Meta-analysis of Student Assistance Program Outcomes

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Abstract

The main purpose of this study was to conduct a meta-analysis with data collected from seven schools in Southwest Virginia school district. Data was collected for students who were referred to the Student Assistance Programs at each school. Tracking forms were used to record data for each student. Each tracking form was completed by the Student Assistance Program coordinators for their respective schools. This research was conducted in order to evaluate measurable performance outcomes of Student Assistance Programs. The results highlight the positive effects that Student Assistance Programs, SAP members, and other individuals associated with the SAPs have on students in need. The positive effect from participation in Student Assistance Programs is encouraging. However, recommendations are made for future research and implications of the current research are discussed. The need for additional research on this topic is prominent throughout this document.

DEDICATION

SSGT. Balfour Libuya Walker
My wonderful son serving in the United States Air Force. If ever there was a "perfect" son you fit the mold perfectly. Thank you for allowing this "imperfect" mother the opportunity to fulfill her dream. Thank you for being so considerate and understanding during times when I could not provide some of your basic needs. I am so very proud of you. You are my hero. I love you, son.

Lovena Afflick
My endearing and erudite mother: in spite of the hardship you never wavered and you never gave up. When life handed you lemons, you found the way to make lemonade. I am the product of your determination and faith. I am forever indebted to you. I love you, Mother.

Milton Harvey Richardson (1934-2006)
My wise and enduring father widely misunderstood. I cannot begin to understand the suffering and loneliness you endured. In spite of the sham, dreary, and broken dreams --you always managed to have the most beautiful smile. Rest in peace Papa.

Winiford Richardson-Nisbeth
My sister you too will soon be able to realize your dreams and aspirations

Barry Richardson
My brother, "you can get it if you really want"; it is too early to throw down the gauntlet; there is more work to be done and you can do it. Do not let go of your dreams.

Percival Richardson
My brother, "awake the sleeping lion"Jah gave you many talents do not bury them

Sherman Richardson
My brother, I will always be there for you.

Gerald Allen Richardson (1958-1975)
My brother, I know you are watching over me. I hope I make you proud.

Ashanti Richardson, Shammika Richardson, Jaja Nisbeth and Kahiem Stewart
My special nieces and nephews to whom I pass the torch

And
Special dedication to Ferdinand Afflick (papa) thanks is never enough for marrying a young mother with 5 little children and sharing your one bedroom home with us.

Thank you all for your unfailing love, faith, encouragement, and support all of which made it possible for me to realize and achieve my goal. Know that I am grateful and indebted to you all.

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Chapter 1

INTRODUCTION

Prevention programs serve as proactive advocates for the well being of individuals and society. Through education and guidance, programs are designed to encourage individuals to make healthy choices to deter the onset of abuses and create an environment that promotes healthy behaviors and healthy lifestyle choices. Research suggests that adolescents, as a group, are considered risk-takers, but their vulnerability to addictive substances differs from individual to individual. In general, the more risk factors individuals have, the greater their chances of taking elicit substances will lead to abuse and addiction (National Institute of Drug Abuse, 1997). Effective prevention programs over time should reduce risk, by the adoption and promotion of protective factors. In addition, prevention programs should address all levels of influence that could contribute to abnormal behavior, such as those related to relationships, communities, societies, and individuals (Forrest, 2002).

Over the past four decades, 70% of illness, disability, and death among adolescents and young adults have been caused by health-risk behaviors such as violence, sexual activity, substance abuse, and suicide (USDHHS, 2000). Among some of the major contributors to this situation are poverty, stresses, homelessness, corporate downsizing, and domestic and community violence that have negatively impacted families and neighborhoods within which many young lives are shaped (Commission for the Prevention of Youth Violence, 2000). These reports further suggest that American youth are highly prone to multiple high-risk social and health behavior problems which, when experienced at an early age, appear to initiate developmental problems that increase the likelihood of traumatic events in adulthood (Grauerholz, 2000; Messman & Long, 1996). Therefore, based on these statistical data, an

effective prevention program should incorporate dynamic strategies that are geared towards lasting social change in the environment that will avert dissident behaviors that create serious personal and social consequences for adolescents, their families, and their communities (Johnston et al., 2006). These high-risk behaviors often need professional intervention and eight out of ten of American youth is in need of behavioral health services may not receive them (U.S. Surgeon General, 2001).

There are many high-risk behaviors that pose serious threats to our youths; most notable are alcohol, violence, and use of illicit substances, all of which give rise to other abuses. These behaviors create serious personal and social consequences for adolescents, their families, and their communities (Johnston et al., 2006). Alcohol is especially dangerous and is the drug of choice among America's adolescents. Most substance abuse behaviors are adapted at a very early age and thus threaten public health and create safety problems in communities (Johnston et al., 2006).

The increasing number of adolescences affected by the hazardous and harmful effects of alcohol and drug use catapult organizations such as Student Assistance Programs (SAPs) into existence. Student assistance programs quickly gain strong support from the community, school administration, and the staff involved in identifying students for the program. The majority of any SAPs school-based services and funding is mainly focused on preventing and identifying the most effective ways to ward off the use of alcohol, tobacco, and other illicit drugs (Brown, 2001; Johnston, O'Malley, & Bachman, 2001, U.S. Department of Health & Human Services – Substance Abuse and Mental Health Administration (2002). Although SAP services are mainly focused on prevention they also provide resource services for addicted teens.

SAP committees/services consist of a Student Intervention Team, Social Work and Psychology services, a Program Core Team, community-based providers, and parents and family. The partnership of school and community is very important to the success of the program.

Community-based providers work in the schools alongside the Core Team. Their contribution is multifaceted, providing leadership, vision, and services; in addition, community-based providers add greatly to efforts of establishing a thorough service model (Taylor & Adelman, 2000). The Program Core Team coordinates and provides leadership and assumes responsibility for the programming and services to the school (Forrest, 2002).

These services provide support and assistance to students and their families. The Student Intervention Team consists of skilled personnel specializing in helping the student overcome problems of use/abuse/dependency on alcohol and other drugs. This team consists of the SAP core team, school staff, and referral personnel. The involvement of parents and family is fundamental in averting deviant behaviors at home and in school; by communicating discipline, policies and procedures, and early intervention at the onset of early warning signs of emotional and behavioral problems (Taylor & Adelman, 2000; Day & Golench, 1997).

The Individual & Behavior

Conceptual Framework

Prevention experts David Hawkins and Richard Catalano (1996) identified a number of risk and protective factors that can be directly attributed to violent behavior (see figure1&2). Hawkins and Catalano developed the Risk and Protective Factor Framework that outlined individual characteristics, family values, and bonding to community that can protect youth from negative outcomes. The value of examining adolescent health behaviors within the context of the

risk and protective factors framework provides a comprehensive understanding of an adolescent's strengths and his /her ability to cope with risks. This evaluative study draws on the social development model (Catalano & Hawkins, 1996) which incorporates the prevention model of risks and protective factors and their role in preventative behavior. Also examined are Social Control theory (Hirschi, 1969), Differential Association theory (Sutherland, 1939), and Social Learning theory (Bandura, 1977).

The Social Development Model

The social development model distinguishes pathways that lead to both problem and positive behaviors (Catalano & Hawkins, 1996). The model explains how risk and protective factors (see figure1and 2) can be used to prevent problem behaviors and promote positive adolescent behaviors based on years of experimental and longitudinal students (Hawkins, Arthur & Catalano, 1995; Pollard, Hawkins & Arthur, 1999). Risk and protective factors have been established as good predictors of problem behaviors in prevention programs (Arthur, Hawkins, Pollard, Catalano, & Baglioni, 2002). These factors indicate that a child's development is influenced by the individual, family, school, peers, community, society, and environment (Hawkins & Catalano, 1996).

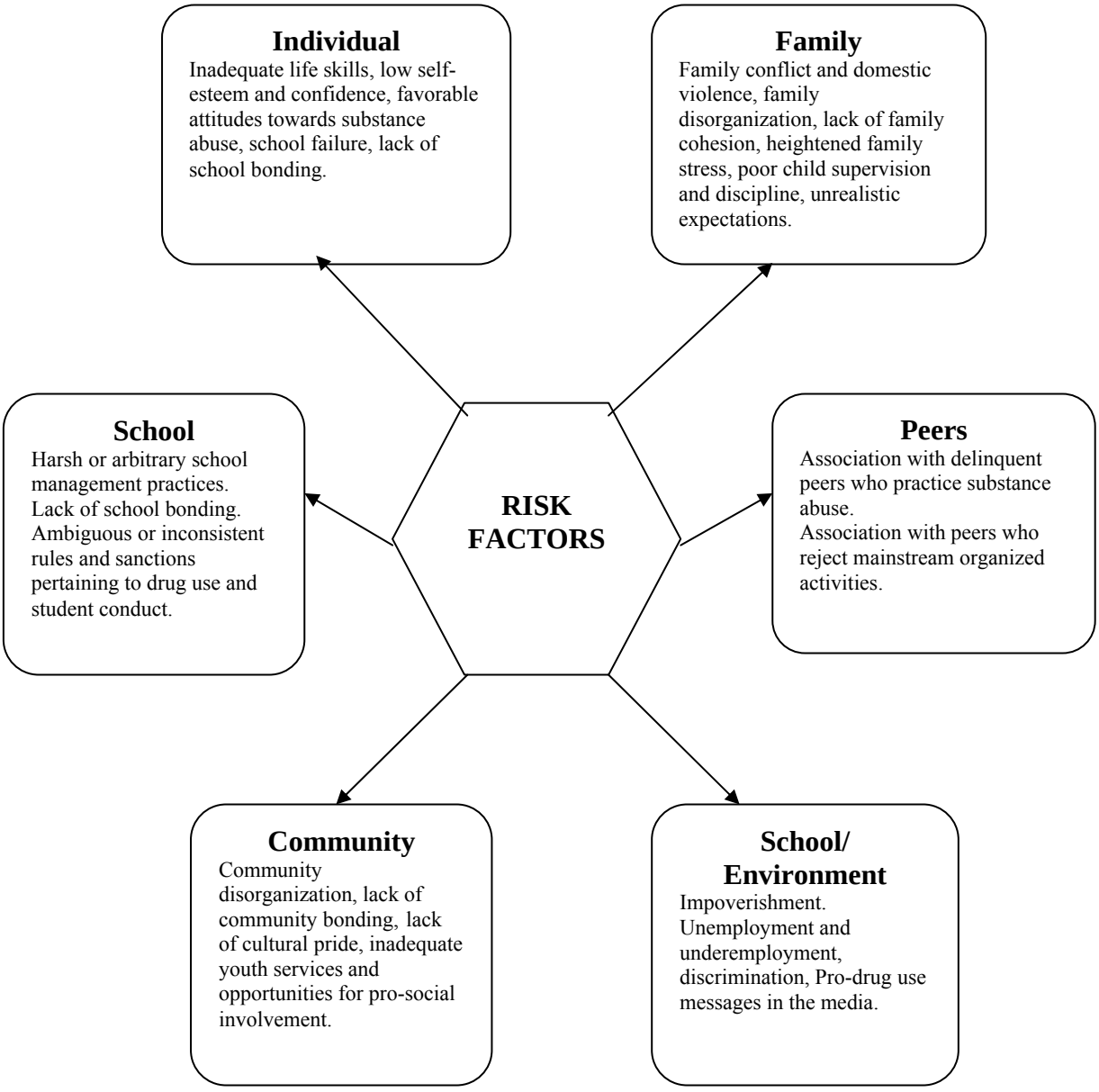
Risk and Protective Factors

Risk factors (see figure1) are hazards that increase youths' participation in unhealthy and undesirable behavior. Risk factors include chaotic environments, home/community with, in-effective parent /guardian, exposure to substance abuse or suffer from mental related illnesses. Manifestation of related risk factor behaviors are: aggressive behavior in and out of the classroom; lack of mutual attachments and excessively shy or withdrawn, failure in school poor,

social coping skills; display of deviant behaviors and elicit drug use. Protective factors (see figure 2) are safeguards that increase youths' ability to resist undesirable behaviors either directly or through mediation (Fraser, 1997). Protective characteristics that can decrease an individual's risk factor for undesirable behaviors are strong family bonds, Parental monitoring, clear and consistent rules of conduct enforced within the family, parents involvement and community bonding (NIDA Notes 2002).Risk factors that increase the likelihood of undesirable behaviors include: Chaotic home and community environments, ineffective parenting, lack of parent-child attachments and nurturing and poor social coping skills (NIDA Notes 2002).

