Everybody's Business

Drug-Free Schools
and
Communities
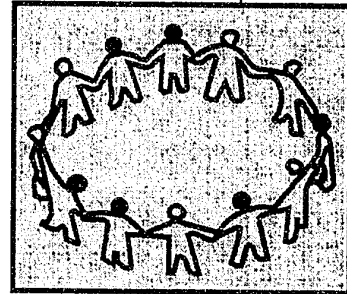
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Pt. I

FACILITATOR'S GUIDE

Everybody's Business

Drug-Free Schools
and
Communities

Facilitator's Guide

Everybody's Business
Drug-Free Schools and Communities

Facilitator's Guide
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About *Everybody's Business*

Introduction

The Facilitator's Guide is to be used in conjunction with the five-part video series, *Everybody's Business: Drug-Free Schools and Communities*. This easy-to-use guide will assist you in delivering a unique 10-15 hour staff development program for adults who work face-to-face with youth.

You may copy this guide, the Participant's Workbook, and the videotapes of the sessions as needed to share this training resource with others. Please note the copyright information inside the front cover of the Participant's Workbook for exceptions. Credit of the source would be appreciated.

Inside the Facilitator's Guide

Inside this guide you will find the following sections:

- *Background:* the history of *Everybody's Business*.

- *Professional Credit:* how to obtain credit for the course.

- *Implementing the Program:* the target audience; responsibilities of the facilitator; implementation time of the course; advantages of co-sponsorship; ways to evaluate the training.

- *Preparing for the Sessions:* preparation of the training materials; equipment and supplies needed; two sample room layouts.

- *Adults and Effective Workshops: A Few Pointers:* tips on adults as learners; how to conduct an effective workshop.

- *About the Sessions:* format of the videotapes and the Participant's Workbook sessions; special requirements for Sessions One and Four.

- *Session Summaries:* an overview of each of the five sessions.

- *Adapting the Training:* ways of adapting the course to fit the needs of your participants and locale.

- *Appendix:* a sample promotional flier; a list of rules for brainstorming; ground rules for small groups; evaluation results of the original *Everybody's Business* training; pre-and post-training questionnaires.
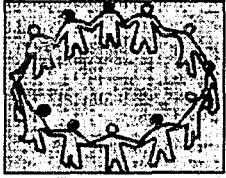
Background

Everybody's Business was funded by a grant from the U.S. Department of Education to test the feasibility and effectiveness of distance learning technologies in presenting training on alcohol and other drug use prevention and intervention. *Everybody's Business* originally was broadcast live to down link sites throughout the nation. The sessions included lectures from individuals and panels of experts, and were interspersed with activities that participants completed by themselves, in pairs, or in small groups. During the broadcasts, participants had the opportunity to speak directly to panel members by phone, to ask questions or clarify content.

An extensive evaluation process was implemented during the original broadcasts. A summary of the evaluation results, as well as anecdotal information regarding implementation of the program, has been included in this guide. (See Appendix, *Evaluation Results.*)

With additional funding from the Center for Substance Abuse Prevention and the California Department of Education, the original broadcasts' evaluation was expanded and edits were conducted to create a five-part training program. *Everybody's Business* is unique in that it combines the ease of in-service training via videotape with the expertise of national experts and the practical experience of adults who work with youth throughout the nation.
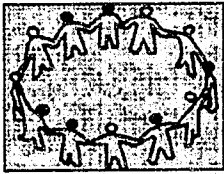
Professional Credit

Offering credit for *Everybody's Business*

Professional credit was a significant factor for participant enrollment in the original broadcast series of *Everybody's Business*. Adults in many professions—including nurses, social workers, teachers, and counselors—need continuing education or professional development units to maintain their licenses. By planning ahead and using the resources contained in this training package you should be able to offer credit for the program.

There are three types of credit you can obtain for the *Everybody's Business* course:

- *Continuing Education Units (CEU's)*—most states have an office to approve CEU's for professionals in nursing and social service fields.

- *Academic Credits*—college quarter or semester units.

- *Professional Development Credits*—obtained from local educational agencies.

Assess your intended audience and consider which type of credit you will offer. Your local university's continuing education office can connect you to the appropriate organizations for the course to be approved for credit. Note that most organizations will charge fees to the participants for the units/credits.

How much credit can be offered for the *Everybody's Business* course?

The amount of credit you offer for the program depends on the number of hours you conduct the training. In general, an individual receives one CEU for each hour in attendance, one college "semester" unit for every 15 hours, and one college "quarter" unit for every 10 hours of attendance. Local

educational agencies that offer professional development credit for pay increases require 15 hours of training for one credit.

To obtain credit for the course you will need to submit information that demonstrates *Everybody's Business* is valid professional training. The following information should be sufficient to gain approval:

- the Participant's Workbook course maps for Sessions One through Five, which contain subject summaries and course objectives;

- the study questions in the Independent Study Guide, located in the Participant's Workbook Tool Box;

- the resumes of Dr. J. David Hawkins and other trainers, located in the *Who's Who* section at the beginning of the Participant's Workbook; and

- implementation information for the course, including the location, date, and time, and the names of the facilitator/s and sponsoring agency.
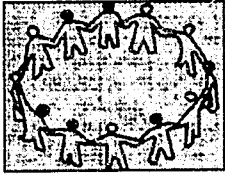
Implementing the Program

You don't have to be an expert on tobacco, alcohol, and other drug prevention research to implement this course. The *Everybody's Business* program provides you with the expertise of nationally-recognized trainers and researchers in the field, such as Dr. J. David Hawkins. With the five videotapes, the Participant's Workbook, and the Facilitator's Guide, you will have everything you need to conduct an effective training program.

Target audience

Everybody's Business is aimed at people who are interested in implementing research-based prevention through their programs and/or professional practices. This includes prevention and educational program planners, administrators, parents, or any adult who works face-to-face with youth in grades K-12—such as teachers, coaches, day care providers, and recreational leaders. A sample promotional flier to announce the course to your target audience is located in the Appendix of this guide.

Preparing to be a facilitator

The responsibilities of the facilitator generally fall into two categories: technical preparation and facilitation of the actual sessions. For this reason, you might consider having a co-facilitator. By co-facilitating, one person can be in charge of equipment and training logistics while the other can concentrate on making the participants feel welcome and encourage interaction during the activities.

Implementation time

Everybody's Business has been designed so it can be adapted to suit the needs your locale. The course also has been structured to allow a great deal of interaction among participants. Therefore,

the length of the sessions may vary according to the way you wish to implement the course. In general, the time needed to conduct the training is between 10 and 15 hours.

The total running time of the five videotapes is 6 hours. Session Four is 58 minutes long; the other four sessions average one hour and 11 minutes. In addition to the actual running time of each videotape, there are four or five points during a session where the tape is to be stopped for activity breaks. Most activities take between 6 and 15 minutes, depending on their structure. It is up to the facilitator to gauge when the time for an activity has been sufficient.

Other factors that can cause the session time to increase include the following:

- the "get acquainted" activity and distribution of course materials in Session One (for additional information, see *About the Sessions.*)

- the enrollment of participants for credit and assignment of study questions and activities (see *Professional Credit*).

- implementation of the pre- and post-evaluation surveys, which will add approximately 20 minutes in Sessions One and Five. (Pre- and post-evaluation forms appear in the Appendix of this guide.)

- a discussion of local resources in Session Four (see *About the Sessions.*)

- the addition of supplementary resource information, activities, and/or lectures. Ways to tailor the training to meet local needs are described in *Adapting the Training.*)

After thoroughly reviewing the videotapes, Participant's Workbook, and Facilitator's Guide, you will be able to determine the appropriate length for your training. It is a good idea to mark your own copy of the Participant's Workbook with the approximate times for session activities and compute the total time for each session.

