

Clear, firm, humane, and consistently followed policies are essential to an SAP. Policies and procedures create the context in which SAPs function. As described by NSAA, "Policy and procedures define the school's role in creating a safe, disciplined and drug-free learning community and clarify the relationship between student academic performance and the use of alcohol, other drugs, violence and high-risk behavior. Sometimes school district policies and procedures are specifically focused on student alcohol and other drug use, The success of the SAP, however, hinges on an understanding of the broad context in which these issues present themselves."

School policies with the following characteristics tend to allow effective implementation of an SAP:

- Apply policies consistently. The policies should apply to all students. All staff must know how to apply the policies appropriately.
- Separate the SAP from the discipline process. Early intervention groups could be presented as an alternative to suspension.

3. Cooperative Relationships

It is important that all of the “helping” staff members, such as counselors, school social workers, school psychologists and SAP specialists work cooperatively so that a variety of approaches and skills are available to understand each individual student that is brought to their attention.

These staff members have their own personal network with family agencies, treatment centers and other service providers to enrich the resources of the SAP team. Together they bring a wealth of knowledge and experience to the table creating synergy between and among team members on behalf of students in need.

Active involvement of school administrators ensures that decisions and recommendations are supported and implemented properly and in a timely fashion. Participation in the SAP team also helps school administrators understand that many students with discipline problems often are truly troubled students in need of help. This helps them maintain hope on behalf of the child, and the traditionally adversarial relationship between at-risk students and administrators can instead offer appropriate support and focus the student on problem-solving.

The 3 Ps of Student Assistance Programming

A Student Assistance Program needs to articulate basic principals that inform all decisions made on behalf of troubled students:

1. Philosophy

- One or more pages stating the beliefs of the school district relating to alcohol and other drugs
- Includes the belief that addiction is a treatable illness
- Acknowledges the need for community-wide ownership and responsibility
- Includes a rationale as to why the school district is concerned

2. Policy

- Consequences for violation of school policy are clearly identified, including the process for second and third offenses
- Includes timeliness for parents to be informed if their child violates school policy
- Includes provisions for and encourages self-referrals
- Includes provisions to ensure that students' rights are respected
- Encourages training and involvement of school staff, students, parents and the community-at-large
- Identify procedures for policy implementation

3. Procedure

- In sync with school policy
- Explain how-to
- Direct what-to-do-when
- Direct whom-you-go-to-when

Adapted from *IL Prevention First*: <http://www.prevention.org/SAC/documents/website%20policy1.doc>
Retrieved October 19, 2006.

Tips and approaches for integrating SAP with other school-based programs

Philosophy

SAP is understood broadly as a framework or process for reducing barriers to learning to increase student success. Included among frequently noted barriers to learning are the fragmentation and lack of coordination of services available for students, often leading to the development of duplicate, overly specialized services and lack of a systematic early identification and referral process for students. SAPs are intended to improve access to prevention, intervention and treatment services and reduce duplication or the waste of resources, thus making Student Assistance Programming a cost-effective and system enhancing process.

Coordination and Integration

In a well-resourced school and community, the biggest job of the SAP is to assess student need, map resources and match the students to the existing services. Coordinating these services is surprisingly difficult in large well-resourced schools. Schools use various methods to reduce overlap and increase coordination. Some follow a 'single point of referral' and let a triage team try to connect the student to the appropriate service(s). Others assemble giant teams, representing all available services (MDT, SAP, Tutoring, etc.), at which students are discussed and appropriately referred. The first method requires broad knowledge, skills and trust of non-team members, and the second is time-consuming. While neither method is perfect, the alternative is allowing direct referral to any program from anyone which fragments the focus of the SAP.

In schools that report few resources, the SAP has a different challenge. They must simultaneously identify students' needs, address them individually at first, and in the process try to develop sustainable, additional programs to address those needs that are shared by several students. One way they do this is to include on their team the people who will notice service gaps and develop these resources. Eventually those schools have mobilized the people and designed the programs that will become the programs to which students are referred. Then the SAP needs a way to coordinate service(s) and communicate efficiently between those services. In small schools, this is pretty easy since the membership will overlap and the student numbers are manageable.

The most important thing to remember is that no matter the size of your school or the number of services you have for students, the coordination and integration of resources must be a conscious practice.

From *IL Prevention First* <http://www.prevention.org/SAC/documents/Tips%20for%20Integrating%20with%20Other%20School%20Programs.doc> Retrieved October 17, 2006.

SAP cooperation with the community agencies and resources

NSAA: “Building bridges between schools, parents and community resources through referral and shared case management is the goal of working with community agencies.” Community agencies and the SAP team working together can help students with assessment, evaluation and referral for appropriate treatment for a host of issues, including substance use and abuse, mental health or family concerns.

SAPs also gain support from and cooperate with key community systems such as:

- Law enforcement
- Juvenile probation
- Human services
- The faith community
- Business
- Service organizations
- Youth organizations

4. Identify a key individual to coordinate the SAP

It is important that there is one SAP team member to oversee all Student Assistance team tasks and keep track of each student who is referred so that no one “falls through the cracks.” The SAP coordinator position is analogous to that of an athletic director. In a small school district, the athletic director usually teaches, coaches, schedules conference games, reviews the athletic budget, and performs other administrative duties. In a large district, administrative duties demand the athletic director’s full-time attention. Similarly, the coordinator of a small SAP may work as a teacher or counselor and administer the program as well. In a larger program, the job of the coordinator is more complex and may demand full-time attention.

A full-time SAP coordinator might have the following job responsibilities:

- Provide information on the SAP to staff and administration
- Arrange for the training of school staff and Student Assistance team members
- Plan and coordinate in-service education for staff members and educational sessions for parents, students, and the community
- Supervise the SAP team at each school and coordinate the activities of all teams
- Serve as a resource to develop procedures for working with students who have drug-related and other personal problems

- Oversee the establishment and maintenance of appropriate early identification and other student support groups
- Establish and coordinate procedures to communicate with parents, law enforcement agencies, and human service organizations
- Advise administration on policies and procedures regarding alcohol and other drug use
- Update school personnel as needed on available social services in the community
- Monitor the continuum of intervention, treatment, and aftercare services available to students
- Serve as a consultant to the prevention curriculum planning committee, school nurses, counselors, other personnel, and parents.

Finally, program evaluation is a very important responsibility of the coordinator. The coordinator must demonstrate that students in need are reached and that services they receive are timely, helpful, and effective.

5. Effective, consistent staff development training for SAP personnel and school staff

SAP staff development training should be customized, practical, experiential, and designed to increase the knowledge and skills necessary for all school employees to identify, refer, and support the SAP. In addition to basic, foundational information, additional training may be provided to teach educational student support group facilitation, prevention curriculum, and mentoring.

