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School Teacher's Role in a School-Community Alcohol Intervention Program

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Because the majority of rural and/or frontier children attend school for at least some time in their lives, implementing a low-cost, school-based alcohol and other drug prevention and intervention program is an effective way to reach a majority of children with alcohol and other drug abuse prevention, education, and early intervention services. This paper describes a model program, the School-Community Intervention Program (SCIP), and describes the results of a 2-year evaluation of 35 schools.

Purpose

Adolescent alcohol use continues to be a primary concern for both school personnel and community members. The Monitoring the Future Survey estimates that 90 percent of high school seniors have used alcohol at least once in their lifetimes, and 32 percent report consuming five or more drinks in a row in the 2 weeks before the survey (Johnston et al. 1991).

The rural and/or frontier areas of the United States are not exempt from adolescent alcohol and other drug use. Newman and Anderson (1989) studied adolescent alcohol use in the midwestern State of Nebraska and found that 45 percent of 18-year-old male high school students and 30 percent of 18-year-old female high school students reported consuming five or more drinks in a row at least once in the previous 2 weeks.

In response to concerns expressed by school administrators, parents, and community members about adolescent alcohol use, a medical service organization (the Lincoln Medical Education Foundation) developed a program to help schools deal with student use of alcohol and other

drugs. The program is based on the assumption that failure to perform adequately in school is a possible indicator of (1) present use of alcohol and other drugs, or (2) an increased risk of future alcohol and other drug-related problems. This program is called the School Community Intervention Program (SCIP).

Method: SCIP

The SCIP has five stages, including: (1) identification and training of a SCIP team; (2) identification of students with academic and/or behavioral problems; (3) intervention on behalf of selected students; (4) education/prevention; and (5) community liaison.

A typical SCIP team in a participating school consists of school representatives (teachers, counselors, and administrators), trained to identify students who are experiencing difficulty at school, who intervene and provide support for the student and his or her family. Students exhibiting difficulties in school are referred to the SCIP agencies. are given the opportunity to obtain services from the school or frPamiliesom community agencies to resolve problems.

SCIP team members receive 4 days of intensive training to prepare them to assist referred students and their families. This training provides information on values, attitudes, and beliefs about alcohol and other drug use; pharmacology; family dynamics; enabling; identification of at-risk students; intervention techniques; implications of various school policies for chemical use; and techniques for building effective community-school liaison.

The number of people on a SCIP team may vary according to the size and needs of the schools, as may the number of SCIP teams in a school. Most teams have an administrator, a counselor, a school nurse, and one or more teachers. Currently, SCIP teams reflect the following distribution of personnel: teachers, 60.1 percent; counselors, 15.9 percent; administrators, 15.9 percent; nurses, 8.2 percent.

After a student is referred to a SCIP team, all faculty who have contact with that student are asked to review the student's behaviors. This review focuses on the following areas:

- **Classroom conduct**

  - Disruptiveness in class
  - Inattentiveness
  - Lack of concentration
  - Lack of motivation
  - Sleeping in class
  - Extreme negativism
  - In-school absenteeism
  - Tardiness
  - Defiance
  - Cheating
  - Fighting in class
  - Verbal abuse

- **Family concerns**

  - Mentions alcohol or drug abuse
  - Speaks angrily of parents
  - Suffered recent loss (such as move, divorce, or death)
  - Other siblings' problems

- **Academic performance observed**

  - Declining quality of work
  - Incomplete work
  - Declining grades earned
  - Academic failure

- **Appearance and health**

  - Neglected personal appearance
  - Bruises
  - Bloodshot eyes
  - Continual undiagnosed malady
  - Coloration (pale and flushed)

- **Other school conduct**

  - Unexcused absences
  - Frequent absenteeism (even if excused)

Through a review of these characteristics, school personnel can identify students who are exhibiting behaviors that interfere with their ability to learn and succeed at school. Experience has shown that these behaviors are frequently related to the student's or a family member's use of alcohol or other drugs.

After the student has been identified and the teachers have documented the school behaviors that are of concern, the SCIP team conducts an "intervention" with students and their parents. At the intervention, the behavior of the student is described, the parents' cooperation is sought, and a plan is developed to improve the student's behavior and increase the student's opportunities to succeed in school. This plan may include, but is not limited to, a referral to a school resource person for further family assessment, a referral for academic assessment, or continued monitoring of the offending behavior within the school.

