Addressing Adolescent Substance Abuse:

An Evaluation of Washington's Student Assistance Prevention and Intervention Services Program (SAPISP)

2006–07 Annual Report

Dr. Terry Bergeson
State Superintendent of
Public Instruction

April 2008

Addressing Adolescent Substance Abuse: An Evaluation of Washington's Student Assistance Prevention and Intervention Services Program (SAPISP)

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April 2008

This report was prepared by Dennis Deck and Karla Wadeson of RMC Research Corporation in Portland, Oregon. Paul LeBaron was responsible for report production.

The continued support and cooperation of local grant coordinators and prevention and intervention specialists was critical to the success of this project. Dixie Grunenfelder, Office of Superintendent of Public Instruction, provided valuable guidance and administrative support at all stages of the project.

This project was funded by the Washington State Omnibus Alcohol and Controlled Substances Act: Prevention and Intervention Services Program, Chapter 28A.170 RCW.

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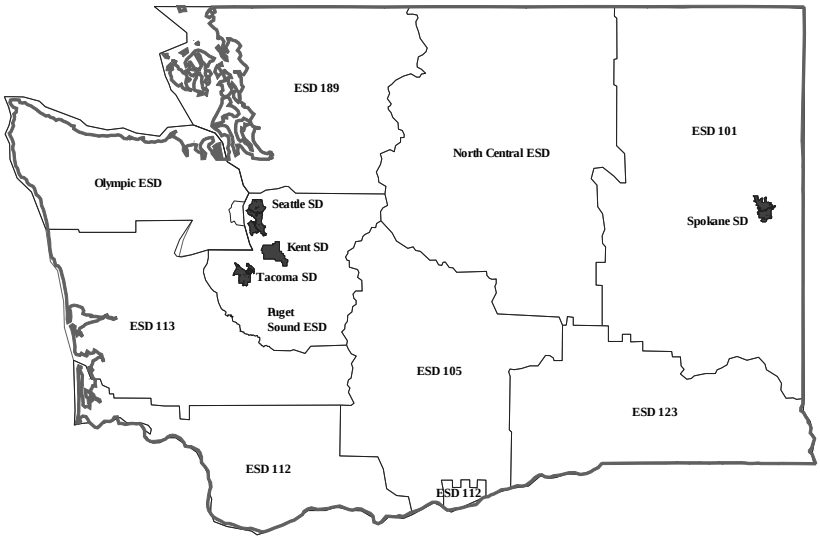
Executive Summary

Program Description

In 1989 the Washington State Legislature passed the Omnibus Alcohol and Controlled Substances Act that authorized state agencies to conduct a variety of programs that address the public's concern about the level and consequences of alcohol, tobacco, and other drug use. The Prevention and Intervention Services Program, operated by the Office of Superintendent of Public Instruction (OSPI) with a mix of local, state, and federal (e.g., Safe and Drug-Free Schools and Communities) funds, places intervention specialists in schools to implement comprehensive student assistance programs that address problems associated with substance use and violence. As stated in the act (ESSHB 1793, Subpart B, Section 310, Paragraph two), intervention specialists are to (a) provide early alcohol and other drug prevention and intervention services to students and their families, (b) assist in referrals to treatment providers, and (c) strengthen the transition back to school for students who have had problems of alcohol and other drug abuse.

Where are the local programs?



Annually, nearly $5 million are distributed to 13 local grantees—including the four largest school districts (Seattle, Tacoma, Spokane, and Kent) and nine consortia—covering virtually the entire state. Funding allocations are based on a formula that accounts for both the school enrollment and the estimated need for services of each region.

How are students served?

Universal prevention activities typically target intact classrooms or the entire school. Examples include assistance to classroom teachers in the use of age-appropriate prevention curricula, supervision of peer leadership or pledge programs, and promotion of drug-free after-school activities. Intervention strategies involve the identification of students who are, (a) at risk of initiating substance use or antisocial behavior, (b) coping with the substance use of significant others, (c) using tobacco, alcohol, or other drugs, or, (d) developing a dependence on drugs. An array of counseling, peer support groups, social skills training, and individual and family interventions are used to address the particular needs of each student. When the severity of use requires services that cannot be provided in the school setting, students are referred to community services such as chemical dependency treatment.

Program Outcomes

Prevention and intervention strategies are intended to, (a) promote the skills and attitudes necessary to resist pressures to use alcohol, tobacco, and other drugs, (b) help students avoid antisocial behavior that may disrupt learning, (c) encourage students to reduce the substance use for which they were referred, and (d) remove barriers to school success. The findings of an independent statewide evaluation suggest that the program has resulted in positive outcomes in each of these areas as measured by a self-report instrument administered before and after participation in program services.

Skills and attitudes. Students reported that social skills and attitudes that help them resist drug use and other inappropriate behavior strengthened while participating in the Student Assistance Prevention and Intervention Services Program. Students reported modest but statistically significant gains on nine scales including self-esteem, self-control, assertiveness, cooperation, and bonding with school. Students reported receiving greater guidance in the school setting, most likely due to the assistance provided by the intervention specialist.

Antisocial behavior. Students with an intervention goal of reducing antisocial behavior indicated modest but significant reductions in five of six behaviors including truancy and fighting.

Substance use. Students with an intervention goal of reducing substance use reported changes in their level of use:

- Significantly more students perceived moderate to high risk in five forms of substance use after the program.
- Significantly fewer students reported using alcohol, tobacco, and marijuana in the past 30 days after participation in the program (see Figure 11). Students reported modest reductions of tobacco use but substantial reductions for other substances. For example, 27 percent fewer students reported marijuana use and 24 percent fewer students reported binge drinking (five or more drinks) in the past 30 days after participating.

School success. Both teacher ratings and school records provided some evidence that participation in the Prevention and Intervention Services Program can be linked to improved school success:

- Elementary and alternative school teachers observed improved classroom performance in about two-thirds (66 percent) of the students who had participated in the program during the school year. Most of the remainder were satisfactory and remained unchanged.
- A small, high-participation sample of middle and high school students who were rated as dependent on alcohol or other drugs achieved a higher grade point average (GPA) at the end of a second school year whereas a similar, low-participation group showed a decline.

How can I learn more about this program?

To learn more about the Prevention and Intervention Services Program, contact Dixie Grunenfelder at the Office of Superintendent of Public Instruction in Olympia, Washington, at (360) 725-6045. Detailed findings from the ongoing statewide evaluation are presented in the main body of this report. For more information about adolescent

substance use in the state of Washington see *Washington Healthy Youth Survey 2006: Analytic Report* (Einspruch, 2007, Office of Superintendent of Public Instruction, Olympia, WA).

Introduction

Substance use continues to be a significant problem among young people. Recent survey data indicate the prevalence of substance use among students in Washington State. Of those students in Grade 12 who participated in the 2006 Washington State Healthy Youth Survey (Einspruch, 2007), at some time in their lives 72 percent had tried alcohol, 45 percent had tried cigarettes, 43 percent had tried marijuana, and 10 percent had tried cocaine. Of even greater concern, 42 percent of those high school seniors reported having used alcohol in the past 30 days, and 22 percent reported having used marijuana in the past 30 days. Students also reported that they had engaged in other health-risk behaviors (e.g., violence- and suicide-related behaviors). These findings underscore the need for services to help students make positive decisions regarding the use of alcohol and other drugs.

To directly address concerns regarding student substance use in Washington State, in 1989 the state legislature passed the Omnibus Alcohol and Controlled Substances Act (ESSHB 1793). One part of this act called for the creation of the Drug and Alcohol Abuse Prevention and Early Intervention in Schools Program, now known as the Student Assistance Prevention and Intervention Services Program (SAPISP). The Office Superintendent of Public Instruction (OSPI) allocates funds to local grantees for the purpose of placing alcohol and other drug prevention and intervention specialists in schools. (The program emphasizes schools with the highest concentrations of at-risk students and the provision of services to students in Grades 5 through 9). Section 311 of ESSHB 1793 indicates that the prevention and intervention specialist services are to be "directed at assisting students in kindergarten through Grade 12 in overcoming problems of drug and alcohol abuse, and in preventing abuse and addiction to such substances, including nicotine." The Student Assistance Prevention and Intervention Services Program intends that prevention and intervention specialists:

- Provide early alcohol and other drug prevention and intervention services to students and their families.
- Assist in referrals to treatment providers.

- Support the transition back to school for students who have had problems of alcohol and other drug abuse.

The ultimate goal of the program is that the "provision of drug and alcohol counseling and related prevention and intervention services in schools will enhance the classroom environment for students and teachers and better enable students to realize their academic and personal potentials" (ESSHB 1793, Section 310).

The Student Assistance Prevention and Intervention Services Program plays an important role in addressing Washington State's continued concern over the economic and social costs of alcohol and other drug use and abuse. That this concern remains a priority to the state is evidenced in the Division of Alcohol and Substance Abuse's (2006) report *Tobacco, Alcohol, and Other Drug Abuse Trends in Washington State*, which presents data on the state's progress toward the Healthy People 2010 objectives for youth. The report shows that significant progress has been made, but current status falls short of the national goals for adolescent use of tobacco, alcohol, marijuana, and other illicit drugs.

The Student Assistance Prevention and Intervention Services Program also relates to Washington State's Essential Academic Learning Requirements (EALRs) for health and fitness (and to some extent the communication EALRs). The *Essential Academic Learning Requirements Technical Manual* (Washington State Commission on Student Learning, 1998) reports that the EALRs for health and fitness are based on the idea that:

> An understanding of good health and fitness concepts and practices is essential for all students. . . . Teaching our students good health and safety principles can lead to a lifetime of healthy practices, resulting in more productive, active, and successful lives. The essential academic learning requirements in health and fitness establish the concepts and skills necessary for safe and healthy living, and in turn, for successful learning.

Previous Evaluations

OSPI has sponsored ongoing statewide evaluation of the Student Assistance Prevention and Intervention Services Program. The evaluation team has prepared annual summaries of student-level service and outcome data. The most recent report is Deck (2006).

Methodology

This report presents the results of evaluation activities conducted by RMC Research, in collaboration with program coordinators and their staff, providing information about the implementation and effectiveness of the Student Assistance Prevention and Intervention Services Program.

Documentation of program services. RMC Research maintains a Web-based reporting system for Student Assistance Prevention and Intervention Services Program activities and outcomes. Prevention and intervention specialists enter information that (a) describes universal prevention activities offered to all students, (b) describes services to students referred to selective or indicated prevention activities, and (c) assesses program outcomes for participating students. Grant coordinators and prevention and intervention specialists can run interactive reports summarizing participant characteristics, service participation, and program outcomes.

Student outcomes. Students referred for indicated prevention activities in Grades 6–12 complete a program evaluation questionnaire before and after participation. The questionnaire items address protective factors, school bonding, antisocial behavior, and substance use. These measures satisfy federal and state reporting requirements.

Longitudinal follow-up of grades and attendance. Grades and attendance are outcomes that change only over the long term. Therefore, RMC Research conducted a longitudinal study that tracked grade and attendance data over a second year for a cohort of a 20 percent random sample of students who participated in the program last year. Prevention and intervention specialists obtained spring term grades and attendance for the year referred and the two following years.

Program Logic Model

Comprehensive school-based substance abuse prevention programs must provide both schoolwide activities and specialized services to those identified with specific needs. The federal Center for Substance Abuse Prevention uses the term *universal prevention* to describe activities that expose all students to a prevention message and *indicated prevention* to describe services to individuals identified at high risk for substance abuse or antisocial behavior. The Student Assistance Prevention and Intervention Services Program provides a continuum of student support services covering the full range of prevention strategies, including referral for treatment services. Appropriate prevention strategies include these:

- Information dissemination.
- Classroom or small-group education.
- Alternative programming (e.g., drug-free dances, and youth/adult leadership activities).
- Problem identification and referral (through, for example, student assistance programs).
- Community-based activities (coordinated by multiple agencies).
- School substance abuse policies.

Figure 1 illustrates the general logic of universal prevention services provided by prevention and intervention specialists, linking school characteristics, program activities, and the intended short- and long-term outcomes. As this figure shows, a schoolwide needs assessment may reveal the existence of undesirable student attitudes or behaviors that suggest a need for certain prevention activities targeting the entire school or specific subgroups. If properly implemented, these activities are expected to result in certain short-term outcomes such as expanded knowledge of the effects of drugs and involvement in positive, drug-free activities. Ultimately, prevention activities promote the long-term outcome of “delayed onset and reduced prevalence of substance abuse or violence.” This logic model illustrates how the Student Assistance Prevention and

Intervention Services Program provides prevention services to achieve particular prevention-related outcomes.