Staff development training for SAP staff

Those actively involved in the day-to-day implementation of the SAP – the SAP Coordinator, SAP team members, support staff and administration – should clearly understand the following:

- Childhood and adolescent development and behavior
- The prevalence, effects, and symptoms of alcohol and other drug use, abuse, and dependency
- The effects of alcohol and other drug abuse and addiction on the family
- Specific issues children of alcohol or drug dependent parents face
- The prevalence, effects, and symptoms of physical and sexual abuse, depression, eating disorders, learning disabilities, and other family problems
- Approaches to incorporate information on alcoholism and other addictions into regular classroom curriculum

- Counseling and treatment techniques for a variety of problems
- Educational student support group facilitation
- How to identify ways in which family members, friends, professionals, and systems enable students and work to reduce enabling in the school setting and in the family where appropriate
- The six components of SAP, in particular early-intervention, identification, initial action, and pre-assessment
- Referral to services in the school and community
- Practical methods for maintaining community and staff support.

Staff Development Training for Other School Personnel

No matter how well-planned an SAP or how extensive its staffing, it is critical to teach non-SAP staff and community service providers about how the SAP supports educational goals, enables educators to do their job more effectively, and how to access SAP services that promote student success. This training should take place at least once a year and be incorporated into all “new hire” training. Not only should teachers and administrators be trained, but also non-licensed staff such as bus drivers, janitors, secretaries, cooks, and so forth. Those that work in these positions often know a great deal about what is really going on with students and if they are concerned, should feel comfortable referring a student for SAP services.

The goals of staff inservice training include:

- To increase the number of students who are identified with behaviors of concern
- To increase the number of and comfort level to take initial action
- To encourage referrals to the SAP in the most timely and appropriate manner
- To use language that encourages students Pre-K-12 to understand that “help is down the hall.”

In-service training topics to further these goals include:

- Staff roles in early intervention. Let staff know that they are especially important to the processes of identification and initial action, and that they are valuable sources of information.
- Specific policies and procedures related to utilizing the SAP, including confidentiality guidelines.
- Administrative support. Cooperating with the Student Assistance process is to be seen as a very important part of their jobs.
- The range of SAP services. Make staff aware of the range of services available to students and their families, both in school and the community. Address any

concerns about what happens to students who are referred for assistance, emphasizing confidentiality.

- Use of data reporting and collection tools. Teach staff how to report student behaviors that concern them and how to utilize specific documentation forms or tools. Let them know why specific information is important and how confidential information is used.
- Information about specific issues that trouble students. This may include parental addiction, divorce, grief/loss, depression, alcohol and other drug use, eating disorders, and physical or sexual abuse. Make staff aware of how the problems students face interfere with their ability to learn and how this, in turn, affects their duties as teachers, coaches, or social workers.

SAP and the School Improvement Plan

A common theme with Student Assistance Programs (SAP) throughout the country is the connectedness of SAP and the School Improvement Plan (SIP). Common sense tells us there should be a SAP-SIP connection.

The SIP is based upon a gap analysis synthesized from collected data that results in reflective questions. The SAP data on universal, selected and indicated populations is a valuable resource for examining whether all students are receiving the services needed to show progress. The reflective questions posed from the gaps in the SIP become the goals for the coming year. When SAP has been included in the data collection process, a natural integration occurs between SA services and the School Improvement Plan. The best way to assure that happens is for those involved with the SAP to become part of the SIP team.

The School Improvement Plan serves as the framework for professional development for the building. Once again, if Student Assistance personnel or team members have been involved with data collection, reflection, and goal setting, topical instruction on areas relevant to socio-emotional development and other topics relevant to SAP staff development will be a natural inclusion.

From *IL Prevention First* <http://www.prevention.org/SAC/documents/website%20staff%20development.doc>
Retrieved October 12, 2006

6. Prevention Education for All Students

A comprehensive SAP not only watches for and intervenes on behaviors of concern, but works to prevent the onset of behaviors of concern. While early intervention is a major component of an SAP, it is important to include efforts to prevent problems from occurring in the first place. To accomplish this task, schools must select and judiciously implement research-based prevention education for students K-12. Prevention education curriculum is meant to support or enhance an SAP, not replace it. Prevention education curriculum should include information on the following:

- The impact of alcohol, tobacco, marijuana, and other drug abuse and addiction on the individual and family
- The pervasiveness of alcohol and other drug addiction
- What to do if concerned about someone's behavior or drug use
- A clear understanding that children are not to blame for the disease
- Encouragement and permission to ask for help if worried about the alcohol or drug use of a family member
- How to access any part of the SAP, including various educational student support groups
- Decision making, refusal and coping skills.

Teaching life skills is known to be a powerful way to help students change problem behavior

- Conflict management skills
- Social skills training
- Peer mediation
- Mentoring
- Cross-age tutoring
- Leadership skills

An effective prevention program will describe families affected by unusual stresses and concerns, especially alcohol or other drug addiction. This information, along with clear information on SAP services, helps students understand that they are not alone and opens the door for them to come forward for help. COAs often suffer alone and an effective program will help them to feel welcome and embraced.

7. SAP Awareness Education For Parents, Youth Workers And The Community-At-Large

SAPs work best in a school and community where parents and the community are aware and admit that youth problems exist, and see these problems as issues meriting help rather than punishment. NSAA: "Awareness of SAP services, such as educational support groups, agency referrals, mediation, mentoring, character education and research-based prevention curriculum can be delivered through homeroom presentations, SAP posters, the school website, newsletters, parent education, media coverage and inclusion in the parent/student/teacher handbooks. Additionally, parents are informed that they will be notified of any concerns regarding their child's education, health or safety and that they will be involved in the SAP solution-finding process." Information could include:

- School policies and procedures related to the SAP
- Assurance that parents will be notified of concerns regarding their child's education, health, or safety and that they will be involved in each step of the SAP process
- A discussion about patterns of adolescent development research on brain development and behavior
- The prevalence, effects, and symptoms of alcohol or other drug use, abuse, and dependency on young people and their families
- The prevalence, effects, and symptoms of parental alcohol or other drug use, abuse, dependency and its impact on children (COAs)
- The prevalence, effects, and symptoms of family problems, parental alcoholism, drug and alcohol use, eating disorders, depression, and physical or sexual abuse
- Family and community approaches to reduce risk and increase protective factors
- The ways in which families, friends, professionals, and communities enable young people to use alcohol or drugs
- Awareness of the services provided through the SAP, including educational student support groups, agency referrals, mentoring, and prevention education
- The ways students, parents, helping professionals and other concerned persons can access community services
- Specific resources for help at school and in the community

When planning community education activities, it is important to consider how the community identifies youth problems and how their skills or roles in the agency or general community relate to the assessment process.