The SCIP team is trained to identify students experiencing difficulty which may be related to the use of alcohol and other drugs by recognizing unusual student behavior, but the team does not draw conclusions that this behavior is caused by drug and/or alcohol use. School staff members identify problem behaviors; they do not label or diagnose. When appropriate, school staff members refer students for special services.

The intervention process is the most sensitive aspect of SCIP. The intervention process must be case specific and well planned. Its aim is to assist students to identify and modify behavior to reduce the risk of school failure. This process alerts students that there is a defined attitude of caring within the school and provides teachers with a systematic and specific vehicle for obtaining help for troubled students.

Schools do not provide treatment for students and families experiencing alcohol and other drug problems. However, SCIP teams do actively maintain two-way communication with cooperating treatment agencies in the community. Agencies are asked to secure a release of information from the participating school when the agency evaluates or admits students to treatment.

Postevaluation and/or treatment support is essential for those students who have been assisted by SCIP if they are to maintain alcohol-free and other drug-free lifestvles. The focus of the support component is to help troubled students to establish relationships with others and to learn the constructive use of free time. The focus is not to deal with issues from treatment, rather the goal is to assist the students and their families to move beyond the treatment process toward a successful school experience.

Followup support for students is made available through support groups aimed at increasing the students' skills to overcome difficulties. The support groups are staffed by SCIP team members who continue to monitor student progress and assist them as necessary. This process provides the schools with an additional avenue to aid students in the successful completion of their schooling. The presence of a comprehensive program in schools furthers the message to students that they are supported to remain drug- and alcohol-free.

Schools are a reflection of their communities. As a result, the SCIP process establishes a school community task force consisting of school personnel and a number of local community leaders. The school-community task force is an integral part of the SCIP process and is the vehicle for a school-community partnership to address the multifaceted dimensions of adolescent substance use. The assumption is that adolescent substance use is not solely an individual or family phenomenon but reflects community values, attitudes, and beliefs.

Ideally, this task force is made up of representatives from the law enforcement system; the judicial system, including probation, alcohol, and other drug treatment and health care agencies; social services; the business community; service organizations; and the schools. Open communication between school and community members leads to the understanding that adolescent alcohol and drug use is not solely a school problem.

Findings

In Nebraska, 171 SCIP teams have been trained to serve in 63 schools. Originally, the project included only junior and senior high schools, but recently a large number of elementary schools have joined the program.

On average, 7.5 percent of a school's students were referred to SCIP over a 2-year period. Of these students, 22 percent received professional evaluations from nonschool sources, and 78 percent received other support services. Of the students who received professional evaluations from nonschool sources, 63 percent entered formal treatment programs, 6 percent were assisted by in-school sources, and 30 percent did not enter any formal treatment program.

The 57 percent of students referred to SCIP who did not receive professional evaluations were monitored and assisted in their schools by the SCIP team. Twenty-six percent received special school services, and the remaining 17 percent quit school, received no followup, or received other forms of assistance. Typically 60 percent of the referrals were male and 40 percent were female.

Schools in Rural Communities

Thirty-five schools with SCIP teams in 23 rural communities were closely monitored over 2 years as part of an evaluation of this program. In these schools, 7 to 10 percent of the student population were identified as experiencing academic and/or behavioral problems and were referred to a school SCIP team for assistance. Of this number, one-third were identified as experiencing behavioral, medical, and/or psychological problems not related to the use of alcohol and other drugs. These students were channeled to appropriate community agencies or received in-school help.

Two-thirds of the students referred to SCIP teams were experiencing problems related to use of alcohol and other drugs. One-half of these students and their families needed assistance from community chemical dependency services in the form of formal evaluation and or treatment. The remaining one-half needed school-based early intervention, education, and family support. For many of the students and their parents in this latter group, the identification of a problem by the school, the expression of care and concern by the SCIP team, and the active problem-solving involvement before problems become long-term resulted in positive behavior changes. rhe behavior changes were self-reinforcing, and the early intervention was successful in preventing more serious problems.

Differing Intervention Patterns

Two patterns of implementation and/or intervention have emerged in SCIP schools over this 2-year period. The differences were related to school size. The area where the project was developed and conducted was largely rural. School sizes varied, with the larger schools enrolling 210 or more students in grades 7 through 12.

Smaller schools reported a more informal, initial pre-referral data-gathering process. This process involved rumors, weekend reports, history from medical records available to the school nurse, nonprofessional personal contacts with families outside of the school setting, and behavior

problems of siblings. Identification of any of these problems was considered appropriate for a SCIP referral. At that point, the team proceeded to contact the student's teachers for specific documentation, or the school counselor talked to the student directly. Smaller schools called this an "early diversion process."