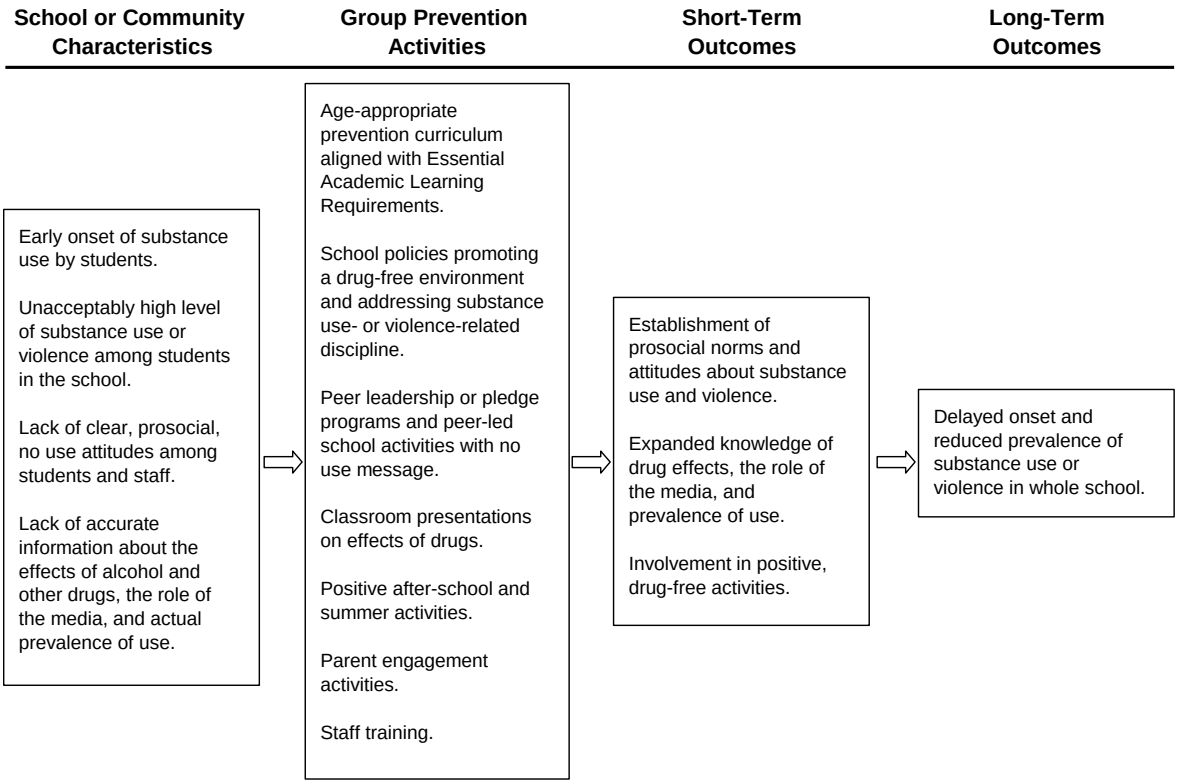


Figure 1. Logic model of universal prevention services provided by the program. Schoolwide activities are initiated in response to general risk factors with the intention of reducing the overall prevalence of substance use.

Selective and indicated prevention services involve an identification and referral process, either formal or informal, to establish which students have special needs. In the Prevention and Intervention Services Program, intervention often includes the provision of individual counseling and support group services, alcohol and other drug screening, and involves the students' parents. Prevention and intervention specialists refer students to community treatment agencies for alcohol and other drug assessment and treatment as necessary.

Figure 2 illustrates the logic of the indicated prevention services provided by prevention and intervention specialists. Existing student characteristics prompt the prevention and

intervention specialist to try various school-based interventions or refer students to other resources. If the services are well designed and the students fully engage in them, certain short-term outcomes are expected to ensue. Ultimately, intervention services have the desired long-term outcome of helping students make healthy life choices, delaying or reducing substance use, and improving school performance. This logic model illustrates how the Student Assistance Prevention and Intervention Services Program provides intervention services to achieve particular intervention-related outcomes.

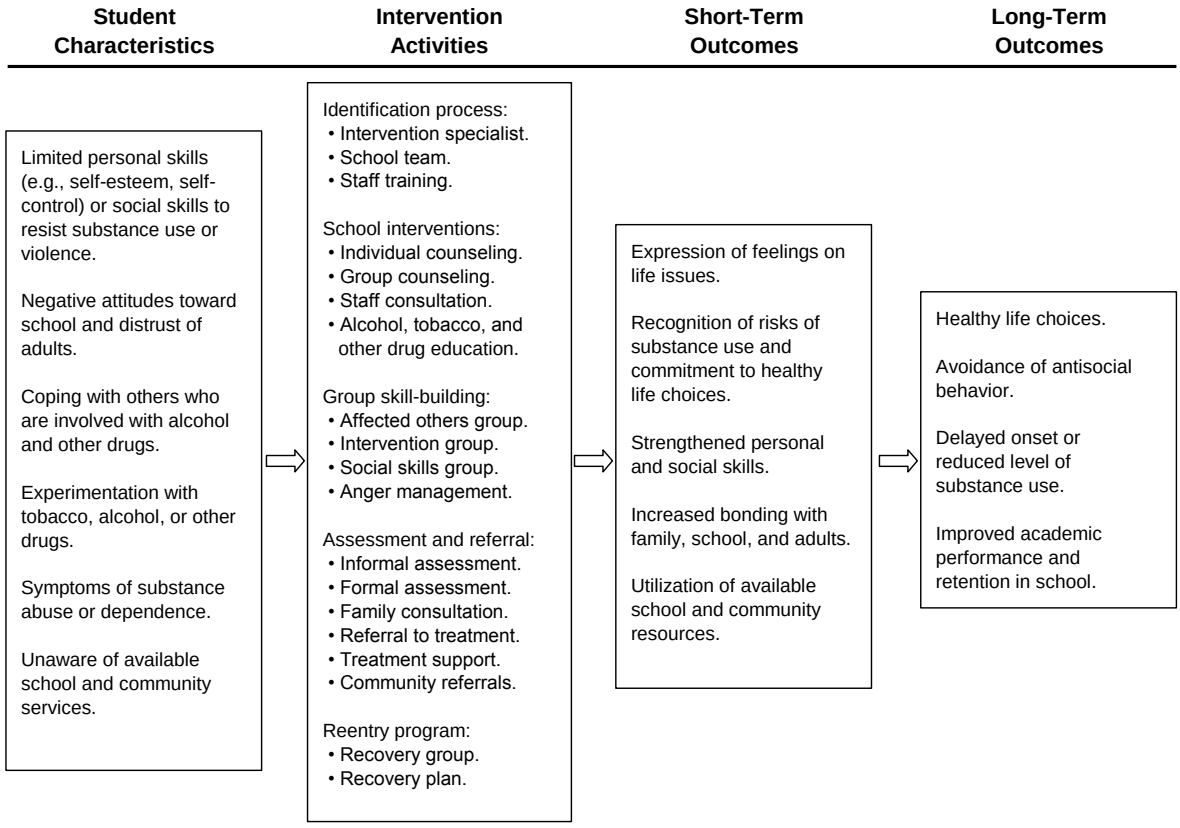


Figure 2. Logic model of selective or indicated prevention services provided to students referred to the program for substance use or other risk factors. Interventions are designed to promote skill development and attitude change leading to behavioral change.

Casey—Prevention Through Healthy Choices

Casey is a friendly, ambitious adolescent striving to develop leadership qualities and success in life. She considers herself a "really neat person" and wants to show people that she is not like her parents. Her father is in prison and her mother, an alcoholic and drug addict, abandoned her and her sister when she was 12 years old.

When Casey was referred to the intervention specialist, she already had a history of drug use and was contemplating suicide. Casey began receiving counseling and participating in a weekly support group that helps students develop communication and problem-solving skills. Casey gained a greater sense of self-awareness and learned to express her feelings. As Casey's confidence and self-esteem grew, she developed a more positive attitude about life. Her grades improved and she ran for class vice president. She began participating in school sports and helped start a Students Against Drunk Driving (SADD) club. Participating in the support group helped Casey understand that her family situation is not her fault.

She sees the intervention specialist and school counselor as mother figures and cherishes their love and support. She reports that they help her make healthy choices and cope with everyday life. Casey knows that she cannot change the past, but considers herself a better person for what she has been through. She says, "My past was bad but my future won't be."

Program Description

This section describes the Student Assistance Prevention and Intervention Services Program in relation to six evaluation questions:

- Who are the local grantees?
- Which students do local projects serve?
- What services are provided to students?
- How are students referred for service?
- What are the various service delivery models in use?

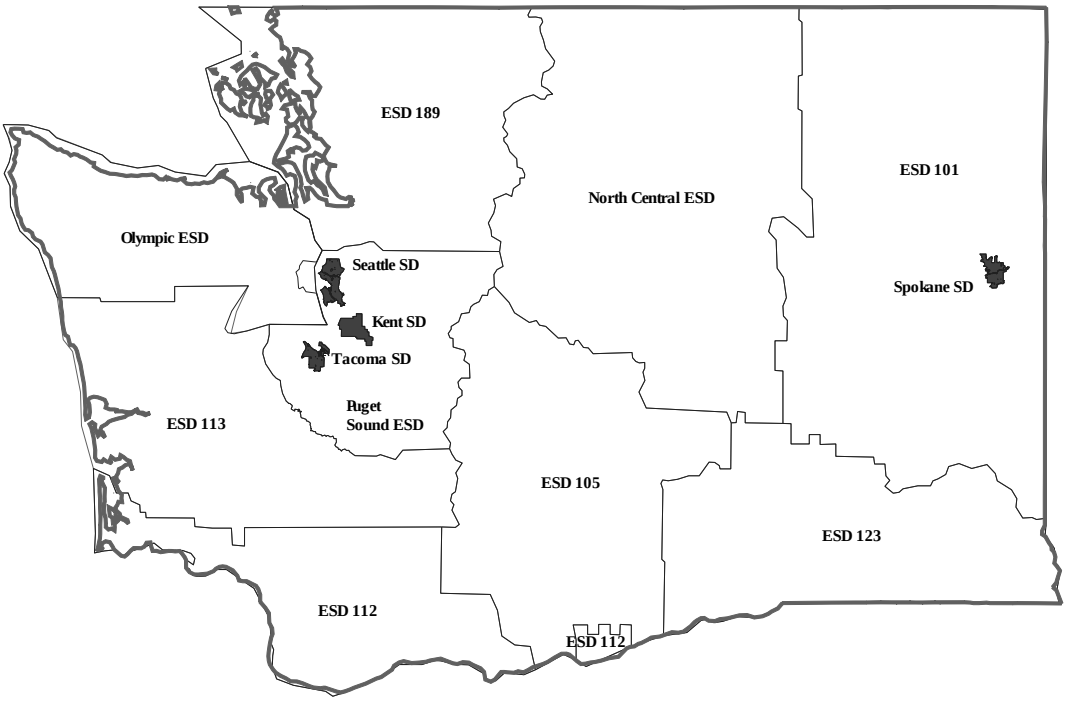
Who Are the Local Grantees?

Finding: *Thirteen grantees implemented the Student Assistance Prevention and Intervention Services Program. The local projects served all geographic regions of the state, including three-quarters of the secondary schools.*

Local grantees. Thirteen local projects provided Student Assistance Prevention and Intervention Services Program services to students across the state (see Figure 3). The grantees include the state's four largest school districts (Kent, Seattle, Spokane, and Tacoma) and nine consortia:

- Educational Service District (ESD) 101 (serving Adams, Ferry, Stevens, Pend Oreille, Lincoln, Spokane, and Whitman Counties).
- ESD 105 (serving Kittitas and Yakima Counties, Royal and Wahluke School Districts in Grant County, and Bickleton and Goldendale School Districts in Klickitat County).
- ESD 112 (serving Clark, Cowlitz, Skamania, and Wahkiakum Counties and parts of Klickitat and Pacific Counties).
- ESD 113 (serving Grays Harbor, Lewis, Pacific, and Thurston Counties and Aberdeen, Chehalis, Elma, Hoquiam, North Beach, Olympia, Raymond, Tenino, White Pass, and Winlock School Districts).

Figure 3. Thirteen local projects provided services under the Prevention and Intervention Services Program. The grantees included four large school districts (shaded) and nine consortia.