8. Judicious Use of Professional Volunteers

No matter how well funded an SAP and how long it is in place, volunteers are vital to the program's success. Tasks SAP volunteers can perform include:

- Conducting education and outreach activities for parents and students to aid in prevention and promote the SAP.
- Co-facilitating educational student support groups in conjunction with a Student Assistance professional. Support group facilitation requires special training and strict confidentiality.
- Assist in data collection to be used by the SAP Coordinator for the evaluation of the SAP Program.

Creating a community advisory group is one of the best ways to bring community volunteers together and ensure community support for the SAP. Members of the advisory group bring the needs of students, parents, and the community to the SAP and conversely, communicate the needs of the SAP to the community at large. Ongoing meetings give service providers a chance to update the SAP on their range of services and on how to best access those services.

9. Ongoing Assessment and Program Development

Ongoing program assessment is necessary to ensure that SAPs grow and evolve to meet student needs K-12. A successful SAP evaluation will assess the program's measurable goals and objectives and use the results of the evaluation to refine objectives, and improve activities and services. Ultimately, an SAP evaluation should show positive student changes in grades, alcohol and other drug use, violence, attendance, discipline attitude and disruptive behavior. NSAA states that "Evaluation ensures continuous quality improvement of Student Assistance services and outcomes. SAP outcomes are periodically assessed for progress towards goals with evaluation results utilized to refine the objectives and improve program activities and services."

The following pages of this chapter offer many examples of valuable tools that will help the SAP team with program development, program evaluation and program management.

Student Assistance Program Checklist¹

Name(s)/Title(s)	
School Name	
School District/County	
Phone #	
E-mail	

Use the following checklist to identify the necessary components for a strong SAP. Place a check in the box that best reflects the current practice of your SAP.

SAP Team Structure and Organization	Solidly in place and working	In place; needs improvement	Don't have at this time	Unsure
Written role descriptions, membership criteria, and responsibilities are included in SAP procedures				
Written SAP flow chart				
SAP flow chart distributed to administrators, staff, central administration, school board, other school buildings in the district, and agency personnel who work with students				
Private meeting space				
Regular meeting time				
Meeting dates and times distributed to all school personnel				
Formal agenda guides meetings				
Agenda published and distributed to SAP team in advance of meetings				
Agenda indicates topics for discussion, decision, or information				
Chairperson leads meetings				
Chairperson position and responsibilities rotated annually				
SAP Coordinator per building is provided through district funds				
SAP Coordinator meets regularly with other school teams including Instructional and Student Support				

SAP Coordinator meets regularly with administration and superintendent				
SAP Coordinator attends school board meetings				
SAP case-management team utilizes the collective talents of the group to determine appropriate intervention strategies				
SAP team utilizes a systematic process to monitor student progress				
SAP team utilizes a systematic process of record maintenance				
On-going appropriate feedback is provided to initial referral source				
Other:				

SAP Team Membership and Participation	Solidly in place and working	In place; needs improvement	Don't have at this time	Un-sure
Length of service on team defined				
Add and rotate team members annually				
Teachers represented on team				
Counselors represented on team				
Administrators represented on team				
Others represented on team: psychologists, social workers, nurses, secretaries, custodians, kitchen staff, paraprofessionals				
Team members trained annually in SAP process, barriers to learning, intervention strategies, and referral to community and support resources				
Case assignment and management procedures are in writing and understood by all team members				
Other:				

SAP marketing and awareness	Solidly in place and working	In place; needs improvement	Don't have at this time	Un-sure
Designated SAP communication coordinator				
SAP communication coordinator meets regularly with coaches, athletic director, custodians, bus drivers, support staff, cooks and alternative program personnel				
SAP communication coordinator regularly attends staff inservice and faculty meetings				

SAP services described in student handbook				
SAP services described in district and building websites				
SAP information distributed at extracurricular events				
SAP promoted in local newspapers and other media				
SAP information regularly sent to teachers				
SAP information regularly sent to community service organizations who work with students				
SAP information regularly sent to school board members and central office/ building administrators				
Other:				

Data Collection, Management, and Evaluation	Solidly in place and working	In place; needs improvement	Don't have at this time	Unsure
Standardized easy-to-use forms used to collect data				
Faculty observation forms include identification of strengths and assets, as well as descriptive data on problems				
Referral process focuses on both objective data (grades, attendance and discipline) and specific observable behaviors				
Referring staff members are routinely included in the SA review procedures				
All staff making referrals receive follow-up acknowledgement and appropriate information				
SAP team members do not discuss cases with individuals outside the student's SA process.				
Data stored in safe, confidential place, not cumulative file				
Files are reviewed semi-annually for compliance with confidentiality procedures.				
Monthly data and statistics distributed to appropriate personnel, principal and superintendent				
SAP assessment includes annual process evaluation				
Annual process evaluation includes student outcomes and system change outcomes				
Annual evaluation includes input from administrators, staff, students, parents and community members.				
Communicate year-end results to all concerned including administrators, staff, students, parents and community members				
Information shared summarized, not attributed to individual staff				

Appropriate changes made to SAP policy and procedures based on evaluation results				
Other:				

Administration	Solidly in place and working	In place; needs improvement	Don't have at this time	Un-sure
Represented on the SAP team				
Regularly attends SAP team meetings				
Regularly meets with SAP team representatives_____				
Receive annual training on SAP				
New administrators receive orientation training on SAP				
Has thorough knowledge of SAP services				
Talks with parents about SAP				
Includes SAP information in inservice training				
Provides time for SAP team to meet during school day				
Provides time for support groups to meet during school day				
Includes participation on SAP team as one of building "duties"				
Advocates for SAP with central administration and board of education				
Promotes staff development on at-risk issues addressed by SAP				
Other:				

Faculty and Staff	Solidly in place and working	In place; needs improvement	Don't have at this time	Un-sure
Employee Assistance Program (EAP)				
All staff members receive annual inservice training on SAP identification and referral process, substance abuse policy, and confidentiality				
All staff members receive training in federal confidentiality rights, FERPA, and school confidentiality processes				
All new-hire staff members receive orientation training on SAP services				
All staff receive regular updates on SAP activities and outcomes				
All staff members know how to make a referral				
All staff members know how to complete referral form				
Know who serves on the SAP team				
Are encouraged to join SAP team				
Receive feedback about referrals				
SAP team maintains working relationship with district social workers, counselors, and school psychologists				

SAP maintains lists of school-based mentors for students				
Other:				

Students	Solidly in place and working	In place, needs attention	Don't have at this time	Unsure
SAP representative meets with all students				
Regularly receive information on SAP services				
Understand the purpose of the SAP				
SAP information reflects appropriate cultural sensitivity				
SAP information included instructions for self-referral				
Follow clearly-established procedure for expressing a concern about a peer				
Understand a procedure as to when parents notified				
Students whose absences exceed the 'normal' range are automatically considered for SAP services				
Other:				