Figure 1

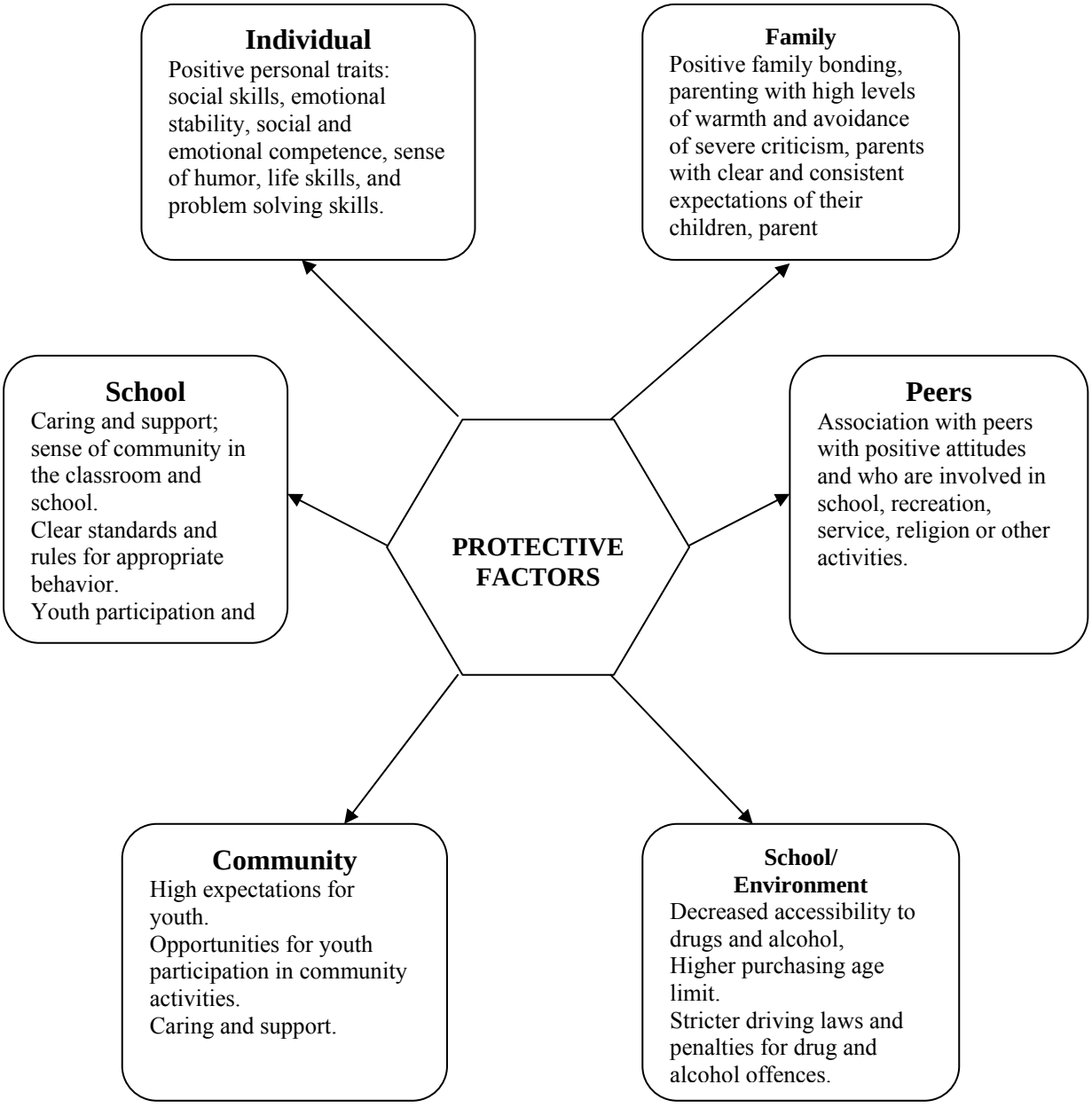
Risk factors



Adapted from: Catalano & Hawkins, 1996

Figure 2.

Protective factors



Adapted from: Catalano & Hawkins, 1996

Social Control theory, when defined as acts of fraud for gratification, explores the factors that emphasize self-control that prevent most individuals from committing crimes. Hischi (1969) suggests that an individual character along with society's constraint can prevent individuals from committing crimes. He indicates that low-level self-control and high impulsivity is an indicator for criminal behaviors. Social control theory supports all types of restraint to reduce deviant behaviors and as such, individuals with strong "social bonds" which include high self-esteem, high-tolerance, personal commitment, attachment and belief are more likely to exercise more inner constraints and resist criminal behaviors (Wiatrowski et. al., 1981).

The Differential Association Theory

Sutherland (1939) developed differential association theory that stated that criminal behavior is learned through social interaction with others. He concluded that crime emerged from differences in people's values. The theory supports the view that the associations that occur in one's social environment and the individuals and their values within that environment have invaluable influence on one's behavior. He concluded that the values and amount of definitions learned from associations determine negative or positive behaviors.

The Social Learning Theory

Social learning theory (Bandura, 1977) asserts that children model behavior. If children identify with perpetrators of violence, children are likely to adopt these violent behaviors. He argued that young people learn deviant behaviors from observing family members, the media, and the environment (p. 206). In his Bobo Doll experiment children imitated the aggressive behavior displayed by adults. Bandura concluded that if aggressive behaviors were controlled or

prevented in the early years of childhood then adult aggressive and criminal adult behaviors could be prevented.

Statement of the Problem

Drug abuse by adolescents has been a major public health concern throughout the United States for years; however, although some research suggests that there is a leveling off of the use of some drugs, other drug use – such as over-the-counter and prescription drugs – are on the rise (Partner for Drug Free America, 2005). In spite of set-backs, researchers have made considerable progress in helping to identifying risk-factors and effective prevention approaches that are serving to empower educators, parents, and community leaders in their planning and selection of effective preventive services.

Research suggests that appropriate services coupled with early intervention that addresses risk factors for drug abuse, such as aggressive behavior, poor social skills, and academic difficulties, can positively reduce risks of drugs and alcohol abuse (Webster-Stratton 1998; Webster-Stratton et al., 2001). Examples of intervention settings are schools, clubs, faith-based organizations, and the media (Chou et al., 1998).

Evaluation of preventive programs such as Student Assistance Programs (SAPs) is important to assure consistency of core elements of substance abuse messages during implementation, and at the same time, the program should adapt to match needs, community norms, or differing cultural requirements (Spoth et al., 2002). More study is needed to demonstrate the effectiveness of SAPs and student performance outcomes.

Purpose of the Study

The purpose of this meta–analysis was to examine data to answer questions regarding quantifiable outcomes of a Student Assistance Program in a school district in Southwestern Virginia.

The study examines the outcome of the SAP as perceived by the stakeholders and beneficiaries, as evidenced by data from documentation and available reports. The information ascertained through this evaluation will serve to improve the program. The knowledge gained from the inquiry will be an asset to decision makers.

Research Questions

The basic research questions for the study are:

1. Do students who participated in the SAP's in-school services show more improvement for the primary reasons for referral, than those students who did not participate the in in-school services?
2. Do students who participated in the SAP's out-of-school services show more improvement for the primary reasons for referral, than those students who did not participate in the out-of-school services?
3. Does parental influence increase student's improvement?
4. Are uncooperative students referred to a higher number of the SAP's resources and services than cooperative students?

Delimitations

This study was delimited by the following factors:

1. Participants were selected by geographical location of only seven schools in the Roanoke County school district of southwestern Virginia.
2. Participants were only students who were enrolled in the Student Assistance Programs 2005/2006.
3. The data delimited the researcher's control of data sample, selection of questions, and questioning techniques.

Limitations

The following should be considered when interpreting the results of this study: the data consisted only of schools in the Southwestern region of Virginia; therefore this limits the extent to which the findings can be generalized. Additional data is needed from a wider range of this population of schools in order to generalize findings to other populations. The data did not include students' pre- and post-SAP performance records and therefore could not provide an objective comparison of change in student performance over time, which may be attributed to the student's involvement in the SAP program.

In addition, there were inconsistencies in the numbers reported which suggest that some of the team members may not have been completing the forms accurately, and no one individual was responsible for data collection. It is also evident that each site's SAP coordinator collected data differently, therefore increasing inconsistency and unclear information and, hence, greater events of coding data as missing. Finally, the sample did not have a control group.

Operational Definitions

Academic Performance: The ability to carry out an action or pattern of behavior associated with institution of learning and or academic courses.

Alcohol Abuse: A continued excessive or compulsive use of alcoholic beverages.

Alcoholism: A complex chronic psychological and nutritional disorder associated with excessive and usually compulsive drinking.

Assessment: The use of qualified professional health care providers to assess the student and determine a course of action.

Barriers to Learning: Any hindrance students might face that would cause disruption of or interference with education.

Core -Team Members: A professional team, including school staff and liaisons from community alcohol, drug, and mental health agencies, trained to identify problems, determine whether or not the presenting problem lies within the responsibility of the school, and make recommendations for assisting the student.

Counselor: A trained person who gives professional guidance to the individual by utilizing psychological methods, especially in collecting case history data, using various techniques of the personal interview, and testing interests and aptitudes.

Disciplines: A rule or system of rules governing conduct or activity. SAP tracking forms monitor the number of disciplines or number of school regulations infringed by student.

Drug Abuse: Improper or excessive use or treatment of something and often an illegal substance that causes addiction, habituation, or a marked change in consciousness.

Employee Assistance Programs: Programs developed in the 1970s to provide medical and mental health care to workers who were reluctant to seek professional help for drug and alcohol abuse through traditional systems of referral.

Excessive: To overindulge in a substance surpassing moderate use (two drinks per day).

Identification: Recognizing students who are in need using objective data such as grades, performance, attendance, disciplinary record, changes in attitude, changes personal appearance or associations, and/or increased friction at school or at home.

Intervention: Taking action on the student's behalf. Meeting with parents to discuss concerns and provide recommendations.

Prevention: Clear, consistent and appropriate information regarding student physical, emotional and mental health issues.

Referral: The act, action, or instance of sending or directing someone for treatment, aid, information, and education.

School Attendance: To be present throughout all periods of a school day.

Screening: Determining if a student's behavior and activity are indicative of a physical, emotional or mental health issue.

Student Assistance Programs: Intervention programs set up in school systems to address adolescent problems, such as alcohol and drug abuse.

Student Assistance Program Coordinator: A trained school employee responsible for coordinating the drug-free school programs.

Student Success: Improvement in areas that were the reason for student referral.

Substance Abuse: A continued excessive or compulsive use of substances such as alcoholic beverages, illegal drugs, and/or prescription drugs.

Substance Use: The use of substances such as alcoholic beverages, illegal drugs and or prescription drugs, with such usage ranging in nature from occasional experimentation to habitual use.

Support: Assisting the student and community in making positive changes and continued growth in order to remain productive within the school community.

Treatment: Assistance in locating and/or providing resources so that the identified issues found in the assessment can be addressed and resolved.

Organization of the Study

This study is organized around five chapters. Chapter One provides an introduction to Student Assistance Programs (SAPs), including Purpose of the Inquiry, Conceptual Framework, Statement of the Problem, Research Questions, Limitations and Delimitations, and finally Operational Definitions.

Chapter Two presents the review of literature. Chapter Three outlines the methodology of the study and includes an explanation of the population, data collection procedure, and data analysis procedure and sample selection. Explanation and Results of the analyses are presented in Chapter Four. Finally, Chapter Five includes summary, conclusion and recommendations

Chapter 2

Literature Review

The 1980s have been characterized by the troubling deterioration of adolescent behavior. Youngsters came to be progressively more reckless and less subdued by both institution and family-based customary behavioral controls. While many adolescents do not engage in high-risk behavior, large percentages do, at immense personal and social costs (Bennett, 1986). Among the high-risk behaviors, substance abuse soon became the most widespread and the most serious.

In a comprehensive analysis, Kelly (1991) examined the attribute of substance abuse common among students. His report suggested that most young people initially drank or used drugs "as a result of peer pressure, but seldom peer pressure alone" (Kelly, 1991, p.67). The adults around them, especially their parents, seemed to have influenced them considerably (Kelly, 1991). Some young people also acquired these deviant behaviors merely to be rebellious, some for curiosity, others for "kicks" or to escape from unpleasant situations (Kelly, 1991). Another important reason Kelly identified was the easy availability of these illicit substances. He believes that easy availability is the core of the problem. If government agencies enact more stringent measures, such as probation for usage and possession, Kelly believes that these measures could considerably help to alleviate or curtail illicit substance use among teens. Substance abuse in schools has became a serious issue the community and the education system can no longer ignore; every attempt should be made to find feasible solutions to curb the problem and mitigate the destructive social and health consequences these behaviors cause.

These significant changes in adolescent behavior were the triggers that ushered in Student Assistance Programs (SAPs) and other such prevention programs. There are several programs designed with the aim of curbing substance abuse problems, using varying approaches, as well as

different targeted age groups. Some programs targeted the young generation, with the focus on prevention, while other programs focused on the greater adolescent community by assisting with diverse services. Student Assistance Programs (SAPs) gained nationwide acceptance in the education system because of researchers like Fertman, Tarasevich, and Helper. These researchers reported that "positive student outcomes are evident for students participating in SAPs" (Fertman, Tarasevich, & Helper, 2003). SAPs are designed to empower and strengthen the bonds between families, schools, and the community. Throughout the years, the dynamics of the program changed and expanded as new areas of need arose, such as intervention and preventive services through education opportunities and active community involvement (Himmelman, 2001; Roussos & Fawcett, 2000). Community partnership services primarily curb – and in some cases prevent – delinquent and risky complex social issues that affect youths such as tobacco use, alcohol and other drug use, sexual behavior, violence and injuries, suicide, dietary behavior, and physical activity (Berkowitz, 2001; Chavis, 1995; Roussos & Fawcett, 2000).

The structure and goals of SAPs seem promising for the school environment, but the planners and organizers behind the programs were cautiously optimistic, recognizing that drug use "is complex—involving more than a single substance, behavior, or motivation" (Kelly, 1991, p.24). Program directors of SAPs also acknowledge that "no single workshop, speaker, or audiovisual material alone can adequately fix the many problems of substance abuse" (Kelly, 1991, p. 27). With these problems in mind, organizers undertook the task of formulating effective and purposeful programming to be sure that every possible measure is taken to ensure SAPs are functional. Kelly identifies six basic functions that should be included in all successful SAPs: early identification, assessment, intervention, treatment, support, and coordination. Kelly also mentions other supporting components, such as staff training, appropriate policy language,

clear staff roles and functions, parental and community involvement, a team approach, clear planning, design, and implementation.

Scott's (1999) study examined the Student Assistance Program as a new approach for reducing adolescent substance abuse. Results of the study suggested that the adoption of "the SAP model is accelerating the response to the growing need to address substance-impaired youth with resources from both the school and the community" (Scott, 1999, p. 29). Scott stated that the SAP is very significant because adolescent abuse of alcohol and other drugs has caused widespread concern in the United States, as well as among several other developed and developing countries in the world. The merit of the Student Assistance Programs is that they succeed in "identifying, assessing, referring, and managing" the cases of substance abuse in students (Scott, 1999, p. 29). Most of these functions have been successful and have found wide acceptance throughout the country.

However, there is still a need for more detailed research to evaluate characteristic features, methodology, components, effectiveness, and impacts of Student Assistance Programs. Such an in-depth study naturally necessitates careful analysis of available data and a thorough examination of all relevant literature. Quite a few studies had been identified which had a direct bearing on the aspects of this study. The evaluation of SAPs is important research that involves the fate of a large section of the society; hence, utmost importance must be placed on obtaining credible literature and valid documentation of the workings of these programs.