You can structure the course in any number of ways: as 15 one-hour sessions or 5 three-hour sessions held over a period of weeks, or as a two-day weekend workshop. Consider the people you are trying to attract to the training and their time pressures. Also take into account the availability of resources, including facilities and any guest speakers you may wish to invite for supplemental lectures.

Co-sponsorship

Consider inviting other agencies or organizations to be a co-sponsor of the training. Co-sponsorship will help to:

- increase your promotional exposure to a wider audience; and

- reduce the cost of sponsorship (including costs for the facility, promotion, staff, equipment, duplication, and refreshments).

Appropriate co-sponsors include the following:

- *Institutions of higher education.* These can:
  - offer professional credit;
  - access additional expertise to enrich session content;
  - assist in adapting the program to local needs; and
  - offer an opportunity to merge with other programs that draw adults to training, including teacher education; alcohol and other drug counseling certificate programs; and nurse, counselor, and social worker training programs.

- *County offices of education and regional prevention centers.* These can:
  - promote the training to a larger audience; and
  - offer additional resources for implementation and evaluation.

- *Community partnerships.* These can:
  - draw participants from a wide spectrum of the community.

- *Youth programs and civic organizations that employ youth workers.*

Evaluating your training

You may choose to evaluate your training in two ways. One way is to hand out a simple questionnaire on participants' satisfaction with the training, facilitator, and facilities. The other way is to conduct pre-, post-, and follow-up surveys assessing the knowledge, skills, and comfort level that participants achieved in the training. Pre- and post-training questionnaires are contained in the Appendix of this guide. Note that the post-training questionnaire is also used for any follow-up survey you may wish to conduct.

Consider working with a local college or evaluation specialist to have the results of the evaluation summarized for you. The evaluation summary of the original *Everybody's Business* training course is contained in the Appendix.
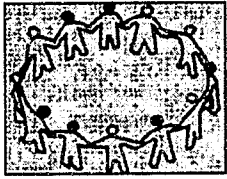
Preparing for the Sessions

Training materials

Each participant should receive a copy of the Participant's Workbook. Have the workbook copied on three-hole punch paper; it is designed to be copied front and back. Your organization can provide three-ring binders for the workbooks, or you can ask participants to bring their own binders to the course. Organize your copy of the Participant's Workbook with tabbed dividers so you can easily access each session and activity.

Equipment

The number of monitors and VCR's to be used will depend on the number of participants at the site. A good rule of thumb is one monitor for every 15 participants. The monitors should have a large screen (minimum of 25 inches) and be capable of reproducing a clean, crisp image. Monitors mounted on the walls work best for large audiences.

If you find you need additional monitors, it is possible to use a splinter cable to connect the monitors. If you do not have a technician or internal resource person to help you do this, you can contact a local electronics store for assistance. You will need to describe the types of monitors you are using. The store should have a cable to fit your system at a nominal cost.

Test the VCR and monitors prior to each session. The person in charge of the equipment should be responsible for stopping and starting the tape during the small group activities.

Room arrangements

Because the program format emphasizes small group activities, it is important that the viewing room be arranged in a manner that encourages participation and discussion. Depending on the physical layout of the room, you may wish to arrange tables and chairs based on the examples shown on the opposite page.

Up to 20 Participants

More than 20 Participants
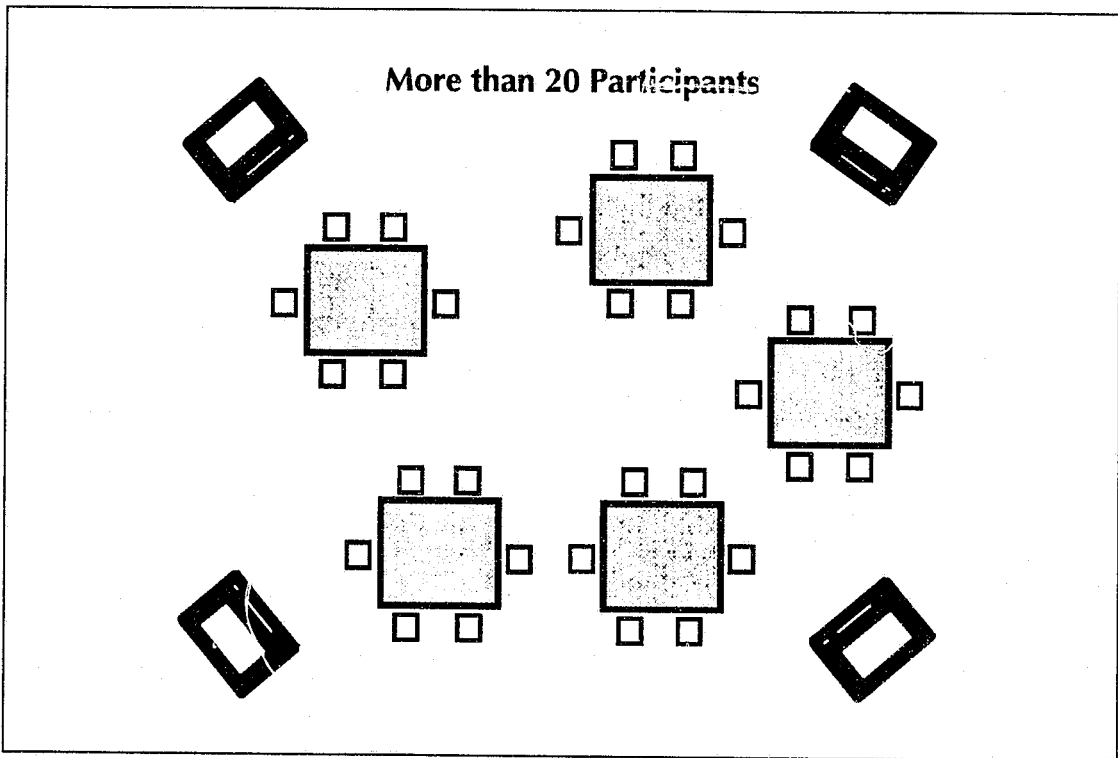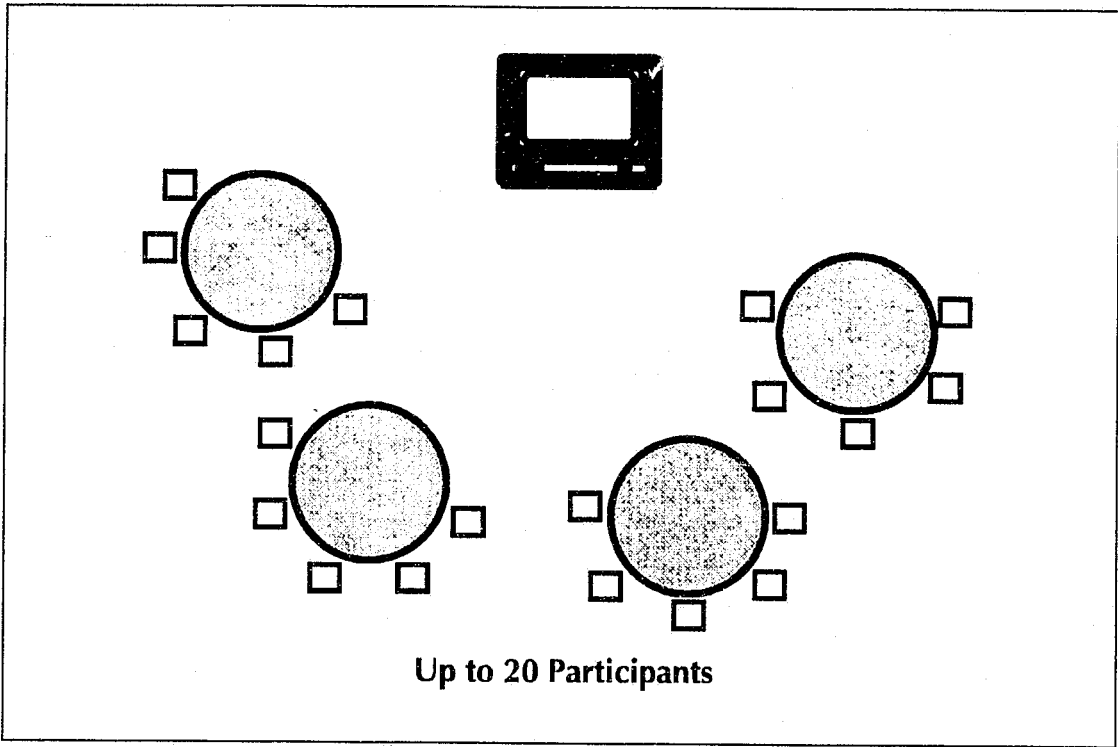
Refreshments