Parents/Guardians	Solidly in place and working	In place; needs improvement	Don't have at this time	Unsure
Policy and procedures clearly state guidelines for parent inclusion in SAP process				
Clear procedures in place as to when and how SAP contacts a parent				
SAP team members understand the procedures for parent inclusion in the SAP process				
Clear procedures concerning meetings with parents including who attends and who leads meetings				
District counsel approved parent contact procedures				
Clear procedures as to who parents contact with concern about their child				
Parents actively make referrals to the SAP				
Parent contact recorded in the case file				
SAP representative conducts or attends parent groups and meetings				
Information regularly communicated to parents regarding SAP				
SAP information included in parent newsletter				
SAP information included in pre-season meeting with parents of athletes				
SAP information provided in brochure distributed at "open house" and parent/teacher conferences				

Information about how and when to contact the SAP with a concern is included on the school's website				
Information for parents produced in languages that represent the cultural majorities				
SAP provides parents with a variety of community-based support services				
Other:				

Community	Solidly in place and working	In place; needs improvement	Don't have at this time	Unsure
SAP representative regularly meets with community agencies				
Develop and maintain list of community services and resources				
Community service information reviewed and updated annually				
Responsibility to develop and maintain list of community providers clearly defined				
SAP representative networks with law enforcement officers and court system				
Information on SAP provided to community				
Community-based agencies work collaboratively with SAP efforts				
SAP team works collaboratively with community-based agencies, including ATOD and/or mental health specialists				
SAP representative meets regularly with community-based agency representatives				
ATOD and/or mental health specialists regularly meet with students at school				
SAP maintains list of tutors for students				
School administrators have written procedures detailing access to and compliance with school and community services and treatment recommendations				
Students receive written information about compliance procedures with school and community services				
Parents receive written information about compliance procedures with school and community services				
Other:				

Student Support Groups	Solidly in place and working	In place; needs improvement	Don't have at this time	Unsure
Children of Addicted/Alcoholic Parents				
Grief and Loss				
Alcohol and Other Drug Intervention				
Tobacco Intervention				

Tobacco Cessation				
Violence Intervention				
Bullying				
Aftercare				
Friendship and Social Skills				
Divorce				
Other:				
Other:				
Other:				
Other:				
Other:				

Support Group Components	Solidly in place and working	In place; needs improvement	Don't have at this time	Unsure
Groups available at all grade levels				
Groups meet regularly				
Groups meet in a secure place				
Group size is appropriate				
Group facilitators trained				
Group facilitators maintain participation data				
Confidentiality issues and boundaries are understood by group members				
Parental permission regarding student participation in groups established				
Teachers allow students to attend groups				
Most parents allow children to attend groups				
Support groups co-facilitated by community-based professionals, such as ATOD or mental health				
SAP maintains contact with all support group leaders				
SAP assesses case management and utilization data to assure appropriate support groups are in place to match student need.				
Other:				

¹ This SAP checklist contains a compilation of components from Community Intervention's Core Team checklist and a formative assessment process based on best practices in Student Assistance through the work of Fertman, CI; Schlesinger, J; Fichter, C; Tarasevich, S; Zhang, X and Wald, H (2000) in the Student Assistance Program Evaluation Final Report submitted to the Pennsylvania Commission on Crime and Delinquency, October 2000.

Portions of this chapter have been adapted from materials from the National Student Assistance Association (www.nsa.us)

Sample Annual Program Activity Report

Referral Data

- A. _____ What is the total number of open cases the SAP continued to serve from a previous year(s)?
- B. _____ What is the total number of referrals accepted by the SAP during this school year?

Of these, how many referrals were made by:

- _____ Staff
_____ Parents
_____ Students

- C. _____ What is the total number of cases served during the 2005-2006 school year (total of "A" plus "B")?

Of these, how many were primarily identified for the following reasons:

- _____ Behavior reasons
_____ Academic reasons
_____ Health reasons
_____ Attendance reasons
_____ Alcohol or drug reasons
_____ Mental health reasons (i.e. grief/loss, depression, personal relationships, etc.)

Student Interventions/Action Plans

- D. _____ What is the total number of school based student intervention/action plans developed?
- E. _____ What is the total number of community based student intervention/action plans developed?

Of these school and community based plans (D & E):

- _____ How many involved moving the referral to Special Education testing?

- _____ How many included a mentor?
- _____ How many included a referral to peer mediation?
- _____ How many included some type of support group within the school?
- _____ How many were related to alcohol and other drug use/abuse?
- _____ How many were related to mental health issues?
- _____ How many were related to aggressive and/or violent behavior?

F. _____ What is the total number of students that showed progress in any way?

Of these:

- _____ How many improved his/her behavior?
- _____ How many improved his/her attendance?
- _____ How many improved issues relating to his/her health?
- _____ How many improved his/her grades?
- _____ How many improved issues relating to his/her mental health?
- _____ How many improved issues relating to alcohol/drug use/abuse?

G. _____ What is the total number of students that have sustained or maintained the level at which he/she entered the program (does not reflect on students from "F" or students who declined)?

Program Data

- H. _____ Number of parents contacted as a result of a SAP referral (includes multiple contracts made to a single individual)?

- I. _____ What is the total number of students who participated in a SAP or prevention program this year? (This number may reflect a single student participating in multiple programs or school-wide program participation.)

- J. Yes or No (Please circle one) Does your school participate in CSAP programs? (To review CSAP programs visit the following web site: <http://prevention.samhsa.gov/about/default.aspx>)

- K. Yes or No (Please circle one) Our SAP is integrated with the following student support systems.

If yes, please check all that apply:

- _____ Tutoring program, study skills
- _____ Grief and loss group
- _____ Support group
- _____ Mentoring program
- _____ Mediation program
- _____ Bullying intervention program
- _____ After-school program

(From *IL Prevention First*, Pat Berry, Chestnut Hill Systems)

<http://www.prevention.org/SAC/documents/FY06%20yr%20end%20report.doc>

More Tools to Assist SAP Teams

SAP teams benefit by looking at programs that have been known to be successful over the years. Web addresses for selected practical tools for SAPs from such programs are available on the World Wide Web and at www.nacoa.org. Samples of these tools are reproduced on the following pages for the convenience of SAP staff, and instructions for the forms are also available on the same website with the forms.

