A DESCRIPTIVE STUDY OF STUDENT
ASSISTANCE PROGRAMS IN THE
STATE OF TEXAS

DISSERTATION

Presented to the Graduate Council of the
University of North Texas in Partial
Fulfillment of the Requirements

For the Degree of

DOCTOR OF PHILOSOPHY

By

Marilyn D. Wright, B.A., M.Ed.
Denton, Texas
May, 1995
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The increasing use and abuse of drugs and alcohol among the school-age population in the United States is of great concern to parents, to law enforcement officials, and to educators who must deal with the effects of drug and alcohol use and/or abuse on a daily basis in classrooms across the country. No single point of view encompasses the entire scope of the problem of provides the ultimate solution. However, one thing is evident: more students are sitting in classrooms across America attempting to learn the curriculum being presented while at the same time dealing with the effects of drug and alcohol use.

Throughout the United States, these students who are at-risk for drug and alcohol use and abuse have become the focus of much time, money and attention as educators seek to find new and better ways to educate this chemically involved population. By recognizing, assessing and monitoring the problem, interacting with community agencies, incorporating a drug and alcohol prevention curriculum, training administrators, teachers and staff, creating positive role models for students and promoting parent involvement in drug
and alcohol prevention, schools can become an effective agent in combating drug and alcohol use by school-age children.

One means of identifying and dealing with the source of chemical use/abuse issues which has gained credibility during the years between 1979 and 1993 is the implementation of a student assistance program. The student assistance model, which is similar to the employee assistance program developed by business and industry in the 1960s and 1970s to help troubled workers, identifies at-risk behavior in students and refers students who are involved in drug and alcohol use or abuse for specialized help in the school and in the community. The four basic student assistance models—the information model, the affective model, the social pressures or social competencies model, and the alternatives model—have proven to be effective school-based programs in addressing the ever-increasing drug and alcohol problem among America’s school-age youth.

The purpose of this study is to examine the four basic student assistance models and determine their distribution in Texas, describe the student assistance programs in place in public school districts in Texas including the program’s goals, objectives and components, and explore the perceived effectiveness of student assistance programs as a viable means of drug and alcohol education for students enrolled in public school districts in Texas in kindergarten through twelfth grade.
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CHAPTER I

INTRODUCTION

The increasing use and abuse of drugs and alcohol among the school-age population in the United States means many things to many people. To some students, the use of alcohol and other drugs is a way to feel good, to have fun, to mask pain or excuse behaviors. To parents, it is an assault on basic values, a public embarrassment and a terrifying threat to the health and well-being of their children. To law enforcement officials, it is a violation of the law and a precursor to other illegal activities. To educators, it is, at the very least, an infraction of regulations and an intrusion into the educational process.

No single point of view encompasses the entire scope of the problem or provides the ultimate solution. However, one thing is evident: the role of the support staff in public school education—counselors, school psychologists, coordinators of "at-risk" programs—is rapidly changing as more and more students are sitting in classrooms across America attempting to learn the curriculum being presented while at the same time dealing with the effects of drug and alcohol use.

According to national statistics, at the very least, between 25% and 35% of the nation's school-aged youth,
first through twelfth grade, are involved in drug use, abuse, and dependency (Anderson, 1988). Research commissioned by the federal government indicates the United States has the highest rate of teenage drug and alcohol use of any industrialized nation with more than 90% of high school seniors using alcohol and 61% having used illicit drugs during their lifetime (National Commission on Drug-Free Schools, 1990).

Studies indicate drug and alcohol use among school-age children is pervasive: all regions of the country and all types of communities report high levels of drug and alcohol use (National Commission on Drug-Free Schools, 1990); drug and alcohol use among high school students in metropolitan and non-metropolitan areas are similar (Schools Without Drugs, 1986); teenage males’ use of alcohol and illicit drugs is slightly higher than reported use by females but the gap is lessening (P.R.I.D.E., 1988); drug and alcohol use is pervasive among all economic levels (Dryfoos, 1990); drug and alcohol use is prevalent not only in high schools but also in middle and elementary schools with the percentage of students using drugs and alcohol by the sixth grade tripling over the last decade (Polich, 1984).

The report issued by the U.S. Government in the National Commission on Drug Free Schools (1988) indicates that drug and alcohol use by children of all ages impairs memory, alertness and achievement. Drug and alcohol use
erodes the capacity of students to perform in school and to think and act responsibly. In effect, drug and alcohol use disrupts the entire school—when students who use or abuse drugs or alcohol enter the school environment, education throughout the school suffers. If these statistics accurately reflect the facts and drug and alcohol use is prevalent among the youth in America, the role of the school in prevention and response to drug use is not a choice of action or inaction but rather a choice of acting purposefully and systematically or sporadically and inconsistently.

Throughout the United States, these students who are at risk for drug and alcohol use and abuse have become the focus of much time, money and attention as educators and parents seek to find new and better ways to educate this chemically involved population. While the school systems are not the source of the drug and alcohol problem among today’s youth, the school is uniquely qualified to address the drug and alcohol issue. By recognizing, assessing and monitoring the problem, interacting with community agencies, incorporating a drug and alcohol prevention curriculum, training administrators, teachers and staff, creating positive role models for students and promoting parent involvement in drug and alcohol prevention, schools can become an effective agent in combating drug and alcohol use by school-age children. As teachers, counselors, administrators and parents have begun to realize the extent
of the problem, it has become clear that identifying and treating the source of the chemical problem among these at-risk students is preferable to dealing with the results.

One means of identifying and dealing with the source of chemical use/abuse issues which has gained credibility during the years between 1979 and 1993 is the implementation of a student assistance program. The student assistance model, which is similar to the employee assistance program developed by business and industry in the 1960s and 1970s to help troubled workers, identifies at-risk behavior in students and refers students who are involved in drug and alcohol use or abuse for specialized help in the school and in the community. The four basic student assistance models—the information model, the affective model, the prevention or social competencies model, and the alternatives model—have proven to be effective school-based programs in addressing the ever-increasing drug and alcohol problem among America's school-age youth.

Statement of the Problem

The problem of this study is to trace the history of student assistance programs in the state of Texas, describe their role in addressing drug and alcohol use among school-age children, and determine their perceived effectiveness in public schools in the state of Texas as rated by student assistance program administrators.
Purpose of the Study

The purpose of this study will be to examine the four basic student assistance models, describe the student assistance programs in place in public school districts in the state of Texas, and explore the perceived effectiveness of student assistance programs as a viable means of drug and alcohol education for students enrolled in public school districts in Texas in kindergarten through twelfth grade.

Significance of the Study

The study will be significant in that it will:

1. Provide current information regarding the various student assistance models in place in public school districts in the state of Texas including the 1993-1994 school year.

2. Determine the perceived effectiveness of student assistance programs in school districts in the state of Texas as reported by student assistance program administrators.

3. Provide a model for further study and expansion of student assistance programs.

Background of the Study

A school, by definition, is a collection of students, teachers, disciplines, departments, classrooms and buildings.
Each school develops its own homeostasis, equilibrium, or state of balance. When none of the students is physiologically or emotionally impaired, the system works well with information communicated from one generation to the next within an atmosphere of trust and respect. However, when students who are using or abusing drugs or alcohol enter the classroom, the educational system begins to break down and a new homeostasis is created—a homeostasis which allows the system to function as effectively as possible while continuing to deal with the spoken or unspoken needs of the chemically involved student (Dean, 1989).

With increasing numbers of students enrolling in America’s public schools who are using or abusing drugs and alcohol, there is an increase in student unmanageability, decrease in student learning, increase in teacher burnout and an increase in administrative efforts to manage the schools. This student unmanageability may be manifested by acting-out, disrespect, violence, abuse or truancy or it may take a more passive form such as student apathy, isolation, academic failure or passive disrespect for authority. Chemically dependent or chemically involved students—those who use or abuse drugs and alcohol—are less able to concentrate and focus, thus impacting the amount of knowledge that they can retain and affecting the amount of information the instructor can disseminate. Teachers tend to devote a disproportionate share of their time to these students either
by responding to their emotional or academic needs in the classroom or providing make-up or additional assignments for the work missed (Crowley, 1984). Administrators report more acting out and psychological distress among students and staff as a result of the chemically involved population of students. Assistant principals in charge of discipline report spending the majority of their time trying to manage the student whose behavior is being impacted by chemicals and listening to the complaints of irate students, teachers and parents who are directly or indirectly affected by the chemical use of students (Anderson, 1988). Guidance counselors and school psychologists report that a disproportionate share of their contact hours is spent attempting to remove the obstacles faced by these chemically involved students which prevent learning (Dean, 1989). While the issues among chemically involved students vary, one thing is clear—the manifestations of the issue appear in classrooms throughout the United States and these manifestations must be dealt with before learning begins.

While it is unrealistic to expect the schools alone to solve the drug and alcohol use/abuse problem since numerous outside factors influence chemical use, next to the family, the schools are the primary societal institution serving young people. As social institutions, schools offer many advantages for drug and alcohol education that include its access to youth on a large scale, the financial resources
provided by state and federal drug prevention programs, the possibility for interventions, the staff of trained educators, the opportunity for longitudinal exploratory research and a certain legitimacy for any educational effort that is school-based (Perkins, 1986). Therefore, it is inevitable that schools assume some responsibility for drug and alcohol abuse prevention.

Research Questions

1. What is the distribution of the four types of student assistance programs in public schools in Texas?

2. What components are included in the student assistance programs in Texas?

3. What evaluation process is used for student assistance programs in Texas?

4. What is the extent of community awareness regarding the issues addressed and goals outlined by student assistance programs in Texas?

5. How clearly defined are the purposes and goals of student assistance programs in Texas?

6. According to the administrator responsible for program delivery, how effective are the student assistance programs in Texas?
Definition of Terms

**Student Assistance Program** - A systematic approach that assists students in dealing with the use of mood-altering chemicals--theirs or someone else's--implemented by the staff in a public or private school setting (Anderson, 1988).

**Student Support Services** - A group of certified non-classroom personnel including but not limited to school counselors, school psychologists, and chemical intervention specialists (Milgram, 1986).

**Chemical Dependency** - A physical and/or emotional relationship with a mood-altering chemical which causes problems in the life of the user (Dean, 1989).

**Chemicals/Mood Altering Substances** - Alcohol or drugs which, when used alone or in combination, affect concentration, disposition, or response time (Dean, 1989).

Limitations of the Study

The study will be limited to the student assistance programs currently in place in public school districts in the state of Texas as reported to the Texas Education Agency.
CHAPTER II

REVIEW OF RELATED LITERATURE

This study of literature will trace the development of student assistance programs, review prominent research to determine the major ideas and theories on which the various student assistance models are based, and analyze the four basic student assistance models.

Review of Literature

During the last three decades, drug and alcohol use among school-age children in the United States has risen to alarming proportions. According to the U.S. Department of Education in 1986, the greatest challenge facing educators in the 1990s is teaching a generation of young people whose health and well-being are being threatened by drug and alcohol use (Schools Without Drugs, 1986). At the same time educators and parents are emphasizing the need to return to basic skills and raise standardized test scores in an effort to enable students to more effectively compete in the workplace, children and adolescents are turning to drugs and alcohol to reduce anxiety and enhance social status among their peers.