Refreshments are highly recommended if they are within your organization's budget.

Supplies

You will need the following materials for each session of the program:

- VCR and monitor

- one Participant's Workbook per participant

- name tags

- pens or pencils

- extra copies of the Participant's Workbook for Sessions Two through Five, in case someone forgets his/her personal copy

- copies of the *Ground Rules for Small Groups* and *Rules for Brainstorming* (found in the Appendix), for use in poster form or as transparencies

- one resource list per participant (see preparation for Session Four in *About the Sessions*)

Before each session

- ☐ Make sure all equipment is operating

- ☐ Set up the room to allow viewing of the monitor from all seats, with one monitor for every 15 participants

- ☐ Provide some pencils or pens for use during each session

- ☐ Provide name tags

❑ Post or put on an overhead projector the *Ground Rules for Small Groups* and *Rules for Brainstorming* contained in the Appendix

❑ Provide refreshments as resources allow

❑ Encourage the participants to introduce themselves to one another

❑ As participants arrive, give them a copy of the Participant's Workbook

During each session

Assist the group in staying on task by:

- clarifying directions for activities;

- encouraging small group discussion; and

- bringing the group's attention back after small group activities.
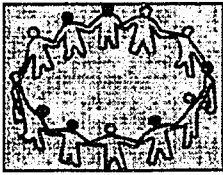
Adults and Effective Workshops: A Few Pointers

Adults as learners

- Adults bring a great deal of life experience to the workshop.

- Adults need to be physically comfortable for effective learning.

- Adults seek out learning experiences to cope with specific life changes.

- Adults tend to prefer single-concept, single-theory workshops that focus on application.

- Adults have many commitments and demands on their time.

- Adults have established a variety of reflexes to authority.

- Adults come to the workshop with a set of expectations.

Effective workshops

- Effective workshops tap participants' experience as a major resource for learning.

- Effective workshops tend to adult needs with frequent refreshment breaks, comfortable chairs, and adequate lighting and ventilation.

- Effective workshops recognize the great diversity of adult values and attitudes and make provisions for them.

Adapted from *Planning, Conducting, and Evaluating Workshops* by Larry Nolan. Davis, Learning Concepts Company, 1979.

- Effective workshops recognize adults' need to maintain self-esteem, and provide activities to build self-esteem.

- Effective workshops provide learning experiences that give adults specific tools to cope with change.

- Effective workshops are sensitive to participants' time constraints and provide learning experiences within an appropriate time frame.

- Effective workshops recognize the variety of adult responses to authority and provide for a balance of control between instructor and participant.

- Effective workshops clarify instructor and participant expectations at the beginning of each workshop.
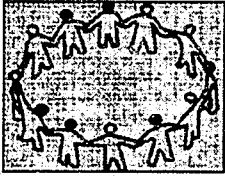
About the Sessions

Session format of the videotapes

Each of the five videos begins with an introduction of the concepts to be covered in the session by the guest lecturers and panelists. Activity breaks are interspersed throughout the panelists' discussions. During these activity breaks, the screen will go black. It is the facilitator's role to keep the group on task during activities and determine when more or less time is needed for each activity.

Session format of the Participant's Workbook

Each of the five sessions begins with a Course Map and Objectives. An example is shown on the opposite page.

For each activity, participants will find "Read Me First," a page that describes the purpose of the activity and ways that participants can use it in future. Directions for each activity appear on the actual worksheet, as well as in the videotape. Summaries of the lectures also are included in each session.

Special preparation for Sessions One and Four

The Introductory Activity in Session One, "Getting Acquainted," should be conducted before you start playing the session videotape. "Getting Acquainted" is the only activity that is not specifically referred to in the course videos.

The Session Four Closing Activity, "Referring Young People for Help," calls for a list of local prevention and intervention resources to be distributed to participants. This is the only session supplement you are required to prepare for the course. (Optional suggestions for providing other local resources are discussed in *Adapting the Training.*) Agencies/resources that may be helpful in creating the document are listed in *Adapting the Training.*

Session Five

Course Map and Objectives

Introductory Activity
Three Steps to Naming the Feeling

Session Summary
- Practical strategies in use today—in schools and community centers like your own—that work to help young people become resilient to the use of alcohol and drugs

Objectives
As a result of this session, you will be able to:
- Describe the steps necessary to maintain and restore bonds with young people
- Describe the types of youth service and explain why youth service is valuable to prevention efforts
- Develop a plan to involve the youth you work with in youth service
- Set new goals for your participation in prevention

Lecture
Restoring Broken Bonds

Activity One
Six Steps to an Authentic Relationship

Lecture
Youth Service

Activity Two
Youth Service to Enhance Your Programs and Curriculum

Closing Activity
Making Everybody's Business Work for You

Session Summaries

Session One: Is It Everybody's Business?

Featuring J. David Hawkins. Panelists: Karen Bass, Emanual Tau, Susan Mejia Johnson.

This session examines tobacco, alcohol, and other drug use by young people and presents the risk and protective factors that research shows hold promise in prevention efforts.

Session Two: Proactive Prevention—Building Resiliency in Youth

Featuring J. David Hawkins. Guest: Peter Bell.
Panelists: Annie Cabrera, Arlan Neskahi, Andrew Kennedy.

This session introduces the Social Development Strategy for implementing two key protective factors against tobacco, alcohol, and other drug use: healthy beliefs and clear standards, and bonding. Session Two also covers the role that culture plays in promoting bonding.

Session Three: Healthy Beliefs and Clear Standards

Featuring Kevin Ringhofer and Martha Harding.

This session shows a number of ways to use healthy beliefs and clear standards to provide young people with consistent messages regarding tobacco, alcohol, and other drug use.

Session Four: When Prevention Becomes Intervention

Featuring Kevin Ringhofer and Martha Harding.

This session reviews ways of ascertaining when youth are experiencing problems and explains how adults can support and assist them in getting the appropriate help.

Session Five: Practically Speaking

Featuring Alice Halsted. Panelists: Dennis Gilmore, Colleen Hall, Patsy Fine.

This session explores the struggle to maintain bonds faced by adults who work with youth. It examines strategies that:

- promote authentic relationships; and

- provide youth with opportunities for meaningful involvement in their schools and communities through service learning.
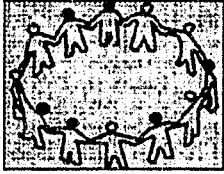
Adapting the Training

In addition to the information provided in the course videos and Participant's Workbook, you may wish to supplement the training with local resources relating to each session's objectives. You can use any combination of surveys, resource lists, and short lectures by local experts to tailor the sessions to the concerns of your region.