Student Assistance Program Reporting Logic Model

From: <http://wch.uhs.wisc.edu/13-Eval/Tools/Resources/Evaluation%20Logic%20Model%5B1%5D.pdf> (Retrieved October 5, 2006)

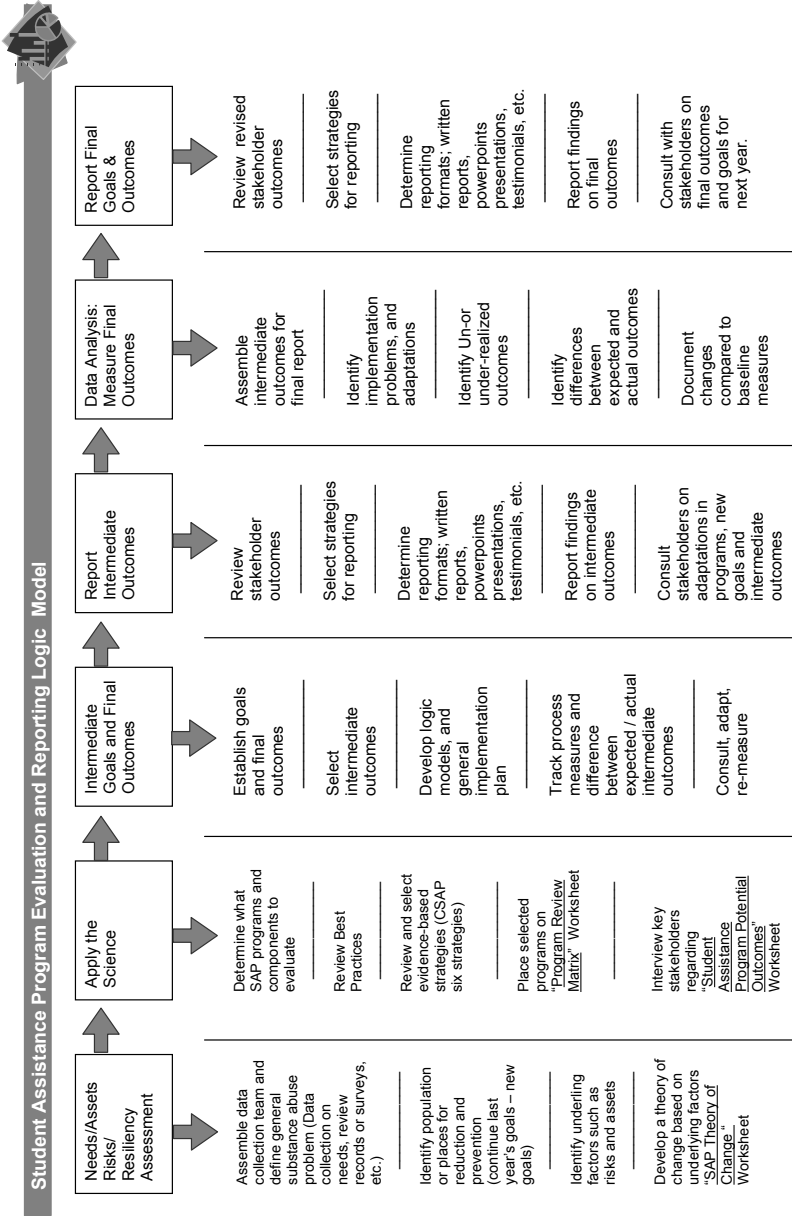
Student Assistance Follow Up Form

From: <http://users.adelphia.net/~asapvt/forms.htm> (Retrieved October 5, 2006)

Student Assistance Tracking Form

From <http://users.adelphia.net/~asapvt/forms.htm> (Retrieved October 5, 2006)

Student Assistance Program Reporting Logic Model



Adapted from "Pathways to Effective Programs and Positive Outcomes," DHHS/SAMHSA/CSAP, 2003

Student Assistance Follow Up Form

STUDENT ASSISTANCE FOLLOW UP FORM

INFORMATION TO BE COLLECTED AT THE END OF THE SCHOOL YEAR

SAP Counselor Name: _____ UNIQUE Student ID: _____ PSID _____

Sex: M F Grade (K-12): _____ Student's Home Zipcode: _____ Date Form Completed: _____

If a student met with counselor only once for general information only, do not complete the form for the student.
Complete the grades and suspension/absence/detentions for Each Grading (Quarterly for most schools) Period through the year. To calculate average grades, look at the grades for each class. If your school uses something other than a standard grading format, develop a system to consistently estimate grades if they were given on an A through F system. Assign a number value (4 to 0) for each grade. Add up the values and divide the total by the number of classes. For example, for 6 classes with grades of 2 A's, 3 B's, 1 C = $4+4+3+3+3+2 = 19$ divided by 6 classes = a grade point average of 3.17 (round to nearest hundredth). For Absences, Suspensions and Detentions use only whole numbers so 1 ½ days absent rounds to 2 days. **Fill out all questions or data reports will be incomplete.**

Grade Values for Calculations: A = 4 Points B = 3 Points C = 2 Points D = 1 Point F = 0 Points

Category	Does School Track this Item?	1 st Quarter/ Period	2 nd Quarter/ Period	3 rd Quarter/ Period	4 th Quarter/ Period
Grade Point Average For the Period	Yes No				
School Days Absent In the Period	Yes No				
School Days Suspended In Period	Yes No				
School Days Detention in the Period	Yes No				

Grading Period in which you first had contact with this student (Circle): 1 2 3 4
 Grading Period in which you last (non Follow Up) contacted with this student (Circle): 1 2 3 4

For Final Contacts (End of School Year, Student Leaving SAP Program, etc):

Have Drug/Alcohol/Tobacco Violations Occurred Since Student Entered SAP? **Yes No Unknown**
 In opinion of counselor, has student improved in relation to reasons for Referral? **Improved Declined Same**
 In opinion of student, has student improved in relation to reasons for Referral? **Improved Declined Same**
 In opinion of counselor, are further intervention services necessary? **Yes No**
 Did Student enter treatment? **Yes No Unknown**

Type of Contact	Check One	Reason for Exiting the SAP – Check one only	Check One	Tobacco Usage during SAP Process – Check All That Apply	Check
Phone Contact		Services were not necessary		Student never used tobacco products	
In-Person Contact		Student feels process is complete		Student quit using tobacco products	
Family Contact		Parents forbid student participation		Student continued to use tobacco products	
Other (Specify)		Counselor feels process is complete		Student began using tobacco products	
Treatment Status/Reason For Not Attending Treatment	Check One	End of School Year		Student attended school-based tobacco cessation program	
Student Attends/ed Treatment		Student Never Returned		Student attended out-of-school tobacco	
Referral not made		Transferred to a SA Treatment Program		Cessation program	
No access to outside counselor		Transferred to Mental Health Program		Student denies use of tobacco products	
Student Refused		Student Transferred to Other School		Student reduced use of tobacco products	
No transportation to counseling		Student Dropped Out of School			
Family won't cooperate		Group Ended			
On Waiting List		Other (specify)		Parent(s)/Guardian(s) smoke (circle)	Y N Unk
Other (Explain in Comments)					