Nationally, the scope of substance abuse among school-age children is enormous:
Drug use is not confined to a particular population group or economic level. Though drug use is often considered a big-city phenomenon, almost as many rural as urban youth, 32% compared to 39%, have used drugs before graduation (Dryfoos, 1990).

Female students use drugs at only a slightly lower rate than males, 34% versus 38% (P.R.I.D.E., 1988).

Middle school and elementary schools as well as high schools are experiencing serious problems with drugs. Surveys of students have indicated that pressure to use illegal substances begins in the fourth grade. According to national statistics, before age 13, 30% of boys and 22% of girls have begun to drink alcohol (Polich, 1984).

Tobacco use tends to begin between fourth and sixth grade (Funkhouser, 1987).

Between fourth and sixth grade, the number of children experimenting with alcohol, usually beer and wine coolers, increases from 6% to 17%. Almost 2% of sixth graders, nationwide, have experimented with marijuana. Five percent of America’s junior high students, grades seven through nine, are daily tobacco users (P.R.I.D.E., 1988).

By high school graduation, 25% of American students are frequent users of illegal drugs, 66% are frequent users of alcohol and 20% are daily tobacco users.
Over 50% have used marijuana; over 10% have used hallucinogens such as LSD and PCP; and over 90% have used alcoholic beverages (NIDA/HHS, 1988).

- Thirty percent of child and adolescent suicides can be directly related to depression aggravated by drug or alcohol use (Klerman, 1987).

In the state of Texas:

- Twenty-five percent of seventh graders have experimented with illicit drugs other than alcohol (Texas Commission on Alcohol and Drug Abuse, 1989).

- Fifty-four percent of all twelfth graders have experimented with illicit drugs other than alcohol (Texas Commission on Alcohol and Drug Abuse, 1989).

- Seventeen percent of seniors in high schools report they are current or frequent users of illicit drugs (Texas Commission on Alcohol and Drug Abuse, 1989).

- Alcohol is the drug of choice among high school students in Texas with almost 43% drinking alcohol on a regular basis, up from 30% in 1980 (Iscoe, 1990).

These alarming statistics reported during the last three decades have led governments, educators and parents to explore strategies which would effectively address the rising drug and alcohol use among the youth of today.

In an effort to attack the problem, forty states presently mandate education regarding substance abuse.
Twenty-eight of these states specify that substance abuse curriculum be taught in health classes while two states place this material in driver education courses. Thirty-seven states have issued minimum substance abuse curriculum standards. Substance abuse education is a teacher certification requirement in eleven states (Schools Without Drugs, 1988).

It is estimated that 73% of the nation's 16,490 public school districts have written policies against substance abuse. Of these, over 90% involve notification of parents and/or police, suspension or counseling. Approximately 75% of local districts receive technical assistance and financial support for drug education from local, state or federal agencies and/or governments (U.S. General Accounting Office Report, 1987).

History of Drug Education Strategies

Formal drug education can be traced to the early 1880s when drug education largely consisted of didactic instruction from physicians and psychiatrists about psychoactive drugs and their use (Moskowitz, 1983). For the ensuing eighty years, drug education in the United States through the media, schools, and other public forums continued to be largely didactic and focused on the use and possible addiction to psychoactive drugs. The period of time from the 1960s to the late 1980s brought rapid change in drug education as the
nation's leaders and educators became alarmed about the increased use of drugs and alcohol among America's school-age youth.

In the 1960s, the United States experienced a social revolution primarily on college campuses in which there existed a permissive environment where drug and alcohol use and recreational sexual activity prevailed. It was during the 1960s that the Woodstock Music Festival celebrated this counter-culture with music and drugs, adolescent chemical use was seen as an acceptable "fad" and the first of the "Baby Boom" generation graduated from high school. In the early 1960s, educators and administrators in public school fought denial of the seriousness of the problem as parents and children espoused the theory that alcohol and drug use was a phase through which all young people would pass. By 1970, public school teachers and administrators were dealing with children in the classroom who were the most chemically involved generation in American history. Chemical dependency was a part of the classroom culture and school personnel and parents across the United States were forced to deal with the impediment it posed to the educational process (Dean, 1989).

The federal government, which commissioned many of the early studies on chemical dependency, became alarmed at the rising drug and alcohol use among children and teens. In the early 1970s, intertwined with a national crackdown on
drugs through law enforcement efforts spawned by the Nixon Administration, there was a rapid-fire development and dissemination of federally funded drug education materials. Parents and students across the United States began to receive a flood of factual information aimed at decreasing drug and alcohol use among school-age children. Unfortunately, evaluation of this strategy in early 1973 by the U.S. Government's self-investigative reporting revealed that rather than deterring drug use, this dissemination of factual information with no regard for the level of psychological and social development or for the degree of risk to which an individual was exposed had actually increased student drug use. As a matter of fact, students became better consumers. Alarmed by this trend, the federal government halted all funding for this type of prevention program (Milgram, 1986). By the mid-1970s, concerned and frustrated by the increased chemical use by young people, the federal government challenged schools to address the issue of drug and alcohol use and abuse among young people and to find strategies to reduce the effects of this growing societal problem. This challenge signaled a major shift in responsibility for preventing drug abuse from government agencies to the nation's schools.

Throughout the United States, school districts struggled to find an effective system to deal with the shift in philosophy and emphasis mandated by the federal
government, the rapidly changing student population, and the limited funds and community support available to adequately address the issue of drug and alcohol use among the school-age population.

As the first organized response to the trend of increased chemical use among young people, communities and schools tried scare tactics believing that if young people could be jolted into seeing the clear and present danger of drug and alcohol use, they would choose to remain drug free. Recovering cocaine and heroin addicts and convicted felons told their stories to auditoriums filled with students. There was rarely a follow-up program for students or staff. Therefore, the once-a-year assembly served to scare some students, glamorize addiction for some students and, in general, cost educators credibility with students since the stories told by recovering addicts and prison inmates rarely paralleled the students' life experiences as drug and alcohol consumers (Beschner, 1985).

By the mid-1970s, schools were encouraged by the federal government to involve elementary students in school-based prevention programs. These prevention programs were designed to emphasize current information about drugs and alcohol and increase efforts by the school staff to provide an environment which would improve students' self-esteem, enhance communication skills and develop decision-making abilities. Many districts adopted commercially packaged
curricula which allowed educators to present more and more objective information to students. Assemblies and demonstrations by policemen or classroom teachers taught students what drugs looked like, their street names, how to use them effectively and what effects could be expected. Unfortunately, this flood of information increased curiosity and perhaps increased drug and alcohol use among the nation's youth (Jaker, 1985).

By the late 1970s, some communities adopted a "responsible drinking" posture as a compromise to the "no-use" message. This was seen by some as a refusal to adequately address the problem. Other schools and communities adopted a "get tough" policy in which new and stricter stances were adopted by principals, policemen and local judges. Drug-sniffing dogs, massive locker searches, and police officers assigned to individual campuses and school-sponsored events became a part of the school environment as adults tried to find an effective way to impact drug and alcohol use by students. These methods of intervention were thought by some to be too harsh, as they turned the educational environment into a police state.

Frustrated by the problem and seemingly unable to find an effective deterrent to drug and alcohol use among school-age children, school boards, educators, parents and community groups began to meet to discuss possible strategies to
address the increasing drug and alcohol problems among the youth of America.

In the fall of 1979, during a meeting to address the issue, the Greater Cleveland School Superintendents Association concluded that student use of alcohol and drugs was significantly undermining the education of students in Ohio and dramatically affecting faculty morale. The educational leaders of Ohio issued a statement of concern regarding the situation in Ohio’s public schools and suggested a response that included promoting public awareness, teacher education and prevention activities for students as well as supporting treatment and rehabilitation for those students for whom prevention was too late. The result was the formation of Project C.A.R.E. (Chemical Abuse Reduced by Education), the nation’s first student assistance program, with Dr. Frank Barr, a retired school superintendent, serving as executive director.

The Project C.A.R.E. model was based on the theory that the most effective approach to reducing drug and alcohol consumption among young people is a school-based program which affords direct access to children in the appropriate age range and focuses on teaching students how to identify and resist social influences to use chemicals including drug and alcohol use by friends, acquaintances and parents (Polich, 1984).
The primary goal of a student assistance program, as defined by the Project C.A.R.E. model, was to systematically and professionally respond to young people's problems as they were manifested in school. A student assistance program in Ohio's plan would provide assistance to students troubled by chemical use problems including physical, emotional, social, academic and legal manifestations of the problem, improve the quality of drug and alcohol education in schools, promote a positive school environment and focus on educational concerns rather than attempting to resolve major social ills (Griffin, 1986). The goals of the Greater Cleveland School District and other districts which subsequently adopted similar programs were:

- To respond to existing problems by providing a process and procedure for identifying and addressing the needs of chemically involved youth and other at-risk students;
- To establish comprehensive drug and alcohol prevention programs which enable parents and students to make healthy decisions based on pertinent and up-to-date information;
- To provide a positive and safe school environment that emphasizes trust, respect, support, and success for all students;
- To develop and strengthen the communication between home and school, increase parent involvement and
encourage mutual support in drug and alcohol prevention.

Central to these goals were the concepts that prevention is possible through education and skill development, early intervention will prevent long-term problems, support and outreach services for students and families are critical and referral to community agencies is necessary for those needs which go beyond the school's mission.

With Project C.A.R.E. goals clearly defined and with the unanimous support of members of the Cleveland Superintendents Association, the concept and goals of a student assistance program were born, but the type of programming needed to achieve these goals remained unclear. In subsequent years, four basic student assistance models emerged, each based on a different assumption of the reason children and adolescents start using drugs and alcohol and each proposing a somewhat different solution to accomplish the stated goals.

Student Assistance Program Models

Drug and alcohol use and other high risk behaviors are interrelated and inclined to share a common etiology. It follows that effective prevention programs for various high-risk behaviors including drug and alcohol abuse share some overlapping program components (Bernard, et al., 1987; Dryfoos, 1990). Currently, there are thousands of programs
in schools and communities across the United States which address drug and alcohol use among school-age children. In Texas, 1,057 school districts operate some type of at-risk program, which includes a drug and alcohol education component (Iscoe, 1990). Some of these programs were established in connection with community agencies and some are totally under the auspices of the school district. Although the programs and their target populations vary, their objectives are similar: to improve the educational environment and promote academic achievement by reducing the use of drugs and alcohol among school-age youth. Most of the programs for "at-risk" students in Texas and across the United States are based on one or more of four basic student assistance program prevention models: the information model, the affective model, the prevention or social competencies model or the alternatives model (Polich, 1984).

