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ABSTRACT

School-based alcohol and drug abuse prevention and intervention programs have become an integral part of many school systems in the 1990s. Many such programs employ prevention programs with primary, secondary, or tertiary aspects. In primary prevention, the school district develops a climate conducive to the understanding of alcohol/drug abuse prevention and intervention. Such programs commonly provide staff training, an alcohol/drug curriculum which addresses diverse needs, assistance from school personnel, a student assistance coordinator (SAC) who works with staff, peer counseling, and other measures. In secondary prevention, intervention concentrates on the effects of alcohol or drug abuse on students. This type of prevention involves many aspects: (1) school drug policy is the foundation for intervention; (2) administrative procedures do not need board approval; (3) the SAC takes referrals from staff members and is also consulted on drug/alcohol policy violations; (4) a "Core Team" of school staff discusses questionable students; (5) student counseling groups; and (6) a broad-based employee assistance program. Tertiary prevention, or treatment, is technically not provided by schools but SACs need to be familiar with treatment programs. The SAC can suggest a student be involved in treatment and may help coordinate the services provided by the treatment center and the school. (RJM)

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SCHOOL-BASED PREVENTION AND INTERVENTION PROGRAMS

by Carolyn Hadge

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SCHOOL-BASED PREVENTION AND INTERVENTION PROGRAMS*Carolyn Hadge, M.A., C.A.C.*

School-based alcohol and drug abuse prevention and intervention programs have become an integral part of many school systems in the 1990s. The following outlines the primary, secondary, and tertiary aspects of this prevention model and highlights the role of the student assistance coordinator (SAC) as coordinator of assessment, intervention, and support services regarding substance use and abuse.

Primary Prevention involves strategies for developing, within the school district, a climate conducive to the understanding of alcohol/drug abuse prevention and intervention. This type of prevention includes the following aspects:

- A well-planned staff in-service training done in a comfortable, noninterruptive environment with substitute-teaching coverage, monetary compensation, and/or continuing education credits.
- An alcohol/drug curriculum that is research-based, culturally specific, evaluated, and has a teacher-training component.
- The SAC's relationship with other staff is instrumental in prescribing options for prevention and continuing care. Teachers, guidance counselors, and administrators must work with the SAC to best meet students needs. Child-study teams can assist with substance issues or other crises that occur. Training for attendance officers is necessary since a majority of students they interact with have alcohol/drug-related problems.
- Assistance from aides, school secretaries, bus drivers, custodians, and cafeteria staff is essential. Staff in each of these positions see a level of interaction among students that teachers and administrators may miss. By utilizing the expertise of all faculty and staff in the school the SAC can best promote the well-being of students.

- Assistance with student intervention can come from the court system. The school probation officer will be familiar with many alcohol/drug-affected students, and probation is a powerful lever to encourage positive behavior change. The State Division of Youth and Family Services, as well as the police, may assist with troubled family situations.



- Peers may be used as positive role models in several different ways:

Peer education: Older students teach younger students aspects of alcohol/drug-related issues.

Peer leadership: A cohesive group of students serve as positive role models and initiate/implement prevention programming.

Peer counseling: High school students are trained to respond to peers experiencing difficulties.

- Media coverage should publicize positive prevention efforts as well as staff, student, parent, and community involvement.
- An Advisory Council provides a broad base of support to advocate for programming, to help set priorities, and to serve as a resource for special needs. It draws broad representation from schools, unions, community agencies, and parent-teacher organizations

- Prevention research recognizes the need for community involvement and that effective programming is multidimensional. Schools must have their alcohol/drug message repeated at all levels of the community, and they need community support to advocate and implement broad-based prevention strategies. The SAC should be involved in some type of community task force alliance.

- The community-at-large is a source of ancillary services for prevention, intervention, and treatment. Recreation programs, task forces, service organizations, art centers, musical groups, and libraries all may provide viable primary prevention opportunities.

Secondary Prevention is intervention with the effects of alcohol or drug abuse on students, including the negative effects of a significant other's alcohol/drug abuse, the demonstration of high-risk characteristics, and the actual abuse of alcohol and other drugs. It encompasses the following aspects:

- School drug policy is the foundation for intervention. It needs to be workable, consistently enforced, and have immediate consequences for violations. Options for counseling/education/assistance should be included to prevent recurrence. Some states have specific guidelines. The school attorney needs to review policy before School Board approval.
- Administrative procedures do not need board approval. An example of this is urine testing. This may be implied under state law ("medical examination"). The school attorney needs to examine the procedure in order to protect student rights. Parental permission, monitoring of urine collection, who collects, and who provides testing need to be determined. The SAC should have knowledge of absorption of drugs and alcohol, nanogram readings, and methods of inhibiting test results. All policies and procedures must be communicated to staff, students, and parents.