Student Assistance Tracking Form

STUDENT ASSISTANCE TRACKING FORM INFORMATION TO BE COLLECTED AT THE END OF EACH MONTH

SAP Counselor Name: _____ UNIQUE Student ID: _____ PSID _____

Sex: M F Grade (K-12): _____ Student's Home Zipcode: _____ Date Form Completed: _____

Date Student Entered SAP: _____ For Month (Circle): Aug Sep Oct Nov Dec Jan Feb Mar Apr May Jun Jul

Number of times student saw the SAP Counselor (include groups) during the month: _____

Total **units** (1 unit = 15 minutes) of **CLINICAL INTERVENTION** service provided to Student in Month: _____
 Note: Clinical intervention is an interaction with a student to forward a treatment or intervention goal in relation to an identified problem

Student Information	
Student seeing outside counselor?	Y N Unk
Special Ed?	Y N

Race	Ethnicity
White	
Black/African American	Hispanic/Latino
American Indian/Native Alaskan/Aleut	Non-Hispanic
Asian	
Native Hawaiian/Pacific Islander	No Answer
Other	

Incoming Referral Source Mark Initial Referral with "I", up to 2 secondary with "S"	Counselor's View of Issue at Contact Issue at Contact – Mark up to 5 of the major issues focused on for the month	Action Taken Mark any action taken during the month and if referred, did the student follow up in this period?	SAP Couns el or Action	Student Follow Up on Referral?
Self	Substance Abuse	Referred for Assessment by CAD/C/LADC		Y N Unkn
N/A (return visit)	Concern w/ Friends SU/SA	Referred for Assessment by Certified/Licensed Mental Health Counselor/ Social Worker		Y N Unkn
Peer	Concern w/ Family SU/SA			
Disciplinary	Relationships/Peers	Consulted with criminal justice system		
Teacher	Academic/Grades	Referred to community self-help group		Y N Unkn
Student Support Team	Anger Management	Referred to family counseling		Y N Unkn
Instructional Support	Behavior in School	Talked with parents/guardian about presenting issue		
Administrative, Non-Disciplinary	Body Image/Eating Disorders			
Nurse	Depression	Referred to school activity		Y N Unkn
Guidance Counselor	Family Conflicts/Divorce	Referred to school disciplinary action		Y N Unkn
Community Agency	Information	Consulted with Agency/Provider		
Parents/Guardians	Loss/Death	Reported to SRS		
Court/Court Diversion	Medical Concerns	Referred to Special Education		Y N Unkn
Coach	Peer Pressure	Referred to In-School Resource (specify)		Y N Unkn
Police	Physical Abuse/Violence	Referred to In-School Group (specify)		Y N Unkn
Special Education	Recovery/Relapse Prevention	Information Given to Student (All types)		
SRS	Self-esteem Issues	Referred to physician		Y N Unkn
Sibling	Sexual Identity/Issues	Consulted with Guidance		
SAP Initiated	Stress	Consulted with School Admin/Teacher/etc.		
Policy Violation	Suicide	No Action Necessary		
Treatment Provider	Verbal Harassment	Referred to Tobacco Cessation Program		Y N Unkn
Other (Specify)	Other (Specify)	Other (describe)		

Mark any substances used by student within this Month

Substance	
None	
Denies Use	
Alcohol	
Tobacco	
Marijuana/hashish	
Prescription Meds (Specify)	
LSD	
Mushrooms (Psilocybin)	
Inhalants	

Substance	
Ecstasy	
Cocaine	
Crack	
Steroids	
Heroin	
Non-prescribed Methadone	
Other Opiates/Synthetics	
PCP	
Other Hallucinogens	

Substance	
Methamphetamines	
Other Amphetamines	
Other Stimulants	
Benzodiazepines	
Other Tranquilizers	
Barbiturates	
Other Sedatives/hypnotics	
Over-the-counter Drugs	
Other (Specify)	

COMMENTS:

SAMHSA Model Programs

The following web address contains substantial information about each of the programs identified as “model programs” by the Substance Abuse and Mental Health Services Administration (SAMHSA).

<http://www.modelprograms.samhsa.gov/template.cfm?CFID=5458779&CFTOKEN=72867204> (Retrieved September 28, 2006)

This following web address provides a concise description of all of the model programs, including the target population, key outcomes and key strategies, presented in an “At-A-Glance” format. On this site SAP teams can quickly peruse all of SAMHSA’s model programs to find ideas for program development.

http://www.modelprograms.samhsa.gov/matrix_all.cfm (Retrieved September 28, 2006)



Appendix

Selected Evidence-Based SAPs

A Sample of Student Assistance Program Models

Bibliography

Selected National Resources

Selected Evidence - Based Student Assistance Programs

In addition to the substantial amount of anecdotal evidence documenting the value of Student Assistant Programs (SAPs), there is a great deal of evidence concerning the nature and value of SAP programs derived from formal studies from several areas of the United States, including Pennsylvania, Illinois, Nebraska, Minnesota, Idaho and California.

Following are some examples of studies that document the effectiveness of Student Assistance Programs (SAPs).

Fertman, C.I. et al (2001) describe the evaluation of the Pennsylvania Student Assistance Program whose purpose was to explore how SAPs were being implemented and to determine the level of effectiveness of the SAPs. Using a comprehensive battery of data collection methods, there were 1203 SAP team members, and 53 county administrators from 154 schools who participated in the study along with a small sample of school board personnel and community agency representatives. The study details the levels of effectiveness of SAP practice according to selected indicators.

Fertman, C.I. et al (2003) looked at school-based mental health programs designed to target the prevention of alcohol, drug and mental health problems. The study examines the students' presenting problems, the services that the students used, the format of the services they used and the people to whom students were referred. It was learned that student use is determined by the needs of the students, the structure of the school and the mental health educator.

Fertman, C. I., Tarasevich, S., & Hepler, N. A. (2003) conducted a study entitled "Retrospective analysis of the Pennsylvania student assistance program outcome data: Implications for practice and research" [Data file]. This study is available from the National Student Assistance Association web site, <http://www.nsaa.us>. The outcomes of four types of behavioral health care systems were examined in this study. These are recommended and accessed school programs and services, recommended and accessed community programs and services, core team recommendation for an agency assessment, and agency assessment recommendations. It was learned that the referral of students to the behavioral health care system is consistently accomplished via the Student Assistance Program at a higher than was previously reported on a national basis.

Griffin, T. & Sharma, A. (2002) conducted an evaluation of Illinois Student Assistance Programs so that a better understanding of the nature and impact of SAPs could be established, particularly in relationship to supported training efforts. The focus of the study was relative to their grant-making project and the development, improvement and effectiveness of SAPs in the Illinois schools that participated. It was learned the SAPs have a positive impact on individual students, staff morale, as well as school climate. It was also suggested that there should be continuing efforts to enhance the capacity of schools so that they are able to evaluate and report program outcomes.