The first and oldest student assistance program model is the information model. It is based on the assumption that providing information about the properties of drugs, the methods of use, and the harmful consequences of drug and alcohol use will cause students to have a less positive attitude toward drugs and that attitude will inhibit drug use. The information model is often presented by a teacher in a didactic instructional setting with the use of audio-visual aids. Some schools use experts from the community such as doctors, nurses or narcotics officers, and
some provide for class discussions based on relevant topics. Regardless of the delivery system or the format, information shared often covers the short-term and long-term physiological and psychological effects and detrimental consequences of heavy drug and alcohol use/abuse. In adopting this model exclusively, some school districts add drug education courses to the required curriculum but the content and the amount of time devoted to the subject vary widely (Polich, 1984).

The second student assistance program model is the affective education model, or the individual deficiency model as it is sometimes named. The affective education model assumes the problem lies within the child himself--that a student who is "at-risk" for drug and alcohol use suffers from low self-esteem and often lacks adequate tools to make good decisions. Programs based on this model seek to provide general skills that will enhance a student’s self-esteem and decision-making skills. The activities are designed and intended to enlarge the learner’s understanding of self and, therefore, are expected to raise the potential for personal growth. Lending credence to the need for affective education as a tool for reducing drug and alcohol use among young people is the research by Perry and Murray, who hypothesize that expectations of failure, a low sense of psychological well-being expressed through apathy and/or high levels of stress are among the most likely causes for drug and alcohol
use by young people. Many school districts that subscribe to the affective education model adopt commercially produced curricula aimed at the elementary-aged child which emphasize improved self-image, the ability to communicate, improved skills in problem-solving, and values clarification (Polich, 1984). Many of these commercially produced curricula provide large and small group activities which include exercises to promote positive group relationships and mutual problem-solving. Those programs which center on values clarification may have components which identify the student's knowledge of the risks involved in drug and alcohol use and the student's attitude toward taking risks in general. The affective education curricula assume some prior knowledge of the dangers of chemical use since most provide little or no information about drugs and alcohol, per se.

The third student assistance model is the prevention or social competencies model. The prevention or social competencies model is the most recent approach to drug and alcohol education of students. This approach emphasizes the external sources that influence at-risk students including pressures of the media and the behavior and attitudes of significant people in the student's life: adults who drink, smoke, or use drugs and friends and other peers who use drugs. The prevention model also recognizes the special vulnerability of adolescents who are in a transitional status between childhood and adulthood and their general desire to
appear grown up and emulate what they perceive to be adult behavior. This model seeks to enlist parental and community involvement through financial support of the school’s educational efforts as well as participation in parenting programs and community awareness programs. The basic tenet of this model is that through teaching the student social competency skills, the student will be able to exhibit a strong defense against peer pressure, thus decreasing susceptibility to chemical use and abuse. The basic social skills taught in the prevention model include assertiveness training, techniques to effectively disagree, techniques to express opinions, techniques to initiate conversation and to make requests, and skills to select appropriate friends. These social competencies are taught through role playing, understanding media pressure, observing videos of peer pressure followed by discussions, and brainstorming ways to say "no" to drugs and alcohol (Anderson, 1988). This model also encourages the use of high school students as role models for elementary and middle school students through peer assistance programs and large and small group presentations.

The fourth model is the alternatives model. Closely related to both the affective and the prevention models, the alternatives model assumes that students may be "at-risk" for a variety of reasons including internal and external pressures. This model emphasizes that the solutions lie in providing wholesome alternative activities for school-age
children rather than determining the source of the problem. The alternatives model emphasizes creating desirable activities for young people who lack them, reinforcing participation in existing alternative activities and facilitating youth-directed groups. This model seeks to involve the community and private industry as sponsors of youth-initiated projects. The success of this model hinges on students choosing other options once they have been made aware of them (Jaker, 1985).

The effectiveness of any student assistance program as a successful prevention/intervention tool depends on clarity of purpose in designing the program, awareness by the students, staff, parents and administrators of the program’s components and the quality of the program’s delivery. This study will seek to examine the components of student assistance programs in public schools in Texas based on the data collected from designated school personnel and evaluate the perceived effectiveness of the student assistance programs as reported by the administrator of the program.
CHAPTER III

METHODS AND PROCEDURES

FOR COLLECTION AND ANALYSIS OF DATA

Design of the Study

This study was designed to identify the types of student assistance programs currently in place in Texas and to ascertain the perceived effectiveness of these programs as reported by the local student assistance program administrators.

The schools with student assistance programs in place were identified through the Student Assistance Services Program, a department of the Texas Education Agency. All public school districts in Texas identified by the Texas Education Agency as having a student assistance program were invited to participate in the collection of data. The student assistance program administrators were identified through the Texas Education Agency’s data base as the district’s contact person for student assistance program state reports.

Each identified student assistance program administrator was sent a cover letter (Appendix A) explaining the nature of the study, a copy of the survey and a self-addressed, stamped envelope for return mail. The school
district's contact person had the option to complete the survey anonymously, identifying only the administrative position held and UIL school classification, or the respondent could reveal his name and address for follow-up purposes. The return envelopes were coded to identify each district in the event a second mailing was needed. The letter requested that the completed survey be returned within two weeks for tabulation and compilation of data.

The survey instrument (Appendix B) was developed by the researcher after conducting the review of literature and examining other measurements of student assistance program effectiveness. To determine the clarity of the survey instrument, a field test was conducted with a panel of judges composed of educators who had experience in student assistance program administration and implementation.

The survey instrument solicited information regarding the respondent's position and the design of the student assistance program currently in place in the designated district. The survey also solicited information regarding components of the student assistance program and awareness and support of the program by the School Board, administrators, staff members, students, parents and community members. In determining the perceived effectiveness of the program, a Likert scale solicited a five level response ranging from excellent to poor with a column provided for "no knowledge" or "not applicable." A total of
54 responses to questions or statements was requested from each respondent.

The information from the respondents was analyzed by tabulating responses to determine descriptive characteristics of student assistance programs in Texas and identify trends, if any, by utilizing the SAS computer program to analyze correlations.

The analysis of the data enabled the researcher to determine the distribution in Texas of the four types of student assistance programs, the components most commonly found in Texas' student assistance programs, and the local district and community support for student assistance programs. The data also revealed the perceived effectiveness of the existing student assistance programs in Texas as rated by student assistance program administrators. The analysis of the data also allowed the researcher to determine correlations, if any, between district size, student assistance model selected and program components in use, and other variables in the survey.
CHAPTER IV

PRESENTATION AND ANALYSIS OF DATA

The survey was designed by the researcher to gain descriptive information about the student assistance programs currently in place in the state of Texas and to determine the perceived effectiveness of the existing programs.

A field test was conducted with a panel of judges composed of five administrators who coordinated or directed a student assistance program. The five administrators included a Director of Counseling, an Assistant Principal, a School Psychologist, a Student Assistance Program Coordinator, and a Special Needs Counselor. The range of job responsibilities of each of the participants in the field test included management of the district’s student assistance program but only the Student Assistance Program Coordinator and the Special Needs Counselor worked exclusively with the local student assistance program. The varying administrative perspectives of those involved in the field test allowed the researcher to assess and refine the clarity of the survey. As a result of input from the participants in the field test, changes were made in the structure of some questions or statements but no substantive change was made in the intent of any question.
The surveys were then sent to the attention of the district administrator identified in the Texas Education Agency's data base as the contact person for the local student assistance program. The initial letter of introduction (Appendix A), survey (Appendix B), and a self-addressed stamped return envelope were mailed on May 15, 1994, to 132 districts in Texas that had been identified by the Texas Education Agency's Pupil Assistance Program as currently operating a student assistance program.

The total number of districts represented 40 5A school districts in which the reported school population in each high school was 1,600 students or more, 44 4A school districts in which the reported school population in each high school was between 715 and 1,599 students, 24 3A school districts with a reported school population in each high school of between 295 and 714 students, 14 2A school districts each with reported high school population of between 145 and 296 students and 10 1A school districts each with a reported high school population of 144 students or less. Regardless of the current operational status of the district's student assistance program, the letter requested a response by or before June 1, 1994. On June 1, 1994, a total of 71 completed surveys had been returned to the researcher representing a 53% response.

On June 1, 1994, a second letter of inquiry (Appendix C) was sent to the districts from which no response had been
received. This letter was accompanied by a second copy of
the survey and another self-addressed stamped return
envelope. This letter requested a response by or before June
17, 1994. By June 17, a total of 22 additional surveys had
been returned, representing a 36% return on the second
mailing. The total number of surveys returned was 93
representing 70% of the schools identified by the Texas
Education Agency as currently having a student assistance
program.

Of the total number of districts that responded, 90%
of the 5A school districts that were contacted returned the
survey; 64% of the 4A school districts that were contacted
returned the survey; 67% of the 3A school districts that were
contacted returned the survey; 50% of the 2A school districts
that were contacted returned the survey, and 60% of the 1A
school districts that were contacted returned the survey
(Table 1).

Table 1
Percentage of District Responses

<table>
<thead>
<tr>
<th>UIL Classification</th>
<th>Percentage of Response</th>
</tr>
</thead>
<tbody>
<tr>
<td>5A</td>
<td>90%</td>
</tr>
<tr>
<td>4A</td>
<td>64%</td>
</tr>
<tr>
<td>3A</td>
<td>67%</td>
</tr>
<tr>
<td>2A</td>
<td>50%</td>
</tr>
<tr>
<td>1A</td>
<td>60%</td>
</tr>
</tbody>
</table>
The designated contact person who completed the survey identified himself/herself by position as Superintendent (5%), Director of Counseling (9%), Principal (3%), Assistant Principal (3%), Counselor (18%), Teacher (9%), or "other" administrative titles including Drug Free Schools Coordinator, Drug and Alcohol Counselor, School Nurse, Mental Health Specialist, Special Education Director, and Student Assistance Program Coordinator for a total of 36 alternative administrative positions and/or titles (Table 2).

Table 2
Administrative Title of Respondents

<table>
<thead>
<tr>
<th>Administrative Title</th>
<th>Percentage of Respondents</th>
</tr>
</thead>
<tbody>
<tr>
<td>Superintendent</td>
<td>5%</td>
</tr>
<tr>
<td>Director of Counseling</td>
<td>9%</td>
</tr>
<tr>
<td>Principal</td>
<td>3%</td>
</tr>
<tr>
<td>Assistant Principal</td>
<td>3%</td>
</tr>
<tr>
<td>Counselor</td>
<td>18%</td>
</tr>
<tr>
<td>Teacher</td>
<td>9%</td>
</tr>
<tr>
<td>Other</td>
<td>53%</td>
</tr>
</tbody>
</table>

Of the 93 responses, 84 indicated their district's student assistance program was currently in operation. Those 84 represented 90% of the total number of districts that responded to the survey. Nine respondents indicated there
currently was not a student assistance program in their district. Of that number, three districts indicated there had never been a sustained effort to establish a student assistance program, two indicated lack of administrative support had resulted in the abandonment of the program, one indicated a lack of community support for a drug and alcohol prevention program had ended the district’s efforts to maintain a student assistance program, one indicated a lack of faculty support for the student assistance program had led to the abandonment of the program, two indicated no funding was available or that all available funds were re-directed to academic programs and one respondent gave no reason for the abandonment of the district’s student assistance program.