- The SAC should take referrals from staff members, be consulted on any drug/alcohol policy violation, and be able to identify high-risk students. Working cooperatively with school staff, the SAC builds a rapport with the student, seeks further behavioral information, confronts the issue, suggests options for assistance, and provides follow-up planning. Each school's SAC system may vary, but the general goal is to intervene and provide assistance to troubled students.

- The Core Team is a group of school staff who meet weekly to review questionable students. Its goal is to obtain information that will help provide assistance to the student.

- Students sharing thoughts and confronting one another in small group settings are powerful means of addressing negative behavior. This process allows the SAC to reach more than one student at a time, helps students realize that they are not unique and increases their awareness of resources for assistance.

- Federal regulations govern issues of confidentiality regarding alcohol/drug counseling of minors in any agency receiving federal funding. Upon accepting Drug Free School funds, public schools are governed by regulations which state that no minor can be denied treatment for an alcohol/drug problem, and that communication between minor and counselor is confidential unless the minor is a threat to self or others. At the elementary school level no clear federal policy exists regarding students living with parental alcohol/drug abuse. In some states, the SAC's relationship with the child of substance abusers may be clarified by a School Board ruling (e.g., the SAC is allowed to see a child without parental permission for alcohol/drug-related reasons that do not involve the child's substance use).

- School districts recognize the positive impact of a broad-based employee assistance program that gives a consistent message to staff and students that there is help for problems that impact job and school performance.

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Tertiary Prevention (i.e., treatment) is technically not provided by schools; however, schools are impacted by treatment. SACs need to be familiar with treatment programs: their costs, insurance coverage, options for indigent beds, family involvement, age appropriateness, accessibility, waiting lists, philosophies, and background of staff.

The SAC may suggest that a student be involved in treatment, and he/she is responsible for coordinating a follow-up program upon the student's return to school. There are definite actions that the SAC can take to facilitate this process:

- Service agreements are signed with both inpatient and outpatient treatment centers that define precisely what the school will provide and what the treatment center will provide. The treatment

center must provide an educational program, ongoing progress reports (either verbal or written) to the SAC, and a minimum seven days notice before a student is scheduled to return to school. Plans for a workable continuing care program must be included. The treatment program's involvement of families is critical. The SAC needs to ascertain the level of family involvement offered by the treatment center as well as the level of participation expected from family members.

- SACs also need an understanding of twelve-step programs. Students identified as "chemically dependent" may be referred by treatment centers to AA or NA. Pragmatic use of these programs, complemented by support groups, individual counseling, and family counseling, is the type of treatment plan most often recommended for successful behavior change.

Suggested Readings

Anderson, G. (1988). *When chemicals come to school: The student assistance program model* (2nd ed.). Greenfield, WI: Community Recovery Press.

Bernard, B. (1990). *An overview of community based prevention*. (Prevention Research Findings: OSAP Prevention Monograph #3). Rockville, MD: Office for Substance Abuse Prevention.

Deutsch, S. (1982). *Broken bottles, broken dreams*. New York, NY: Teachers College Press.

Evans, D. (1985). *Kids, drugs and the law*. Minneapolis, MN: Hazelden.

Hansen, W. (1990). *Theory and implementation of the social influence model of primary prevention*. (Prevention Research Findings: OSAP Prevention Monograph #3). Rockville, MD: Office for Substance Abuse Prevention.

Johnson, J., & Johnson, S. (1987). *Joining together: Group theory and group skills*. Englewood Cliffs, NJ: Prentice Hall, Inc.

Milgram, G.G. (1990). *The facts about drinking: Coping with alcohol use, abuse, and alcoholism*. Mount Vernon, NY: Consumers Union.

National Institute on Drug Abuse. (1991) *Drug abuse, and drug abuse research*. (Third Triennial Report to Congress). Rockville, MD.

Svendsen, R., & Griffin, T. (1980). *The student assistance program*. Minneapolis, MN: Hazelden.

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