Scott, D.M., Surface, J.L., Friedli, D., & Barlow, T.W. (1999) conducted a study for the purpose of discovering whether or not SAPs are associated with a lessening of alcohol use by adolescents and whether these students achieved academically on a level higher than students who attended schools that did not have an SAP. The Toward a Drug Free Nebraska (TDFN) survey was administered to 3,454 students in grades 7 through 12 at 83 schools in Nebraska. In addition the "TDFN team activity report" was collected from the SAP teams in each of the 83 schools involved in the study. Of the 83 schools, 34 schools had an SAP and 49 of the schools did not have an SAP. The study demonstrated that students attending schools with SAPs reported lower alcohol use rates (in the last thirty days) and significantly higher levels of academic achievement than schools with no SAP.

In addition to these, a study funded by the U.S. Department of Education Safe and Drug Free Schools Program on a comprehensive student assistance program in California called "Creciendo Saludable" was released by Educational and Community Initiatives at WestEd, Santa Ana, CA, in March 2002. This was a landmark study because it compared the outcomes of the SAP with the Student Study Team (SST) which was the usual treatment for students with academic or behavioral problems. In addition, this study was important because it examined the precursors of future problems with alcohol, tobacco and other drugs that students were likely to encounter if the precursor problems were not addressed on a prospective basis.

Many powerful outcomes for students with the SAP compared to the usual SST treatment were demonstrated, including decreased use of ATOD, increased support from parents and peers, less trouble in school, improved attendance and better academic performance. It was also concluded that there was a reduction of stress in families of students with the SAP. These findings are impressive given the positive outcomes in such a large number of issues that dramatically affect the academic achievement of the SAP students as well as affecting the overall quality of life for the students and their families.

A Sample of Student Assistance Program Models

Student Assistance Services (SAS)

Tarrytown, NY

www.sascorp.org

One of the most long term and successful external models of student assistance programs is provided by Student Assistance Services Corporation (SAS) in Westchester County, NY. Formed in 1985, SAS is a private, non-profit corporation which receives grants and funding from diverse sources including private foundations, corporations, individuals, school districts, and local, state and federal government.

Programs under SAS include Project SUCCESS (Schools Using Coordinated Community Efforts to Strengthen Students) which is considered a SAMHSA model program. It is modeled after the successful Westchester Student Assistance Program (WSAP) and Residential Student Assistance Program (RSAP). These programs are highly effective, school based substance abuse prevention and early intervention programs.

SAS works hand-in-hand with each school's administrators, educators, and counseling and health professionals to insure that student assistance programs complement the school's goals and objectives and meet current needs. Student Assistance Counselors with special training in substance abuse prevention and extensive clinical experience with adolescents work directly in the schools to provide both individual and group counseling for students. Counselors also organize educational support groups for students who are at risk for abusing alcohol or other drugs, have existing problems with these substances or have alcoholic or drug using parents.

Chemical Awareness/Responsive Education (CARE) program

Great Falls, Montana

www.gfps.k12.mt.us

In 1981, the city of Great Falls hosted a week-long training program to address the issues that negatively impact young people and their families. As a result, school and community volunteers mobilized to organize the Chemical Awareness/Responsive Education (CARE) program, which initially provided alcohol and drug programs for people at all levels of the school system, including school board members, administrators, staff, students, and parents.

Today, twenty-five years after its inception, the Great Falls CARE Program remains alive and well. While adjusting to many changes and challenges over the years, each school site continues to support an active CARE Team and CARE Team Leader. Funding comes

from a variety of resources, and on-going training is seen as intrinsic to the continuing effectiveness of the SAP.

District-wide, the following services are provided:

- Prevention education curriculum on tobacco, alcohol, and other drugs, along with suicide prevention, bullying, eating disorders, mental health, peer mediation, abuse, personal safety, social skills, understanding families, communication, and developmental assets.
- Through an annual four-day Basic CARE Workshop, training teachers, administrators, classified staff, aides, bus drivers, cafeteria workers and community members to implement curriculum and address youth issues on a day-to-day basis.
- A similar three-day workshop is offered to all high school personnel at least once a year, along with a two-day leadership workshop, "The Summit," meant to break down walls between groups in school and to plan ways to make the school a better place to learn and teach.
- At no charge, provide training to community agencies, churches, and youth-serving agencies on any of the topics addressed by the SAP.
- Coordinate the Minor In Possession program with local courts and law enforcement. Track the records, notify the schools so that school consequences can apply, monitor student completion of MIP Insight program.
- Provide Minor In Possession of Tobacco consequence groups (TEG) for the community and schools.
- Coordinate the activities of the building CARE Teams.
- Provide support groups for students including:
 - Anger Management
 - Grief
 - Pregnant Teens/Young Parents
 - New Student
 - Concerned Persons
 - Children of Alcoholics
 - Students with Incarcerated Parents.
 - Students with Deployed Parents
- Represent the District's interests on Community Youth Serving Committees.
- Represent the School District and coordinates all school activities for students participating in the Juvenile Drug Court.
- The SAP Coordinator actively serves on many of the community agency boards.

**Desert Sands Unified School District
Substance Abuse Prevention Services
Riverside County Department of Mental Health
Dsusd.k12.ca.us**

The Desert Sands Unified School District Student Assistance Program began in 1983, using the Community Intervention Core Team model. Over the past 23 years, this program has grown and developed into a very family centered student assistance program. It serves district students and their families with individualized service, ongoing staff and parent training, community support and referrals to appropriate school or community based services as needed.

Once the Student Assistance office gets a referral, a case file is created. The SAP Counselor schedules a one-and-one-half hour appointment to interview the student and parents. Based on the information gathered prior to and during the interview, the SAP Counselor works with the student and family to create an action plan. The goal of the action plan is to connect the student and family with school and community services that will begin to solve problems that emerged. If the student was referred to the SAP due to a policy violation, the policy dictates some or all of the recommended services.

What makes this SAP a strong program is that it strives to deal with multiple issues of concern; refer all family members with concerns to services; provide an immediate connection to services; and finally, maintain a broad range of services, including a marriage and family counselor, probation officer, mental health coordinator, community-based outreach consultant, school resource officer, and school safety liaison. Community agencies are invited to share office space at no charge within the SAP suite of offices.

Student Assistance Program Key Activities

- Individual and family appointments
- K-12 School Counseling
- Educational support groups for children of addicted parents
- Conflict Resolution & Mediation
- Tobacco, Prevention, Intervention & Cessation
- School Achievement: Assessment and Planning
- Parenting Workshop
- Members District Crisis Team
- Chemical Awareness Network
- Conflict Awareness Network
- Student & Parent Insight; educational intervention groups
- Suicide Intervention.