Upon careful examination it was found that the research and evaluation of literature on Student Assistance Programs is at best very limited. However, research on the topic has improved in recent years and presently more studies are available on the various aspects of the program. Since SAPs are one of the nation's most rapidly expanding substance abuse related

school programs, there seems to be coordinated effort among many institutions to work together in order to reduce the incidents of abuse among adolescents in their institution and their community. While present research will provide new insight into the problems of substance abuse, the paucity of literature related to the topic elicited some initial concerns because sufficient guidelines are not present in previous research. As a result, every attempt is made to evaluate all the available literature in order to identify all relevant information pertaining to the specific Student Assistant Program Models and their workings.

This literature review attempts to examine available descriptive and empirical research conducted on the SAP's organization models, intervention, prevention and identification of risk factors and protective factors, as well as social capital and life-skills training and their effectiveness in curbing undesirable behaviors in the adolescent population. Some studies have explored certain key aspects of the problem in detail, whereas other studies overlook some troubled areas and call for continued research to in those areas so that a more accurate evaluation of the SAPs could be reported. The following documentation will highlight the areas which require further research.

Strategy for the Selection of Articles

Articles on Student Assistance Programs, community prevention, and prevention programs were identified using the following databases: Info Trac, Education Full Text, PsychInfo, and Education Research Complete. Additional sources reviewed were journal articles, book chapters, conference papers, and electronic publications belonging to the period between 1984 and 2007. Key descriptors used include evaluation, prevention, student assistance intervention, youth drugs and crime, and achievement. The articles referenced are journal articles

published in academic journals. Thirty-eighty abstracts of other studies have been examined for the purpose of this research review.

The studies that were reviewed reveal the effectiveness of SAPs, their implementation, academic outcomes with SAPs, SAP models, the need for SAPs referrals, and family and school related outcomes. Several articles by Scott (1999) were analyzed in detail, as they traced the history of SAPs. Authors like Scott have helped further research by facilitating the division of the evolution of SAPs into two periods: the formative years of program innovation, and the shift to professionalism. Such insights have definitely helped the researcher to have a better understanding of the development of SAPs and the transformations that has taken place in both its methodology as well as its scope.

Historical Models for Student Assistance Programs

The Employee Assistance Program (EAP)

Student Assistance Program evolved from Employee Assistance Program (EAP) of the 1960s (Scott, 1999; Swiercz, 1990). The Employment Assistance Program was originally designed for adults, in order to address problems of substance abuse that hindered employee performance and productivity in the workplace (Moore & Forster, 1993). Scott (1999) regards the EAP as a very effective program. In the early developmental stages of EAPs, only workers with substance abuse issues were considered for the program, but before long, the need arose for a more comprehensive plan to address mental health and family issues, which were also found to be contributing factors to poor performance in the workplace.

During its early phase, the Employee Assistance Program was exclusively focused on alcohol and other substance abuse and consequently adopted an elaborate and successful set of practices to deal satisfactorily with that specific problem (Scott, 1999). It was typically a

community-based agency, staffed by personnel trained to identify and document alcohol-related behaviors in the workplace (Moore & Forster, 1993). However, it was realized that substance abuse was not the only contributing factor to employee delinquency. Medical hardships, both physical and mental, were a large contributor to behaviors that would eventually lead to termination. EAP decided to give particular attention to problem denial and resistance to therapeutic treatment (Scott, 1999). The programs mainly provided "medical and mental health care for workers who were reluctant to seek professional help through traditional systems of referral" (Scott, 1999, p. 29). Reluctance was usually due to either lack of financial means or cultural taboo, which perpetuated fear of embarrassment or even termination for having an ailment that would prevent him or her from the ability to work.

The methodology followed by EAPs was simple but effective. The organization placed the EAP counselors at community agencies and these counselors were responsible for training the supervisory personnel on how to evaluate alcohol-related behaviors in the work place. When a worker exhibits behavior that could be construed as substance related, a member of the supervisory personnel would confront the particular employee with objective data related to the impaired functioning. Confrontation of this kind is known as an intervention. After an intervention takes place the employee is referred to the EAP counselor for a more elaborate evaluation of the problem and a treatment program as well (Scott, 1999). The EAP counselor would continue to act in an advocacy role for the employee in the workplace by protecting the confidentiality of the employee and arranging support groups.

Scott (1999) sheds light on the functioning of the internal systems in an EAP. The study conducted by Scott analyzes the treatment received by the clients through the EAP. One fact the study highlights is that "the employees are given an incentive to comply with this process

through the explanation that avoidance of follow-through in the health care program would result in some form of discipline, with further attention devoted to the documentation of the impairment and confrontation about its effects" (Scott, 1999, p. 29). The study's conclusion about the immense popularity of EAPs is that the basic assurance of confidentiality throughout the program has brought in widespread employee acceptance. On the part of management, the program was very beneficial as it saved the laborious procedures of hiring and training new personnel. They were happy that they could retain the previously trained employees and not merely fire them for inefficiency and noncompliance. The Employee Assistance Program's success rests on its expanded services to include other problem areas of healthcare, such as family dysfunction and mental illness.

EAP clients are naturally workers referred to the program by concerned and objective supporters of the affected workers. A supervisor, coworkers, or relatives, having observed impaired behavior in the workplace or in the home, may intervene through referral to an EAP counselor for additional evaluation or treatment as the circumstance warrants. Based on the outcome of the evaluation, the affected employee is afforded care and support without prejudice, but the employee, in his or her turn, must comply with the treatment recommendations. If the employee refuses to comply with the treatment plan, the individual would face the disciplinary action agreed upon previously. Both the management and the employees benefit considerably from outcomes of the program; employees have assurance of confidentiality and the management benefits from a cost effective system that mitigates the costly process of hiring and training new employees (Moore & Forster, 1993).

Scott (1999) examines the technological makeup of a typical EAP and traces it to the structure of the Johnson Institute Alcoholism Intervention Model. He concludes that an EAP

follows such a five-step procedure to "link the impaired worker with community treatment and support personnel from the work site" (p. 29). The five steps he delineates are: (a) documentation of impairment, (b) initial worker confidentiality, (c) objective confrontation about the impairment, (d) referral for community healthcare, and (e) ongoing support systems at the workplace.

The Johnson Institute Alcoholism Intervention Program

Further research also shows that the basic model for both SAPs and EAPs was derived from The Johnson Institute Alcoholism Intervention Model (Johnson, 1980). The core technology of EAPs was derived almost entirely from the Johnson Institute (Scott, 1999). This model had a five-step system to connect the affected worker with community resources that provided treatment and support from the work site. The workers had: (a) documentation of the impairment, (b) assurance of privacy and confidentiality, (c) certifiable confrontation with the impairment, (d) referral to the program healthcare, and (e) continuing support at the workplace (Moore & Forster, 1993). The five-step program was the common early model of the Johnson Institute in the 1960s. Reverend Vernon Johnson, the institute's founder, was an Episcopal priest who was himself a recovering alcoholic. He convened a church study group to find some solutions about how to convince alcoholics to accept help, before tragic consequences occurred because of their drinking.

The Johnson Institute (JI) model encourages a timely response to alcoholism and chemical dependency, and a focus on eliminating barriers to recovery. By 1990, treatment techniques employed by the Johnson Institute had become standard practice in the chemical dependence field.

Alcoholics Anonymous

The earliest champion of the chemical dependents' cause has been the Alcoholics Anonymous (AA), founded in 1935 by two alcoholics, one a New York broker and the other an Ohio physician. AA is a faith-based program that has become a wide-reaching organization devoted to the treatment of alcoholics. The most significant model evolved by them has been the 12-step program known to have helped numerous individuals cope with alcoholism. AA functions through local groups that have no offices, or dues. Anyone with alcohol dependency may become a member. The organization has over 99,000 local groups in the United States and the worldwide membership is approaching 2 million. By the 1940s, the group had become so efficient and popular that several major corporations were vigorously promoting partnerships between their alcoholic employees and AA members (Trice & Sonnenstuhl, 1985).

The Student Assistance Programs Model

The Student Assistance Programs had their modest beginning from the model of the Employee assistance Program (EAP). The formative years of the program were between (1978-1987), still in its infancy and with no clear direction. The Staffing was inexperience to effectively deal with the complex emerging problems of the adolescence it served, and the services provided were limited. The move towards professionalism and expanded services came about (1988-1991) during these years the program gained recognition and popularity and widespread partnership with schools and the general community.

By the late 1970's the program had a well defined structure and greater understanding their current functioning and a higher level of professionalism in the working of the programs (Scott, 1999). David Scott identifies some salient features of those innovations and changes, including: (a) more program evaluation, (b) improved training of personnel, and (c) increased

funding to support the SAPs. Two of the first professional organizations to endorse SAP's efforts were the National Association of Leadership for Student Assistance Programs (NALSAP) based in Milwaukee, and the National Organization of Student Assistance Programs and Professionals of Boulder. The program also gained the attention and support of some reputable Publishing companies such as Performance Resource Press, that published a journal so named "Student Assistance Journal "also, The Counselor and Adolescence of A/D Communications Corporation.

The core model and mission of SAP have remained constant although, with some variation to better serve particular constituency needs. The characteristic models of an SAP consist of teams; these teams include a substance abuse specialist, and stakeholders within the school. The composition of the team includes faculty representatives, administrators concerned with student discipline, and counselors concerned with the academic and social development in the school setting (Moore & Forster, 1993). The program has a procedure for identifying students who demonstrate substances abuse behaviors, a liaison with the community that helps to provide preventive and recovery counseling, and auxiliary programs that include case management and follow-up.

As the organizational structure became more professional, there were many changes made since the program's inception and the original replicated model of the EAP (Morehouse, 1989). Three widely used models are the external model, internal model, and core team model. A brief description of each of these models is vital in the understanding of this point.

External-model of SAP

The external model of the SAP is based on contracted Service delivered by private contractors employed by the school district to work within that district. The provider is normally a social service agency such as a substance abuse/mental health agency. The person most closely

related to this model is Ellen Morehouse the Executive Director of Student Assistance Services in Tarrytown, New York. Ellen is the creator of the Westchester County Student Assistance Program, an alcohol and drug abuse and early intervention program. This model is also adapted by 37 High Schools and 21 Middle Schools and two Residential Facilities in the Westchester County area, 14 counties schools in New York State, 19 other States and Canada.

The external model is rarely used, but research does not show it to be a less effective model, notwithstanding the apparently infrequent use of this model, the approach is a more comprehensive one since it uses an external agency to fully organize and administer the SAP, as opposed to contracting for individual counseling services (Fretman, 2004). The community agency works with the school to establish screening and referral processes. In addition, it provides skilled clinicians to work with referees. Costs will vary depending on the scope and nature of services; typically, this model is founded on a basic contract amount with the possibility of additional costs on a fee-for-service basis.

Internal-model of SAP

In this model the school district employs Private Contractors; these contractors provide most of the professional in-school services and operate from with-in the school premises. Their services can include prevention, intervention, as well as other support services that extend to both students and the staff.

The Counselor Model of SAP represents the foundation staffs. They are based in the surrounding communities or sometimes they are located with-in school premises. The Counselor Model must have a certified counselor who serves as program coordinator. This model provides SAP services on a fee-for-service basis. The cost for services varies and will depend on screening and referral processes, number of days of service and types of services provided. An

advantage to this model is that its cost is flexible based on demand. (California SAP Resource Center).

Another level of the Internal Model is the Single Point Person, in this model the representative does not have to be a counselor; they can be a school nurse or a paraprofessional. This operation can also be in-school or a community-based resource that provides support services to SAP on a fee-for-service basis and costs will depend on screening and referral processes and the number of days services provided.

Core-team model of SAP

The core team model normally consists of approximately six to eight people who are employed by the school district that provides SAP services to staff and students. An administrator, a nurse, a social worker, a counselor, law enforcement officers, parents, students, and classroom teachers typically staff the team. The core team model employs the four-phase process that includes the consent and involvement of parents as well as students. Throughout the process, students and their parents are linked to community and school health and behavioral education programs and services. This model includes referral, team planning, intervention and recommendation, and follow-up and support.

The SAP coordinator provides leadership to the core team he or she is an essential foundation member of any SAP organization. The Coordinator normally assumes the responsibility for the programming and the services rendered to the school. It is desired for them to possess a background in education or counseling as well as three to five days comprehensive training in both substance abuse and student assistance issues (Forrest, 2002). A core- team model is practical for both larger and smaller schools, and may apply in a district-wide program.

Roanoke County School model

The first Roanoke County school in south western Virginia implemented the Student Assistance Program in 1987 (Atkinson, 1996). Since 1987, an additional ten more secondary schools in the county have also instituted the program (Atkinson, 1996; Lehman, 1992).The early program model adapted was the “Student Assistance Team”: The core Team consists of school personnel, kindergarten through 12th grade and may include a core teams of from five to seven educators which could include administrators, teachers, school nurses, guidance counselors, etc. These school personnel are then train to work as a team to identify those students who they believe are "at risk." The at risk student are those students who demonstrate one or combination of the following: chemical dependency, depression, or suicidal thoughts and tendencies.

Rural schools are often limited by budget and location from some critical resources and trained personnel, in order to make up for this short fall they relied on shared personnel drawn from participating schools in the area, as reported by Scott (1999). Most of the supports provided for rural participants are mostly done on-site.

According to a recent status report Status Report conducted by University of Virginia, Falls Church School Division and the Virginia Student Assistance Association it appears that Virginia schools are shifting from the early “Core Team Model” (40%), in which a multidisciplinary team identifies student needs and coordinate services to the Coordinator/Counselor model (43%), in which one person manages cases without a team and the remaining (18%), a combination of Core Team Model and Coordinator/Council Model or some other model.