These supplemental activities are optional for Sessions One, Two, Three, and Five; the resource list for Session Four is the only supplement you are required to prepare. Following are ways to augment each course session:

Session One: Is It Everybody's Business?

You may wish to supply or summarize surveys on local tobacco, alcohol, and other drug use.

Session Two: Proactive Prevention—Building Resiliency in Youth

You may wish to draw up a list of community resources and youth programs that provide services for the various cultures in your community.

Session Three: Healthy Beliefs and Clear Standards

You may wish to distribute and discuss your school or organization's rules and policies regarding adult and young people's use of tobacco, alcohol, and other drugs.

Session Four: When Prevention Becomes Intervention

You need to construct a list of local prevention and intervention resources for the Closing Activity. Make sure you have a balance between prevention, intervention, and treatment agencies. If your

school or organization has a student assistance program, core team, or other referral mechanism for youth who are experiencing problems, be sure to include it. The following agencies/resources may be helpful in creating your list:

- Alcoholics Anonymous and other related organizations

- county mental health agencies

- local treatment centers

- the National Council on Alcoholism and Drug Dependence (NCADD)

- your school district's counseling staff or psychologists

- the yellow pages of your telephone directory

Session Five: Practically Speaking

You may wish to discuss opportunities in your region that can further staff development for communicating with and nurturing youth. You also may wish to draw up a list of youth service programs or organizations in your community that need volunteers.

Facilitator's Guide

Appendix
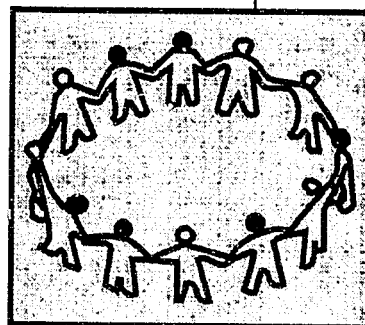
Everybody's Business

Drug-Free Schools and Communities
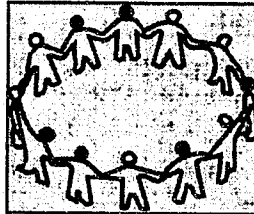
An Interactive Video Training Course for Adults Who Work with Youth K-12

Credit available:

Dates:

Time:

Location:

For information call:

To register, complete the form below and mail to:

- -

Everybody's Business Registration Form: Please Complete

Name _____   Phone _____

Address _____

City _____   State _____ Zip _____

School _____

Credit Desired? ☐ Yes   ☐ No

Rules for Brainstorming

1. Say everything that comes to mind.

2. Do not discuss any idea until the end.

3. No judging (negative or positive); no laughing.

4. Piggybacking on other people's ideas is encouraged.

5. Accept and enjoy moments of silence...often a new burst follows.

6. Repetition is O.K. (Just write it again.)

Ground Rules for Small Groups

1. Everyone gets a chance to talk.

2. One person talks at a time and doesn't get interrupted.

3. It's O.K. to say what you feel.

4. No one *has* to talk.

5. Everyone has to listen.

6. No one puts anyone else down.

7. Ask for what you want.

Evaluation of *Everybody's Business: Drug-Free Schools and Communities*

■ Who participated in the evaluation?

Everybody's Business training was broadcast to over 400 receive sites throughout the United States. From the thousands of adults who participated, a sample of more than 400 adults who work with youth was included in the pre/post design evaluation. The participants in the *Everybody's Business* broadcast received a Participant's Workbook and two surveys. One survey was to be completed before the training; the other was to be filled out at the end of the training. By using the same survey before and after the training, we were able to determine how participants benefitted from *Everybody's Business*. In addition, a 5 month follow-up survey was conducted.

■ What were participants asked in the evaluation, and what were the key findings?

Key Finding 1:

Everybody's Business was effective training in providing adults who work with youth the knowledge and content for assessing youth at risk of alcohol and other drug abuse; providing youth with opportunities for choosing healthy life styles; and referring youth with problem behaviors.

Participants were asked how prepared they felt regarding several topics that were covered in the training. Following the training participants felt more prepared in assessing a young person's risk of tobacco, alcohol, or other drug use; choosing an effective tobacco, alcohol, or other drug prevention activity; and identifying strategies to help youth develop a positive cultural identity.

Participants felt more prepared in providing opportunities for youth to develop decision making and leadership skills through involvement; enforcing rules and consequences about tobacco,

alcohol, and other drug use fairly and consistently; and talking to students about a problem behavior that might be related to alcohol or other drug use, by the students themselves or by someone in their family.

After completing *Everybody's Business*, the participants felt more prepared in referring a student for help for a problem that might be related to their own or others' use of alcohol or other drugs, and in initiating and maintaining a communication bond with isolated youth. However, participants did not feel any more prepared in setting an appropriate example regarding tobacco, alcohol, and other drug use than they did prior to the training.

Key Finding 2 :

Everybody's Business was effective training in increasing the comfort level of adults who work with youth—in assessing youth at risk of alcohol and other drug abuse; providing opportunities for choosing healthy life styles; and referring youth with problem behaviors.

Participants were asked how comfortable they felt in relation to topics covered in the training. After completing the training, participants felt more comfortable assessing a young person's risk of tobacco, alcohol, or other drug use; choosing an effective tobacco, alcohol, or other drug prevention activity; and identifying strategies to help youth develop a positive cultural identity.

Participants also felt more comfortable in providing opportunities for youth to develop decision making and leadership skills through involvement; enforcing rules and consequences about tobacco, alcohol, and other drug use fairly and consistently; and talking to students about a problem behavior that might be related to alcohol or other drug use, by the students themselves or by someone in their family.

After completing *Everybody's Business*, the participants felt more comfortable referring a student for help for a problem that might be related to their own or others' use of alcohol or other drugs, and in initiating and maintaining a communication bond with

isolated youth. However, participants did not feel any more comfortable in setting an appropriate example regarding tobacco, alcohol, and other drug use than they did prior to the training.

Key Finding 3:

Everybody's Business was effective training in sustaining the knowledge and comfort levels of adults who worked with youth; changing their behaviors for assessing youth at risk of alcohol and other drug abuse; providing opportunities for choosing healthy life styles; and referring youth with problem behaviors.

Participants not only increased their knowledge and comfort levels after the training, but also sustained the increase during a 5 month follow-up survey.

Changes in Overall Preparation and Comfort Levels

Composite Means

4.2	
4	
3.8	
3.6	
3.4	
3.2	

Pre-test   Post-test   5 mo. follow-up

—●— Comfort   —■— Preparation
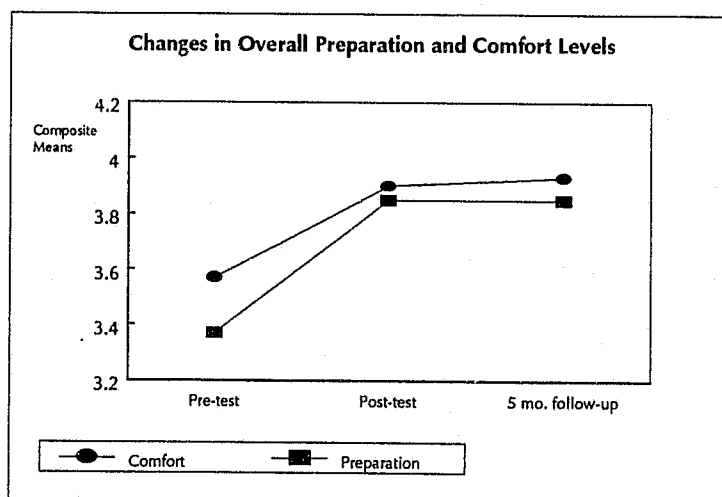
Key Finding 4:

Everybody's Business was the training model that was preferred or liked as much as regular in-service training; provided useful prevention information in a high-quality instructional format; and was relevant to the youth served by participants.