- Olympic ESD 114 (serving Kitsap County, except Bainbridge Island; North Mason School District; and Jefferson and Clallam Counties).
- Puget Sound ESD 121 (serving King and Pierce Counties and Bainbridge Island School District in Kitsap County).
- ESD 123 (serving Asotin, Columbia, Garfield, Walla Walla, Franklin, and Benton Counties and Othello School District in Adams County).
- North Central ESD 171 (serving Chelan, Douglas, Grant, and Okanogan Counties).
- ESD 189 (operated by Northwest Substance Abuse Prevention Cooperative serving Island, San Juan, Skagit, Snohomish, and Whatcom Counties, Lakewood School District is the fiscal agent).

Program funds are allocated to grantees according to a formula developed by OSPI that takes into account both the public school enrollment in the grantee's service area and the need for substance abuse services in the area, as measured by indicators derived from county risk profiles (Becker et al., 1999). Prior to 1997 the funding process required grantees to compete for funding. The Student Assistance Prevention and Intervention Services Program now serves all geographic areas of the state and distributes grant funds more equitably.

Meeting bimonthly, the grant coordinators work collaboratively with OSPI staff to plan the overall direction for the program, to develop strategies for coordinating the various funding streams, and to share information about effective practices.

Finding: *By design, more than one-quarter of local project expenditures are covered by matching funds, which are often from federal Safe and Drug-Free Schools and Communities grants.*

Matching funds. Grantees are required to obtain matching funds so that Student Assistance Prevention and Intervention Services Program funds cover no more than 80 percent of the total expenditures of each local project. Matching funds typically come from federal Safe and Drug-Free Schools and Communities grants, other state sources (such as Community Mobilization Against Substance Abuse or the Department of Health); and local school districts. Local projects often surpass the minimum requirement for matching funds. For example, in 2005–06 matching funds accounted for 47 percent of the Student Assistance Prevention and Intervention Services Program expenditures statewide.

Finding: *Program funding has remained flat since 1990, allowing inflation to erode 35 percent of the buying power of grant funds.*

Program funding. Since its inception the Student Assistance Prevention and Intervention Services Program has operated with a biennial budget of about $9 million plus in-kind matching funds (Deck and D'Ambrosio, 2000). This budget represents approximately 50 percent of the federal Performance Partnership Grant from the Center

for Substance Abuse Prevention administered by Washington's Division of Alcohol and Substance Abuse in the Department of Social and Health Services. The allocated funds have remained relatively constant since 1990 with no provision for inflation. In 2007 a dollar was worth approximately $0.64 in 1990 dollars when adjusted using the Consumer Price Index published by the U.S. Bureau of Labor Statistics (ftp://ftp.bls.gov/pub/special.requests/cpi/cpiai.txt). Consequently, the buying power of the program's funding has decreased by about 36 percent (see Figure 4).

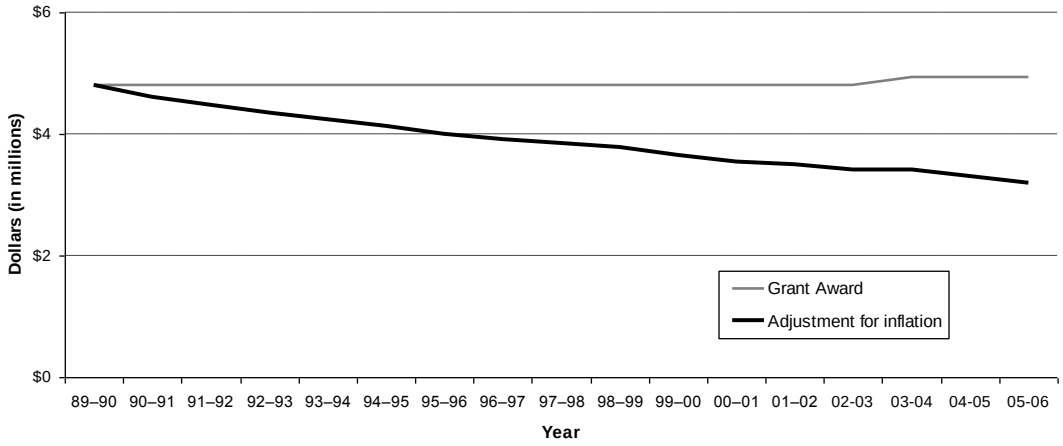


Figure 4. Total grant award by year adjusted for inflation. Without increased funding, the buying power of grant dollars has been eroded by inflation.

The vast majority of program funds are invested in program staff—particularly the prevention and intervention specialists who provide direct services to students. Administrative costs account for only about 9 percent of the grant expenditures. The direct cost of the program is approximately $244 per indicated student served (ignoring the universal prevention activities). This cost-per-student is modest when compared to the potential societal costs of students who become involved with the criminal justice system or reliant on the public welfare system.

Other funding streams contribute to local prevention efforts and may be considered part of the match. School districts receive an allocation of federal Safe and Drug-Free Schools and Community funds. The state Department of Health contracts with the ESDs to implement school-based tobacco prevention strategies. Several local programs have

also obtained grants from the Centers for Disease Control, the Center for Substance Abuse Prevention, or other agencies to develop or adapt special programs. In rural areas, the grantees often coordinate multiple funding streams, including local school dollars, to place specialists in a school full-or part-time.

Prevention and intervention specialists. Local projects placed 253 prevention and intervention specialists in school buildings in October 2006. Trained primarily as chemical dependency counselors or certified prevention specialists, they are responsible for assisting students referred to the program. These specialists are usually assigned to multiple schools on a part-time basis. Many are supported by other state or local sources in addition to Student Assistance Prevention and Intervention Services Program funds and are able to work full-time.

Finding: *In 2006–07, 277 prevention and intervention specialists in 13 local projects provided direct services to more than three-fourths of the secondary schools.*

Penetration of services. Historically, about 800 schools across Washington State receive Student Assistance Prevention and Intervention Services Program services annually. Consistent with the intent of the program, secondary schools were the most likely to receive services, and about three-fourths of the middle schools, high schools, and alternative school received services annually. In contrast, only one in six elementary schools received program services. Overall about a third of the schools are served.

Finding: *In most years prevention and intervention specialists have provided direct services to more than 18,000 students, despite declining resources.*

Number of students served. In most years of the Student Assistance Prevention and Intervention Services Program, prevention and intervention specialists have provided services to more than 18,000 students annually. Table 1 details the level of funding, the number of participating schools, the number and FTE of the prevention and intervention

specialists, and the number of students who received direct services for each year of the program. The number of students served has remained relatively stable despite a decline in prevention and intervention specialist FTE directly supported by the grant. This discrepancy is due to a reduction in the amount of time prevention and intervention specialists spend with each student and an increase in the contribution of in-kind funds.

Table 1. Program Expenditures, Staffing, and Service Delivery 1989–2007

Year	Grant Award (Thousands)	Grant Adjusted for Inflation[a]	Schools Served	Intervention Specialists		Students Served
				FTE	No.	
1989–90	$4,808	$4,808	601	147	198	11,236
1990–91	$4,808	$4,614	706	140	206	21,209
1991–92	$4,808	$4,479	683	140	241	21,198
1992–93	$4,808	$4,349	507	130	245	19,865
1993–94	$4,808	$4,241	713	131	214	18,804
1994–95	$4,808	$4,124	691	121	205	19,361
1995–96	$4,808	$4,005	607	121	204	17,649
1996–97	$4,808	$3,916	612	120	206	18,807
1997–98	$4,808	$3,856	555	115	222	19,607
1998–99	$4,808	$3,772	618	102	242	21,275
1999–2000	$4,808	$3,650	704	115	268	21,099
2000–01	$4,808	$3,549	765	125	292	22,947
2001–02	$4,808	$3,493	684	108	305	23,049
2002–03	$4,808	$3,416	762	145	333	22,185
2003–04	$4,928	$3,410	782	104	294	18,857
2004–05	$4,928	$3,298	809	105	278	16,056
2005–06	$4,928	$3,195	699	na	277	18,446
2006–07	$4,928	$3,154	538	172[b]	253	18,358

Note. Participant counts from 1992–93 and prior years are less reliable than data for later years. A new approach for collecting staff information was implemented in 2006; prior FTE data were less reliable.
[a]1989–90 dollars. [b] FTE is now based on the total from all sources.

Which Students Do Local Projects Serve?

Characteristics of students served. Consistent with the intent of the Student Assistance Prevention and Intervention Services Program, the majority of the students served are enrolled in secondary schools (see Figure 5). In 2006–07, 37 percent of the students served were in Grades 6 through 8 and 60 percent of the students served were in Grades 9 through 12. Over time, the number of elementary school students receiving services has declined. The Student Assistance Prevention and Intervention Services Program serves slightly more females than males, which is the reverse of statewide public school enrollment in terms of sex; that is, slightly more males than females are enrolled in public schools. Services have been provided to students who are members of major ethnic groups at rates that closely match the proportion of students in each ethnic group in the state as a whole. Although the program targets students at risk for substance use and other behavioral problems, referrals to the program appear to have been equitable with respect to sex and ethnicity.

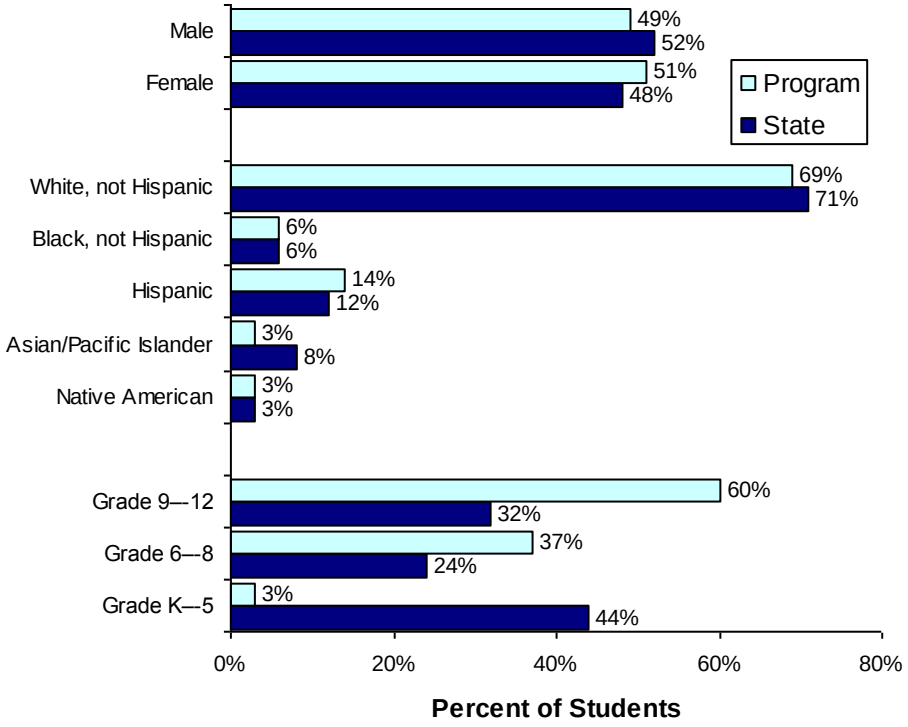


Figure 5. Characteristics of students served in 2006–07 compared with characteristics of state public school enrollment. The demographics of participating students (n = 18,443) closely parallel those of the state enrollment, with the exception that the program emphasizes serving students in secondary grades.

Students referred to the program are often involved in alcohol and other drug use. In the three months prior to referral to the program in 2006–07, nearly a third of the students had used alcohol (31 percent) or marijuana (28 percent) and almost one in four had used tobacco (21 percent).

What Services Are Provided to Students?

Finding: *Prevention and intervention specialists provide a variety of individual and group services that are consistent with the key components of a student assistance program. Prevention and intervention specialists also make a variety of presentations to different audiences.*

Although student assistance programs are implemented differently according to the needs and characteristics of individual schools, they exhibit several common components (Anderson, 1993; Herberg, Hughes, and Bond, 1990; Nystrom, 1992):

- **Universal prevention.** The prevention of student alcohol and other drug use is a multifaceted endeavor that includes a kindergarten through Grade 12 prevention curriculum, district policies, drug-free alternative activities, and peer leadership or pledge groups. These activities are usually directed at the entire school enrollment.
- **Identification and screening.** A process exists for identifying students who exhibit risk factors leading to behaviors that interfere with the learning process or that are harmful to the student or others in the school setting. If substance use is involved, a further screening helps determine whether some form of treatment is necessary.
- **Early intervention.** Intervention specialists help motivate students and their families to address the documented concerns. Intensive educational classes often serve as an alternative to other disciplinary actions. Other school-based interventions include counseling, parent conferences, behavior contracts, and peer support groups.