Program Policy and Implementation Components

The policy and philosophy of the Student Assistance Program governs its operations. It is extremely important that the program have clear written policy on how it will deliver services particularly, the approach towards providing services to students seeking support, staff qualification and training, community involvement, and policy development. SAPs' service delivery can be described as a process because SAPs identify students in need of intervention, access the students' specific needs, and provide them with support and referral to appropriate resources.

The implementation component outlines the actions needed to establish a fully functioning Student Assistance Program and it also establish a time line for their completion. The plan serves as guide to assure that all of the crucial components and responsibilities in the Standards Guidelines are adhere to. The plan should include realistic objectives and criteria for ongoing evaluation and, when necessary, modification.

The ultimate, long-term objective of SAPs is to remove all barriers to education so that a student may acquire quantifiable academic achievements. In order to be effective and to produce sustainable results, SAPs must have continuous support from school board members, which serves to authenticate the existence of the SAP (Forrest, 2002). Successful SAP programs are fully supported by both the school administration and by staff members who are often involved in identifying students for referral. According to Herberg, Hughes, and Bond (1990), support from administration may include the following important aspects, among several other things: a pledge of full participation, assurance of confidentiality in the reporting process, and ongoing opportunities for staff to discuss priority for assisting students. The success of a SAP program will depend heavily on the following components: community-based liaison SAP coordinator

and team member policies, violations and consequences, assessment components training components, referral component intervention and recommendation components.

Community-Based Liaison

Establishing and maintaining school-community partnerships can be very complicated. Therefore, community-based providers play an essential role working in the schools to demonstrate collaborative effort. Community-based providers also bring knowledge and can contribute greatly, thereby establishing a comprehensive service model for the program (Taylor & Adelman, 2000). It was obvious, not only to government assistance programs but also to private organizations in the community, that this type of assistance was valuable in creating a healthier, well-educated, and more independent group of citizens. "Coalition membership usually comprises of a diverse representation of community members, including representatives from local government (e.g., mayor's office, police department, public schools) and community-based organizations (e.g., neighborhood associations, health centers, faith-based groups)" (Zakocs & Guckenburg, 2007, p. 355). These organizations encourage increased sponsorship throughout the community, which spreads awareness among citizens whom are in need of these services. Widely spread awareness can break down the doors of hesitation due to pride or embarrassment to receive these services.

Zakocs and Guckenburg (2007) noted that organizations fostered success by shaping the continuum of prevention and treatment programs and services offered to community members, providing access to resources and opportunities, brokering external resources, encouraging human capital development, creating community identity and commitment, and supporting advocacy efforts and exertion of power. Networks are very important building block; they foster

relationships among individuals and organizations that can provide mechanisms for developing trust, interconnections, and consensus building (Zakocs & Guckenburg, 2007, p. 355).

Individuals who are in a position to have direct impact on recommending these services to people in need are police officers, counselors, employees of government based agencies (such as the Welfare Department), and volunteers or employees at community outreach centers (such as Planned Parenthood). The most successful coalitions have made themselves known for welcoming diverse groups of people, especially appealing to the demographics that closely mirrored the community (Center for Substance Abuse and Prevention, 2000; Chrislip & Larson, 1994; Hays, Hays, DeVille, & Mulhall, 2000; Rogers et al., 1993; Shortell et al., 2002).

One of the most successful models of SAPs is Big Brothers Big Sisters (BBBS), founded in 1904. This organization is the oldest and largest youth mentoring organization in the United States. In 2005, Big Brother Big Sister served 234,000 children ages six through eighteen, in all 50 states. The Big Brothers Big Sisters (2008) mission is to help children reach their potential through professionally supported one-to-one relationships with mentors that have a measurable impact on youth. The Big Brothers Big Sisters (2008) vision is successful mentoring relationships for all children who need and want them, contributing to brighter futures, better schools, and stronger communities for all.

National research has shown that positive relationships between youth and their Big Brother and Big Sister (2008) mentors have a direct and measurable impact on children's lives. By participating in youth mentoring programs, Little Brothers and Sisters are: (a) more confident in their schoolwork performance, (b) able to get along better with their families, (c) less likely to skip school, (d) 46% less likely to begin using illegal drugs, and (e) 27% less likely to begin using alcohol (Big Brother Big Sister, 2008).

SAP Coordinator and Team Members

A Student Assistance Program coordinator is an integral part of the program model. They are the major point of contact and therefore should assume responsibility for the programming and implementation of the services in the schools. A preference is given for coordinators to possess a solid background in education or counseling (Forrest, 2002). Either the coordination of the program or the team personnel are charged with determining whether a particular program passes or not. Forrest (2002) goes on to enumerate the qualities of a coordinator.

Forest believes that an experienced and knowledgeable coordinator should be skilled in group dynamics and decision-making, should foster team effort between school staff members and the SAP team members while maintaining boundaries for effective programming. He/she should involve the stakeholders in the planning and implementation stages of the program to assure crucial design needs and service outcomes. He/she should also possess clinical knowledge and technological skill for identification, intervention and support referrals, and adequate communication and resource skills to respond immediately and effectively to all areas of client needs as well as to facilitate effective management of team members. Only a combination of all these components will determine if the program is deemed a success.

Policies, Violations, and Consequences

There must be a clearly written policy manual that is committed to student achievement and success, and is focused on prevention and intervention activities geared toward helping student development and reaching their fullest potential (Dean, 1989). Additionally, written guidelines are expected to help the school administration and promote the identification of early warning signs of school violence, student emotional/behavioral problems, effective tobacco policies, and ground rules (Day & Golench, 1997). A key ingredient for achievable success is the

effective involvement of youth in school tobacco policies which engage them in constructive ways to assist in change and to assist in formulating policy in advocacy efforts (Ribisl et al., 2004). These policies should be implemented fairly and consistently across the board and should emphasize supportive rather than reprisal approaches (Bowen, Kinne, & Orlandi, 1995).

Assessment Components

The Safe and Drug-Free Schools and Communities Act (1998/2001) stipulates that all federally funded programs such as SAPs must conduct ongoing needs assessments using objective data, as well as establish performance measures to monitor the impact of programs on students, schools, and communities (Fertman, Tarasevich, & Hepler, 2003).

The following are the principles and assessment guidelines recommended for the recipients of Title IV funding:

- Program implementation is based on objective data, with supporting evidence for drug and violence problems in the schools and communities in which it will serve.
- Program measures should ensure that the schools and the communities served by the program have a safe, drug-free learning environment.
- Program implementation should be modeled on scientific research principles so program evaluations can provide clear evidence of how the program is able to prevent or reduce drug use, violence, and/or discourage such behavior among the participants.
- Programs are to follow the analysis of data regarding the prevalence of risk and protective factors, buffers, or assets, or other variables identified through scientific research.

- Programs should include meaningful and ongoing feedback or input from parents and other stakeholders during the various developmental stages of the program in order to assess its effectiveness and adaptability.
- Conducting a program evaluation should measure success and assess the goals and objectives of the program, as well as improve and strengthen the program outcome.

In addition to these six guidelines, there should be an impartial assessment periodically to evaluate the program and to ascertain whether the program is accomplishing its goals. Assessment provides a methodical approach to collect and use program information to answer questions that help to guide the program's direction. The organization must maintain a comprehensive statistical information record keeping system to ensure periodically that prevention and intervention activities are successful and thus to increase support for continued programming.

Training Components

The success of SAPs is built around trained and knowledgeable staff members. Team members must participate in core team training. Herberg, Hughes, and Bond (1990) outlined specific components for the training as follows: (a) a comprehensive understanding of community and school substance abuse resources, (b) substance abuse case management and intervention training, (c) systematic evaluation of the team members' performance, (d) knowledge of their role in understanding and identifying positional problems early, and (e) to provide timely and appropriate help for the clients whenever the need arises (Dwyer, 1996).

Referral Component

The referral mechanism component (see Figure 3) should consist of a coordinated team of specialists trained to evaluate and address serious behavioral and academic concerns. It should

be able to readily assist staff, students, and families in tackling early warning signs of student deviant behaviors before they spiral into violence in the schools (Dwyer et al., 1998). The referral (see Figure3) sources can be any of the following: student himself/herself, teachers, coaches, other students, school records, and family (Palmer & Paisley, 1991).

Before the referral process come the screening, assessment, and recommendation stages, which involve the evaluation of the substance abuse threat. In the event of endangerment, the case moves to the problem-intervention stage, and is assigned to a case manager (Herberg, Hughes, & Bond, 1990). An in-depth assessment and feedback from all available sources is recommended in order to make informed decisions.

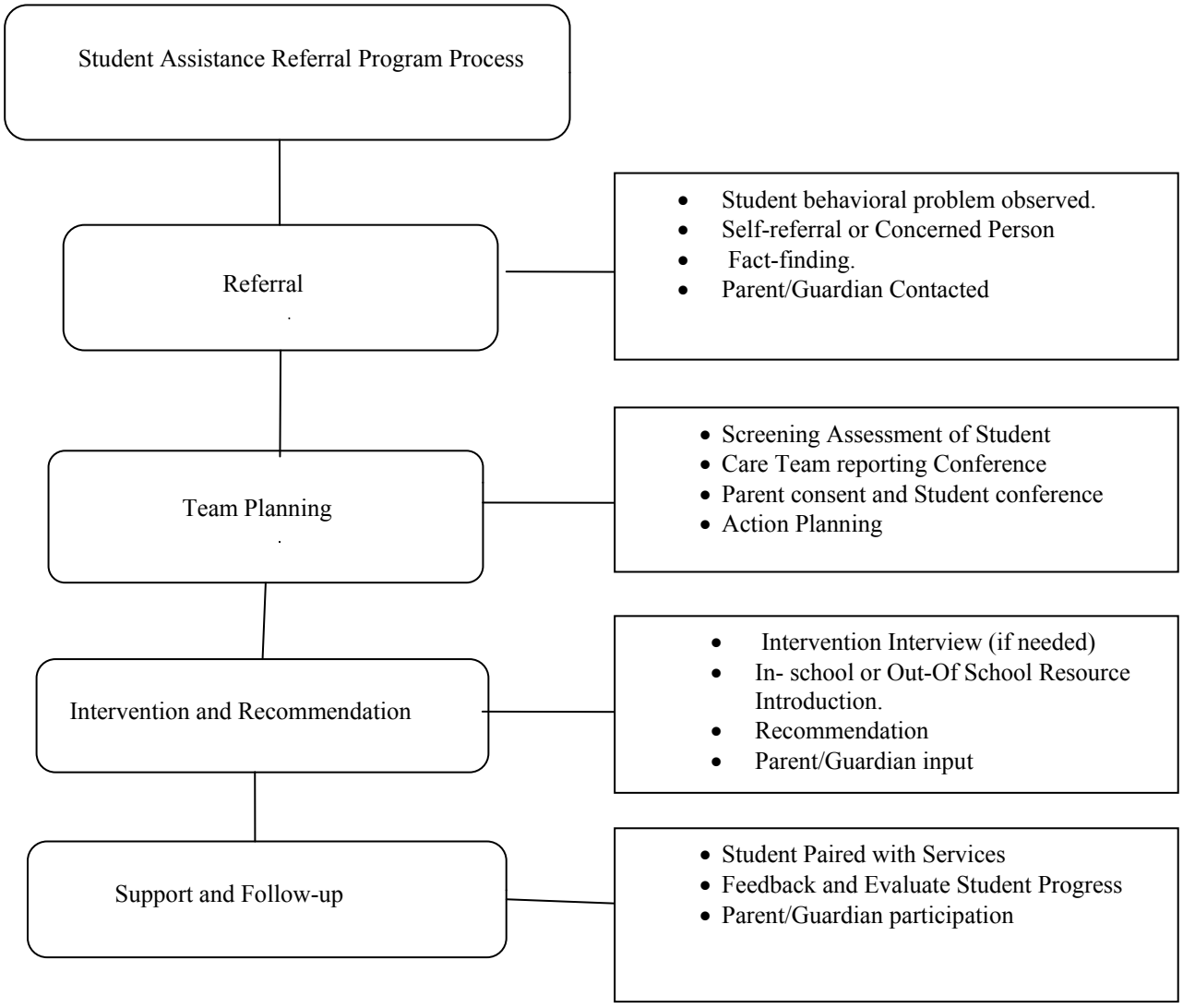
The referral process must at all times, observe and maintain the confidentially and privacy of the students and their family, as required by the Family Educational Rights and Privacy Act (FERPA). This federal law presides over the process of sharing education records with other community agencies (Larson, 1992). This Rights and Privacy Act protects the interests of elementary and secondary schools students (and parents) with regards to certain kinds of education records. If a student is 18 years or older, prior consent must be obtained from the student or student's parents before certain types of information can be released from their school records. (Larson, 1992).

The FERPA only regulate education record sharing; while other federal agencies regulates other types of confidentiality information for example, health information records; these records are not automatically shared with the schools because they are confidential information records. Agencies or individuals who require access to confidential information must comply with the formal or informal codes of professional ethics that governs the sharing of

information (Greenberg & Levy, 1992). Therefore, it is imperative that a parent/student is contacted for input and consent when there is request for sharing student's school information with any outside agency. However, sharing of personal information can be allowed in emergency circumstances (Dwyer et al, 1998).

Figure 3.

Student Assistance Program Referral Process



Adapted from: Fertman et al., 2001

Intervention and Recommendation Components

Interventions are most successful when they are comprehensive and properly implemented and the best result is obtained when the community or agency involved is respectful and responsive to the needs of those it serves. (Dwyer et al., 1998). The hallmark of a successful program is an organization that is receptive, considerate and intimately aware of the needs of those who depend on their services (Dwyer et al., 1998). Research data suggest that effective school-community based interventions are able to stem antisocial behavior, reduce risk factors, and enhance protective factors, strengthen families and neighborhoods, improve schools, and lessen deviant adolescent behaviors (Dwyer, et al., 1998; Goldman & Faw 1999; Adelman & Taylor, 2003).