Participants were asked to rate the usefulness of the information provided in *Everybody's Business*. Most of the participants, 99 percent, found the information in the training either very useful or somewhat useful.

Participants were also asked to rate the quality of instruction in the training. The majority of the participants, 99 percent, found the quality of instruction to be either very good or good.

Participants were also asked what type of training they preferred. A large number of the participants, 81 percent, liked the telecast sessions better or as well as regular in-services.

Many participants, 96 percent, felt that the training was either very relevant or somewhat relevant to the youth they serve.

Participants were asked whether they would recommend *Everybody's Business*. Almost all of the participants, 95 percent, said they would recommend the training to other adults.

▪ What can we conclude from the evaluation?

Based on the evaluation results, *Everybody's Business* was an effective alcohol and other drug prevention training for adults who work with youth.

Pre-Training Questionnaire

Section 1: Background Information

A. Name *(Optional)* _____

   Mailing address _____

   _____

   Telephone number _____

B. Year of birth _____ *(Optional)*   C. Sex: **1** Male   **2** Female *(Please circle)*

D. Please provide the last four digits of your Social Security number for survey
   identification purposes. It will not be used for any other purpose.   ___ ___ ___ ___

E. Race *(Please circle)*

   1 African American/Black   **4** Caucasian/White

   2 Asian American/Pacific Islander   **6** More than one of the above

   3 Latino/Hispanic origin   **7** Other *(please specify)*:

   4 Native American/Alaskan Native   _____

F. What is your primary role in working with youth? *(Please circle the one role that best describes
   what you do.)*

   1 Substance abuse prevention specialist **8** Law enforcement

   2 Teacher   **9** Community-based recreational program

   3 Counselor   **10** Other community-based youth program

   4 Coach   **11** Parent

   5 Health care worker   **12** Day care

   6 Mental health or social worker   **13** Other *(please specify)*:

   7 Youth worker   _____

G. Which of the following grades do you work with the most? *(Please circle only the grade levels of
   students with whom you regularly work.)*

   1 Kindergarten   **6** 5th Grade   **10** 9th Grade

   2 1st Grade   **7** 6th Grade   **11** 10th Grade

   3 2nd Grade   **8** 7th Grade   **12** 11th Grade

   4 3rd Grade   **9** 8th Grade   **13** 12th Grade

   5 4th Grade

H. Which of the following represent special groups of youth with whom you regularly work? *(Please circle all that apply.)*

1	Athletes	**5**	Special education
2	Continuation school	**6**	Adjudicated youth
3	Alternative education programs	**7**	None of the above
4	Limited Engish proficiency		

I. How did you learn about the training? *(Please circle only one response.)*

1 Recruited or invited by a staff development coordinator

2 Recruited or invited by a community-based organization

3 Public announcement, news article, flyer, etc.

4 Co-worker or friend

5 Other *(please specify):* _____

J. Why are you enrolling in the *Everybody's Business* training? *(Please circle the one answer that is most true for you.)*

1 Personal or professional interest only

2 Fulfill staff development or training requirements (e.g., steroids training for coaches)

3 Continuing education units

4 Professional or graduate credit

5 Stipend

6 My supervisor asked me to attend

7 As part of a community coalition or substance abuse prevention group

8 Other

K. Approximately how much training have you had in tobacco, alcohol, and other drug prevention since 1988?

1 None

2 1 to 5 hours (about one day)

3 6 to 15 hours (about two days)

4 16 to 30 hours (three to four days)

5 More than 31 hours (five or more days)

Section 2: Pre-Training Questions

INSTRUCTIONS: Read the statements below. For each statement, circle the number that best describes the way you feel.

---

1. At this time, *how comfortable* do you feel in dealing with the following situations?

		Very uncomfortable		Somewhat comfortable		Very comfortable
a.	Assessing a young person's risk of using tobacco, alcohol, or other drugs.	1	2	3	4	5
b.	Choosing an effective tobacco, alcohol, or other drug prevention activity.	1	2	3	4	5
c.	Identifying strategies to help youth develop a positive cultural identity.	1	2	3	4	5
d.	Providing opportunities for youth to develop decision making and leadership skills through involvement.	1	2	3	4	5
e.	Setting an appropriate example regarding tobacco, alcohol, and other drug use.	1	2	3	4	5
f.	Enforcing rules and consequences fairly and consistently about tobacco, alcohol, and other drug use.	1	2	3	4	5
g.	Talking to a student about a problem behavior that may be related to alcohol or other drug use—by that person or by someone in his/her family.	1	2	3	4	5
h.	Referring a student for help for a problem that may be related to his/her or others' use of alcohol or other drugs.	1	2	3	4	5
i.	Initiating and maintaining a communication bond with isolated youth.	1	2	3	4	5

2. At this time, *how prepared* are you (in skills and/or knowledge) to deal with the following situations?

		Very uncomfortable		Somewhat comfortable		Very comfortable
a.	Assessing a young person's risk of using tobacco, alcohol, or other drugs.	1	2	3	4	5
b.	Choosing an effective tobacco, alcohol, or other drug prevention activity.	1	2	3	4	5
c.	Identifying strategies to help youth develop a positive cultural identity.	1	2	3	4	5
d.	Providing opportunities for youth to develop decision making and leadership skills through involvement.	1	2	3	4	5
e.	Setting an appropriate example regarding tobacco, alcohol, and other drug use.	1	2	3	4	5
f.	Enforcing rules and consequences fairly and consistently about tobacco, alcohol, and other drug use.	1	2	3	4	5
g.	Talking to a student about a problem behavior that may be related to alcohol or other drug use—by that person or by someone in his/her family.	1	2	3	4	5
h.	Referring a student for help for a problem that may be related to his/her or others' use of alcohol or other drugs.	1	2	3	4	5
i.	Initiating and maintaining a communication bond with isolated youth.	1	2	3	4	5

Post-Training Questionnaire

Please provide the last four digits of your Social Security number—for survey identification purposes only.

___ ___ ___ ___

Section 1: Participant Satisfaction with *Everybody's Business*

INSTRUCTIONS: Please circle one response for each of the following questions.

A. What did you think about the *length* of the sessions?

   1   Too long   **2**   About right   **3**   Too short

B. What did you think about the *speed* at which the information was presented?

   1   Too fast   **2**   About right   **3**   Too slow

C. What did you think about the *amount* of information presented?

   1   Too much   **2**   About right   **3**   Too little

D. How *useful* was the information presented in the sessions?

   1   Very useful   **2**   Somewhat useful   **3**   Not useful

E. How appropriate was the *amount of time* allowed for the sessions?

   1   Too long   **2**   About right   **3**   Too short

F. How useful was the *Participant's Workbook?*

   1   Very useful   **2**   Somewhat useful   **3**   Not useful

G. How appropriate was the *amount of time* allowed for the activities?

   1   Too long   **2**   About right   **3**   Too short

H. How *useful* were the activities for you?

   1   Very useful   **2**   Somewhat useful   **3**   Not useful

I.   Overall, how would you rate the *quality* of instruction?

    1   Very good   **2**   Fair   **3**   Poor

J.   How much did you like the *sessions* compared to typical in-service training?

    1   Liked sessions better   **2**   The same   **3**   Liked in-services better

K.   How *relevant* was the training to you for the youth with whom you work?

    1   Very relevant   **2**   Somewhat relevant   **3**   Not relevant

L.   Would you *recommend Everybody's Business* to others?

    1   Yes   **2**   No

M.   What part of *Everybody's Business* was *most beneficial* to you?

    1   Information presented by the lecturers/panelists

    2   Information in the Participant's Workbook

    3   The activities

N.   What part of *Everybody's Business* was *least beneficial* to you?

    1   Information presented by the lecturers/panelists

    2   Information in the Participant's Workbook

    3   The activities

Section 2: Post-Training Questions

INSTRUCTIONS: Read the statements below. For each statement, circle the number that best describes the way you feel.