The survey results indicated that the establishment of student assistance programs in Texas is relatively new compared to the existence of student assistance programs nationwide. Of the student assistance programs currently in place in Texas, only 4% were established before 1980. Eleven percent of the respondents indicated the district’s student assistance program was established between 1980-1985. Forty-three percent of the student assistance programs in Texas began between 1986 and 1990. A smaller percentage, 31%, were implemented between 1991 and the present time.

According to the information supplied by the respondents, most of the state’s student assistance programs
offered services to all school-age children, kindergarten through twelfth grade. Those programs that limited their scope of services offered programs to the secondary levels--junior high, high school, or both--but no program in the state of Texas reported a student assistance program that was designed exclusively to serve the elementary or elementary/junior high school population.

Of the four basic student assistance models--1) the information model that seeks to provide information about the properties of drugs and alcohol and their harmful consequences, 2) the affective model that seeks to raise self-esteem and enhance decision-making skills, 3) the prevention model that seeks to reduce social pressures among students to use drugs and alcohol, and 4) the alternatives model that seeks to provide "no-use" activities for school-age children--the model most used in Texas as reported by the respondents to the survey was the prevention model. Forty-five percent of the districts that responded to the survey indicated the primary goal of the district's student assistance program was to prevent drug and alcohol use by school-age children; therefore, they used the prevention model exclusively or in combination with other models. Eleven percent of the respondents indicated they attempted to implement some aspect of each of the four models in the overall design of the district's student assistance program. The remaining 44% of the respondents indicated they used a
combination of two or three of the available models with the affective model, the model that places emphasis on self-esteem building and responsible decision-making, being the second most widely used student assistance program model in conjunction with aspects of the other three models.

The job title and scope of responsibilities of the administrators of student assistance programs in Texas varied widely with the size of the district. In 5A school districts, the administrative position often was a full-time position at the central office level. In 4A school districts, the administrative position for student assistance programs was often either a full-time position at the central office level or a part-time position held by a counselor. In smaller districts with classifications of 3A, 2A or 1A high schools, the administrative position for the district's student assistance program often was a part-time position at the campus level. The title of the administrator varied depending on whether the position was a central office position or a campus level position. If the administrative position was held by a central office staff member, the job title often included the word "Director." If the administrative position was held by a campus level staff member, the title often included the word "Coordinator." If the school district did not accept federal funds through the Drug Free Schools program, the administrator's title was most often "Student Assistance Program Director" or "Student
Assistant Program Coordinator." If the school district did accept federal funds through the Drug Free Schools program, the administrator's title often included a reference to drug/alcohol education. The title of the administrators paid through Drug Free Schools funds included "Drug Free Schools Coordinator," "Drug and Alcohol Counselor," "Drug Education Coordinator," and "Drug Prevention Specialist."

Of the school districts in Texas that currently have a student assistance program in operation, 84% reported that their primary purpose was to provide drug and alcohol education to school-age children and to present various prevention strategies to students in kindergarten through twelfth grade. Other programs that were included in the stated purpose of individual student assistance programs in Texas were the parenting program (24%), crisis intervention (32%), Peer Helper training (29%), or student support groups (33%).

In districts that included drug and alcohol education in kindergarten through twelfth grade as part of their student assistance program effort, the most frequently used commercially produced or "packaged" curriculum, either alone or in conjunction with other commercially produced curricula, was the DARE program, with 55% of the reporting districts indicating its use. By design, the DARE (Drug Abuse Resistance Education) program was presented in a classroom setting by members of the campus staff and a representative
of the local police department. The focus of the DARE program is to present drug and alcohol information to elementary and junior high students and to develop a positive relationship between students and the local police department. The second most often used packaged curricula as reported by the Texas districts that delivered drug and alcohol education through a student assistance program was McGruff, a puppet program which used characters familiar to the children to deliver scripts relating to drug and alcohol abuse, child abuse, and stranger danger. The McGruff puppets, used by 43% of the districts that implemented one or more of the packaged curricula, delivered prevention and health related information to elementary school children from the scripts provided by the publisher or original scripts written by the children or the classroom teacher. "Here’s Looking at You: 2000," a package curriculum addressing issues such as drug and alcohol education/prevention and peer pressure reversal was reportedly in use by 25% of the reporting districts. Other commercially produced programs reportedly used by less than 15% of the districts with a student assistance program were Project CHarlie (9%), an elementary prevention curriculum that emphasizes positive self-esteem, decision-making skills and peer pressure reversal, DUSO (Developing Understanding of Self and Others) (13%), a packaged curriculum that emphasizes self-awareness and communication skills, DFYIT (Drug Free Youth in Texas).
(7%), a program that features voluntary drug screenings monitored by school personnel with rewards given to drug-free students and Horizons (3%), the junior high curriculum that follows Project CHarlie and emphasizes positive self-esteem, decision-making skills and peer pressure reversal. Thirty-five percent of the respondents indicated their district used other packaged curricula not specified in the survey or that their local student assistance program staff members designed a curriculum unique to their district (Table 3).

Table 3

Packaged Curricula Used for Prevention

<table>
<thead>
<tr>
<th>Prevention Curriculum</th>
<th>Percentage of Districts</th>
</tr>
</thead>
<tbody>
<tr>
<td>DARE</td>
<td>55%</td>
</tr>
<tr>
<td>McGruff</td>
<td>43%</td>
</tr>
<tr>
<td>Here's Looking at You: 2000</td>
<td>25%</td>
</tr>
<tr>
<td>Project CHarlie</td>
<td>9%</td>
</tr>
<tr>
<td>DUSO</td>
<td>13%</td>
</tr>
<tr>
<td>DFYIT</td>
<td>7%</td>
</tr>
<tr>
<td>Locally designed curriculum</td>
<td>35%</td>
</tr>
</tbody>
</table>

The majority of student assistance program delivery, whether based on a commercially produced curriculum or a design unique to the district, was conducted by counselors
and classroom teachers. Forty percent of the districts that participated in the survey indicated counselors delivered the various components of the local student assistance program. Twenty-six percent indicated classroom teachers provided student assistance program delivery. Eighteen percent indicated the administrator or coordinator of the program participated in student assistance service delivery to students, staff and parents. The remaining student assistance program services were provided by volunteers from the community (9%), psychologists (2%), social workers (4%) or drug and alcohol agencies based in the community (1%) (Table 4).

### Table 4

<table>
<thead>
<tr>
<th>Service Providers</th>
<th>Percentage of Districts</th>
</tr>
</thead>
<tbody>
<tr>
<td>Counselors</td>
<td>40%</td>
</tr>
<tr>
<td>Classroom Teachers</td>
<td>26%</td>
</tr>
<tr>
<td>Administrator/Coordinator</td>
<td>18%</td>
</tr>
<tr>
<td>Volunteers</td>
<td>9%</td>
</tr>
<tr>
<td>Psychologists</td>
<td>2%</td>
</tr>
<tr>
<td>Social Workers</td>
<td>4%</td>
</tr>
<tr>
<td>Community Agencies</td>
<td>1%</td>
</tr>
</tbody>
</table>
The percentage of the student body served by the district's student assistance program varied widely as respondents reported from 1% to 100% coverage by the student assistance program. Most districts reported that all students in the specific school population which were identified as the "target" population (elementary, junior high or high school) were eligible for the services provided by the student assistance program, but not all students needed the services and would, therefore, not receive direct services. The districts that reported 100% participation by the identified student population included in that number prevention activities and educational programs such as assemblies and classroom guidance that were offered by staff members to all students through the school's drug and alcohol awareness efforts.

Sixty percent of the Texas districts that responded to the survey indicated that formal evaluations of the district's student assistance program were held on a regularly scheduled basis. The remaining 40% indicated no evaluation process was in place by which to measure the effectiveness of the local student assistance program. Of the districts that conducted formal evaluations, none included School Board members in the evaluation process. Eighty-eight percent included the student population in the evaluation process, 95% included input from staff members within the district, 84% included data gained from
administrators and 46% solicited input from parents. Included in the collection of data by those districts that conducted formal assessments, 55% requested information regarding drug and alcohol policy violations during the preceding school year and 51% included a student attitude survey to indicate the impact or effect of the drug and alcohol education program on student attitudes and behaviors (Table 5).

Table 5

<table>
<thead>
<tr>
<th>Evaluation Process for Student Assistance Programs</th>
</tr>
</thead>
<tbody>
<tr>
<td>Participants in Evaluation</td>
</tr>
<tr>
<td>School Board Members</td>
</tr>
<tr>
<td>Administrators</td>
</tr>
<tr>
<td>Staff Members</td>
</tr>
<tr>
<td>Students</td>
</tr>
<tr>
<td>Parents</td>
</tr>
</tbody>
</table>

In reporting the perceived effectiveness of the local student assistance program, 16% of the respondents indicated the School Board members had an excellent level of acknowledgement of the problem of drug and alcohol use and abuse among school-age children in their district. Forty-five percent of the respondents reported the School Board members had a good rate of acknowledgement of the problem
of drug and alcohol use among local students, 25% indicated School Board members had a fair level of acknowledgement of the problem and 12% reported the School Board members had a poor level of acknowledgement of the problem of drug and alcohol use among school-age commission in their district. Two percent of the respondents indicated they had no knowledge of the School Board members' awareness and/or acknowledgement of drug and alcohol use issue among students in their district (Appendix D).

Twenty-nine percent of the respondents reported that among administrators in their district there was an excellent level of acknowledgement of the problem of drug and alcohol use and abuse among students. Forty-nine percent indicated a good level of acknowledgement by administrators of drug and alcohol use among local students, 17% indicated a fair degree of acknowledgement of the problem by administrators and 5% indicated a poor level of acknowledgement by local administrators regarding the use of chemicals among the school-age population within their district (Appendix D).

Twenty-six percent of the respondents indicated that among the district's staff members there was an excellent level of acknowledgement of the drug and alcohol use/abuse issue among students. Fifty-four percent of the respondents to the survey indicated there was a good level of acknowledgement by staff members of the chemical problem among local students, 15% reported a fair level of
acknowledgement and 5% indicated a poor level of acknowledgement by staff members regarding the drug and alcohol problem that existed among school-age children within their district (Appendix D).

Twenty-nine percent of the respondents indicated there was an excellent level of acknowledgement by students that a drug and alcohol problem existed among their peers. Fifty-seven percent reported there was a good level of acknowledgement among the student population regarding the existence of drug and alcohol related problems among their peers, 13% indicated a fair level of acknowledgement among students and only 1% indicated a poor level of acknowledgement among students regarding the drug and alcohol use/abuse issue among their peers (Appendix D).

Five percent of the respondents indicated local parents had an excellent level of acknowledgement of the drug and alcohol problem among school-age children in their district. Thirty-one percent reported a good level of parental acknowledgement, 51% indicated a fair level of parental acknowledgement of the drug and alcohol problem among youth within the local school district and 13% indicated a poor level of parent awareness and acknowledgement of chemical use among the school-age children in their district (Appendix D).