Interventions serve as an invaluable measure that helps to determine whether a program is adequately meeting its goals and objectives. In order to meet these goals and objectives the program must rely on collaborative strategies as well as comprehensive and diverse in order to address the needs of those seeking the services. The foundation for intervention is determined by the referral and assessment process; information gathered from these processes can be grouped into three categories according to the significance of the problem and the skill levels of the providers. The categories and the related intervention process are outlined below:

Category 1. Interventions included in this category are those implemented without special SAS training, such as homework monitoring and school contracts. Teachers, coaches, or other concerned stakeholders may initiate a classroom intervention approach. Examples include tutoring, special assignments, engaging the student more in class, or daily homework checks.

Reinforcement of these strategies at home by parents serves to enhance the success of the intervention.

Category 2. Interventions included in this category are considered more complex and are implemented by people with appropriate levels of SAS training as defined by the program. Parents should always be notified before any Category 2 intervention is initiated. Students involved in this category may have been recommended for help by mentoring, peer programs, or educational groups. The intervention strategy may involve persons in student-friend mentoring programs, referred to as "study friends." In these programs, students meet with members of their respective program personnel on a regular basis to obtain support and encouragement. The personnel are trained in listening skills, conflict resolution, decision-making, goal setting, confidentiality limits, and referral procedures. These programs are designed to be accessible mainly because they are no cost, and because they are conducted in the school campus (Herberg, Hughes, & Bond, 1990).

Category 3. In Category 3, the procedures are the same as those in Category 2, except in instances of reported child abuse cases. In cases of alleged or observed child abused providers and schools do not need the permission of parent/guardian to initiate intervention or referral. In this category, student intervention may take the form of individual counseling or group counseling. Taylor and Adelman (2000) suggest that the students in this category are more likely to be confronting bouts of mental health issues or social and emotional anxiety related problems that create barriers to their learning. For these issues, Taylor and Adelman recommend a compressive approach that includes family and social resources; complimented by external coordinated treatment of severe problem when necessary.

Parent Involvement

During the formative years of the Student Assistance Program, there was no parental involvement in program. It was not until the mid-eighties that SAP Administrators sort the input and participation of parents. The move to include parent participation was initiated by the expanded services to the community by the Employee Assistance Program, the model program for SAP (Moore & Forster, 1993). About this time, EAPs was undergoing major changes to meet the increasing needs of those served by the program. Administrators had now learned, that in order to better serve participants in the program, services would have to extend from beyond the confines of the work place to include resources and support in communities where these employee live.

The Student Assistance Program continued to follow EAP's lead and, gradually during the mid-1980s, expanded their services to include community recourses and increased parent participation into their counseling and referral process. Including parent as part of the SAP team was extremely advantageous, parents cooperate with school staff increased and troubled youngster would have gained key advocate to help with finding solutions to their problems. (Moore & Forster, 1993).

The EAP model guide SAP administrators to become more proficient in documenting deviant behaviors and it afford the staff a better understanding of a student's behavioral pattern (Halsted, 1989; Swegan, 1989). Documentation of problematic behavior allow both parent and provider to confront a student with a more factual account of their behavior also, documenting students' behavior makes it easier to develop appropriate support and treatment plan.

The distinctive advantage of parental involvement is that the student gets a familiar supportive advocate and parents got the opportunity to learn new skills for behavior management

and academic support (Vosler-Hunter & Hanson, 1992). Other studies have also shown other advantages of active parent participation that include; strengthening the connections between home and school, improved attitudes towards physical punishment , more tolerant towards their children , and improving the functioning of family systems (Fashimpar (1992). All the above advantages are more likely to improve "reliance and protective factor" and reduce the likelihood that deviant behaviors and the use of alcohol, tobacco, and other drugs.

The Need for Student Assistance Programs

Destabilization of the family structure, sexual, physical and psychological abuse, poverty, homelessness, economic downturn and community violence are a handful of the many stressful concerns of the social environment that can affect adolescents, and manifest in all sorts of behavioral problems. (Commission for the Prevention of Youth Violence, 2000). Decades of analysis and research findings reveal the extent and complex nature of these problems and the many ways they possess a young person that leads them to indulge in perplexing and troublesome activities (Wilson & Kolander, 2000). The enormity and complexity of these of the above problems facing families and teens are beyond the scope and capability of most families and teens to successfully confront on their own.

In the United States, underage drinking claim the lives of, approximately 5,000 young people under the age of 21 each year; this includes about 1,900 deaths from motor vehicle accidents, 1,600 from homicides, 300 from suicide, as well as hundreds from drowning, fall, burns and other avoidable injuries . (http://pubs.niaaa.nih.gov/publications/AA67/AA67.htm Retrieved November 5, 2009).Three decades ago, the average age of, first use of alcohol was about17.5 years, presently, the average age of fist time users of alcohol is approximately 14 years of age. Research data suggest a strong correlation between later life dependency on alcohol and

first use of alcohol before age 15 and the more likely to engage in risky behaviors that harm themselves and others. For example, nearly 1 million high school students nationwide have engaged in binge drinking and these young people are more likely to engage in precarious behaviors that includes, using other drugs such as marijuana and cocaine, having sex with six or more partners, and earn failing grades in school (http://pubs.niaaa.nih.gov/publications/AA67/AA67.htm Retrieved November 5, 2009).

According to the data of Monitoring the Future Survey (2005) 11 percent of 8th graders, 22 percent of 10th graders, and 29 percent of 12th graders had engaged in heavy episodic (or "binge") drinking, that accounts for more than two-thirds of 10th graders, and about two in every five 8th graders. Underage drinkers often consume four to five drinks in succession, (Monitoring the Future Survey 2005) indicating that they lack maturity and indiscretion.

The statistics on high school dropout rates, obesity, and violence among youth are staggering (Boys & Girls Clubs of America 2008) and added to this predicament ,eight out of ten of these young American are in need of behavioral health services and may not receive them. (US Surgeon General 2001). The above statistics and others thorough this document are strong arguments for the support of Student Assistance programs. The relationship between decreased student drug uses amid the presence of a Student Assistance team in school is compelling evidence of the positive outcome of the program. (Scott, Surface, Friedli & Barlow, 1999). Student Assistance Programs are also instrumental in providing access to behavior health care for children and families, along with the means for schools, communities, families and youth to work collectively to eliminate the barriers that hinders the learning process (Ringel & Sirum (2001). Student Assistance Program participants show improved attendance, measurable

decrease in discipline problems, positive academic performance and increase graduation rate as a result SAP's intervention.

Selected literature will discuss additional statistical data for the behavioral categories listed below also; literature on the State of Virginia concerning youth risk behavior is also discussed further in this document. These data further emphasis the need for SAPs' and other such programs that promotes the concept of primary prevention, intervention and community partnership, the structures that are necessary for social order and community improvement.

Violence and Injury

Violence has become the second foremost cause of adolescent death through the past decade (Center for Disease Control and Prevention, 2000). The findings in the 2007 National Youth Risk Behavior Survey (YRBS) report suggest that many high school students engaged in behaviors that increased their likelihood of death from these four (4) causes: (a) motor-vehicle crashes (75%), (b) other unintended injuries (11%), (c) homicide (18%), and (d) suicide (12%). Of the students surveyed nationwide during 2007, (11.1%) of them never or rarely wore a seat belt when riding in a vehicle driven by someone else. Additionally ,the survey also reported that 29.1% of students had ridden in a vehicle driven by someone who had been drinking alcohol, another 18.0% had carried a weapon, and 5.5% were absent from school because they felt their surroundings were dangerous and unsafe at school or on their way to or from school.

Additional statistics from The National Vital Statistics System (2007) also report that youth from the age of 15 to 24 were most prone to be victims of deadly car crashes, and youth between 15 and 19 were the most likely victims of homicide. The overwhelming majority of adolescent deaths are related to auto accidents; the estimated annual death from auto-related crashes in 2008 was 13 deaths per 100,000 (National Safety Council, 2008).

Youth risk behaviors tend to occur in patterns associated with varied behaviors. (Kann L, Kinchen S, Williams B, et al. (1999). It is to no surprise that findings from Kann.et al suggest that, unprotected sex, substance abuse, and reckless driving tend to occur together. Even drug choices adolescents' use can be predictive of types of risk behavior. Alcohol use is associated with physical assaults, serious injuries to victims, fighting with fathers, vandalism, hitting superiors, and extortion. Marijuana use is predictive of theft, trouble with police, use of weapons in crime, gang fights, and theft from autos (Saner & Ellickson, 1996).

Gender can also be a predictor of violent behaviors, males are more likely to refuse to wear seat belts, ride motorcycles without a helmet, drink and drive, possess a weapon, engage in physical fights, carry a gun to school, and drive while injured. Conversely, Females are more likely to think about, plan, and commit suicide (Youth Risk Behavior Surveillance System, 1999).

Tobacco, Alcohol and Drug Use

Higgins (1989) report for that same year rated the United States highest ranked among industrialized countries for illicit drugs, tobacco, and alcohol usage among young people. In 2008, the data is still staggering ,the rates of current alcohol use were 3.4 percent among persons aged 12 or 13, 13.1 percent of persons aged 14 or 15, 26.2 percent of 16 or 17 year olds, 48.7 percent of those aged 18 to 20, and 69.5 percent of 21 to 25 year olds. The estimates did show some declines from 2007 for the 14 or 15 year olds, from 14.7 to 13.1 percent and for the 16 or 17 year olds, from 29.0 to 26.2 percent (Substance Abuse and Mental Health Services Administration (2009). As alluded to earlier, "youth risk behaviors tend to occur in patterns" and certain risky behaviors can predict other risky behaviors as in the following: among the 17.3 million heavy drinkers aged 12 or older, 29.4 percent were current illicit drug users also, among

heavy alcohol users aged 12 or older, 58.0 percent smoked cigarettes. (Substance Abuse and Mental Health Services Administration (2009).

Another source of drugs that is often overlooked but is fast becoming a choice for young people is prescription drugs, the following show the pervasiveness of its usage: non- medically use of pain relievers by persons aged 12 or older in 2007-2008 was estimated as 4.7 million, 55.9 percent got the pain relievers from a friend or relative for free, 8.9 percent bought them from a friend or relative, and 5.4 percent took them from a friend or relative without asking. (Substance Abuse and Mental Health Services Administration (2009).

The most freighting of all these sources are the unsuspecting health care providers' prescribers. According to Substance Abuse and Mental Health Services Administration (2009) Health care providers prescribe drugs that will be used non-medically to nearly one fifth (18.0 percent) of the estimated 8.6 million illicit drug users. Another 1 in 20 users (4.3 percent) got pain relievers from a drug dealer or other stranger, and 0.4 percent bought them on the Internet.

Alcohol and illicit drug use by young people generates multiple effects, which affects emotional and cognitive development as well as increasing debilitating health problems such as lung cancer, heart disease, HIV and AIDS, crime, and also unemployment (Hawkins, Catalano, & Miller, 1992). This results in increased demands for healthcare, rehabilitation and family services.

Sexual Behavior

High-risk behaviors such as unprotected and indiscriminate sexual activity can be ways that indolence chooses to outwardly express their pain. These in-appropriate risk-taking behaviors are often cries for help (McWhirter, et al., 2007). In the United States, some 10 million youth

between the ages of 15 and 24 contract some type of STD, approximately 20,000 develop HIV, and about one million adolescent girls become pregnant. (Kemper 2003). The above statistics has prompted a revival of interest in community intervention and prevention due to the prevalence of Human Immunodeficiency Virus (HIV) and the rebound of other transmittable sexual diseases. Interventions have also become necessary in an attempt to change sexually promiscuous behaviors, which increases the incidents of unwanted pregnancies (Ross & Williams, 2002).

Dietary Behavior

Anorexia nervosa, bulimia, binge eating, and other eating disorders are prevalent throughout the United States. Approximately 5-10 million females and one million males suffer from some form of eating disorder (U.S. National Institute on Mental Health 2002). Eating disorders may constitute "extreme and unhealthy decrease of food intake or severe overeating, as well as feelings of anguish or excessive concern about body shape or weight" (American Psychiatric Association Work Group on Eating Disorders, 2000). Eating disorders frequently develop during adolescence or at the onset of early adulthood, but some reports indicate that eating disorders can occur during childhood or later in adulthood (Becker, Grinspoon, Klibanski, & Herzog, 1999).

According to the American Foundation of Suicide Prevention (AFSP), the fifth leading cause of death among teens 5 to 14 years and the third leading cause of death among adolescents 15 to 24 years old is suicide. Risk factors for suicide among teens include suicidal thoughts, psychiatric disorders (such as impulsive aggression, bipolar disorder, depression), and certain other anxiety disorders. Alcohol and drug abuse do increase the risk of suicide, especially if the individual is experiencing emotional stress.

Among adolescents aged 15 to 24 years, one suicide in every 100-200 attempts is successful (Goldsmith et al., 2002). In 2005, 16.9% of U.S. high school students surveyed reported that they had considered attempting suicide at one point or another. It is not surprising then that about 8% of students have reported to have attempted suicide one or more times (Eaton et al., 2006).

The Future of Student Assistance Program

The Student Assistance Program is commonly associated with addressing the emotional and behavioral problems frequent among secondary school students affected by substance abuse issues (Wilson & Kolander, 2000). Over the past decade SAP's has redefined it's self and is better known today as any formal educationally based support program outside of the standard curriculum that is intended to reduce risk factors and promote protective factors for at-risk students (National Student Assistance Association, 2007).

Swisher and others researchers regard Student Assistance Programs as "a new and potentially effective resource for helping at-risk students." SAPs have made substantial in-roads in the fight against substance abuse because of their formal set-up and effective intervention programs across the board. This is mainly because program models are consistent throughout and program implementers adhere to the strict basic core principles of the program (Swisher et al., 2005). As a result of the present model consistency, most school counselors believe that this fundamental structure allows for a more systematic method to identify or help more than a small percentage of the at-risk students in their schools" (Swisher et al., 2005).