---

1. At this time, *how prepared* are you (in skills and/or knowledge) to deal with the following situations?

|		Very uncomfortable		Somewhat comfortable		Very comfortable
a.	Assessing a young person's risk of using tobacco, alcohol, or other drugs.	1	2	3	4	5
b.	Choosing an effective tobacco, alcohol, or other drug prevention activity.	1	2	3	4	5
c.	Identifying strategies to help youth develop a positive cultural identity.	1	2	3	4	5
d.	Providing opportunities for youth to develop decision making and leadership skills through involvement.	1	2	3	4	5
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h.	Referring a student for help for a problem that may be related to his/her or others' use of alcohol or other drugs.	1	2	3	4	5
i.	Initiating and maintaining a communication bond with isolated youth.	1	2	3	4	5

2. At this time, *how comfortable* do you feel in dealing with the following situations?

		Very uncomfortable		Somewhat comfortable		Very comfortable
a.	Assessing a young person's risk of using tobacco, alcohol, or other drugs.	1	2	3	4	5
b.	Choosing an effective tobacco, alcohol, or other drug prevention activity.	1	2	3	4	5
c.	Identifying strategies to help youth develop a positive cultural identity.	1	2	3	4	5
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i.	Initiating and maintaining a communication bond with isolated youth.	1	2	3	4	5

Everybody's Business
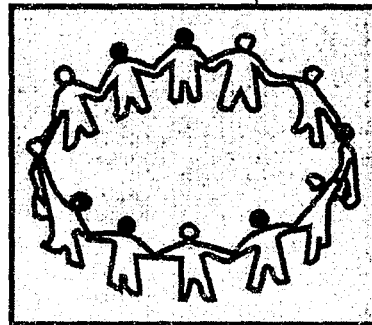
*Drug-Free Schools
and
Communities*

PARTICIPANT'S WORKBOOK

Everybody's Business

Drug-Free Schools
and
Communities

Featuring J. David Hawkins
Kevin R. Ringhofer
Martha E. Harding

Developed by
Southwest Regional Laboratory
Los Alamitos, CA
Cindi Moats, Project Director

and

California State Polytechnic University, Pomona
Karen Brzoska, Project Director

In cooperation with
Developmental Research and Programs, Inc.
TARGET

Everybody's Business

Table of Contents

Acknowledgements

Who's Who

J. David Hawkins

J. David Hawkins, cofounder and president of Developmental Research and Programs, serves as director of the Social Development Research Group at the University of Washington, where he is a professor in the School of Social Work.

A leader in the field of prevention, Hawkins is in demand as a speaker and frequent guest lecturer. His research focuses on testing family, school, peer, and community-focused strategies for preventing drug abuse, delinquency, and other teenage health and behavior problems. Since 1981 he has been the principal investigator of the Seattle Social Development Project, a longitudinal prevention study testing a risk-reduction strategy based on his theoretical work. He is codeveloper, with Richard F. Catalano, of the Social Development Strategy, a theory that provides a foundation for delinquency and drug abuse prevention. Hawkins is coauthor of *Preparing for the Drug-Free Years*, a prevention program that empowers parents to reduce the risks for drug abuse in their families while strengthening family bonding. He also is coauthor of *Communities That Care: Action for Drug Abuse Prevention*, a comprehensive community prevention strategy.

Hawkins has served as a member of the National Institute of Drug Abuse Epidemiology, Prevention, and Services Research Review Committee, and is a member of the federal Center for Substance Abuse Prevention's National Advisory Committee, the Committee on Prevention of Mental Disorders with the Institute of Medicine; the National Academy of Science; and the National Education Goals Panel Resource Group on Safe and Drug-Free Schools. He is committed to translating research into effective practice and policy to improve adolescent health and development.

Antonia C. Novello

Antonia C. Novello is surgeon general of the U.S. Public Health
Service, Department of Heath and Human Services. As surgeon
general, Novello advises the public on health matters and oversees
the activities of the 5,700 members of the Public Health Service
Commissioned Corps. As a private practice physician, she
specialized in pediatrics and nephrology. Her public health
service includes a distinguished career at the National Institutes of
Health. She is a clinical professor of pediatrics at the Georgetown
University School of Medicine and the uniformed Services
University of the Health Sciences. In addition, she is the author or
coauthor of over 75 scientific articles and chapters pertaining to
pediatrics, nephrology, and public health policy. Novello is the
recipient of numerous awards as an administrator, researcher,
lecturer, and author. She is the first woman and the first Hispanic
ever to hold the position of U.S. surgeon general.

Peter Bell

Peter Bell is the founder of the Institute on Black Chemical Abuse
in Minneapolis, where he served as executive director for over 15
years. A noted author and lecturer, Bell has written a number of
books on counseling and community strategies for dealing with
dependency among African Americans in society and in the
family. Bell has provided training and technical assistance
services in more than 43 states and 6 foreign countries for such
diverse organizations as the National Institute on Alcohol Abuse,
the National Football League, the National Institute on Drug
Abuse, and Rutgers and Stanford Universities.

Bell was a founding member and the first president of the
National Black Alcoholism Council and has served on the National
Association of Children of Alcoholics Board of Directors and the
Advisory Board for the Alcohol, Drug Abuse, and Mental Health
Administration. Bell also has served on the National Commission
on Drug-Free Schools and the White House Conference for a
Drug-Free America.

Kevin R. Ringhofer

Kevin R. Ringhofer is a director of Harding, Ringhofer, and Associates. He is a consultant to TARGET, a service component of the National Federation of State High School Associations that helps students cope with tobacco, alcohol, and other drugs. Previously, he was program supervisor of the Hazelden-Cork Sports Education Program, project and research assistant at the University of Minnesota, and consultant for the International Diabetes Center and the Park Nicollet Medical Center.

Ringhofer has provided presentations and conducted workshops for schools, businesses, and other community organizations on such topics as alcohol and other drug use issues, physical activity and fitness, and stress management. He has worked with over 10,000 students, parents, coaches, and other school staff and community members to help them develop positive and practical prevention and health promotion strategies.

Martha E. Harding

Martha E. Harding is a director of Harding, Ringhofer, and Associates and a consultant to TARGET. She has been working in health and human services for over 17 years. Previously, she was a national trainer and consultant in prevention and health promotion for the Hazelden Foundation. For the past 12 years she has provided training for diverse audiences: school educators, administrators and activity directors, law enforcement personnel, counselors, social workers, medical staff, business and industry personnel, clergy, students, and parents.

Harding also has been responsible for the instructional design and development of numerous training programs. The most recent of these include *Everyone a Hero*, a cross-age peer tobacco, alcohol, and other drug education program; YES I CAN!, an interactive videodisc program; and *Counter*ACT, a program that uses uniformed police officers to teach peer resistance skills in the classroom. Two rural projects she coordinated were recognized as exemplary community-based prevention programs by the Center for Substance Abuse Prevention and the U.S. Department of Education.