- **Referral.** Students are referred to in-school programs or out-of-school assessment, treatment, or other community-based services as needed.
- **Support services.** Support services include advocating for students who attempt to change their behavior, removing barriers that prevent students from accessing treatment or other services, and providing assistance for youth returning to school after treatment.

During the 2006–07 school year, nearly 18,500 students in Washington State received direct services from Student Assistance Prevention and Intervention Services Program intervention specialists. Although a large number of students were served in peer support group settings, the majority of the students received individual counseling. Prevention and intervention specialists provided, however, a wide variety of support groups in response to student needs. Students who have not yet begun to experiment with substances are best served by a prevention-oriented group. Students who use substances need an intervention-oriented group, and students who return from treatment need group support to maintain sobriety. Local projects typically implement one or more of the following types of support groups:

- **Prevention club** helps reinforce the no-use decision of students who have not yet begun to experiment with alcohol and other drugs (864 indicated students were referred to prevention clubs in 2006–07).
- **Drug education class** teaches students at risk of beginning substance use about the consequences and effects of using alcohol and other drugs (2,467 students were referred to drug education classes and 1,1430 students were referred to tobacco cessation or education classes in 2006–07).
- **Social skills classes** helps students develop the social skills necessary to resist pressure to use alcohol or other drugs and to improve interactions with peers (1,437 students were referred to social skills groups in 2006–07).
- **Affected others group** helps students learn to cope with the impact of another person's use (2,179 students were referred to affected others groups in 2006–07).

- **Intervention group** challenges students who have begun to use alcohol or other drugs to consider their reasons for use and to quit using (3,286 students were referred to intervention groups in 2006–07).
- **Recovery assistance group** assists students in the recovery process to make the transition back to school after treatment and to develop relapse prevention skills (684 students were referred to recovery assistance groups in 2006–07).

In addition to providing support group services, prevention and intervention specialists provide violence prevention programming, conduct chemical dependency preassessments and assessments, refer students to school- and community-based resources, and make contact with parents regarding student issues.

What Universal Prevention Activities Have Been Implemented?

Many of the prevention activities conducted by prevention and intervention specialists target the whole school or all students in certain grade levels. Table 2 summarizes the universal prevention activities provided to students by the 13 grantees during 2006–07. The prevention framework promoted by the Center for Substance Abuse Prevention as part of the minimum data set serves as the basis of organization for the table. For each service type, the table provides the number of activities and sessions conducted, the total number of participants, and the average hours per session participants attended.

Awareness activities generally accounted for the largest number of activities and participants. This Category includes program outreach and information dissemination (e.g., presentations to describe program services and recruit participants), awareness-level substantive presentations (e.g., discussion of the effects of alcohol, tobacco, or other drugs in a health class), and community service activities. Curriculum and educational activities typically involve greater service intensity and thus presumably have a greater impact on student behavior. Most of these activities involve multiple sessions with a structured or semistructured curriculum. Most local grant coordinators reported activities in the curriculum and educational domains as the core of their overall universal prevention strategy. Certainly the results confirm that substantial effort was expended on curriculum and educational activities.

Table 2. Universal Prevention Activities Provided to Students During 2006–07 by Service Type

Service Type	Number of Activities	Number of Sessions	Total Participants	Average Hours per Session
Curriculum Strategy				
Life Skills	302	1,159	11,600	1.07
Project Alert	329	979	10,463	1.07
Second Step	106	856	4,199	0.70
Other recognized prevention	158	624	13,138	1.77
TATU peer education	265	446	13,495	1.23
Local prevention curriculum/program	103	414	9,140	2.34
HLAY: Here's Looking at You	29	281	612	0.61
TATU leader training	140	241	2,000	3.39
Great Body Shop	79	138	2,100	0.84
END: Ending Nicotine Dependence	22	88	93	1.07
Natural Helpers leader training	13	26	360	7.38
NOT: No On Tobacco	11	23	33	1.46
Project TNT: Towards No Tobacco Use	1	1	1	2.00
Science, Tobacco, and You	1	1	22	6.50
Tribes	1	1	24	3.00
Education Strategy				
Prevention education groups	434	1,553	6,551	1.38
Classroom series on ATOD issues	165	447	6,584	1.55
Peer Strategy				
Prevention clubs	436	1,478	31,130	1.11
Peer leadership programs	115	277	12,504	1.46
Peer mentoring programs	65	242	3,364	1.48
Peer mediation programs	34	69	526	1.70
Community prevention coalitions	37	50	738	3.12
Awareness Strategy				
Classroom presentation about ATOD issues	1,140	1,140	42,892	1.19
Information dissemination to students	1,011	1,011	324,163	1.17
Classroom presentations about services	944	944	44,855	0.89
ATOD awareness event	679	679	224,358	2.20
Community service activities	87	87	6,602	2.21
Planning strategy				
Team prevention planning	309	309	8,108	1.75

Note. Curriculum, education, and peer strategies are recurring activities with multiple sessions per activity. Because awareness and planning are nonrecurring activities, the number of activities and sessions are equivalent. The participant count may be duplicated if an individual participated in more than one strategy, but the participant counts for each strategy are nonduplicated counts. TATU = Teens Against Tobacco Use. ATOD = alcohol, tobacco, and other drug.

Table 3. Universal Prevention Activities Provided to Families, School Staff, and the General Community During 2006–07 by Service Type

Service Type	Target Audience	Number of Activities	Number of Sessions	Total Participants	Average Hours per Session
Awareness Strategy					
Strengthening families	Family	34	143	521	2.73
Staff development in presentation of curriculum	Staff	58	93	631	2.17
Education Strategy					
Parent education series	Family	44	160	1,020	2.10
Staff development on ATOD issues	Staff	129	142	2,423	1.71
Awareness Strategy					
Information dissemination to staff	Staff	1,039	1,039	75,618	0.69
Information dissemination to parents	Family	634	634	329,759	1.16
Staff awareness presentations	Staff	206	206	8,274	0.98
Community awareness event	Community	127	127	17,708	3.31
Community presentation	Community	95	95	4,469	1.94
Information dissemination to community groups	Community	91	91	17,941	1.50
Awareness presentations to parents	Family	72	72	5,911	1.45
Family prevention event	Family	30	30	2,644	2.20
Planning Strategy					
Technical assistance/ consultation	Staff	2,018	2,018	18,370	1.04
Advisory board/coalition meeting	Community	166	559	2,249	1.58
Policy and procedure development and implementation	Staff	242	501	9,794	1.74
Collaborative needs assessment	Community	319	319	5,332	1.54

Note. Some strategies (e.g., parent education series and advisory board/coalition meetings) are recurring and have more than one session per activity. Typically, however, the numbers of activities for strategies targeting families, school staff, and the general community equal the number of sessions. ATOD = alcohol, tobacco, and other drug.

In view of the increasing pressure to implement proven, science-based prevention programs or curricula, the curriculum strategy domain of Table 2 allows for a closer examination of the specific activities conducted. In general, science-based curricula recognized by a federal agency as effective represents one-third (33 percent) of the reported universal prevention sessions provided to students. In addition, program staff would argue that in the context of providing this entire range of services to students is consistent with the components of a comprehensive student assistance program.

Prevention and intervention specialists also conducted universal prevention strategies targeting families, school staff, and the general community. These strategies often focused on increasing awareness among families, school staff, and the general community of the issues and needs of students. Other strategies encompassed planning, education, and curriculum. Table 3 summarizes the prevention strategies provided to families, school staff, and the general community. Awareness activities generally accounted for the largest number of activities and participants. Education and curriculum activities occurred with less frequency but tended to be more time intensive for participants.

How Are Students Identified for Indicated Prevention?

Finding: *Students are referred for program services by school staff, themselves, peers, or parents, sometimes as part of a disciplinary action. Prevention and intervention specialists gather information about the referred students' needs and make decisions about how best to provide services.*

Referral process. Students are generally referred by school staff who become aware that they may be in need of help. Staff referrals include those made by school administrators in response to a disciplinary violation (such referrals represent less than a third of all referrals). Prevention and intervention specialists often report that students are self-referred to the program. This finding is an important indicator of the level of

students' comfort with and trust in prevention and intervention specialists. Pursuant to a referral, information from a variety of sources is collected and a chemical dependency preassessment is conducted if one is warranted. Once this information has been collected, a decision is made regarding how best to serve the student. An array of school-based interventions or referrals to other school or community resources can be accessed. Figure 6 illustrates this process.

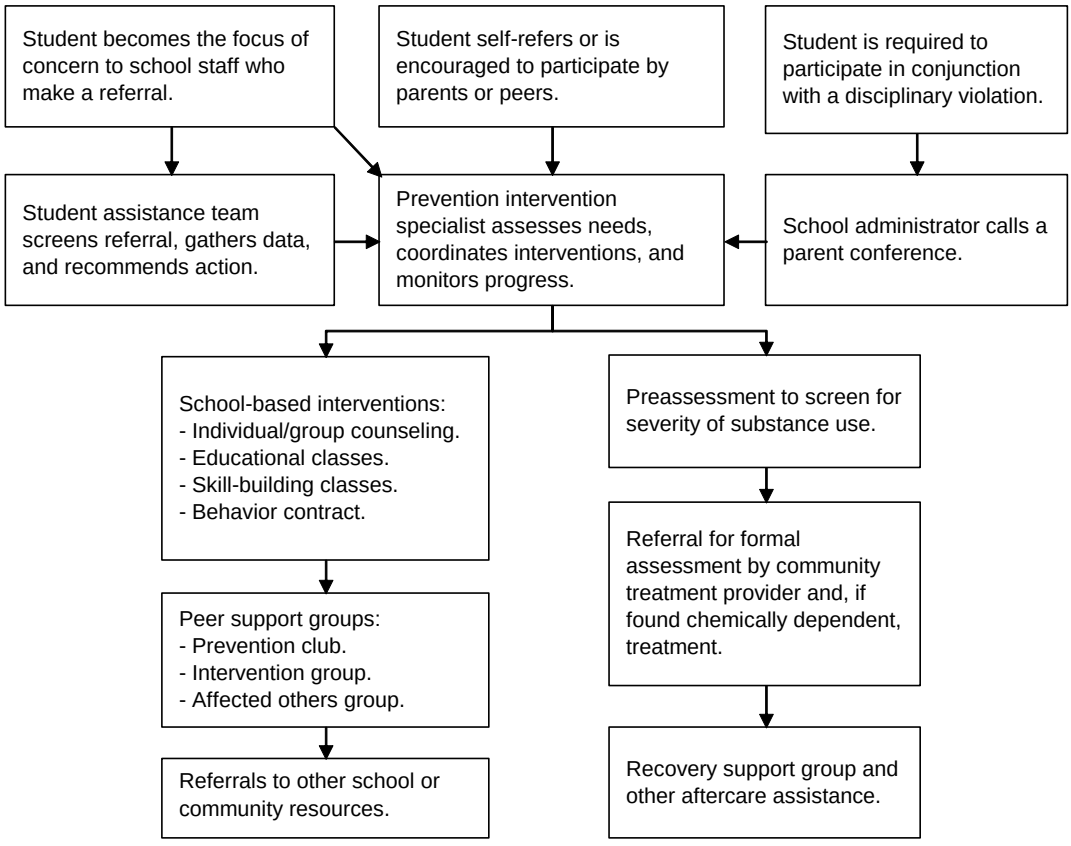


Figure 6. Typical student assistance program referral system. Multiple sources may refer students to the program. A prevention and intervention specialist coordinates or provides a range of school-based interventions or referrals for other services.

Prevention and intervention specialists often indicate multiple reasons for referring students to the Student Assistance Prevention and Intervention Services Program and typically have a wide array of case management services at their disposal to provide directly or refer students to other school-based or to community service providers according to the type and severity of need. The most common case management services were referrals for alcohol and other drug assessments, mental health care,

alcohol and other drug out-patient treatment, community support groups, and counseling sessions with school counselors or psychologists. Table 4 summarizes the 2006–07 case management referrals to students.