In regard to understanding the role of the district's student assistance program, 12% of the respondents indicated
the School Board members had an excellent understanding of the goals and purpose of the local student assistance program. Forty-one percent reported the School Board members' understanding of the student assistance program's goals was good, 37% indicated the School Board members' understanding was fair and 10% indicated the School Board members' understanding of the goals of the district's student assistance program was poor (Appendix E).

Twenty percent of the respondents indicated the understanding among administrators of the student assistance program goals was excellent. Fifty percent indicated district administrators had a good understanding of the goals of the student assistance program, 25% indicated the local administrators had a fair understanding and 5% reported a poor understanding among local administrators of the goals of the district's student assistance program (Appendix E).

Thirteen percent of the respondents indicated the staff members had an excellent understanding of the stated goals of the district's student assistance program. Forty-five percent indicated there was a good degree of understanding by the staff of the student assistance program's goals, 37% reported a fair level of understanding among staff members and 5% indicated a poor level of understanding among staff members regarding the goals of the district's student assistance program (Appendix E).
Nine percent of the respondents indicated the students within their district had an excellent understanding of the goals of the local student assistance program. Forty-one percent reported the students had a good understanding of the district’s student assistance program goals, 47% indicated a fair level of student understanding of the student assistance program goals, and 3% indicated the students had a poor understanding of the goals of the district’s student assistance program (Appendix E).

Five percent of the districts that responded to the survey indicated the parents had an excellent understanding of the goals of the local student assistance program. Twenty-six percent reported the parents had a good understanding of student assistance program goals, 54% indicated a fair degree of understanding by parents of the district’s student assistance program goals and 12% reported a poor level of parental understanding regarding the student assistance program goals. Three percent of the respondents indicated they had no knowledge of the parents’ level of awareness or understanding regarding the goals of the local student assistance program (Appendix E).

Six percent of the districts that responded to the survey indicated the members of the local School Board received excellent in-service regarding the use and abuse of drugs and alcohol among students. Twenty percent indicated there was a good level of in-service provided to School Board
members, 33% indicated a fair level of in-service was provided to School Board members and 18% indicated a poor level of School Board in-service regarding drug and alcohol issues. Twenty-three percent of the respondents indicated they had no knowledge of the in-service provided to School Board members regarding drug and/or alcohol issues (Appendix F).

Twelve percent of the respondents indicated the administrators within their district received an excellent level of drug and alcohol in-service. Thirty-seven percent reported district administrators received a good level of in-service regarding drug and alcohol issues, 28% reported a fair level of in-service on this issue and 15% indicated a poor level of in-service was provided to district administrators regarding drug and/or alcohol related issues. Eight percent of the respondents indicated they had no knowledge of the amount or quality of in-service related to drug and alcohol abuse provided for administrators (Appendix F).

Thirteen percent of the districts that responded to the survey indicated the staff members in their district received an excellent level of drug and alcohol awareness during in-service meetings. Thirty-eight percent indicated a good level of staff information regarding this issue, 33% reported a fair level of drug and alcohol in-service for district staff members and 9% reported a poor level of in-
service was provided to the district's staff members regarding drug and alcohol use among school-age children. Seven percent indicated they had no knowledge of the amount or quality of in-service offered to staff members regarding drug and alcohol use among students (Appendix F).

Seventeen percent of the respondents indicated the students in their district received an excellent level of education regarding drug and alcohol issues. Forty-three percent ranked the level of student education in the area of chemical use and abuse as good, 34% indicated a fair level of education for students regarding the dangers of drug and alcohol use and abuse, and 3% indicated a poor level of education was provided to students within their district regarding drug and alcohol issues. Three percent of the respondents indicated they had no knowledge of the education provided for students within their district regarding the dangers of drug and alcohol use (Appendix F).

Nine percent of the respondents indicated an excellent level of parent education was provided by their district regarding the dangers of drug and alcohol use among school-age children. Thirty-one percent ranked the district-sponsored drug and alcohol awareness programs for parents as good, 42% reported a fair level of parent education in the area of chemical use, and 9% reported a poor level of district-sponsored parent education regarding the dangers of drug and alcohol use/abuse among school-age children.
within their district. Nine percent of the respondents indicated they had no knowledge of the district’s efforts to provide drug and alcohol awareness programs to parents (Appendix F).

Regarding the objectives of the local student assistance program, 26% of the respondents indicated the district’s student assistance program objectives were very well defined. Forty-six percent ranked the clarity of their district’s student assistance program goals as good, 20% rated their district’s goals as only fairly well-defined, and 3% ranked their district’s student assistance program goals as poorly defined. Five percent of the respondents indicated they had no knowledge of how well-defined were the objectives of the district’s student assistance program (Appendix G).

Regarding appropriateness of the student assistance goals within their district, 31% of the administrators that responded to the survey indicated the objectives of the local student assistance program were very appropriate. Forty-seven percent ranked the appropriateness of the district’s student assistance program objectives as good, 13% indicated a fair level of appropriateness regarding the student assistance program objectives, and 3% indicated a poor level of appropriateness of the local student assistance program objectives. Six percent indicated they had no knowledge of
the appropriateness of the district's student assistance program objectives (Appendix G).

Of the reporting districts, 21% indicated the level of effectiveness of the student assistance program's drug and alcohol curricula was excellent. Fifty-three percent indicated the local student assistance program's curricula in addressing chemical issues among students was good, 16% indicated the local student assistance program's curricula was fairly effective in addressing chemical issues among students within their district, and 5% indicated a poor level of effectiveness regarding the drug and alcohol curricula currently in place in their district. Five percent of the respondents indicated they had no knowledge of the effectiveness of the drug and alcohol prevention curriculum that was currently in place through the local student assistance program (Appendix H).

When asked about the student assistance program staff member's understanding of the limitations of the school's role in addressing drug and alcohol issues among students, 30% of the respondents indicated their student assistance program staff members had an excellent understanding of the limitation of the school's role. Forty-two percent indicated the student assistance program staff members had a good understanding of the scope of their role in addressing chemical issues among school-age children, 24% indicated a fair understanding by student assistance program staff
members regarding school limitations and 1% indicated a poor understanding among student assistance program staff members regarding limitations of the role of the school in addressing drug and alcohol prevention/education. Three percent indicated they had no knowledge of the student assistance program staff members’ awareness of the limitations of the school in addressing drug and alcohol issues (Appendix I).

Twenty-five percent of the respondents indicated their district’s student assistance program staff members were excellent in reassessing and redefining the role of the local student assistance program in accordance with the ever-changing needs of the student population. Forty-two percent reported that the process of reassessing and redefining the role of the student assistance program in their district was good, 22% indicated a fair reassessment and redefinition process was in place in their district, and 8% indicated a poor process was in place for periodically reassessing and redefining the role of the district’s student assistance program. Three percent of the respondents indicated they had no knowledge of the district’s process for reassessing and redefining the role of the local student assistance program (Appendix I).

Regarding the level of knowledge of drug and alcohol issues by the student assistance program staff members, 36% of the districts that responded to the survey indicated their student assistance program staff members had an excellent
knowledge base. Fifty percent of the respondents indicated
the local student assistance program staff members had a good
knowledge base regarding drug and alcohol related
information, 13% reported a fair degree of knowledge by the
student assistance program staff members regarding chemical
issues. No district reported the members of the student
assistance program staff had a poor knowledge of drug and
alcohol related issues. One percent of the respondents
indicated they had no knowledge of the level of expertise of
the student assistance program staff members regarding drug
and alcohol related information (Appendix I).

Twenty-six percent of the districts that responded to
the survey indicated an excellent system was currently in
place in their district by which district personnel could
identify and refer students with drug and alcohol issues.
Forty-two percent indicated a good system was in place for
student chemical use/abuse identification and referral by
school personnel in their district, 28% indicated a fair
system of student identification and referral was being
implemented by the student assistance program staff members
and 3% indicated the current identification and referral
system for drug and alcohol use among students in their
district was poor. One percent of the respondents indicated
they had no knowledge of the effectiveness of the student
drug and alcohol identification and referral system currently
being used by the local student assistance program (Appendix J).

Eighteen percent of the respondents indicated their district had an excellent program to inform parents of the warning signs of chemical use/abuse for school-age children. Thirty-three percent reported their district’s program to inform parents about warning signs of possible chemical use among students in their district was good, 33% reported a fair drug and alcohol information program for parents was in place in their district and 15% evaluated their district’s program to inform parents of the dangers of drug and alcohol use among school-age children as poor. One percent indicated they had no knowledge of the type or quality of the informational programs offered to parents regarding the warning signs of chemical use/abuse by children (Appendix J).

Twenty-one percent of the districts that responded to the survey indicated an excellent system was in place by which students could seek help for drug and alcohol issues or concerns. Forty-one percent indicated a good self-reporting system was in place to assist students with chemical concerns, 29% indicated a fair self-reporting system for students and 6% reported a poor system was currently in place in their district by which students could seek help for drug and alcohol concerns. Three percent reported they had no knowledge of the system that was in place for self-
reporting by students regarding the use or abuse of drugs and alcohol (Appendix J).

Regarding community awareness of the district's student assistance program, 15% of the respondents indicated there was an excellent level of community awareness about the student assistance program. Fifty-one percent of the districts that responded to the survey indicated a good level of community awareness regarding their student assistance program, 31% indicated a fair level of community awareness and 3% reported a poor level of community awareness regarding the student assistance program in their district (Appendix K).

Forty percent of the districts that responded to the survey indicated there was an excellent relationship between the district's student assistance program and the local community. Thirty percent reported a good relationship existed between the local student assistance program and the community, 20% indicated a fair relationship existed and 6% indicated a poor relationship existed between the local student assistance program and the community. Four percent indicated they had no knowledge of the relationship between the district's student assistance program and the community (Appendix K).

In evaluating the effectiveness of the local student assistance program in the area of identifying for students the harmful consequences of drug and alcohol use, 36% of the
districts that responded to the survey indicated an excellent rating. Fifty-three percent of the districts reported the local student assistance program had a good program in place for educating students about the harmful consequences of chemical use and 11% indicated a fair program existed to educate students about the dangers of drug and alcohol use. No district reported a poor effort by the local student assistance program in providing education regarding the harmful consequences of drug and alcohol use for school-age children (Appendix L).

Thirty-four percent of the districts that responded to the survey indicated an excellent program was provided through the district’s student assistance program for building a healthy self-esteem in school-age children. Fifty-one percent reported a good self-esteem building program was in place through the local student assistance program and 15% indicated a fair program existed for enhancing students’ self-esteem. No district reported a poor effort by the local student assistance program in providing a system by which students could develop a healthy self-esteem (Appendix L).

In the area of development of decision-making skills, 31% of the respondents indicated the district’s student assistance program provided an excellent curriculum, 51% reported a good program was in place and 18% of the respondents indicated a fair decision-making skills
curriculum for students was in place in their district through the local student assistance program. No district indicated a poor effort by the local student assistance program in providing the skills needed by students to become responsible decision makers (Appendix L).