Scott (1999) gives a comprehensive description of the various services that were revise or implemented in recent time: (a) a structure and process for identifying students who are abusing substances, (b) linkage to the community resources that can provide preventive and

recovery counseling, and (c) a reentry program that includes case management for implementation and follow-up. The early stage of the programs, attention was focused only on adolescents and kindergartners through 12th grade, who were combating chemical dependencies (McGovern & DuPont, 1991; Moore & Foster, 1993). However, beginning in the late 1970s with the increase use of alcohol and drugs and the complexity of problems faced by students, the program have expanded services to encompass a larger community but, more significantly was the implementation of prevention and early intervention (Moore & Forster, 1993; Taylor-Mearhoff, 1990).

Another major change in today's program is the inclusion of parental involvement, before, the absence of parental participation made it difficult for students to receive some additional off-campus services that were willing to provide treatment without parent/guardian consent or the ability pay for the services. (Scott1999). The above account indicates that SAP is cognizant of the complexity of problems facing young people, and are duly instating program to address the many challenges.

A major contributor to this process is The Pennsylvania school system, the first educational organization to implement the Student Assistance Program (Caron Foundation, 2004), followed by New York and Kentucky school system (NSAA, 2003). Pennsylvania school system along with the others above can be considered as the pioneer education organizations for SAP's today, these organizations and others have continued to provide leadership through conferences, seminars and various other means of training along with critical research studies. The perceived success of the program continues to draw more and more participation and to date; more than half the nations' schools incorporated some form of the SAP program into their education system.

Growth and increase funding sources are encouraging signals that SAP may be sustainable for the long haul but, the program could benefit from more evaluative studies to ease some skepticism surrounding its effectiveness. To be optimistic about SAPs 'is to be optimistic about the future of our young people, according to a study conducted by Public/Private Venture (1995) juveniles who were involved in a successful youth mentoring program were 50% to 70% less likely to start using illegal drugs. This finding indicates that programs like SAP can make significant impact on young adolescent's life that will enable them to strive to become productive citizens.

Summary of Literature Review

The literature is persuasive in its effort to confirm the effectiveness of Student Assistance Programs, but lacks empirical studies to fully support this. The historical timeline in this chapter shows the evolution of the program since its implementation and the effort to improve services through training, community-based liaison, models, intervention, assessment, and policy changes.

Some studies have delved deep into areas such as the functioning of the SAPs and outlined the most important features of the implementation stage. Such details have been of immense help in this research. In fact, some of the general ideas have come from these studies. Every effort should be made in these studies to give a comprehensive history of the evolution of these programs, as well as the similarities between the Student Assistance Programs and Employee Assistance Programs from which they evolved. Details of the services provided by the SAPs are highlighted in some studies. While these efforts could be qualified as admirable, there yet remains an undeniable need for clearer models for programming, professionalism, and empirical study to fully support this hypothesis.

Chapter 3

METHODOLOGY

The methodology used to answer the research questions is discussed in this chapter. The chapter also provides an explanation of the development of the instrument, sampling, instrumentation data collection procedures, and a description of the analysis procedures.

Development of Instrument

The instrument for the study was the tracking form, which was developed by the Student Assistance Coordinator and SAP committee members in 1999. The instrument recorded and assessed students who were referred to the program. The pencil and paper tracking form are used as instrument. The tracking form format is a questionnaire; it contains twelve sections and nineteen unique items. These items were completed by the SAP coordinator from each of the locations. The Student Assistance Program coordinator recorded information for the individual students participating in the program at their schools. Tracking data was collected over the course of the school year. At the end of school year the SAP committee reevaluated the SAP tracking form and made changes where necessary.

Sample

The tracking forms recorded data from students at seven schools in Roanoke County Southwest Virginia school district who participated in the SAP during the school years 2005/2006. The sample was procured from middle and high schools. The Student Assistance program coordinators recorded information on tracking forms for their respective schools (discussed in further details in the section on the development of instrument).The sample of students of the seven schools was N = 534.

The students were referred to the program through a variety of sources, including administration personnel, guidance counselors, parents/guardians, courts, treatment programs, teachers, peers, outpatient counselors, visiting teachers, and/or through self-referral. Although the original sample followed students over a four-year period, the current sample consists of data for only one academic school year (2005/2006).

The tracking forms recorded information such as the name of the Institution, an entry date, a unique SAP number for each student, a student number, age, gender, grade, ethnicity, special status gifted or special education, referral date, court charges, disciplines, absences, source of referral, reason for referral, outside referral, action taken, recommendation to parent/guardian, number of recommendation made, number of referrals made, number of in-house referrals made, recommendation follow-up, date of departure from the program, and reasons for leaving the program.

The Student Assistance program offers both in-house services (in school) and out-sourced services (out of school). The in-house services include monitoring, follow-up with teachers /administrators, student drug and alcohol group, interview with parent/students, two-day self assessment program, tobacco education, bully intervention, grief group individual guidance counselor, recovery group, individual counseling sessions with coordinator, individual counseling with SRO, special education/child study, school psychologist, truancy group, anger management, or smoking cessation group.

Outsource services include family services, mental health services, urine screening, support groups, behavioral healthcare, counseling, drug and alcohol evaluation. Resource facilities were The Center for Emotional Health; a private psychiatrist and counselor center, the

school psychiatrist facility; Appalachian Counseling Center Manassas group, court services, residential treatment programs; Child Protective Crisis Services; and Carillion Labs.

Data Analysis

The data were checked and string variables were assigned values, coded, and changed to numeric variables to facilitate analysis. Missing data were given a value of 99. The seven data sets were then merged to form a new dataset with N = 534.

Research Questions and Variables

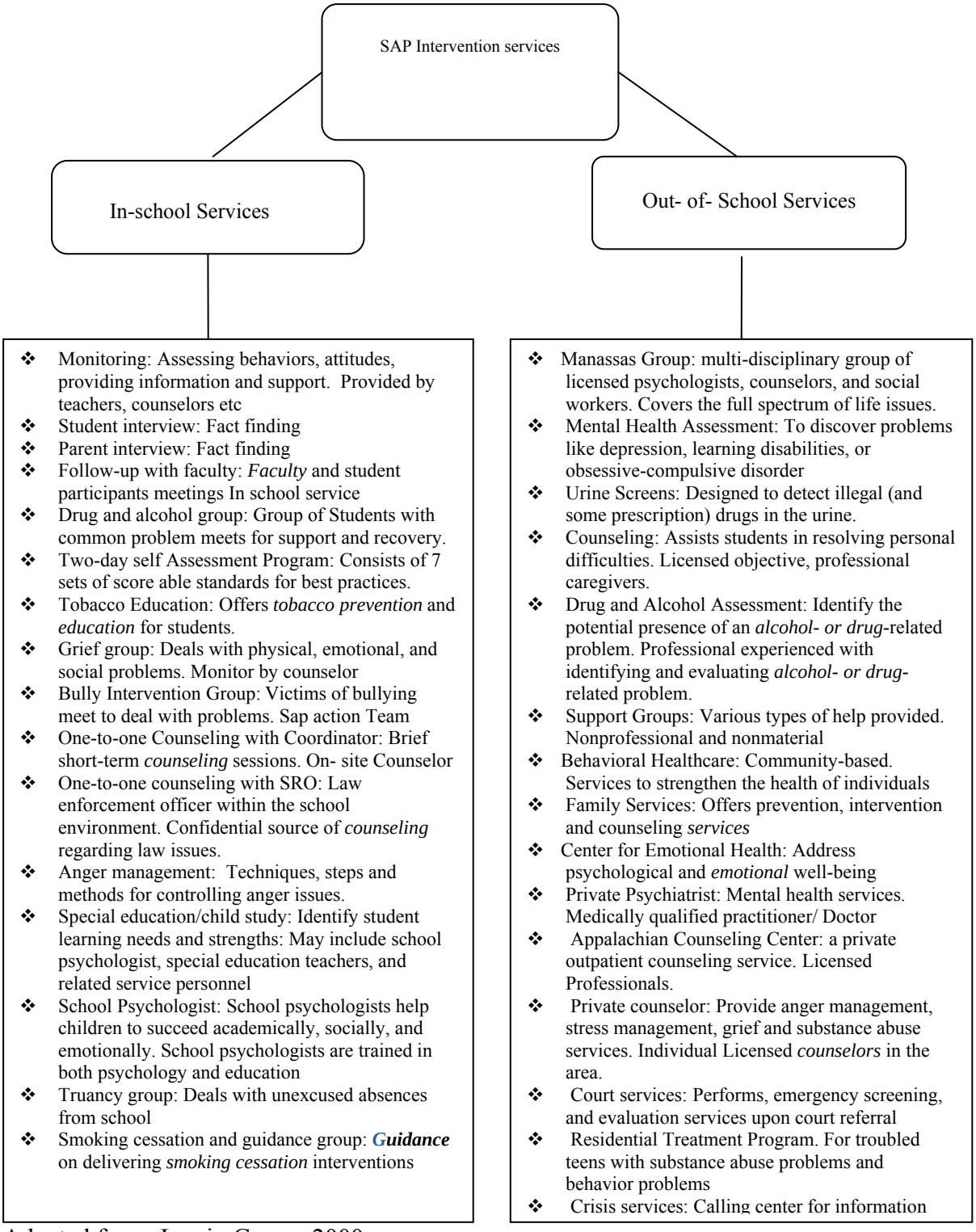
1. Do students who participated in the SAP's in-school services show more improvement for the primary reasons for referral, than those students who did not participate in the in-school services?
2. Do students who participated in the SAP's out-of-school services show more improvement for the primary reasons for referral, than those students who did not participate in the out-of-school services?
3. Does parental influence increase student's improvement?
4. Are uncooperative students referred to a higher number of SAP's resources and services than cooperative students?

Not all of the items on the tracking form were appropriate for the current study; thus, only the relevant variables are discussed further. The relevant variables were in-school services, out of school services, parental involvement, improvement, and cooperation.

In-school services (Figure 4) included monitoring, student interview, parent interview, follow-up with faculty, drug and alcohol group, two-day self assessment program, tobacco education, grief group, bully intervention group, one-to-one counseling with coordinator, one-to-one counseling with SRO, anger management, special education/child study, school

Figure 4

StudentAssistanceProgramIntervention services



Adapted from: Lewin Group, 2000

psychologists, truancy group, smoking cessation and guidance group. These variables were analyzed separately and collapsed into one variable and then analyzed as a whole.

Out -of -school services (Figure 4) include: Mental health assessment, urine screens, counseling, drug and alcohol assessment, support groups, Behavioral Healthcare, Family Services, Center for Emotional Health, private psychiatrist, Appalachian Counseling Center, Manassas Group, private counselor, court services, residential treatment program, crisis services and Child Protective Services, and Carilion Labs.

Similar to in-school services, as illustrated in Figure 4, these variables were analyzed separately and collapsed into one variable and analyzed as a whole. Parental involvement was determined by whether parents/guardians followed recommendations given to them by members of the SAP. The dependent variable for the first three research questions, improvement, was defined as improvement in relation to the student's reason for referral based on performance measures. The dependent variable for the fourth research question, cooperation, was recorded directly onto the track forms as one of the items on the questionnaire.

Data Coding and Data Analysis

The data file was imported from MS Access and was entered into the data file Statistical Package for the Social Sciences Version v. 17.0 (SPSS). Each item on the tracking form was entered into SPSS v.17.0 as a separate variable. Information on the tracking form that was illegible, unclear, or left blank was coded as missing. Descriptive statistics were run on the data to obtain demographic characteristics of the sample (described above). These descriptive variables were obtained through the use of frequencies, means, and ranges. The Chi-square test of Independence was used to answer

the first three research questions while the fourth was tested using the Independent samples t-test. This type of analysis was conducted to determine whether or not there was a significant difference in recorded improvement between students who participate in or have the variable of interest (e.g., in-school services, out-of-school services, parental influence) and those students who do not. In addition, the analysis determined whether or not a significantly different number of referrals were made for students who are cooperative compared to those who are not.

Summary of Methodology

This meta –analysis study will answer questions regarding the quantifiable outcomes of Student Assistance Programs in seven Roanoke County schools in Southwestern Virginia. This chapter described the source of the data and the population of the data and sample for the study. Preexisting data was coded and entered into computer program SPSS v.17 and data were analyzed. The data analysis, data collection, method, and development of instrument and content used were explained; answering the research questions was also discussed.

Chapter 4

RESULTS

In this chapter the results of the data analysis and an interpretation of the data are presented. The data source for this study was data collected from seven SAP participating schools in Southwest Virginia. The SAP Coordinators of the respective schools recorded information for students N = 534 who were enrolled in SAP programs during the 2005/2006 academic year. The purpose of the study was to determine the extent to which there was any student improvement in problem behavior or behaviors (the initial reason for referral to the SAP). Another aim of the study was to investigate whether uncooperative students were referred to a higher number of SAP services than cooperative students. Student improvement and cooperation were both recorded as items on the tracking form and were thus determined by the SAP coordinators.

Demographic Characteristics

The demographic variables of this study included age, gender, grade, ethnicity, and whether the student was in special education or gifted status. The sample consisted of 534 students (306 males, 228 females). Students were enrolled in grades 6 through 12 in seven different schools throughout Southwest Virginia during the 2005/2006 academic school year. Their ages ranged from 11 to 19 (mean age = 14). Racial breakdown was: 0.6% Asian/Pacific Islander, 1.5% Hispanic, 7.3% Black/African American, 89.7% Caucasian and 1% Other/Not Specified. Table 1 presents the demographic characteristics of the sample.

Table 1

Demographic Characteristics of the Sample

Characteristic	Valid P	N	M
Gender			
Male	57.1	306	-
Female	42.5	228	-
Age (in years)	-	534	14
Ethnicity			
Asian/Pacific Islander	0.6	5	-
Hispanic	1.5	10	-
Black/African American	7.3	40	-
Caucasian	89.7	471	-
Other/Not Specified	1	8	-

Research Question 1

The first research question was, do students who participated in the SAP's in-school services show more improvement for the primary reasons for referral, than those students who did not participate the in in-school services? In-school services were combined into one variable in order to see whether participating in any in school service affects performance outcome. Participation in in-school services was determined by using SPSS to select only cases of respondents who had actually been referred to at least one in-school service and had completed at least one program to which they were referred. In this way, respondents who were not referred to any in-school program are not included in the analysis for research Question 1.