Table 4. Case Management Referrals to Students in 2006–07

Case Management Service	Referral Rate
Alcohol and other drug assessment	28%
Mental health care	15%
Alcohol and other drug out-patient treatment	13%
School counselor/psychologist	13%
Community support groups	12%
Alcohol and other drug counseling	8%
Physical health care	5%
Alcohol and other drug in-patient treatment	4%
Police/juvenile justice	3%
Family worker	3%
Child Protective Services	3%
Living issues	6%
Other referrals	7%

Numerous family-focused case management services were provided to students and their families. The most common of these family focused case management services were referrals to Child Protective Services, family workers, medical and financial assistance services, living arrangement and housing services, and employment and vocation services.

The logic model for the Student Assistance Prevention and Intervention Services Program provides a conceptual framework for relating intervention goals to intended outcomes. Using the model as a guide, grantees identified the risk or protective factors targeted for change as outcomes using the risk and protective factor framework proposed by David Hawkins (e.g., Hawkins, Catalano, and Miller, 1992). To show the relative weight intervention specialists gave to these factors, Table 5 lists each risk or

protective factor and the percentage of students with the risk or protective factors as an intervention goal during 2006–07.

Table 5. Intervention Goals for Students in 2006–07

Factor	Students With Factor as an Intervention Goal
Strengthening Skills and Attitudes	
Perceived risk of use	59%
Decision-making	58%
Awareness of social influences	48%
Refusal skills	47%
Communication skills	40%
School bonding	39%
Social skills	27%
Self-control	24%
Self-esteem	23%
Assertiveness	18%
Family bonding	16%
Social bonding	12%
Reduce or Eliminate Problem Behavior	
Alcohol use	37%
Other drug use	36%
Tobacco use	25%
Associate with inappropriate peers	22%
Anxiety, depression	15%
Anger/uncontrolled behavior	11%
Truancy	9%
Aggressive behavior	9%

Fifty-nine percent of students addressed perceived risk of substance use as an intervention goal. Nearly as many (58 percent) addressed the protective factor of decision-making and nearly half (48 percent) addressed awareness of social influences as intervention goals. The reduction or elimination of marijuana or other drug use, alcohol use, and tobacco use was a goal for 36 percent, 37 percent, and 25 percent,

respectively, of the students served. In general, intervention goals emphasized the strengthening of protective skills and attitudes over the elimination of specific problem behaviors.

Program Effectiveness

The previous sections of this report described how student needs are identified and the types of services provided in response to those needs. This section examines the outcomes of the interventions provided to students participating in the Student Assistance Prevention and Intervention Services Program.

Students who enter the program have a wide range of needs. The prevention and intervention specialists must choose the appropriate interventions from an array of possible services to meet the specific needs of each student. If a student fully participates in the recommended services, certain short-term outcomes are expected to be realized first. Over time, these short-term outcomes may lead to long-term outcomes. For example, participation in a class or support group that strengthens personal or social skills may later help a student resist pressure to use alcohol and other drugs. Or, a student caught experimenting with alcohol or other drugs who is required to attend a class that promotes increased recognition of the risks of substance use may stop experimenting, or at least limit future substance use.

This student assistance model focuses attention on four basic evaluation questions: Have students, as a result of participating in the Student Assistance Prevention and Intervention Services Program:

- Strengthened the social skills and attitudes that help them to resist substance use and antisocial behavior?
- Abstained from engaging in antisocial behavior?
- Abstained from using alcohol and other drugs or reduced the severity of their substance use?
- Experienced increased school success?

For each question, the evaluation team has pursued multiple lines of evidence to develop a more complete picture than any one data source would support. For this evaluation, the primary sources of empirical outcome data included student self-report, observations by classroom teachers, and school records. In addition, input from

administrators, prevention and intervention specialists, teachers, parents, and students provide multiple perspectives.

Resiliency and Protective Factors

In recent years the prevention literature has stressed the importance of various factors in the child, home, school, and community that help young people resist alcohol and other drug use (Benard, 1991; Hawkins et al., 1992; Kumpfer, 1990). Some researchers have stressed internal factors or resiliency—the social skills and personal characteristics such as self-esteem that help adolescents resist substance use. Others have stressed external protective factors—the characteristics or functions of the school, home, and community that promote resilience. Ultimately, both internal and external factors are important (Constantine, Benard, and Diaz, 1999).

Assessments of adolescent health-risk behaviors (e.g., Einspruch, Gabriel, Deck, and Nickel, 1998) have demonstrated a strong relationship between substance use and various protective factors in the individual, family, and community domains. As Figure 7 shows, students who responded positively to many of the protective factor questions tended to abstain from substance use, whereas their peers with few protective factors were far more likely to use alcohol or other drugs.

The Student Assistance Prevention and Intervention Services Program has increased its commitment to the risk and protective factor model, a fact evidenced by staff training that has occurred at both the state and local levels and by more explicit references to resiliency and protective factors in local project goals (e.g., Einspruch, 1997). Of the various services offered through the program, support groups are particularly oriented toward strengthening resiliency and protective factors. Three of five (57 percent) students referred to the Student Assistance Prevention and Intervention Services Program in 2005–06 participated in at least one support group or class. Prevention and intervention specialists have generally embraced the concepts of resiliency and protective factors because they can easily relate them to their personal experiences working with adolescents.

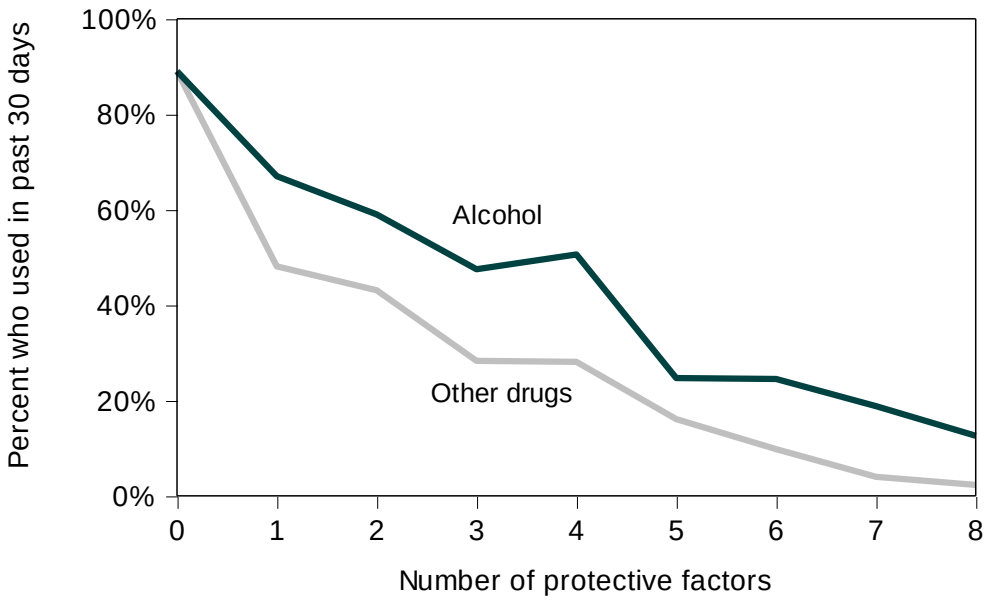


Figure 7. Relationship between the number of protective factors reported by Washington students in Grades 6, 8, 10, and 12 and the 30-day prevalence of alcohol and other drug use (Einspruch et al., 1998). Students who responded favorably on many protective factors were far less likely to have used alcohol or other drugs compared to peers who lacked such protective factors.

Assessing Protective Factors

Prevention and intervention specialists administer a program evaluation survey to participating students as they exited the program. The survey assesses four basic characteristics of the resilient individual: personal competence, social competence, social bonding, and caring and support. The items for the first two components were adapted from the Individual Protective Factors Index (Phillips and Springer, 1992), one of the few instruments developed to assess protective factors. The Individual Protective Factors Index was incorporated into an instrument to evaluate programs funded by the federal Center for Substance Abuse Prevention. The school bonding items were drawn from the Center for Substance Abuse Prevention's performance measures. RMC Research developed the caring and support component (Gabriel, 1996b) to assess students' perceptions of the external support and guidance provided by key adults through intervention programs.

Personal competence. Personal competence refers to a set of factors that involve one's personal identity. The personally competent individual is able to function effectively and make positive decisions that guide the course of his or her future. Students with strong self-esteem and a positive, achievement-oriented outlook are better able to cope with the stresses in their lives and more likely to resist substance abuse and other risky behaviors. The dimensions of personal competence include:

- *Self-concept*—A positive self-image or feeling good about oneself.
- *Self-control*—The ability to control impulses, particularly antisocial impulses such as anger or violence.
- *Self-efficacy*—The sense that life can have a purpose and that one can effectively achieve that purpose.

Social competence. Social competence is defined as the ability to be responsive, caring, and flexible in social situations. Youth with these abilities will likely elicit positive responses and reinforcement from others. These social skills help students form positive interpersonal relationships and effectively handle social situations. These skills include comfort and assertiveness in social situations, confidence that one is liked and will be accepted, and a desire to contribute to social groups of which one is a part. Some prevention programs focus on specific skills to help students deal effectively with peers in social situations and resist pressure to use alcohol and other drugs or engage in risky or antisocial behavior. The dimensions of social competence include:

- *Assertiveness*—The ability to stand up for oneself in social situations in reasonable ways. Assertiveness is distinguished from aggressiveness in that it connotes comfort in social situations rather than hostility.
- *Confidence*—The belief that one is liked and will be accepted in a variety of social situations.
- *Cooperation*—The desire to contribute to social groups. Cooperation includes a sense of satisfaction that comes with contributing.

Social bonding. Social bonding refers to the degree to which one feels positively toward and is committed to basic social institutions such as family, school, and community. Bonding with family members, abstinent peers, and other adults provides positive role models and social supports. The dimensions of social bonding include:

- *School bonding*—A positive attitude and motivation toward school, both now and in the future.

Caring and support. Unlike the other characteristics of the resilient individual, caring and support depends on the actions of others rather than the attitudes and abilities of the student. The dimensions of caring and support include:

- *Nurturance*—Support and assistance from others whom students can trust and depend on.
- *Guidance*—Direction and support provided by adults.

Students were asked to report how they had felt before and after participating in the program. Each item was scored on a four-point scale ranging from *very negative* to *very positive*. The school bonding items had a five-point scale.

Strengthening Protective Factors

Finding: *Students reported more positive attitudes and social skills that should help them resist alcohol and other drugs after participation in the Student Assistance Prevention and Intervention Services Program.*

Figure 8 displays the students' average rating on each protective factor before and after participating in the program in 2006–07. Students reported somewhat stronger skills and attitudes after program participation. The observed gains were modest for all protective factors. Under personal competence, students reported significant gains for self-concept, self-control, and self-efficacy. Thus after the program, students felt better about themselves, had more control over their own behavior, and were better able to achieve their goals. The modest gains for social competence are encouraging because

these are closely linked to the goals articulated for many of the support groups. Resilient individuals should be able to express their needs and opinions constructively, even if the needs and opinions are at odds with those expressed by their peer group.

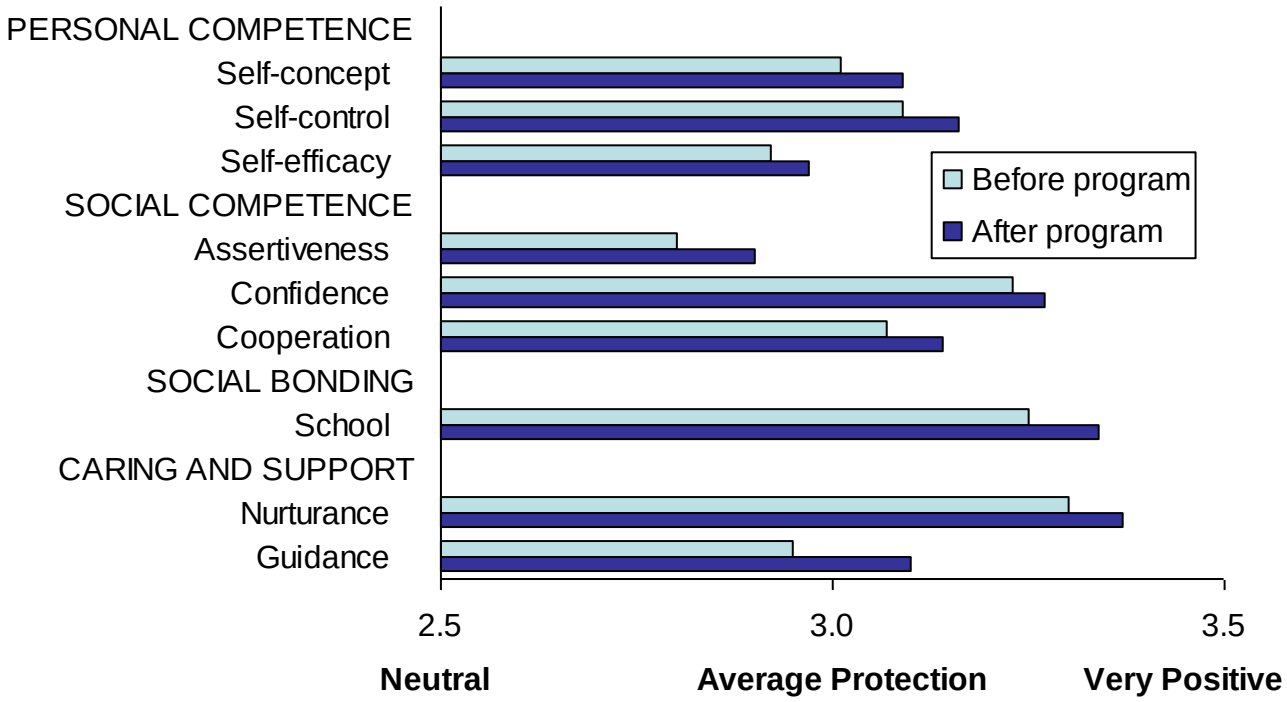


Figure 8. Students reported greater protection in 2006–07 after participating in the program (*n* = 6,925). Student self-ratings for all protective factors were significantly higher after program participation.