Alice Halsted

Alice Halsted is executive director of the National Center for Service Learning in Early Adolescence—a program at the Center of Advanced Study in Education at City University Graduate Center in New York City. The center is a resource for educators, youth workers, and policy makers seeking to meet the developmental needs of adolescents. Halsted leads the center's national dissemination efforts, working to establish service learning programs, based on the Early Adolescent Helper Program model, throughout the country.

Linda Castro

Linda Castro, moderator for *Everybody's Business*, is an actress and member of the Screen Actor's Guild. She has participated in a number of community substance abuse programs as both a volunteer and an actress. Castro has hosted several television programs geared toward helping families affected by alcohol or other drug use. She also hosted her own talk show, *Women of Colors*, which focused on women in a variety of careers and missions.

PANELISTS

Karen Bass

Karen Bass is executive director of the Community Coalition for Substance Abuse and Treatment in Los Angeles, and a clinical instructor at the University of Southern California's School of Medicine. For 25 years she has combined her medical background as a licensed physician's assistant with her community activism to implement and promote healthy communities.

Emanual Tau

Emanual Tau is an adolescent drug abuse counselor in community and school programs. He has been involved in the mental health field for over 11 years, and specializes in the treatment of adolescents and their families.

Susan Mejia Johnson

Susan Mejia Johnson has been an adult educator for 18 years. She currently administers a large parent education program for the Pomona, California, Unified School district. She is the co-author of a book on parent education and has been responsible for the design and implementation of a variety of innovative and award-winning parent education programs.

Annie Cabrera

Annie Cabrera is deputy director of *Mujeres y Hombres Nobles*, a unique interagency program designed to reach students who fall through the cracks of traditional schools. Housed in the heart of inner-city Los Angeles, the program provides opportunities for drug- and gang-involved youth to develop healthy and successful lifestyles. Cabrera grew up in New York, and has been a community youth worker, special education teacher, and art teacher.

Arlan Neskahi

Arlan Neskahi is a Native American trainer and program specialist with the Western Regional Center for Drug-Free Schools and Communities. He is a member of the Dineh Nation and grew up on his people's reservation in northwest New Mexico. Known by his Native American community as a "carrier of songs," he is an accomplished traditional musician and composer. Neskahi's career has focused on the prevention, intervention, and recovery of alcohol and other drug abuse among students. He also has been a counselor and teacher.

Andrew Kennedy

Andrew Kennedy is senior program director of the Head Start Pre-School Program for the Los Angeles County Office of Education. For the past 20 years he has dedicated his career to the service of youth in high-risk environments. Kennedy has taught and served as an administrator in juvenile court schools, special and alternative education, and college settings. His latest project is developing three family service centers for Head Start families impacted by the Los Angeles uprising in 1992.

Colleen Hall

Colleen Hall is a youth worker with the National Council on Alcoholism and Drug Dependency. She is a former teacher and currently works in a diverse set of programs including teen mothers, sibling support groups, and children of alcoholics. Hall is a trainer for BABES, a prevention education program that addresses addictions.

Patsy Fine

Patsy Fine is a high school teacher, currently teaching at the Preston School of Industry in Ione, CA, a California Youth Authority institution for incarcerated youth. Recently, she was instrumental in developing LEAD, a structured full-time program for youth with substance abuse problems.

Dennis Gilmore

Dennis Gilmore has been a classroom teacher for 10 years, teaching at the kindergarten, first, and fifth grade levels. His background includes experience as a youth counselor for the YMCA and work with abused and neglected children in emergency shelter living situations.

CALIFORNIA STATE POLYTECHNIC UNIVERSITY, POMONA

California State Polytechnic University (Cal Poly), Pomona, has been involved in video-based distance learning since 1984 and is nationally known for its activities. Cal Poly's Distance Learning Center operates its own four-channel instructional television system known as PolyNet, which links the greater Los Angeles area with the university. In addition, Cal Poly transmits into five cable television systems, allowing broadcasts to some 100,000 homes. The university has direct microwave links to a satellite common carrier located in Hollywood, which permits it to provide broadcast access throughout the United States, Europe, and Asia.

Over the past five years, Cal Poly has broadcast a number of programs in California and the nation. Recent satellite broadcasts for public schools have involved a wide variety of subjects

including drug prevention, educational technology, art instruction, contemporary mathematics, and advanced placement courses for upper-level students.

SOUTHWEST REGIONAL LABORATORY

The Southwest Regional Laboratory (SWRL) is a public research and development agency governed by an independent Board of Directors from Arizona, California, and Nevada. For 20 years SWRL operated as one of the federal government's regional educational laboratories. In 1985 SWRL became independent and its Board changed its mission. Today SWRL exists to address the challenges that face educators and service providers resulting from changing demographics and growing numbers of academically at-risk children in the Pacific Southwest.

Local, state, and federal agencies provide the bulk of SWRL's $6 million annual operating budget. A professional staff of 80 conducts research, develops products, evaluates programs, and provides direct technical assistance to schools and public agencies.

Among its divisions, SWRL operates a Human Development Program with a variety of projects that study, evaluate, and prevent substance abuse. These projects include the Western Regional Center for Drug-Free Schools and Communities; Growing Up Well, a five-component high-risk youth demonstration project; USA Prevention Link, a national distance education training project; a newsletter that addresses problems associated with teenage pregnancy; several major drug-history initiatives; an evaluation of programs that prevent and reduce drug, alcohol, and tobacco use among in-school youth in California; two large surveys of alcohol and other drug use among students and out-of-school youth in California; and a project to evaluate community drug-free school zones.

Session One

*Is It Everybody's
Business?*

1
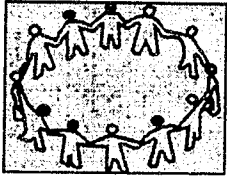
Introduction to the Program

Welcome to the five-part training program called *Everybody's Business: Drug-Free Schools and Communities.*

Every session includes:

- presentations by experts in the field of alcohol, tobacco, and other drug use prevention;

- activities to increase your effectiveness in the prevention of tobacco, alcohol, and other drug use among young people; and

- an opportunity to build your own "tool box" of prevention resources.

The five sessions are as follows:

Session One: Is It Everybody's Business?

Featuring J. David Hawkins. Panelists: Karen Bass, Emanual Tau, Susan Mejia Johnson.

This session examines tobacco, alcohol, and other drug use by young people and presents the risk and protective factors that research shows hold promise in prevention efforts.

Session Two: Proactive Prevention—Building Resiliency in Youth

Featuring J. David Hawkins. Guest: Peter Bell.
Panelists: Annie Cabrera, Arlan Neskahi, Andrew Kennedy.

This session introduces the Social Development Strategy for implementing two key protective factors against tobacco, alcohol, and other drug use: healthy beliefs and clear standards, and bonding. Session Two also covers the role that culture plays in promoting bonding.

Session Three: Healthy Beliefs and Clear Standards

Featuring Kevin Ringhofer and Martha Harding.

This session shows you a number of ways to use healthy beliefs and clear standards in providing young people with consistent messages regarding tobacco, alcohol, and other drug use.

Session Four: When Prevention Becomes Intervention

Featuring Kevin Ringhofer and Martha Harding.

This session helps you to ascertain when youth are experiencing problems and explains how you can support and assist them in getting the appropriate help.

Session Five: Practically Speaking

Featuring Alice Halsted. Panelists: Dennis Gilmore, Colleen Hall, Patsy Fine.