A chi-square test of independence (exact test) was used to determine whether there were any statistically significant differences between two independent groups, those who participated and those who did not participate in in-school services. The Chi-square test compares the frequency of cases found in the various categories of one variable across the different categories of another variable. This test was suitable because both the independent variable (participation in in-school services) and the dependent variable (student improvement since primary reason for referral) were measured as categorical variables rather than continuous variables.

The independent variable, participation in in-school services, was derived from the various variables dealing with referral reasons, which were transformed and collapsed into a single variable with two categorical values (Yes, No). On the other hand, the dependent variable, student improvement, was derived directly from Question 19A (see tracking form) measured by using three categorical values (Yes, No, Same). These three values were re-coded into two categorical values (Yes = Yes, No = No, Same = No) to improve clarity.

Table 2

Results of Participation in In-School Services and chi square result

Improvement	Participate in In-School Services (N)	
	No	Yes
No	3	192
Yes	0	226

Chi square result

χ^2	p
6.615	.054

As shown in Table 2, there was no statistically significant difference in students' improvement on the primary reason for referral for those participated in in-school services compared to those who did not, X^2 (2, N = 421) = 6.615, $p > .05$. Based on the dataset, there was insufficient statistical evidence to suggest that students' participation in in-school services was associated with improvement in their primary reason for referral. This may simply be related to the fact that chi-square tests rely on comparing proportions of frequencies in each category. In this case, out of the total (N = 421) number of students who were referred to in-school services, only a small number of 0.7% (N = 3) did not participate, rendering the proportion imbalanced. One of the categories had no observed counts (N = 0), which limits meaningful analysis using the chi-square test.

Individual in-school services were not examined further to determine whether or not participating in any particular services resulted in positive performance outcomes. Such further analysis was deemed unnecessary due to the lack of statistical significance in the combined in-school services variable.

Research Question 2

The second research question examined whether or not participating in out-of-school services influence students improvement. Out-of-school services were combined into one variable in order to examine whether participating in any out-of-school services affects performance outcome. Participation in out-of-school services was determined by selecting only cases of respondents who had actually been referred to at least one out-of-school service and had completed at least one program to which they were referred. Thus, respondents who were not referred to any out-of-school program are not included in the analysis for Research Question 2.

A chi-square test of independence was used to determine whether there were any statistically significant differences between two independent groups, those who participated and those who did not participate in out-of-school services in. As in Research Question 1, this test was suitable for analyzing Research Question 2 because both the independent variable (participation in out-of-school services) and the dependent variable (student improvement since primary reason for referral) were measured as categorical variables rather than continuous variables (see Table 3).

Table 3

Results of Participation in Out-of-School Services and chi square results

Improvement	Participate in Out-Of -School Services (N)	
	No	Yes
No	41	51
Yes	10	83

Chi square result

χ^2	p
26.514	<.001

Table 3 shows that there was a statistically significant difference in students' improvement on the primary reason for referral for those who participated in out-of-school services compared to those who did not, X^2 (2, N = 185) = 26.514, p < .000. Out of the 93 students who were deemed to have improved on their reason of referral, an overwhelming 89.2% (N = 83) participated in out-of-school services compared to only 10.8% who did not participate in the program.

All individual out-of-school services were examined to determine whether or not participating in any particular services resulted in positive performance outcomes. A chi-square test of independence was conducted to determine whether there were any statistically significant differences between students who took part in each of the individual services and those who did not participate. There were no significant differences in all but one of the out of school services, namely Drug & Alcohol Assessment. As shown in Table 4, there was a significant difference in students' improvement on the primary reason for referral for those participated in Drug & Alcohol Assessment compared to those who did not, X^2 (2, N = 185) = 9.230, p < .05.

Further assessment of the results shows that out of the 93 students who showed improved on the reason of their referral, 66% (N = 61) participated in Drug & Alcohol Assessment compared to 34% (N = 32) who did not participate in Drug & Alcohol Assessment out-of-school service.

Table 4

Results of Participation in Drug and Alcohol Assessment and chi square result

Improvement	Participate in Drug &Alcohol Assessment(N)	
	No	Yes
No	14	78
Yes	32	61

Chi-square result

χ^2	p
9.230	<.05

Research Question 3

The third research question investigated whether or not parental involvement affected students' improvement. It was hypothesized that parental involvement would increase a student's performance. Parental involvement was determined by whether or not parents had participated in a parent interview and/or followed the recommendations suggested by members of the SAP.

A chi-square test of independence was used to determine whether there were any statistically significant differences between two independent groups, those who participated and those who did not participate in out-of-school services. As in Research Question 1, this test was suitable for analyzing Research Question 3 because both the independent variable (parental influence) and the dependent variable (student improvement since primary reason for referral) were measured as categorical variables rather than continuous variables.

Table 5 shows that there was a statistically significant difference in students' improvement on the primary reason for referral for those who had parental influence compared to those who did not, X^2 (2, N = 439) = 25.32, $p < .000$. Among the students who showed improvement (N = 237), the proportion of those who had parental influence and those who did not are comparable. However, the most notable differences appear to be in the category of those students who did not show any improvement. Among those who showed "No" improvement (N = 202), a significant 69% had no parental influence compared to only 31% who had parental influence.

Table 5

Results of Parental Influence and chi square results

	Parental Influence (N)	
Improvement	No	Yes
No	193	63
Yes	110	127

Chi- square result

χ^2	P
25.318	<. 001

Research Question 4

The fourth research question was whether uncooperative students were referred to a higher number of services than cooperative students. Both in-school and out-of-school service referrals were collapsed into one variable to compute the total number of service referrals for each student. It should be noted that in comparison to Research Question 1 and Research Question 2, Research Question 4 analyzed the number of referrals that were made, rather than the number of services the student actually participated in.

As indicated in Table 6, an independent samples t-test was conducted to compare the number of referrals made for students were were deemed to be cooperative compared to those who were uncooperative. Table 6 shows that there was a significant difference in the number of referrals for cooperative students ($M = 2.48$, $SD = 2.05$), and those who were uncooperative ($M = 3.81$, $SD = 2.51$), $t\ (515.18) = 6.879$, $p = .000$. Uncooperative students had a higher number of referrals although the magnitude of the differences in the means was moderate (eta squared N = .08).

Table 6

Descriptive Statistics& Primary Analyses

Descriptive Statistics				
Condition (Cooperative)	M	SD	95% CI	
			Lower	Upper
Yes	2.48	2.05	-1.72	-.92
No	3.81	2.51	-1.70	-.94

Primary Analyses				
F	P	T	Df	M_{diff}
14.94	<. 001	-6.879	581	1.32

Summary of Results

This study examined the data to answer questions regarding the quantifiable outcomes of Student Assistance Programs in seven Roanoke County schools in Southwestern Virginia. This chapter described the results of the data analysis on each of the four research questions.

There were no statistical significant differences in improvement for students who participated in in-school services (when combined into one composite variable); as a result, no further analysis was undertaken for the individual in-school services (e.g., monitoring, student interview, parent interview, two-day self assessment program, teacher visit, follow-up with faculty, special education/child study services, teacher visit).

In addition, the results also show that SAP coordinators reported that a significantly larger proportion of students who participated in out-of-school services showed statistically significant improvement compared to the students who did not participate in this service, in spite of having been referred. However, when taken individually all but one (e.g., drug and alcohol assessment) of the out-of-school services showed no statistically significant differences in improvement of students who participated in the individual services compared with those who did not.

The results also showed that students with involved parents/guardians also showed more improvement than students without involved parents/guardians. Finally, SAP coordinators referred uncooperative students to a higher number of services than cooperative students.

Chapter 5

SUMMARY,DISCUSSION,CONCLUSION,IMPLICATIONS&RECOMENDATIONS

This chapter discusses the findings of the study and summarizing the study's research outcomes. It then moves on to present conclusions and recommendations for future research. The chapter ends by providing implications for other researchers, as well as SAP Coordinators, educators, and other members of staff.

The purpose of this Meta–analysis was to answer questions regarding certain measurable outcomes of Student Assistance Programs in seven Southwest Virginia Schools. This study examined students who were referred to SAPs during the 2005/2006 academic year. Using data collected by SAP coordinators at each school, the sample was examined and analyzed to answer the four research questions outlined in chapter one and other subsequent chapters. Specifically, the current study aimed to use the data to determine whether participation in in-school services, out-of-school services, and parental guidance influences students' improvement; whether uncooperative students are referred to more services than cooperative students

Demographic Characteristics

The sample consisted of 534 students from seven in Southwest Virginia. Each student in the sample was referred to the Student Assistance Program at his/her school. Students were between the ages of 11 and 19, with a mean age of 14. The overwhelming majority of the sample was Caucasian, with a much smaller percentage of the sample consisting of African American/Black, Asian/Pacific Islander, Hispanic and Other students. Approximately half of the students were male and half of the students were female.

Research Question 1: Student Improvement and In-School Services

The present study tested whether SAP coordinators were more likely to report that students who participated in in-school services were showing more improvement compared to students who did not participate in those services. In-school services offered by the SAP include monitoring, student interview, parent interview, follow-up with faculty, drug and alcohol group, two-day self assessment program, tobacco education, grief group, bully intervention group, one-to-one counseling with coordinator, one-to-one counseling with SRO, anger management, special education/child study, school psychologist, truancy group, smoking cessation and guidance group. When all of the in-school services were combined, there were no differences on improvement between students who utilized in-school services and those who did not. After conducting a chi-square analysis, no statistically significant results were found.

Research Question 2: Student Improvement and Out-of-school Services

The present study also tested whether SAP coordinators were more likely to report that students who participated in out-of-school services improved more than students who did not participate in out-of -school services. Out-of-school services included family services, mental health services, urine screening, support groups, Behavioral Healthcare, counseling, drug and alcohol evaluation, The Center for Emotional Health, private psychiatrist and counselor, school psychiatrist, Appalachian Counseling Center, Manassas, court services, residential treatment program, Child Protective Crisis Services, and Carilion Labs. Of the students who participated in out-of-school services 89.2% showed improvement on their reason of referral. Out-of-school services were also analyzed separately. Drug and Alcohol Assessment was the only out-of-school service that had a significant effect on improvement. Comparing out-of-school services

and in-school services for Roanoke county's Student Assistance Program the study also showed that The out- of School services have a greater effect on improvement than in-school services.

Research Question 3: Student Improvement and Parental Involvement

The study further investigated whether parental involvement increased student improvement. Parental guidance was determined by whether the parent/guardian had attended a parent interview and/or followed recommendations suggested by the SAP members. Student improvement refers to whether the SAP coordinator recorded that the student had improved the on SAP tracking form. Results from the study found that students whose parents were more involved and provided guidance showed significantly more improvement than students who did not have parental guidance.

Research Question 4: Service Referrals and Student Cooperation

Finally, the study examined whether students who appear to be uncooperative receive a higher number of referrals to services than students who cooperate with the SAP members and instructions. SAP coordinators recorded whether students were cooperative or uncooperative on an item included in the tracking form. The study found that students who were recorded as uncooperative received a higher number of referrals to services than students who cooperated with the SAP.

Discussion

In order to examine changes among students participating in Student Assistance Programs, this study examined data collected from seven schools in Southwest Virginia. Participants were students enrolled in SAP's during the 2005/2006 school year.

The study sought to answer four different questions:

1. Do students who participated in the SAP's in-school services show more improvement for the primary reasons for referral, than those students who did not participate in the in-school services?
2. Do students who participated in the SAP's out-of-school services show more improvement for the primary reasons for referral, than those students who did not participate in the out-of-school services?
3. Does parental influence increases student's improvement?
4. Are uncooperative students referred to a higher number of the SAP's resources and services than cooperative students?

The research sample included 534 students from seven South Western Virginia schools who were referred to the Student Assistance Programs from their respective schools during the 2005/2006 academic years. SAP coordinators for each Student Assistance Program maintained tracking forms in order to record and monitor each student's progress. The Chi-square test of Independence and Independent samples t-test were performed to examine whether there were any significant differences among the data. The analyses found both significant effects and non-significant effects for variables. There was no significant difference in the reported improvement for students who participated in in-school services compared to those who did not. As a result no further analysis of individual in-school services (e.g., monitoring, student interview, parent

interview, two-day self assessment program, teacher visit, follow-up with faculty, special education/child study services, teacher visit) was deemed necessary. However, SAP coordinators reported that a larger sample of students who participated in out-of-school services showed more improvement than those who did not participate at all. Specifically, students who participated in one out-of-school services (e.g., drug and alcohol assessment) showed improvement more often than students who did not participate in these services. In addition, students with involved parents/guardians also showed more improvement than students without involved parents/guardians. SAP coordinators referred uncooperative students to a higher number of services than cooperative students.

Conclusion

Considerable efforts are being made by schools to provide safe and engaging learning environments for all children to reach their fullest potential; however, some children within this environment are faced with many challenges that interfere with the learning process, namely behavioral, emotional, and cognitive difficulties. The implementation and integration of preventive programs such as Student Assistance Programs in schools can be categorized as effective programs, while not always meeting the needs of every student in every case. We did find the above scenario to be in keeping with the findings of this study; not all students benefit from all of the services offered. Conversely, the study also reported positive outcomes and positive impact for other participants. A troubling finding was with the tracking forms showing missing, incomplete, or unclear data collection. Evaluation of SAP is a very critical aspect of the program dynamics. Evaluation charts the course for best services that will better serve the needs of students. Finally, more longitudinal studies on SAP need to be conducted so that its effectiveness can be better understood.

Implications

The following section discusses implications of this study for researchers, SAP coordinators, parents of students referred to the Student Assistance Program, and the students themselves.

Researchers

Earlier chapters of this study suggested that the current findings would be helpful as a foundation for additional research. The data set that was collected using tracking forms may assist future researchers in investigating subsequent research questions and variables. Results of

this study combined with future research may aid administrators in deciding which services are appropriate for students, as well as the amount of service referrals that will be the most beneficial to a particular student.