Students reported a small improvement in bonding with the school after participation in the Student Assistance Prevention and Intervention Services Program. In past interviews with participating students, many reported that the assistance they received from the prevention and intervention specialists had helped them reconnect to their school and strengthened their resolve to do well in school. Improvement on the guidance scale does, however, suggest that more students believed they were receiving constructive support and guidance from adults in the school setting than before they participated in the program. In past interviews with participating students, appreciation for the support and guidance provided by the prevention and intervention specialist was a pervasive theme.

Mandy—Feeling Good About Herself

Mandy is a high school student who is struggling. A concerned teacher referred her to the intervention specialist last year, when her grades began to drop and her classroom behavior became extremely disruptive. Mandy hung around known drug users and she admitted to smoking cigarettes and marijuana and being very sexually active. Unable to get along with her mother, Mandy ran away from home regularly. She began participating in individual counseling with the intervention specialist and the school counselor and engaged in outpatient drug treatment. She also participates in a peer support group, and school staff meet with Mandy's mother occasionally. Over time, Mandy has begun to open up and disclose personal matters that need to be addressed. The relationship between Mandy and her mother has improved significantly. Her grades have improved and she has become involved in school activities. Mandy no longer smokes or uses drugs. Her self-esteem has improved greatly and she has changed her group of friends. She says, "I was made to face my problems. My mom and I now do a lot of things together like shopping or going to concerts. I have learned to stay busy so I stay clean. If I get nervous or need help, I have a support system that I use. I feel good about myself."

Attitudes about Substance Use

Attitudes about substance use are another important risk factor associated with adolescent substance use. In particular, state and national studies (Einspruch, Deck, Nickel, and Hyatt, 2001; Johnston, O'Malley, and Bachman, 1994) have shown that the perceived risk of substance use is highly correlated with substance use. In fact, perceived risk appears to be a leading indicator of national changes in substance use among high school seniors. The rise in illicit drug use during the early 1990s was foreshadowed by a decline in perceived risk, suggesting an erosion of antidrug attitudes and norms among adolescents (Gabriel, 1996a).

Finding: *After participating in the program, more students reported that each of five forms of substance use involved moderate to great risk.*

Students who completed the program evaluation survey when exiting the Student Assistance Prevention and Intervention Services Program responded to four questions regarding the perceived risk of specific types of substance use. Figure 9 shows the percentages of students who reported perceiving moderate or great risk related to five forms of substance use—heavy smoking, occasional marijuana use, regular marijuana use, daily drinking, and binge drinking (five drinks at one time)—before and after

participation in the program. The figure also reports the percentage change in the number who reported moderate to great risk. Only students with an intervention goal of correcting perceived risk were included in the analysis.

Even before the program, most students (80 percent) recognized the risk associated with smoking a pack or more a day, smoking marijuana regularly (68 percent), binge drinking (72 percent), and daily drinking (57 percent). Before program participation relatively few believed, however, that experimenting with marijuana was risky (33 percent). After participating in the program, significantly more students reported risk related to each of the five behaviors. For example, the percentage who reported moderate to great risk in experimenting with marijuana once or twice increased from 33 to 38 percent—an increase of 5 percentage points which represents a 15 percent improvement over the baseline.

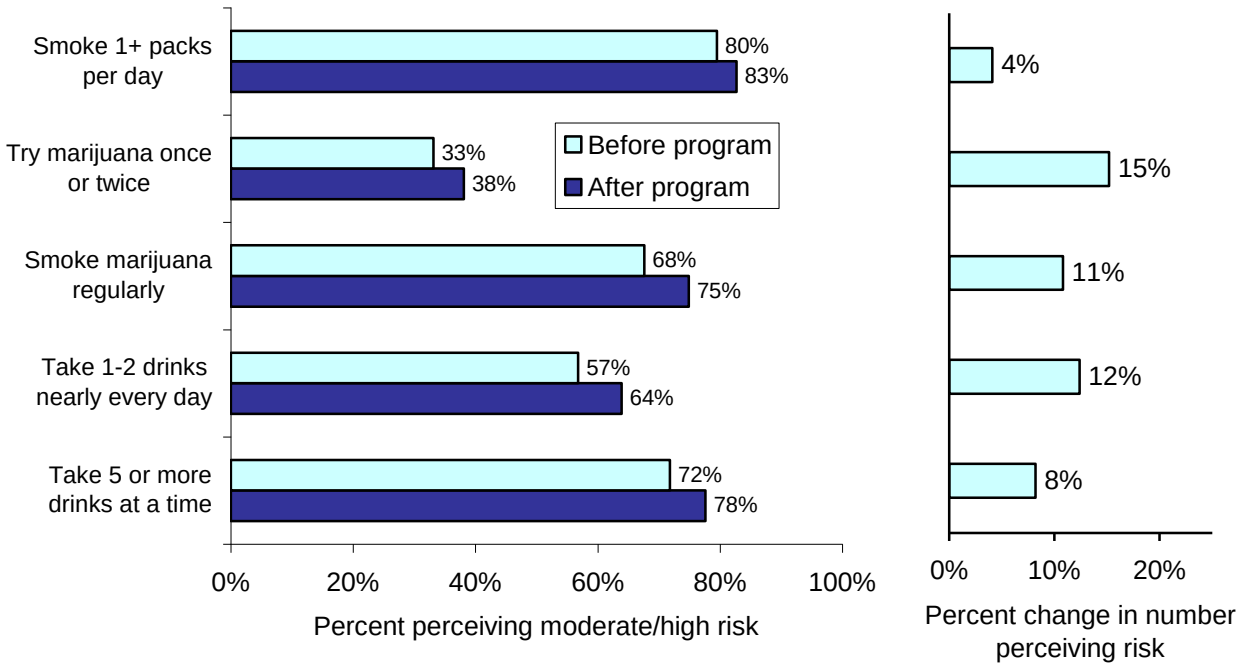


Figure 9. More students with an intervention goal of correcting perceptions of risk reported moderate to great risk of five types of substance use after the program in 2006–07 (*n* = 7,137).

Rosa—Improved Attitude and Behavior

Rosa is a 14-year-old Hispanic female in middle school. She was referred to the prevention and intervention specialist after she was caught smoking at school in Grade 7. Rosa had very low self-esteem—she says she felt like "a piece of garbage." She regularly used drugs with her friends and did not care about the effects on her body. At home, she often argued with her stepfather. At school, Rosa struggled academically and exhibited violent behavior problems. The intervention specialist provided individual counseling, and Rosa began participating in a peer support group. She now attends school regularly and her grades have improved. She has stopped using drugs and feels more comfortable being herself. Most notably, her attitude and behavior have improved—she received only four office referrals this year, compared to dozens in previous years. Rosa claims that the intervention specialist has helped her completely change her life. She has new friends and is learning to handle her problems without using violence against herself or others. Rosa considers the prevention and intervention specialist "a friend, a counselor, and also like a dad." She says, "The main reason I like talking to [the prevention and intervention specialist] is that he tells me the truth. He respects my decisions, but he tells me what he thinks is best. That's why there should be more people like the intervention specialist to help people like me and make this world a better place."

Substance Use

Curbing substance use among adolescents is the central purpose of the Student Assistance Prevention and Intervention Services Program. Students come to the program in various stages of substance use. Some students have not yet used alcohol or other drugs but exhibit characteristics or behaviors that put them at risk of starting soon. Others are beginning to experiment with cigarettes, alcohol, and marijuana. Still other students have progressed to heavier levels of use and a few have already developed a dependence on alcohol or other drugs. This subsection focuses on the substance use-related behaviors and attitudes of the students referred to the program, with a focus on the program's impact on students entering with different levels of use.

The evaluation team examined several indicators of substance use. Thirty-day use—the percentage of students who reported using a substance at least once during the past 30 days—indicates how many students are currently using a substance, but does not distinguish the level of use. Thirty-day use works well in assessing reductions in experimental substance use but is less sensitive to reductions in the level of use among heavy substance users.

Substance Use in the Past 30 Days

Typically, a developmental sequence is present in the evolution of substance use and other risky behaviors among adolescents (Jessor and Jessor, 1978). The prevalence of substance use increases as students grow older, first with so-called *gateway drugs* such as alcohol, tobacco, and marijuana. Early onset of the use of these drugs is one of the strongest predictors of adolescent substance abuse and a variety of other behavior problems. Figure 10 illustrates the relationship between grade level and substance use observed in the results of a recent survey of adolescent health behaviors in Washington (Einspruch, 2007). Although these data are cross-sectional (i.e., simultaneous administration of the survey to students at four grade levels) rather than longitudinal (i.e., administration to the same students at different points in time), Figure 10 clearly shows that the older students were much more likely to use alcohol, tobacco, and marijuana. Thus over the course of a school year, it is reasonable to expect an increase in the proportion of students using alcohol or other drugs without some intervention by the school, community, or home.

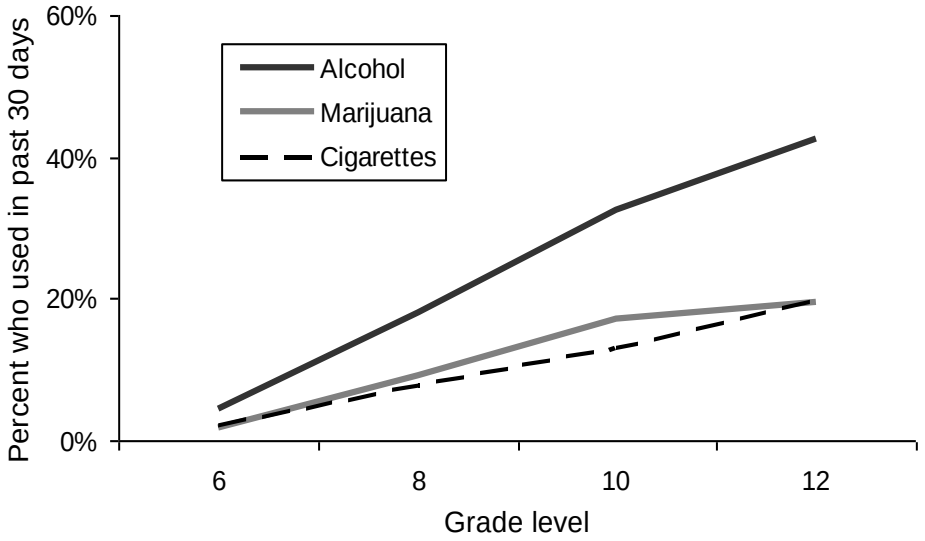


Figure 10. The percentage of Washington public school students in 2004 who reported using alcohol, tobacco, or marijuana in the past 30 days increased by grade level. This finding suggests that without special intervention, substance use tends to increase with age.

The program evaluation survey asks students questions about their substance use before and after program participation. The survey administration guidelines direct prevention and intervention specialists to ask students in Grades 6 through 12 with whom they had had at least three contacts to complete the form when the students stop participating in the program or at the end of the school year, whichever comes first. In 2006–07 over 12,000 students met the survey administration guidelines. Of these, 10,377 students agreed to complete the program evaluation survey and 7,426 completed both pretest and posttest.