Seventeen percent of the districts that responded to the survey indicated an excellent curriculum was in place through the student assistance program for peer pressure reversal training. Fifty-eight percent indicated a good curriculum was in place to help students resist peer influence to use drugs and alcohol, 24% reported a fair program was being offered and 1% indicated a poor level of peer pressure reversal training was offered in their district through the student assistance program (Appendix M).

Nine percent of the respondents indicated their district's student assistance program offered an excellent program for alternative activities which encouraged students to remain drug and alcohol free. Forty-seven percent reported a good alternative activities program that emphasized "no-use" activities for students, 37% indicated a fair alternatives program within their student assistance program curriculum and 5% indicated a poor alternative activities program. Two percent indicated they had no knowledge of the alternative activities offered through the district's student assistance program that encouraged students to remain drug and alcohol free (Appendix M).
Thirty-three percent of the districts that responded to the survey indicated their district's student assistance program offered excellent student support groups to assist pupils in dealing with the pressures to use drugs and alcohol. Thirty-four percent responded that a good student support group program was available through the local student assistance program, 21% indicated the local student support group program offered through the student assistance program was fair, and 11% indicated a poor level of student support groups was offered in their district to assist students in resisting the pressures to use drugs and alcohol. One percent of the respondents indicated they had no knowledge of the type or level of student support groups that was available to students within their district through the student assistance program (Appendix M).

Twenty-one percent of the districts that responded to the survey indicated their student assistance program offered excellent methods for reinforcing positive behavior among students who chose to remain drug and alcohol free. Fifty-eight percent reported a good level of reinforcement for students who were drug and alcohol free, 18% indicated a fair program for reinforcing positive behavior among non-users and 2% indicated a poor level of reinforcement through the local student assistance program for students who chose to remain drug and alcohol free. One percent of the respondents indicated they had no knowledge of the efforts made by the
district's student assistance program to reinforce positive, non-use behavior among school-age children (Appendix N).

Twenty percent of the districts that responded to the survey indicated they provided an excellent parenting program through the local student assistance program. Twenty-nine percent reported a good parenting program was in place, 26% rated their student assistance program's parenting component as fair and 18% rated their district's parent education program as poor. Seven percent indicated they had no knowledge of the type or quality of the parenting programs offered through the district's student assistance program (Appendix N).

Twenty-eight percent of the respondents indicated an excellent Peer Helper program was currently in place in their district through the student assistance program. Forty-one percent reported a good quality Peer Helper program existed at the local level, 9% rated their Peer Helper program as fair and 9% indicated a poor quality of Peer Helper program was available within their district. Thirteen percent indicated they had no knowledge of the existence or quality of a Peer Helper program within their district (Appendix N).

In analyzing the data gleaned from the survey using the SAS computer program, there were few identifiable patterns in cross-referencing the variables. In determining a significant correlation, a .60 or greater correlation existed between the two variables being compared.
In reviewing the data provided by the computer analysis, there was no significant correlation between the student assistance program model selected and the size of the school district. The distribution of the four student assistance models—the information model (.01), the affective model (.01), the prevention model (.09) and the alternatives model (.01)—was proportionate in each of the UIL classifications to the general distribution across the state of Texas.

There was no significant correlation between the size of the district and the decision to use packaged curricula in the district's efforts to prevent drug and alcohol use by school-age children (.25). The number of school districts in each of the 5A, 4A, 3A, 2A and 1A classifications in Texas that used packaged curricula was proportionate to the general distribution across the state. There was also no significant correlation between which packaged curricula was selected by a school district and the size of the district. Each of the packaged curricula listed in the survey--DARE (.25), Project CHarlie (.13), Horizons (.11), McGruff (.01), DUSO (.18), Here's Looking at You: 2000 (.23) and DFYIT (.09)—were used in each UIL classification in the state. There was also no clear pattern regarding the size of the district and the likelihood that a district would write a prevention curriculum unique to their district (.21). There was a proportionate distribution of 5A, 4A, 3A, 2A and 1A districts
that devised a prevention curriculum unique to the local district.

There was no significant correlation between the size of the district and the determination by the administration to conduct a formal evaluation of the local student assistance program (.16). Small districts were as likely as large districts to conduct a formal evaluation of the student assistance program in their school district. For the districts that conducted a formal evaluation, there was no significant correlation between the size of the district and the people canvassed in the student assistance program evaluation (.18). Regardless of the size of the district, if the district chose to conduct a formal evaluation of the student assistance program, the distribution of input solicited from administrators, staff members, students and parents varied proportionately throughout 5A, 4A, 3A, 2A and 1A school districts. No district, regardless of size, solicited input from the School Board members when conducting a formal evaluation of the local student assistance program.

There was no significant correlation between how long the student assistance program had been in place and the perceived effectiveness of the program (.21). Based on the responses to the survey, the student assistance programs that had been in existence for a short time were perceived to be equally effective when compared to those districts that had a long-established student assistance program.
There was no significant correlation between whether the district accepted Drug Free School money and the breadth of the student assistance program (.28). Districts that accepted federal funds through the Drug Free Schools program reported similar components--packaged curricula, drug and alcohol education programs, parenting programs, student support groups--to the districts that used only state and local funds to support the local student assistance program.

There was no significant correlation between the student assistance program model selected and whether the district accepted Drug Free Schools money (.20). Districts that accepted federal funds through the Drug Free Schools program had a proportionate distribution of the four student assistance program models when compared to the districts that used only state and local funds to support the local student assistance program.

When comparing the variables that did reflect a significant correlation, the overall community awareness of the drug and alcohol problem had a significant correlation if the student assistance program was in secondary schools only (.60) or available to all students in kindergarten through twelfth grade (.62). If the student assistance program primarily focused on the elementary grades, there was no significant correlation between the existence of the student assistance program and the awareness of parents, students, staff members, administrators or School Board
members (.21) regarding the existence of drug and alcohol use/abuse among the entire school population.

The overall awareness of the community regarding drug and alcohol use among the local student population had a significant correlation with whether the student assistance program concentrated on drug education (.68) and alcohol education programs (.72) or whether the student assistance program focused its efforts on parenting programs (.37), crisis intervention (.43), Peer Helper programs (.34), student support groups (.45) or other issues specific to the district (.06). If the student assistance program focused attention on the education of students regarding the harmful consequences of drug and alcohol use, the overall awareness increased among community members regarding chemical issues. Conversely, if the district focused their efforts on the response to drug and alcohol use or on the affective characteristics which might predispose a student to resist the use of drugs or alcohol, the overall awareness of the community regarding drug and alcohol use/abuse among local students decreased.

There was a significant correlation between the awareness of the community regarding the drug and alcohol issue and the knowledge and expertise of the student assistance program staff members. When the respondents indicated the knowledge of the student assistance program staff members regarding chemical issues was high, the
awareness of the problem by administrators (.70), staff members (.70), students (.71) and parents (.66) was a high correlate. The lowest correlation between the expertise and knowledge of the staff and the awareness of the specific community members was in relationship to the awareness of the School Board members in acknowledging the drug and alcohol use among students in the local schools (.57). The overall acknowledgement of the problem by the community correlated with the knowledge and expertise of the student assistance program staff members at a significant level (.75).

The highest correlation between the overall clarity of the goals and objectives of the student assistance program and the understanding of the school staff and community was when a district focused attention on drug education (.71), alcohol education (.65), crisis intervention (.66), or student support groups (.64). The correlation between specific program components and overall clarity of purpose was less significant when the student assistance program focused on parenting programs (.54), Peer Helper programs (.28) or other components unique to the district (.24).

School Board members, administrators, staff members, parents and students reportedly understood more clearly the goals and objectives when the focus was education regarding drug and alcohol issues in kindergarten through twelfth grade or response to drug and alcohol use/abuse issues. When the
district focused on proactive components which were less drug
and alcohol specific—self-esteem, decision-making, positive
role modeling—the understanding of the student assistance
program goals and objectives among the school population and
community members was less.

The information model (.56) and the prevention model
(.56) had the highest correlation in evaluating the
effectiveness of the local student assistance program when
the respondents evaluated the component involving
distribution of current and relevant information regarding
chemical issues. There was no significant correlation
between the effectiveness of the student assistance program
and the distribution of chemical information when the
district used the affective model (.26) or the alternatives
model (.20).

In the overall evaluation of the effectiveness of the
local district’s student assistance program, the correlation
between the good and excellent rating in the districts was
more significant when the district used the information model
(.56), or the prevention model (.64). When the district
erated the overall effectiveness of the local student
assistance program in addressing the drug and alcohol issues,
the correlation was less significant with the affective model
(.42) and the alternatives model (.28). The information and
prevention models focused primarily on distributing
information regarding the harmful consequences of drug and
CHAPTER V

SUMMARY, CONCLUSIONS AND RECOMMENDATIONS

This research profiles some general conclusions as well as program implications for administrators associated with student assistance programs in Texas.

Summary

Each of the student assistance program models—the information model, the affective model, the prevention model and the alternatives model—was found in each of the 5A, 4A, 3A, 2A and 1A districts. The distribution of the four types of student assistance programs in public schools in Texas is proportionate in each UIL classification to the distribution across the state. The primary focus of student assistance programs in Texas as identified in this research is to prevent drug and alcohol use and abuse among school-age children through educating them to the dangers and consequences of chemical use rather than enhancing personal strengths and refusal skills or providing alternative activities which advocate a "no-use" posture. The selection of the prevention model as the most commonly used student assistance model in Texas underscores this focus. Some districts chose to incorporate more than one student assistance model.
alcohol use and the affective model, with a lower correlation, focused on self-esteem building and decision-making skills. The model perceived by the district administrators to have been the least effective, overall—the alternatives model—focused on providing students with non-use activities rather than focusing on education, prevention or enhancing personal refusal skills.
assistance program model into their district’s drug and alcohol education efforts, primarily selecting the prevention model to be used in conjunction with other models.

According to the survey responses relating to the evaluation process used for student assistance programs in Texas, only 60% of the responding districts conducted a formal evaluation. Of the 60% that conducted a formal evaluation, only half included current drug and alcohol policy violations or student attitude surveys among the students who received services through the local student assistance program.

In assessing the acknowledgement of the drug and alcohol problem in the Texas districts that responded, members of the School Board and parents rated lowest in understanding the chemical use/abuse issues among students in their district. School Board members and parents also scored lowest in understanding the goals of the district’s student assistance program in providing drug and alcohol education, refusal skills training and alternative activities which promote a "no-use" message regarding drugs and alcohol use. In assessing the quality of drug and alcohol in-service education afforded to school and community members, few respondents rated the drug and alcohol in-service provided to School Board members, administrators, staff members, students or parents as excellent.
It is evident from the research that when drug and alcohol education and prevention efforts are focused on the elementary school students, parents, students, staff members, administrators and School Board members are less aware of the chemical issues facing older students and their families throughout the entire school population. When the junior high and high school students are included in the target population of the student assistance program, the awareness of the drug and alcohol use/abuse issues in the community is heightened among School Board members, administrators, staff members, students and parents.