In the larger schools, informal sources of information were not used as a basis for a referral, and no formal contact occurred until all SCIP reporting forms had been returned by the teachers. In the larger schools, rarely was there a direct intervention with a student alone. A student would be contacted only after the team had intervened with the parents.

As the SCIP teams matured in their roles, they adapted the process. Larger schools developed a formal feedback process to teachers to thank them for the referral and for documentation. SCIP teams also developed a feedback process to parents, especially for students who were being monitored, to let them know how the student was behaving in school.

Both small and large schools reported that teachers were more proactive in the classroom with students who had been through the SCIP process. This reaction is seen as a positive result of the program which arose from acceptance of the SCIP process as a rational approach to the problem of educational failure and adolescent substance use. There has been generally increased staff awareness of what behaviors indicate problems or what behaviors might be a positive effect of an early intervention. Most of this awareness has occurred through the informal sharing of experiences and the increased involvement of school personnel in SCIP.

The development of school community task forces required a commitment of time and energy. In the communities where this commitment has occurred, the benefits have included more effective working relationships with community agencies, law enforcement, and community service groups. However, full implementation of this part of the program remains a challenge.

While SCIP appears to focus on early intervention, its presence has a profound effect on behalf of prevention. Teachers and community members become more aware of the alcohol and other drug problems in their school and community and begin to support and encourage more prevention activities, such as improved school curriculums, support for alcohol-free entertainment, and stricter law enforcement.

The most global measure of success of SCIP involves student self-reports of alcohol and other drug use. In carefully conducted annual surveys, among other activities, students were asked to identify where they learned the most about alcohol and other drugs. They were also asked to record their alcohol usage over the past month and over the past year, whether they had consumed five drinks in a row in the past 2 weeks, and how often they consumed alcohol to get high.

Table 1 reports the results of these questions in two groups of schools. Seven schools are included in the group that has had an active SCIP for 2 years. Six schools are included in the group without such a program. These schools were comparable demographically. More students in the schools with a SCIP program reported learning "the most" about alcohol from the schools as compared with parents, television, friends, or other sources. More importantly, those students

reported less use of alcohol on several measures. On all variables, those students who reported learning the most about alcohol from the schools also reported less usage whether their school had a SCIP or not (p<O.OOO).

Table 1
Comparison of Schools With SCIP and Schools Without SCIP

Variable	Students of Schools With SCIP (n=1,321) Percent	Students of Schools Without SCIP (n=1,272) Percent
Learned the most about alcohol from schools	31.9	24.1
Used alcohol to get high	40.9	44.7
Consumed 5 drinks in a row within the last 2 weeks	26.8	29.5
Did not drink within the past month	52.3	52.6
Did not drink within the last year	32.6	31.3

Conclusion

As a result of SCIP, there appear to be new attitudes of caring about adolescent use of alcohol and other drugs in schools and communities. The impact transcends immediate identification of students in difficulty. Teachers and administrators are clearer about their expectations for students relative to alcohol and other drug use, and they report a high degree of satisfaction with SCIP. Both teachers and administrators have new alternatives to use as they address the problems of substandard academic work and problem behaviors. Community and school representatives are beginning to work together in the development and implementation of more systematic approaches to helping students, while teachers report that student problems related to the use of alcohol and other drugs are now addressed, whereas before they were often ignored.

Recommendations

Because most rural children attend school for at least some time in their lives, implementing low-cost alcohol and drug prevention and intervention programs in elementary, junior high, and high school will reach the majority of rural and/or frontier children. SCIP is inexpensive to start up and maintain, requires no hiring of extra staff, and interferes very little with the primary functions of the school teaching and learning. SCIP is unusual because it ties prevention activities directly to a student's academic performance. Expansion of this program to other rural and/or frontier schools is desirable.

References

Johnston, L.D.; O'Malley, P.M.; and Bachman, J.G. *Drug Use Among American High School Seniors, College Students and Young Adults, 1975-1990.* U.S. Department of Health and Human Services, DHHS Pub. No. (ADM) 91-1813,1991.

Newman, I.M.; and Anderson, C.S. *Adolescent Drug Use in Nebraska, 1988.* Lincoln, NE: University of Nebraska-Lincoln, Nebraska Prevention Center for Alcohol and Drug Abuse, 1989.