Finding: *In 2006–07, significantly fewer students with an intervention goal of reducing substance use reported having used alcohol, tobacco, and other drugs in the past 30 days after participating in the program.*

About half of the students referred to the Student Assistance Prevention and Intervention Services Program had an explicit intervention goal of delaying or reducing the use of illegal substances. Without some type of intervention, the prevalence of substance use for this group would be expected to increase during the school year. Figure 11 shows the prevalence of ten forms of substance use before and after the program among students with a substance use intervention goal for at least one substance. When exiting the program, significantly fewer students reported having used each substance in the past 30 days compared to when they entered the program. The bars on the right side of the figure indicate this difference as the percentage decrease in the numbers of users.

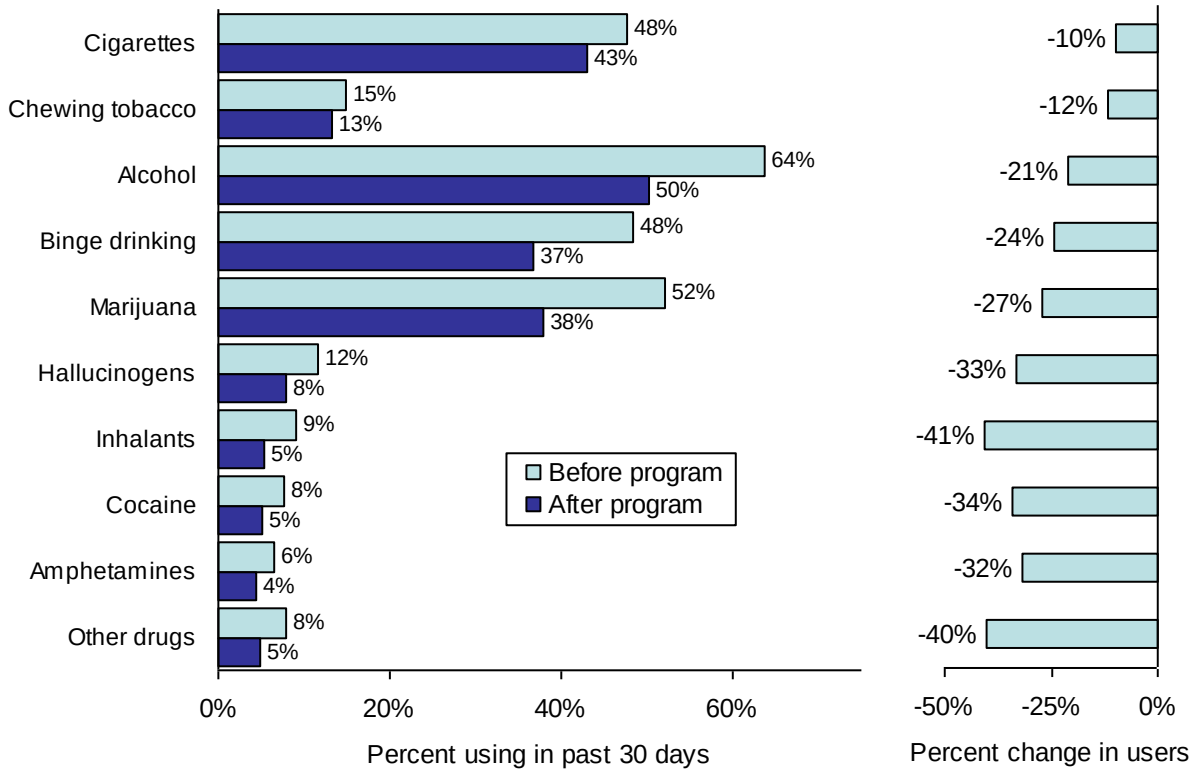


Figure 11. Fewer students with an intervention goal of reducing substance use reported having used each substance in the past 30 days after participating in program services in 2006–07 (*n* = 3,967). The percentage using in the past 30 days before and after the program is illustrated on the left and the net percentage decrease in the number of substance users is illustrated on the right.

The results show a modest reduction in tobacco use: 10 percent fewer students reported smoking cigarettes after program participation. This finding probably reflects the highly addictive nature of nicotine, but it may reflect the greater attention given to tobacco prevention stimulated by tobacco settlement funds. An even greater reduction, 21 percent, occurred for alcohol use following participation in the program. Larger reductions are evident for binge drinking (consuming five or more drinks at one time) and marijuana use in particular. Whereas 48 percent reported binge drinking in the 30 days before the program, only 37 percent reported binge drinking after the program—a 24 percent reduction in the number of students reporting this particularly risky pattern of alcohol use. Even more striking is the 27 percent decline in the number of marijuana users: over half (52 percent) reported use in the 30 days before the program and a little

more than a third (38 percent) reported use after the program. This finding is particularly important because marijuana has replaced alcohol as the primary drug used by youth entering substance abuse treatment.

All of the differences in substance use are statistically significant, which suggests that such differences were not likely due to chance alone. Even small differences are statistically significant if enough students are included in an analysis, but the reductions reported in 2006–07 are moderately large. Furthermore, as Figure 11 suggests, without any intervention, 30-day use rates would have reasonably been expected to increase rather than decrease during the school year.

Ian—Becoming a Leader and Role Model

Ian describes himself as "strong, kind of smart, and funny." He was referred to the prevention and intervention specialist by the school counselor after getting into several fights in and out of school. Ian lives with his grandparents because his parents were unable to control him. Ian began participating in a social skills class that teaches anger management and problem solving techniques and encourages students to identify and communicate their feelings, follow rules, and remain alcohol and drug free. Ian, who has not been involved in any incidences of violence in or out of school since he began participating in the social skills class and dealing with his anger, has become a leader and role model for other students. His behavior is more kind, generous, and helpful and he is more confident about himself and his decisions. Ian's academic performance has improved and he has become active in school sports. Encouraged by his progress, Ian's parents have asked him to return home. Ian reports that the intervention specialist helped him change his attitude. Rather than fighting, he now just walks away.

Antisocial Behavior

Antisocial behavior can be disruptive to other students in the class and can be a barrier to learning for the student exhibiting antisocial behavior. Early engagement in antisocial activities is a risk factor for subsequent substance use and other problems. The level of public concern over antisocial behavior has increased dramatically in recent years following several shooting incidents in schools across the country.

Students with a behavioral intervention goal who completed both the pretest and posttest in 2006–07 (n = 3,036) were less likely to report antisocial activity in the past

three months after participating in the program. Figure 12 shows the percentage of students who reported each antisocial behavior before and after the program. A statistically significant reduction in the prevalence of each of the behaviors is evident after program participation. For example, before the program 66 percent of the students with a behavioral intervention goal reported having gotten in trouble at school in the past three months, whereas after participating in the program only 59 percent reported the same. Thirty-four percent reported being involved in a physical fight before the program, but only 27 percent reported fighting after the program.

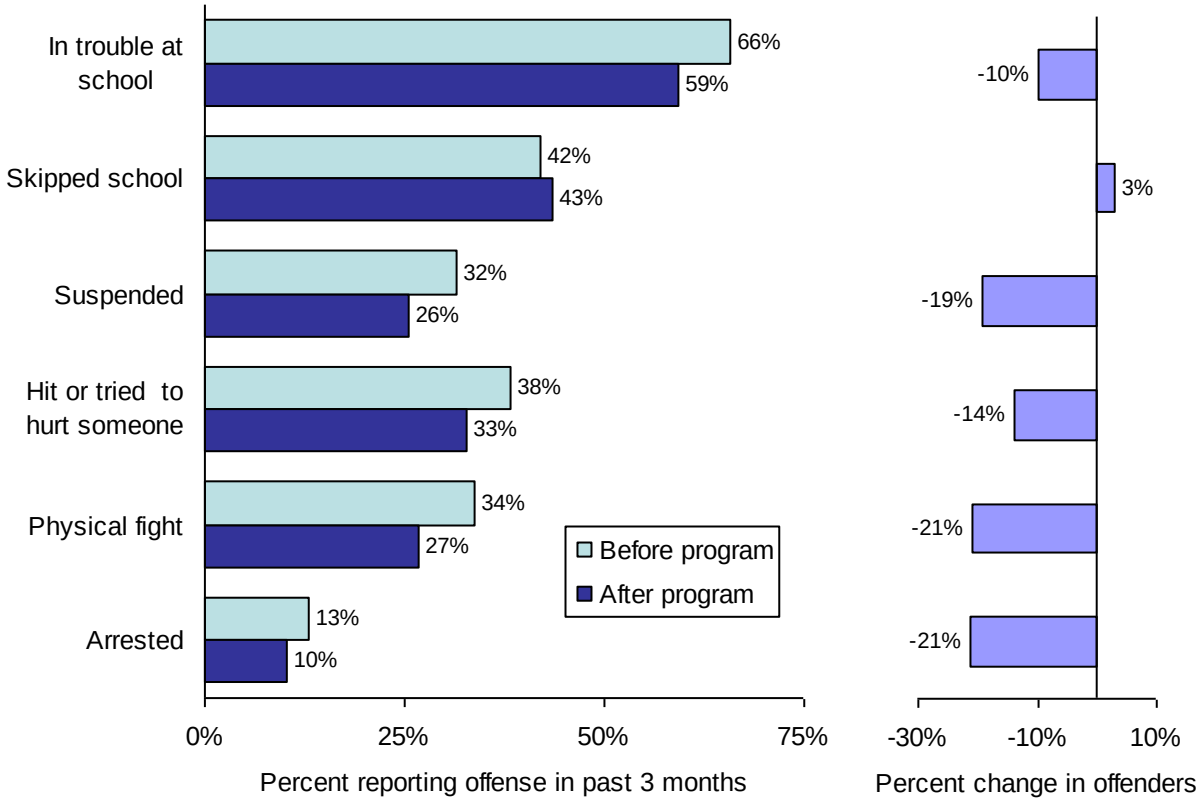


Figure 12. In 2006–07 fewer students reported engaging in specific antisocial behaviors during the past three months after participating in the program (*n* = 3,036).

To illustrate the importance of these changes in another way, Figure 12 also indicates the percentage decrease in the number of offenders for each behavior. For example, the decrease from 66 to 59 in the percentage of students who reported getting in trouble

in school represents a 10 percent reduction in the number of offenders. Likewise, the net reduction in physical fighting was 21 percent.

Frank—Positive Life Decisions Leading to Academic Improvement

Frank is a 17-year-old senior in a small suburban community. He comments that this year he has overcome three to four years of drug problems and has used participation in football, wrestling, and track to help him refocus his life and make new friends who do not use alcohol or drugs. He relates how failing a drug test his junior year and receiving a drug assessment caused him to want to straighten out his life. He comments, "I didn't want to graduate and just end up living with my friends and partying all the time." Frank said that he almost dropped out of high school but counselors helped him with his academics and the intervention specialist "helped me with mental stuff."

Frank participates in individual counseling with the intervention specialist where they discuss life situations and problems. He has also participated in elementary school assemblies about making choices and in high school assemblies during Drug Awareness Week. He also said that he has done some community service work to improve his reputation. Frank relates how working with the intervention specialist has helped him figure out what is important and unimportant to him, and he has decided he wants to go into the Marines.

According to Frank, working with the intervention specialist has helped him learn coping and anger management skills, decision making skills and thinking through problems, and helped him completely change his peer group. He also relates the dramatic improvement in his grades from "a 2.0 to being on the honor roll." Frank says that now his mother has more respect and trust in him and teachers and coaches see the changes he has made. Franks concludes, "It's been good having someone to talk to and turn to, the intervention specialist provides help when I need it."

School Success

Research has shown that low grades, poor attendance, disruptive school behavior, and low commitment to school are risk factors for substance use and other risky behaviors (Hawkins et al., 1992). These factors are among the most common reasons for referring students to the program. The relationship between substance use, program participation, and school performance is, however, complex. Local projects typically address substance use or other risk factors thought to be the cause of poor school success and usually do not provide direct academic assistance. Students may continue to do well in school despite involvement with alcohol and other drugs, but as the severity of substance use increases academic performance and attendance can be seriously impaired. Furthermore, the process of addressing their own substance use or dealing with issues stemming from a family member or close friends' substance abuse may have a temporarily negative effect on students' grades and attendance. In fact,

participation in treatment or support groups during the program often takes students out of the classroom. School success should be viewed as a long-term rather than short-term outcome of the program.

This evaluation considered the impact of the Student Assistance Prevention and Intervention Services Program on three school success outcomes: academic performance, attendance, and school behavior. Grades and attendance data were obtained from school records for middle and high school students. Teacher ratings were collected from elementary and alternative schools where grades were unavailable.