SAP Coordinators

SAP Coordinators should be aware of the results of this study. Understanding the outcomes of the study may help SAP Coordinators develop services, interventions, and aspects of the program that will be the most effective and beneficial to the students. After highlighting some of the flaws present in the tracking forms used to collect data in this study, SAP coordinators may be encouraged to alter the tracking form itself to be more effective in answering questions unique to their community. Most importantly, SAP Coordinators should pay close attention to pitfall in other programs and try to avoid those pitfalls when considering implementing their own program.

Parents and Students

Parents of students referred to the Student Assistance Program are the most directly impacted by research like this present study. Both parents and students should be aware that some of the problems encountered are perplexing and troublesome and may need a more prescribed program and that Student Assistance Programs are not effective for all students, nor are they a "cure all" for all problem behaviors (Wilson & Kolander, 2000). However, parents and students should remain informed about all possible services and interventions offered through the SAP, particularly those which may be the most relevant and beneficial.

Summary Discussion

Adelman and Taylor, (2002) believes Student Assistance Programs cannot guarantee that all its programs and services will meet the needs of all participants in every case, on the other hand, most of the services offered have positive impact on the well-being of the vast majority of participants. A most important role of the school system is to encourage and foster academic achievement, and no less important is the responsibility of the Institution to provide a safe and secure environment, free from barriers that can hinder the learning process. The implementation of the Student Assistance Program in Southwestern Virginia School District indicates that School Administration is aware of the challenges facing students within its jurisdiction, and has perceived Student Assistance Program and an effective resource to successfully address the challenges.

Although the study revealed major inconsistencies with the recorded data, the findings were still encouraging. A majority of students had significant positive outcome in most areas of the investigation. Most notable was results from Questions 2 and 3. The findings for Question 3 conform to what most educators are inclined to believe: that we cannot underscore enough the importance of parents' involvement with their children. Students who had parental influence in this study had a statistically significant difference in "improvement" for the primary reason for referral, compared to students who did not have parental influence. Of the total number of participants a significant 69% of those students did "not improve" and those were the students who did not have any parental influence (as compared to only 31% who had parental influence). SAP Coordinators in this community need to use this data to make the case for effective SAP

services and use them to help close these gaps that prevent parent/guardian participation in their rural community.

Another positive outcome of sorts was students participating in the out-of-school services. Although there was not the desired overwhelming positive outcome in all the services, never-the-less there was measurable significance in drugs and alcohol assessment services; the result might not be statically impressive, but if the program can saved "one" child then, it is worth all effort. It would be fitting to also conclude that the Student Assistance Program in southwest Virginia is exploring every possible resource in an effort to help uncooperative student manage their problems. This effort is evident in the increase number of services offered to this group.

The researcher has reasonable grounds to believe that some results might have been different, had it not been for unclear or missing data. However, notwithstanding these limitations, stakeholders can use this study to begin to address the shortcomings of the program, strengthen those services that have demonstrated positive outcomes and re-evaluate or eliminate ineffective services. Program success is contingent upon collaborative efforts characterized by equality, support, and teamwork (Osher & Osher, 2002).

The results of these research questions were used as a basis to discuss conclusions and recommendations for future research and implications for different individuals who are affected by Student Assistance Programs. Hopefully, the results of this study will guide other researchers, SAP members, and parents in supporting students who need additional assistance.

Recommendation

Based upon the above discussion, the following recommendations can be made for future research. When evaluating a SAP program, it is important to consider not only the success of the program for the students, but also to look at the effectiveness of the core team of the program. Although rigorous program evaluation could be expensive and time-consuming, evaluation and accountability of the core team will lead to better outcomes that will contribute to the development of long-term success to programs, and this attempt may avoid many of the pitfalls that this study revealed. Among the pitfalls were the many tracking form errors. SAP coordinators should be held accountable when there is a dereliction of duty, which we think is the cause for the missing data from the tracking forms. Instructions and/or training on how to complete tracking forms or any other research instrument when required should be mandatory training for all core team members.

Replication of this study with other samples is highly recommended in order to generalize the results to a larger population, as well as using other methods to measure the variables of interest in addition to the tracking forms. Future studies should explore other methods of data collection, such as interviews and surveys mailed to parents/guardians and students. Additionally, other studies should explore other information recorded on the tracking form not covered in this study. Identify and expand current services that are successfully meeting the needs of students and re-evaluate and eliminate those services that have fallen short of expectation in both in- and out-of school services.

Finally, there should be concerted effort to establish meaningful partnership between educators and parents that promotes the sharing of their expertise knowledge. Success at any

level is a team effort so, parent/guardians should have a voice in the decision making process as be the strongest advocates for their children. (Vosler-Hunter & Hanson, 1992).

Appendix A
SAP Tracking Form 2005/2006

Items 1 - 12 must be filled out completely.

Roanoke County SAP Individual Tracking Form

1. School William Byrd High School
2. SAP Number _____
3. Student number _____
4. Grade _____
5. Age _____
6. Sex M_____F_____
7. Special Ed. Y ____N_____
8. Race _____

9. Data
_____ Date of Referral _____ Repeat Referral

10. Referral Source CHECK ALL THAT APPLY
_____ Adm.
_____ Policy Violation (new)
_____ Policy Violation (carry over from last year)
_____ Parent/Guardian
_____ Treatment Program
_____ Other_____
_____ Faculty
_____ Nurse
_____ Peer
_____ Courts
_____ Visiting Teacher
_____ Guidance Counselor
_____ Self
_____ SRO
_____ Outpatient Counselor

11. Referral Reasons CHECK ALL THAT APPLY AT TIME OF REFERRAL
_____ Violated School Policy _____
_____ Violated D & A Policy
_____ Violated Athletic Policy
_____ Violated Tobacco Policy
_____ Behavioral Concerns, A & D
_____ Behavioral Concerns, MH
_____ Suicidal, ideation, gestures, attempts
_____ Self reported problem _____
_____ Concern for Others
_____ Anger Issues
_____ Tobacco Issues/Education
_____ D & A Recovery
_____ Grief Issues
_____ Friendship Issues
_____ Concerns over high risk behaviors
_____ Other _____
_____ Discipline Problems
_____ Drop in Grades
_____ Bullying
_____ Pregnancy
_____ Attendance
_____ Family Change Issues

12. Action Taken (Recommended/Completed) CHECK ALL THAT APPLY
A. In-School Referrals

R	C		R	C			
___	___	Monitoring	___	___	Visiting Teacher	___	___ Group
___	___	Parent Interview	___	___	One-to-one with Guidance	___	___ FAPT
___	___	Student Interview	___	___	One-to-one with SAP Coordinator		
___	___	Follow-up with Faculty	___	___	One-to-one with SRO		
___	___	2-Day Self-Assessment Program	___	___	One-to-one with Nurse		
___	___	Special Education/Child Study	___	___	Other _____		

B. Out-of-school Referral Reasons _____None recommended

R	C		R	C	
___	___	MH Assessment	___	___	D & A Assessment
___	___	Urine Screens	___	___	Support Groups
___	___	Counseling	___	___	Other _____

D. No Action
_____ Data gathered did not warrant a recommendation
_____ Services Refused

Since Referral:
13. # Positive Urine Screens_____ #Negative Urine Screens_____ N/A_____

14. # Recommendations Made to Parents_____ #Recommendations Followed_____ N/A _____

15. After Outside Evaluation:
A. Did Student Enter TX Program Yes_____ No _____ N/A _____
16. Date Exited Program: _____

17. Reason for Exiting the Program Early:
_____ Transferred to another School
_____ Incarcerated
_____ Other_____
_____ N/A
_____ Dropped out of School

18. If referral was for a D & A violation, have additional D & A violations occurred? _____Yes _____No _____N/A

19. Performance Measures
A. Has the student improved in relation to the primary reason for referral? _____Yes _____No _____Same

B. If the student was not working up to potential upon entry into the program, has there been a change?
_____Improvement _____Decline _____Same _____N/A

C. Did the student meet the goal identified by the SAP Core Team? _____Yes _____No

E. Was student cooperative with SAP services and interventions? _____Yes _____No

F. PRE AND POST SCORES of GROUPS(if applicable): REFLECT IN %

Appendix B
Research Protocol for IRB Request

Student Assistance Programs in Southwestern Virginia

1. Justification of Project

Seventy percent (70%) of illness and death among adolescents and young adults are caused by health-risk behaviors such as violence, sexual activity, substance abuse, and suicide (USDHHS, 2000). Presently, prevention, education, and treatment programs are only able to manage the worst of these behaviors. We should aim to solve the problem in order to rescue generations of youths from these destructive behaviors.

There are recorded positive outcomes for students who participated in Student Assistance Programs (SAPs). Program evaluation should be a continuous component of any SAP implementation process in order to establish the effectiveness of student assistance programs.

This is a Meta-analysis study to examine data to answer questions regarding student assistance program outcomes. The overall purpose of this study is to determine outcomes of the Roanoke County Student Assistance Program and services offered. The data measure improvement in in-school services and out-of-school for primary reason of referral, Influence of parent participation on outcomes and number of services referrals for cooperate and uncooperative student.

II. Procedures

Participants for this study were obtained from the Student Assistance Programs in seven Roanoke County Schools in Southwestern Virginia. The participants were students enrolled in the program during the years 2005 to 2006. The data was recorded onto tracking forms by counselors at each school. The tracking forms contained no names or any other identifying variables. Information included is; school, student number, grade, age, sex, race, special education status and gifted status. This information will be imputed into databases by experimenter and comparison studies will be ran on data for analysis purposes.

The statistical program SPSS 17.1 will be used to calculate frequencies, percents, means and standard deviations for the data collected. The SPSS program will also be used to compare and to determine if significant differences occurred.

III. Risks and Benefits

Participants in this research were not exposed to any risk and as such the project should be exempt from review by the IRB under criteria c (1) because "subjects cannot be identified directly or through identifiers with the information provided on tracking form."

This study's measures will allow documentation of performance and service outcomes. The collected data will provide information helpful to understanding student assistance programs in schools and the services offered both in-and out of school. It is important to understand if student assistance programs services are effective in improving students' performance in

Roanoke County Schools, and are students better served by some services than others. Such understanding will be important to program coordinators and impact how referrals are made and their effects on specific student population could be helpful to SAP's programs Administrators.

Results of this study may be compared to results from future studies of similar populations. Benefits from this research, also has implications for students, families, and communities and may also provide valuable information that would be useful in designing and improving in- and out-of -schools intervention programs.

IV. Confidentiality/Anonymity

Tracking forms were used in the collection of the data. Students were assigned specific numbers and these numbers appeared on the forms. No forms of individual personal identification appeared on the forms except the assigned identification number.

Confidentiality was strictly maintained throughout the research process. No address, No social security numbers and no names shared between school and researcher.

V. Compensation

There is will be no compensation given because the data is derived from preexisting data sources.

VI. Informed Consent N/A

Appendix C

Example of the Student Assistance Tracking Form for 2005

1. School

2. School Number

3. Student Number

4. Grade

5. Age

6. Sex

7. Special Education

8. Ethnicity

9. Data

a. Date of Referral

b. Repeat Referral

c. Number of Legal Charges

d. a. G.P.A.

e. Disciplines

f. Absences

10. Referral Source

a. Administration

b. Policy Violation

c. Guidance Counselor

d. Parents/Guardian

e. Courts

f. Treatment Program

g. Faculty

h. Self

i. Peer

j. SRO

k. Outpatient Counselor

l. Visiting Teacher

m. Other

11. Referral Reason

a. Violated School Policy

b. Violated Drug & Alcohol Policy

c. Violated Athletic Policy

d. Violated Tobacco Policy

e. Behavioral Concerns, Alcohol & Drug

f. Behavioral Concerns, Mental Health

g. Bullying

h. Discipline Problems

i. Drop in Grades

j. Concern for Others

k. Self-reported Problem

l. Suicidal

m. Recovery

n. Tobacco Issues

o. Tobacco Education

p. Anger Issues

q. Attendance

r. Pregnancy

s. Grief

t. Other

12. A. Actions of School Referrals

a. Monitoring

b. Student Interview

c. Parent Interview

d. Follow-up with Faculty

e. Drug & Alcohol Group

f. 2 Day Self-Assessment Program

g. Tobacco Education

h. Grief Group

i. Bully Intervention Group

j. One-to-one Counseling with Guidance Counselor

k. concerned others Group

l. One-to-one Counseling with Coordinator

m. One-to-one with SRO

n. Anger Management

o. Special Education/Child Study

p. School Psychologist

q. Truancy Group

r. Smoking Cessation

s. Guidance Group

t. Other

B. Reasons for Out-of-School Referrals

a. Mental Health Assessment

b. Urine Screens

c. Counseling

d. Drug & Alcohol Assessment

e. Support Groups

f. Other

C. Out-of-School Referral Source

a. Behavioral Healthcare

b. Family Services

c. The Center for Emotional Health

d. Private Psychiatrist

e. Appalachian Counseling Center

f. Manassas Group

g. Private Counselor

h. Court Services

i. Residential Treatment Program

j. Crisis Services

k. Child Protective Services

l. Support Group

m. Carilion Labs

n. School Psychiatrist

o. Other

D. No Action

a. Data gathered did not warrant recommendation

b. Parent refused service

c. Student refused service

13. a. # of positive urine screens

b. # if negative urine screens

c. N/A

14. Recommendations

a. # Recommendations made to parents

b. # Recommendations followed

c. N/A

15. Outside Evaluation outcome

a. Did student enter program?

b. Is student currently in program?

c. Did they complete treatment program?

16. Date exited program

17. Reasons for leaving program

a. Transferred to another school

b. Incarcerated

c. Dropped out of school

d. Other

e. N/A

18. Drug and alcohol related referrals?

19. Performance Measures

a. Improvement since primary reason for referral?

b. Any further change since entry into program?

c. Pre and Post scores if applicable for anger management, drug and alcohol, life skills, truancy, 2 day program, COA and Other.

d. Locus of Control Scores

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