In assessing how clearly defined are the stated purposes and goals of the student assistance programs in Texas, one of the findings of this study was the lack of precision in determining and communicating the student assistance program goals to the designated population. According to this research, few School Board members, administrators, staff members, students or parents had an excellent understanding of the goal and purpose of the local student assistance program.

Of the existing programs in Texas, effectiveness of the local student assistance program in providing information about the harmful consequences of drug and alcohol use, building student's self-esteem, enhancing student's decision-making skills, and reinforcing positive behavior was good or excellent in more than 80% of the districts that responded
to the survey. In rating overall effectiveness of the local student assistance program, the level of knowledge of drug and alcohol issues held by the student assistance program staff members was consistently outstanding. Eighty-six percent of the responding districts indicated a good to excellent knowledge level of chemical issues by student assistance program staff members. No district reported a poor knowledge base among student assistance program staff members regarding drug and alcohol issues.

The research indicates only a moderate level of satisfaction with the current efforts by the district’s student assistance program when addressing community awareness of drug and alcohol use among school-age children in their community, effective ways to combat peer pressure, assistance to students in resisting drug and alcohol use, creation of alternative activities that would reduce drug and alcohol use, provision of school-based support groups that advocate a "no-use" policy, provision of parenting classes to educate parents regarding strategies that would reduce chemical use among school-age children and Peer Helper programs that would provide positive role models for students. These areas in which less than satisfactory results have been achieved are more skill centered than information centered.
Conclusions

The primary focus of student assistance programs in Texas is education based as determined by the fact that most districts selected the prevention model. However, the growing number of school districts that use a combination of student assistance program models indicates that while prevention is the primary focus in most Texas districts, some student assistance programs recognize that the factors which influence school-age children to use drugs and alcohol are complex and cannot be easily isolated. The inclusion of several student assistance program models indicates an awareness that a more holistic approach must be adopted in order to effectively address drug and alcohol issues in public schools.

Clearly, there is a need for a formal assessment procedure to determine the effectiveness of each local student assistance program and to provide information to districts in Texas and across the nation regarding successful drug and alcohol prevention efforts among school-age children. The development of a standardized assessment procedure for all student assistance programs in the state would allow districts to more effectively monitor and evaluate their district's efforts in the area of drug and alcohol prevention and to reassess and redefine the needs of the ever-changing student population in a society where drug and alcohol use is on the increase.
It seems clear from this research that the two groups most closely linked to the economic future of a student support services such as a student assistance program—the taxpayer who funds the support programs and the School Board members who determine what programs will be funded—are the most ill-informed and unenlightened regarding the nature and degree of the drug and alcohol issues being faced in local public schools and the efforts being made by the local district to minimize the effects of drug and alcohol use among the students in their community’s schools.

If it is the goal of the public school district to have a comprehensive drug and alcohol education/prevention program, it is important to include all grades, kindergarten through twelfth grade, in the program. While the focus and the method of program delivery can and should change throughout the course of study depending on the age and maturity of the students, the focus of the district’s alcohol and drug prevention program should remain consistent with the philosophy of the district regarding chemical use among school-age children.

The service users—administrators, staff members, parents and students—and the service funders—the members of the School Board—need to have a clearer understanding of the impact of the drug and alcohol use issue among the school-age population and the stated purpose and goal of the local student assistance program in addressing chemical
issues. In order to achieve an effective program design and management, it is necessary for the educational leaders and student assistance program coordinators to clearly understand and communicate the purpose of the drug and alcohol education and prevention programs provided through the local student assistance program.

The significance of the chemical use knowledge level of student assistance staff members and students is that student assistance programs and other drug and alcohol education/prevention programs are doing an excellent job of informing students of the facts but, according to state and national statistics, this knowledge does not translate into a change in chemical use behavior among school-age children. In addition to imparting knowledge regarding the dangers of drug and alcohol use, educators and parents must also impart and model skills which are consistent with choosing a drug and alcohol free lifestyle.

The research indicates that all UIL classifications report a strong link between the district’s student assistance program and the community including networking with parents, private and public agencies and local police departments. The significance of a positive relationship between the school programs and the community lies in the fact that school programs cannot be solely responsible for preventing alcohol and drug abuse problems among today’s youth. It benefits school districts to work in conjunction
with parents and community agencies to issue a clear "no use" message regarding drug and alcohol issues among school-age children.

While several districts reported outstanding programs in each area of student assistance programs--education, prevention, affective skill-building and alternative activities which promote "non-use" among school-age children--at the present time, there is not an effective way to communicate information regarding student assistance programs or to share successful drug and alcohol prevention strategies. A statewide network that would enable districts to share useful information regarding the establishment or refinement of existing programs would increase the efficiency and the effectiveness of efforts across the state and establish quality drug and alcohol education/prevention programs.

Recommendations

In looking ahead at the future of student assistance programs in the state of Texas, it will become increasingly difficult to support prevention efforts in light of the shrinking school budgets if local student assistance programs cannot justify their existence to the members of the School Board with objective data gathered from students, staff members, parents and administrators. A standardized assessment procedure for student assistance programs in Texas
needs to be established. The obvious omission of input from the School Board members in the evaluation process needs to be addressed because it is the School Board members who, by being keenly aware of a prevention program, will become advocates for an effective student assistance program.

Renewed emphasis must be placed on educating parents and School Board members regarding the continuing danger of drug and alcohol use among school-age children in the state of Texas. On-going efforts must be made through the local school district to educate students, staff members, and administrators regarding the effects of drug and alcohol use on education in the classroom and on the physical and emotional well-being of children.

Each school district must have a clearly defined philosophy regarding chemical use issues among school-age children. The stated purpose and goals of the local student assistance program must be consistent with the district's philosophy. Since the goals of a drug and alcohol education/prevention program differ according to the age of the target student population, it is appropriate to develop a continuum of goals and objectives that would begin in the primary grades with basic education and prevention strategies, progress in the upper elementary grades and middle school curriculum to short-term and long-term consequences of drug and alcohol use, and emphasize education and response
strategies for the students and families who are facing the consequences of teenage drug and alcohol use.

In order to establish credibility and achieve consistency, existing student assistance program in Texas must set the standard for drug and alcohol education and prevention. Working from a base of strength by defining successful programs and organizing a statewide communication network, the student assistance program concept can be fostered and expanded. In order to be effective, a student assistance program must be couched in a school environment that has clearly defined policies and procedures for students and staff members regarding drug and alcohol related issues, a provision for in-service education for teachers, parents, students, administrators and School Board members regarding the dangers of drug and alcohol use, programs in kindergarten through twelfth grade that promote positive self-esteem and healthy decision-making and a supportive environment for recovering students.

The results of this research indicate a need for further study. A longitudinal study that would solicit input from the same districts could determine a pattern of program components that best addressed the needs of students in Texas. Additional questions could be added to the survey including inquiries into demographic information which might impact the program selected and alternative funding sources that might affect the nature or stability of the program.
At the current time, an effort is underway by the Texas Education Agency to update the list of schools in Texas that have a student assistance program in operation. When this revised list becomes available, another study could be undertaken seeking similar information from the additional districts not previously recorded with the Texas Education Agency’s Pupil Assistance Program.

Also using information from this research, another study could be conducted to compare the student assistance programs in Texas public schools with student assistance programs in other states. The National Association of Student Assistance Programs (NASAP) could provide a list of member organizations as a data base for possible participants in the research. This study would be relevant in evaluating the effectiveness and efficiency of student assistance programs in Texas as compared to model programs across the nation.

Student assistance programs in Texas and throughout the United States have proven that they are a viable means of addressing the drug and alcohol issues that manifest themselves in America’s classrooms. Through researching, monitoring and refining the drug and alcohol education/prevention programs in this country, progress can be made in bringing drug and alcohol free students into the learning environment.
APPENDIX A
Ms. Sandra Jones  
707 1/2 Main St. PO Box 127  
Smithville, Texas 78620  

May 10, 1994  

Dear Ms. Jones:

My name is Marilyn Wright and I am a doctoral candidate at the University of North Texas currently conducting research for my dissertation. My dissertation topic is determining the design of student assistance programs currently in place in Texas and assessing the perceived effectiveness of these programs as rated by the supervising administrator.

Enclosed, you will find a questionnaire designed to ascertain this significant data. The responses will be compiled and shared with the districts that participate in the survey as well as with the Student Assistance Program Service of the Texas Education Agency.

In order to assure the most candid responses, the survey may be completed anonymously identifying only the size of the school district and the position you hold. If you are open to the possibility of a follow-up inquiry, please list your name and mailing address on the survey.

Please take a few moments to complete this questionnaire and return it in the stamped, self-addressed envelope. A response by or before May 30, 1994, will be greatly appreciated.

Thank you, in advance, for sharing your knowledge of student assistance programs and your perceptions of the student assistance program in your district. Your input will not only be helpful in my research but it will also be helpful to other districts currently investigating possible implementation of this type of program for at-risk students and to the state agency that monitors student assistance programs.

Sincerely,

Marilyn D. Wright
APPENDIX B
SURVEY QUESTIONS

DIRECTIONS: Please respond to each question based on your knowledge of the student assistance program in your district.

I. Respondent Information

1. What is your job title? (select one)
   ___ Principal (Elementary, Middle School, High School)
   ___ Assistant Principal (Elementary, Middle School, High School)
   ___ Counselor (Elementary, Middle School, High School)
   ___ Teacher (Dept: __________/Grade __________)
   ___ Psychologist
   ___ Director of Counseling
   ___ Assistant Superintendent
   ___ Superintendent
   ___ Other (please specify) ________________________________

2. Is your position as student assistance program coordinator considered a:
   a. ___ full time position
   b. ___ central office position
   ___ part-time position
   ___ campus level position

3. Is your school district?
   ___ 5A
   ___ 4A
   ___ 3A
   ___ 2A
   ___ 1A

4. Is the student assistance program in your district currently in operation:
   ___ Yes
   ___ No

(If "no", please explain and return the survey without responding to any further questions) ____________________________________________
II. Origin/Nature of Program

1. When did the formal student assistance program in your district begin?
   
   ___ before 1980
   ___ 1980-1985
   ___ 1985-1990
   ___ 1990-1994

2. What grades are included in the student assistance program in your district? (select as many as appropriate)
   
   ___ elementary
   ___ middle/junior
   ___ high school

3. There are four basic student assistance models. Which of the student assistance models is currently in use in your district? (select the model(s) which most nearly represents components found in your program)
   
   ___ information model (provides large and small group presentations regarding the harmful effects of drugs & alcohol, largely didactic with use of guest speakers)
   ___ affective education model (emphasizes building self-esteem and enhancing decision-making skills, often delivered through commercially produced curricula)
   ___ prevention/intervention model (emphasizes peer pressure reversal skills, support groups, Peer Helper programs, assertiveness training and incorporates parenting programs)
   ___ alternatives model (provides school and/or community based activities which provide a "no-tolerance of drug and alcohol use" environment.)