Teacher Ratings

For students in elementary and alternative schools, grades and attendance are typically unavailable, but a primary teacher typically has daily contact with the students. In these schools, the prevention and intervention specialists asked the classroom teachers to rate changes observed in the students' classroom participation, attendance, and behavior on a 5-point scale from *much worse* to *much improved*. Figure 13 shows the teachers' ratings.

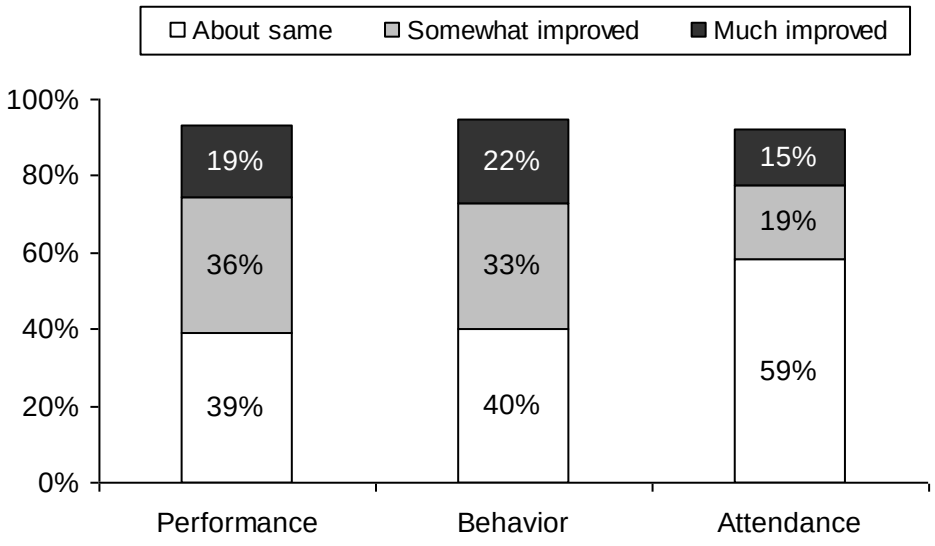


Figure 13. Percentage of elementary and alternative school students with teacher ratings of *about the same, somewhat improved,* or *much improved* for class performance, behavior, and attendance (*n* = 2,009).

Teachers rated classroom performance as *about the same* for nearly half (39 percent) of the students, *somewhat improved* for 36 percent, and *much improved* for 19 percent. The ratings for classroom behavior were very similar. Because teachers were more likely to rate attendance as unchanged, fewer students were rated as improved in this area (59 percent, 19 percent, and 15 percent, respectively).

Grades and Attendance

The evaluation team conducted a longitudinal study to examine grades and attendance over a longer period of time. The team drew a 20 percent random sample of students referred to the Student Assistance Prevention and Intervention Services Program during the 2002–03, 2003–04, and 2004–05 school years. Grade and attendance data for the spring prior to referral to the program served as a baseline measure of academic success prior to program participation. Grades and attendance data from spring term of the next two years served as follow-up measures of academic success. Students were excluded from the sample if they were not in a grade level that would allow obtaining three data points from the same school or if their status at the end of the school year served suggested that they had moved. Despite these precautions, it was possible to obtain complete GPA data on only 40 percent of the sample and complete attendance data on 32 percent. Students moving or transferring, staffing changes at that school, and difficulties in finding the requested data were the most common reasons for incomplete data.

The evaluation team expected that students whose substance use was more severe at program intake would have poor grades and attendance and would, with intervention, improve more over the long term than would students whose substance use was less severe at intake. Furthermore, students with higher levels of program participation would achieve greater improvements in academic success than would students with lower levels of program participation. Statistical analyses by level of program participation generally supported these hypotheses.

Finding: *Results of a longitudinal study suggest that students served during the 2002–03, 2003–04, or 2004–05 school years exhibited greater academic success by the end of the following school year.*

Figure 14 shows the change in GPA over three spring grading periods for students referred to the Student Assistance Prevention and Intervention Services Program. Each line plots the average GPA for a group defined by severity of substance use at intake. None of the groups showed significant change in GPA following participation in the program. Although the results suggested that students with low engagement in referral services did less well than those who were highly engaged, the effect was not significant. A longer time frame may be needed to observe improvements, but at the least there was no evidence of a decline in performance for those served.

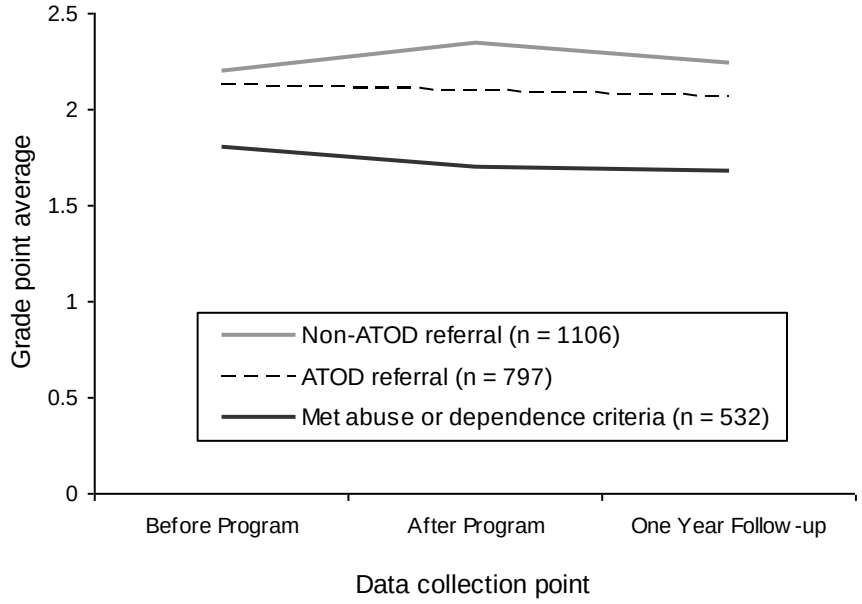


Figure 14. Longitudinal trends in GPA by severity of substance use and level of participation. Students first served by the Student Assistance Prevention and Intervention Services Program during the 2002–03, 2003–04, or 2004–05 school years showed no significant decline in GPA by the end of the following school year. (ATOD = alcohol, tobacco, and other drug.)

Students who met criteria for substance abuse or dependence, however, did not perform as well as others. This finding could be construed as support for early identification of substance users, before they begin to experience the consequences of abuse or dependence. It also reflects the fact that poor school performance is a risk factor predicting a greater propensity for substance dependence.

The evaluation team conducted a similar analysis using attendance data. Figure 15 shows the longitudinal trends in days absent per quarter. School records showed no significant change in attendance overall though students meeting substance abuse or dependence criteria had more days absent.

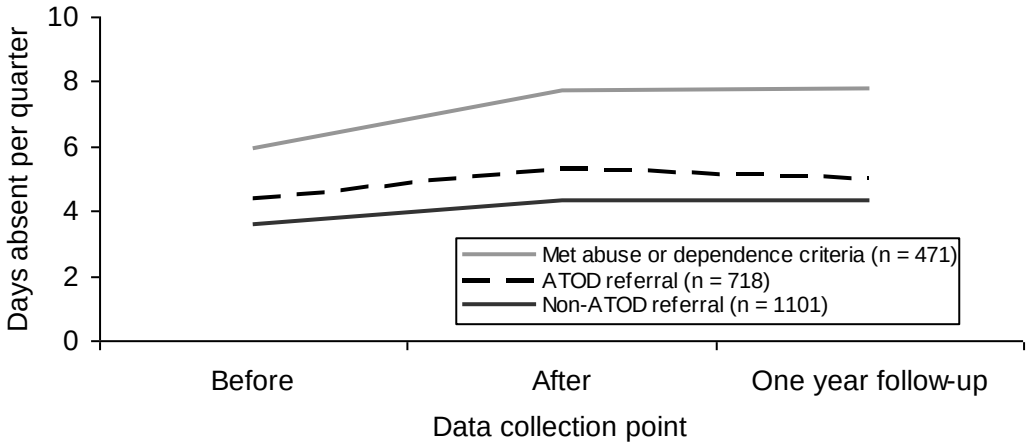


Figure 15. Longitudinal trends in attendance by severity of substance use and level of participation. School records suggest no significant change in attendance a year after first participating in the Student Assistance Prevention and Intervention Services Program during the 2002–03, 2003–04, or 2004–05 school years. (ATOD = alcohol, tobacco, and other drugs.)

The findings for students meeting substance abuse or dependence criteria are consistent with clinical experience suggesting that these adolescents are often identified at a time when their substance abuse is having an increasing impact on their lives, including school performance, and that considerable time may pass before they begin to make healthier decisions as a result of counseling, treatment, or other interventions.

In general, these data fail to demonstrate any short-term improvement in academic performance or attendance for students referred to the Student Assistance Prevention

and Intervention Services Program. It may be that the program intervenes before school performance had deteriorated, making it difficult to show change. One can speculate that without the early intervention of the program many of these students would have

Nicole—Staying Clean

Nicole, a 14-year-old high school freshman, seems mature and insightful for her age—she describes herself as "the responsible one." Nicole has a history of extensive alcohol and drug use and running away from home. She now lives in a foster home but maintains contact with her family. Nicole says she feels confused and unhappy most of the time. She self-referred to the intervention specialist because she was experiencing peer relationship problems and was fearful of being attacked by other students. The intervention specialist met with Nicole and referred her to a mental health counselor for her depression. Nicole is staying clean and the intervention specialist helped her join the local Y to swim. She began to focus on academics and reports that she is no longer afraid to go to school because she has learned to distance herself from the petty fights and gossip. Her school attendance, classroom behavior, and grades have improved significantly. Nicole has stopped running away and has begun to work through her family issues.

demonstrated significantly less school success after two years. However, a longer term study with a comparison group would be needed to test this hypothesis.

Limitations

The results discussed in this section appear encouraging, but certain limitations of the data should be considered. First, most of these results are based on student self-report. However, past research has shown that when confidentiality is assured and the purpose of the survey is clear, most students take surveys seriously and are remarkably honest in reporting behavior that is socially undesirable or illegal (Deck, Einspruch, and Nickel, 2001; National Institute on Drug Abuse, 1992). The administration guidelines for the program evaluation survey were patterned after those developed for the Healthy Youth Survey to ensure valid responses.

Second, some students who met guidelines for administration did not complete the Program Evaluation Form at both points in time. Examples of other reasons given for students entering the program after that time were: the student was in crisis and could not be pretested, it was not possible to obtain release time for the student to complete the pretest or posttest, and the student left the school before the posttest could be

administered. In general, the results appear to be representative of all the secondary students served with the caveat that certain groups are underrepresented including males; Native Americans; students in Grades 9–12; students with a high severity of drug use; students served individually rather than in group settings; students with low participation; and students who exited the program by moving, dropping out, or suspension.

A third limitation of the data relates to the short time frame for data collection (from program intake to program exit or the end of the school year). A follow-up study of student outcomes at least one year after program participation would be a useful complement to this study.

Despite these limitations, the results presented in this report provide strong evidence that the Student Assistance Prevention and Intervention Services Program has been effective. The research literature offers a modest number of careful evaluations of well-implemented prevention and intervention programs that provide clues about the order of magnitude of changes in substance use that can be expected of such programs under the best conditions. Although none of these studies is directly comparable to this evaluation, they have led the evaluation team to conclude that the reductions in substance use reported here are respectable (e.g., Botvin, 1996; Hansen, Johnson, Flay, Graham, and Sobel, 1988; Pentz, 1994).

Conclusions

Overall, the results of this evaluation reflect favorably on the effectiveness of the Student Assistance Prevention and Intervention Services Program. Local projects have implemented student assistance programs that serve about 800 schools annually. On average, over 18,000 students have directly benefited each year from indicated or selective prevention activities supported by program funds. The outcome assessment provides strong evidence that the program is having the desired impact on students' lives. Students have reported stronger social skills and a greater commitment to school and a high level of satisfaction with program services. After participating in the program, fewer students report antisocial behavior or substance use.

Despite these positive results, there is room for improvement and refinement in the implementation of the Student Assistance Prevention and Intervention Services Program across the state. The general student assistance model that served as the blueprint for local implementation of the Student Assistance Prevention and Intervention Services Program has changed little over the years. However, local programs are working toward the implementation of a statewide program manual that promises to help raise the standard of practice across grantees and participating schools.

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