The SAP services are funded by:

- Federal Safe and Drug Free Schools and Communities
- Tobacco Use Prevention Education Entitlements funding grades 4-8, grades 9-12
- State/Federal Projects and Testing Title One
- Regional Access Program

Centennial Independent School District 12 Circle Pines, MN www.centennial.k12.mn.us

Centennial Schools have had a Student Assistance Program since the early 1980s. Currently led by a Student Assistance Program Coordinator, each school site has adapted the core Student Assistance Program model to meet individual school needs. However, all sites handle referrals through a trained team of professionals, which could include the assistant principal, dean of students, counselor, social worker, teacher, nurse, school psychologist, and other committed, caring employees of the school district.

Each team meets for a designated time at least weekly or bi-weekly, depending upon the number and level of referrals. While no one is paid to serve on the team, most school building administrators compensate their time by duty-free time (no lunch, hall, or bus duty), one day free of teaching duty per semester or a “comp” day per year. The team rotates leadership responsibility monthly. This includes preparing the meeting agenda, taking notes, and managing student case files. A part of this responsibility is dispersing data-gathering forms to the referred student’s homeroom teacher, probation officer, social worker, all teachers, and coach.

Each team member attends a two-day training, plus training specific to their building where they are integrated with the current team. In order to prevent burnout and encourage shared responsibility, some Student Assistance teams only allow a two- or three-year commitment.

The main focus of the teams is “problem solving” discussions of the resources available to solve specific student concerns.

All staff, from teachers to “the lunchroom lady,” look for and intervene upon behaviors of concern. Concerns may not necessarily be academic or behavioral. However, something may catch someone’s eye that indicates “something’s wrong.” Every person paid

to work at the school district is considered to be a professional, and everyone who sees a behavior of concern, be it a janitor, bus driver, or coach, is expected to intervene and express concern about an observed behavior and ask for a change in behavior. If early intervention steps, including communicating with parents and/or engaging the help of a co-worker, are not effective, then a referral may be made to the Student Assistance team.

The Student Assistance team comes up with specific interventions for a prescribed amount of time. The interventions are not only designed to help the student, but the teacher or faculty as well. The Student Assistance team contacts parents to engage their support. Finally, the team will prescribe an adult mentor or case manager to check on the student to see if the intervention made a difference. If not, the case goes back to the team.

The Student Assistance Program Coordinator serves on the team, trains, facilitates problem solving, and updates the program. She works hard to be aware of services available to the teams in the community. The Coordinator, along with other trained school staff, facilitates educational student support groups on the following topics:

- children of alcoholics (COA)
- insight (Early Intervention)
- gay/lesbian/bisexual/transgender
- grief
- transition
- smoking
- sober support
- court-ordered
- girls groups
- “slush” groups – setting goals, behavior, making changes (could be there for a variety of reasons)
- anger management
- diabetes (facilitated by nurse with a parent component)
- eating disorders (for diagnosed students)

Roanoke County Public Schools Roanoke, VA

Student Assistance Program services were first available in Roanoke County schools in 1986, on a part time basis for the high school population. Over the years the program has grown to sixteen professionals which include a dedicated SAP for each of the five high schools, five middle schools and two alternative schools.

Four professionals operate at the elementary school level, each rotating through about five schools a week on a part time basis. All SAPs are on local funding . All of our SAP professionals are Masters level, and have ATOD work experience prior to coming to the district.

SAP professionals receive about 1200 individual referrals a year. Direct service counseling occurs 3500 times a year. Working in an integrative manner with guidance counselors, administration and faculty members, consultation about students occurs 6700 times a year.

The school district reports that the SAP provides special expertise that makes the system run more smoothly. The district has a long standing alcohol/drug abuse policy which is taken seriously. Consequences to policy violators include group sessions, individual and Saturday school, which includes parents. In the 2005-2006 school year, 343 students referred themselves to the program for help regarding their own use, or use within the family that was affecting them. SAP offers everything from prevention information to intervention to support of the child and/or family.

Data from 2002, 2004 and 2006 from the Youth Risk Behavior Survey on all Roanoke students grade 6-12 helps guide the services. In the four years beginning in 2002 the SAP joined forces with the Roanoke County Prevention Council in further engaging the parents and the community. The services are many, specific and appreciated by the people in the schools. The funding for this program is mainly local and is strongly supported by the administration.

Neshaminy School District Langhorne, PA

The Neshaminy School District has been in the forefront of the Student Assistance movement since it was chosen to be one of four pilot school districts in the state in 1984. SAP in the district was expanded from grades 7-12 to include K-12 services in 1992. In addition to the Safe and Drug Free Schools and Communities monies, the district funds staff positions dedicated exclusively to the SAP.

Support group services vary depending on the grade level. Educational support groups are offered in all buildings 7-12. At the high school level, groups are co-facilitated by the SAP team members and guidance counselors. The number of groups vary based on needs. Some groups run throughout the school year with rolling attendance while others run for a semester with a set group of participants. Topic areas for these educational support groups can include: alcohol/drug aftercare, mental health aftercare, children of alcoholics, and grief groups. All group facilitators have had a minimum of Basic Support Group training.

Most of the Middle School groups are facilitated by local provider agencies in conjunction with the SAP team. Groups are offered in each building and topics are determined by the SAP team, local providers and the students being referred.

Elementary support groups are a combination of groups run by local provider agencies and co-facilitated by SAP team members. The focus of these groups is determined by the SAP team. Groups are run in each of the eight elementary schools.

The Student Assistance Program in Neshaminy School District enjoys a clear commitment of the Board, Superintendent, administrators, certified and support staff.

Student Assistance and Drug Testing

Many schools around the country are considering or doing drug testing of their students. According to the White House Office of National Drug Control Policy, the decision as to whether or not to drug test students is important and one best left to parents, teachers, and school administrators. Schools must first determine whether there is a real need for testing. Such a need can be determined from Student Assistance Program records, student drug-use surveys, reports from school personnel about student drug use and reports of drug use from parents and others in the community.

Drug testing can be another tool of identification. It can also be another way to prevent drug use. It is important to recognize that drug-testing does not address alcohol, which is the drug most often used by adolescents. The goal of school-based drug testing is not to punish students who use drugs. The primary purpose is to deter use and guide those who test positive into an intervention process that may lead to counseling or treatment. Drug testing in schools should never be undertaken as a stand-alone response to the drug problem. Rather it should be one component of the problem identification process in a school where there is a Student Assistance Program in place and professionals know exactly how to handle a positive response to a drug test for the benefit of both the student and the school.



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Selected National Resources on Student Assistance

National Student Assistance Association

www.nsaa.us

Community Intervention, Inc.

www.communityintervention.org

Student Assistance Services

www.sascorp.org

Student Assistance Training International

<http://www.cwsap.com>

Performance Resource Press

www.prponline.net