4. What is the title of the person(s) responsible for program delivery?

   ___ Student Assistant Program Coordinator
   ___ Counselor
   ___ Social Worker
   ___ Teacher
   ___ Other (please specify)
III. Purpose/Implementation of Program

1. Does the student assistance program in your district include? (select as many as appropriate)

   ___ Drug education/prevention
   ___ Alcohol education/prevention
   ___ Parenting programs
   ___ Crisis intervention
   ___ Peer Helper programs
   ___ Support groups
   ___ Other (please specify)  ______________________________________

2. Does your district use Drug-Free Schools funds for all or part of the student assistance program budget?

   ___ Yes
   ___ No

   b. As a result of recent changes in Drug-Free Schools allocations, will your program include violence prevention in 1994-1995?

      ___ Yes
      ___ No
      ___ Not applicable

3. Does the student assistance program in your district currently include any packaged curricula such as: (Select as many as appropriate)

   ___ D.A.R.E.
   ___ Project Charlie
   ___ Horizons
   ___ McGruff
   ___ D.U.S.O.
   ___ Here's Looking At You: 2000
   ___ DFYIT
   ___ Other (please specify)  ______________________________________

4. How many people are involved in the service delivery for the student assistance program in your district? (Identify the number of each)

   ___ Counselor(s)
   ___ Administrator(s)
   ___ Social Worker(s)
   ___ Psychologist(s)
5. Approximately what percentage of your school population is served by the student assistance program?

___ 0 - 25%
___ 25% - 50%
___ 50% - 75%
___ 75% - 100%

6. Is a formal evaluation of the student assistance program regularly conducted?

___ Yes
___ No
(If "Yes", please answer the following questions; if "No", continue to the next page)

a. Does the formal evaluation include input from? (Select as many as appropriate)

___ Board of Education
___ Administration
___ Staff
___ Students
___ Parents
___ Not applicable

b. Does the formal evaluation include a collection of data regarding incidences of school-based substance abuse, policy violations, drug-related misconduct and intervention referrals?

___ Yes
___ No

c. Does the formal evaluation include assessment of current student attitudes regarding alcohol, tobacco and drug use?

___ Yes
___ No
(Please attach a blank copy of the district's student assistance program evaluation form, if available)
DIRECTIONS: Please circle the response which reflects your knowledge and/or impression of the student assistance program components in your district.

<table>
<thead>
<tr>
<th>EXCELLENT</th>
<th>GOOD</th>
<th>FAIR</th>
<th>POOR</th>
<th>NO KNOWLEDGE/NOT APPLICABLE</th>
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Community Awareness

1. In the area of drug and alcohol use/abuse affecting students in the community, rate the open acknowledgment of the problem by the:

<table>
<thead>
<tr>
<th></th>
<th>Board of Education</th>
<th>Administrators</th>
<th>Staff</th>
<th>Students</th>
<th>Parents</th>
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</thead>
<tbody>
<tr>
<td></td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
<td>NK/NA</td>
</tr>
</tbody>
</table>

2. In acknowledging the existence and understanding of the goals of the student assistance program rate the level of awareness by the:

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<tr>
<th></th>
<th>Board of Education</th>
<th>Administration</th>
<th>Staff</th>
<th>Students</th>
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<td>1</td>
<td>2</td>
<td>3</td>
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<td>NK/NA</td>
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</table>

3. As delivered through the student assistance program, rate the significance of alcohol and drug in-service education for the:

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<tr>
<th></th>
<th>Board of Education</th>
<th>Administration</th>
<th>Staff</th>
<th>Students</th>
<th>Parents</th>
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<td>4</td>
<td>NK/NA</td>
</tr>
</tbody>
</table>
**Clarity of Purpose**

4. Rate the objectives of the student assistance program as:

   a. well-defined
      | Excellent | Good | Fair | Poor | No Knowledge/Not Applicable
      | 1 | 2 | 3 | 4 | NK/NA

   b. appropriate
      | Excellent | Good | Fair | Poor | No Knowledge/Not Applicable
      | 1 | 2 | 3 | 4 | NK/NA

5. Rate the student assistance program staff in the following areas:

   a. establishment of an effective drug education curriculum and teaching strategies based on current knowledge in the field.
      | Excellent | Good | Fair | Poor | No Knowledge/Not Applicable
      | 1 | 2 | 3 | 4 | NK/NA

   b. understanding of the school's responsibility and limitations in coping with alcohol and drug abuse issues.
      | Excellent | Good | Fair | Poor | No Knowledge/Not Applicable
      | 1 | 2 | 3 | 4 | NK/NA

   c. development of a system for frequently reassessing goals and redefining limitations with respect to drug and alcohol programs.
      | Excellent | Good | Fair | Poor | No Knowledge/Not Applicable
      | 1 | 2 | 3 | 4 | NK/NA

**Program Delivery**

6. Rate the student assistance program staff in the following areas:

   a. knowledge regarding alcohol and drug abuse issues
      | Excellent | Good | Fair | Poor | No Knowledge/Not Applicable
      | 1 | 2 | 3 | 4 | NK/NA

   b. establishment of an effective identification and referral system for students using/abusing drugs or alcohol
      | Excellent | Good | Fair | Poor | No Knowledge/Not Applicable
      | 1 | 2 | 3 | 4 | NK/NA

   c. development of a system for counseling parents regarding the warning signs of drug and alcohol use
      | Excellent | Good | Fair | Poor | No Knowledge/Not Applicable
      | 1 | 2 | 3 | 4 | NK/NA
### Evaluation of the Program

7. Based on your information and interaction with the program, please rate the effectiveness of the student assistance program in the area of:

<table>
<thead>
<tr>
<th></th>
<th>EXCELLENT</th>
<th>GOOD</th>
<th>FAIR</th>
<th>POOR</th>
<th>NO KNOWLEDGE/NOT APPLICABLE</th>
</tr>
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<tbody>
<tr>
<td>d. development of a process for self-reporting of substance abuse</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
<td>NK/NA</td>
</tr>
<tr>
<td>e. development of ties with the community agencies - police, churches, treatment facilities, therapists - to help resolve alcohol/drug problems</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
<td>NK/NA</td>
</tr>
<tr>
<td>a. providing information about the harmful consequences of drugs and alcohol use</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
<td>NK/NA</td>
</tr>
<tr>
<td>b. building student's self-esteem</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
<td>NK/NA</td>
</tr>
<tr>
<td>c. enhancing student's decision-making skills</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
<td>NK/NA</td>
</tr>
<tr>
<td>d. heightening community awareness of the dangers of drug and alcohol use</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
<td>NK/NA</td>
</tr>
<tr>
<td>e. developing student's peer pressure reversal skills</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
<td>NK/NA</td>
</tr>
<tr>
<td>f. creating alternative activities which would reduce drugs and alcohol use</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
<td>NK/NA</td>
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<tr>
<td>g. facilitating school-based student support groups which advocate a &quot;no-use&quot; policy</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
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</tr>
<tr>
<td>h. reinforcing positive behavior patterns among students</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
<td>NK/NA</td>
</tr>
<tr>
<td>i. providing parenting classes</td>
<td>1</td>
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<td>4</td>
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<tr>
<td>j. providing Peer Helper programs</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
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</table>
June 1, 1994

Ms. Sandra Jones
707 1/2 Main St.  PO Box 127
Smithville, Texas    78620

Dear Ms. Jones:

My name is Marilyn Wright. I am a doctoral candidate at the University of North Texas currently conducting research for my dissertation. My dissertation topic is determining the design of student assistance programs currently in place in Texas and assessing the perceived effectiveness of these programs as rated by the supervising administrator.

Several weeks ago I mailed a letter of introduction and a survey to you or to the designated contact person for the student assistance program in your district. Since the surveys may be completed anonymously, I am not certain on whose desk the survey lays, but, as of now, I do not have a response from your district. Since this data will be used not only in my dissertation findings but also in a report to the Student Assistance Program Service of the Texas Education Agency, I am certain you will want your district's experience with student assistance programs to be represented in the summary.

Please take a few moments to complete this questionnaire and return it in the stamped, self-addressed envelope. A response by June 17, 1994, will be greatly appreciated. If your response is currently being processed, please disregard this second request.

Thank you, in advance for sharing your knowledge of student assistance programs and your perceptions of the student assistance program in your district. Your district will receive a copy of the findings upon publication.

Sincerely,

Marilyn D. Wright
ACKNOWLEDGMENT OF THE DRUG AND ALCOHOL USE ISSUE IN
DISTRICTS WITH A STUDENT ASSISTANCE PROGRAM

<table>
<thead>
<tr>
<th>School Board Members</th>
<th>Administrators</th>
<th>Staff Members</th>
<th>Students</th>
<th>Parents</th>
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<td>3%</td>
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<tr>
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<td>2%</td>
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APPENDIX E
LEVEL OF UNDERSTANDING OF THE GOALS
OF THE STUDENT ASSISTANCE PROGRAM
QUALITY OF DRUG AND ALCOHOL IN-SERVICE OFFERED
BY THE STUDENT ASSISTANCE PROGRAM

<table>
<thead>
<tr>
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<th>Students</th>
<th>Parents</th>
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<tr>
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<td>Fair</td>
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<tr>
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<td>17%</td>
<td>32%</td>
<td>1%</td>
<td>2%</td>
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</tbody>
</table>
EFFECTIVENESS OF THE OBJECTIVES OF THE STUDENT ASSISTANCE PROGRAM
APPENDIX H
EFFECTIVENESS OF THE DRUG AND ALCOHOL EDUCATION CURRICULUM ESTABLISHED BY THE STUDENT ASSISTANCE PROGRAM
APPENDIX I
Effectiveness of the Student Assistance Program Staff Members

- Understanding SAP
- Limitations of Schools
- Reassessing and Redefining SAP Role
- Acquiring Knowledge and Expertise

![Bar chart showing effectiveness of staff members across different criteria with specific percentages for each category.]
EFFECTIVENESS OF THE DRUG AND ALCOHOL IDENTIFICATION PROCESS IMPLEMENTED BY THE STUDENT ASSISTANCE PROGRAM
APPENDIX K
EFFECTIVENESS OF THE RELATIONSHIP BETWEEN STUDENT ASSISTANCE PROGRAMS AND THE COMMUNITY
APPENDIX L
EFFECTIVENESS OF THE COMPONENTS OF THE
STUDENT ASSISTANCE PROGRAM
APPENDIX M
EFFECTIVENESS OF THE COMPONENTS OF THE
STUDENT ASSISTANCE PROGRAM

<table>
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<tr>
<th>Peer Pressure</th>
<th>Reversal Training</th>
<th>Alternative Activities</th>
<th>Student Support Groups</th>
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<td>17%</td>
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<td>31%</td>
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<tr>
<td>17%</td>
<td>31%</td>
<td>5%</td>
<td>31%</td>
</tr>
</tbody>
</table>

Efficiency ratings:
- Excellent
- Good
- Fair
- Poor
- No knowledge
EFFECTIVENESS OF THE COMPONENTS OF THE
STUDENT ASSISTANCE PROGRAM

[Graph showing the effectiveness of various components of the student assistance program, with bars indicating different levels of effectiveness.]
BIBLIOGRAPHY