This session explores the struggle to maintain bonds faced by adults who work with youth. It examines strategies that:

- promote authentic relationships; and

- provide youth with opportunities for meaningful involvement in their schools and communities through service learning.
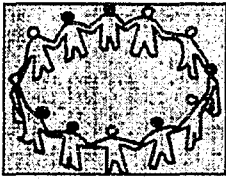
Everybody's Business

Course Map

1	Is It Everybody's Business?

2	Proactive Prevention: Building Resiliency in Youth

3	Healthy Beliefs and Clear Standards

4	When Prevention Becomes Intervention

5	Practically Speaking

Session One
Course Map and Objectives

Introductory Activity
Getting Acquainted

Session Summary
- Introductory information
- Effects of tobacco, alcohol, and other drug use on individuals and society
- Current trends in tobacco, alcohol, and other drug use
- Reasons why drug use is *Everybody's Business*

Objectives
As a result of this session, you will be able to:
- Give an overview of the five sessions and summarize the expected outcomes for participants
- List current trends in the use of tobacco, alcohol, and other drugs
- Describe the effects of tobacco, alcohol, and other drug use on learning and development
- State what's been tried in the prevention of tobacco, alcohol, and other drug use; what works and what doesn't work
- Describe the factors that put youth at risk of tobacco, alcohol, and other drug use

Lecture
Why Is Any Use by Young People Considered a Problem?

Activity One
Who Is Using Tobacco, Alcohol, and Other Drugs?

Lecture
What Has Been Tried?

Activity Two
Assessing Risks in Your Own Setting

Lecture
Implications for Prevention

Closing Activity
Action Plan for Reducing Risk Factors

Supplemental Reading

Introductory Activity

Getting Acquainted

WHY DO IT?   This activity will help you to get acquainted with other participants.

HOW WILL I USE IT?   Throughout *Everybody's Business*, you will be asked to work with a partner or in a small group. This Introductory Activity will help you feel more comfortable with participants whom you might not already know.
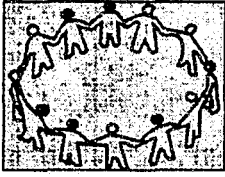
Introductory Activity

Getting Acquainted

DIRECTIONS   *Circulate around the room to find participants who can sign the statements below. Feel free to ask a follow-up question after someone signs his or her name.*

Find someone who   **Signature**

1. Has attended an educational   _____
    seminar on tobacco, alcohol,
    and other drugs.

2. Loves to work with youth.   _____

3. Knows a child in need of   _____
    intervention services.

4. Knows someone who is very   _____
    resilient.

5. Has a great rapport with youth.   _____

6. Has worked with students in   _____
    a service learning project.
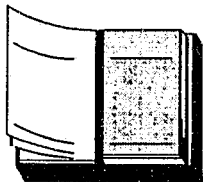
Lecture Summary

Why Is Any Use by Young People Considered a Problem?

The use of tobacco, alcohol, and other drugs in a system, or body, that is not yet mature has much more impact than it does on the body of an adult. The reason for this is relatively easy to see. The smaller, or younger, and less physically developed a body is, the more damage tobacco, alcohol, and other drugs can do. The young person's body, metabolism, brain, and sexual systems are still being developed. These systems will be affected much more—and more quickly—than those of a mature adult.

The health facts that can be given to young people can be divided into four main topics:

- effects on sexual hormones and sexuality;

- effects on the mind and the brain and, therefore, on behavior;

- effects on other body systems, such as the cardiovascular system and liver; and

- the relationships between tobacco, alcohol, other drugs, and increased risk of trauma and disease (HIV and AIDS). See the Supplementary Reading at the end of this session for a detailed description of these effects.

In particular, young people need to be introduced to the idea that while tobacco, alcohol, and other drugs can feel good in the short run, such substances are very likely to have a negative effect on their bodies and their lives, as well as the choices they make when using. While it is difficult for young people to see very far into the future (and their belief that they are "immortal" often prevents them from good preventive care), it is critical that they come to see not using drugs as a healthy belief—one that is an investment in their lives today and in the future.

In a supportive and nonjudgmental way, caring adults can affect children's knowledge about—and attitudes toward—tobacco, alcohol, and other drug use.

CURRENT USE RATES AND TRENDS (1979-1991)

The two major national sources of information on long-term trends on alcohol or drug use among youth—the National High School Seniors Survey and the National Household Survey on Drug Abuse—indicate that following the escalation of drug use in the 1970s (which peaked in 1979), use of most illicit drugs declined in the 1980s.

Alcohol and tobacco consumption are much more intractable problems, although some improvements have been recently evident for alcohol. As use of drugs increases with age (with the notable exception of inhalants), prevalence rates in the Seniors Survey are appreciably higher than those for the 12-17 age group in the Household Survey.

Figures 1.1 and 1.2 summarize the percentages of youth in both surveys who report current use (30 days prior to the survey) of alcohol, cigarettes, any illicit drug, and marijuana/hashish, between 1979 and 1990.

As Figure 1.1 depicts:

- *any illicit drug use* declined from 18% to 7%;

- *marijuana use* steadily declined from 17% to 4%;

- *alcohol use* declined from 37% to 25% in 1988 and remained stable until declining to 20% in 1991; and

- *cigarette smoking* rose from 12% to 15% in 1982/1985, declined to 12% in 1988/1990, and to 11% in 1991.
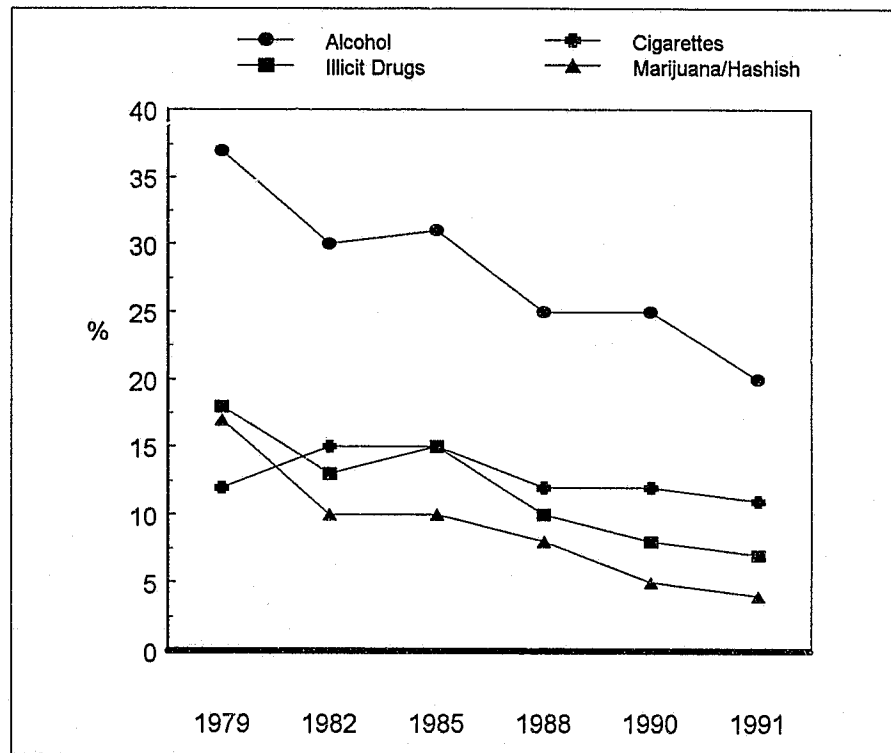
Figure 1.1

1991 National Household Survey on Drug Abuse, Ages 12-17 (1979-1991): Trends in Current (Past Month) Use of Alcohol, Tobacco, and Other Drugs

As Figure 1.2 shows:

- *any illicit drug use* declined from 39% to 16%;

- *marijuana/hashish use* declined from 37% to 14%;

- *alcohol drinking* fluctuated between 70%-72% in 1983, held at around 66% through 1987, then declined to 54%; and

- *cigarette smoking* has shown no change, holding steady at 29%-30% in 1990, then dropping for the first time to 28% in 1991.
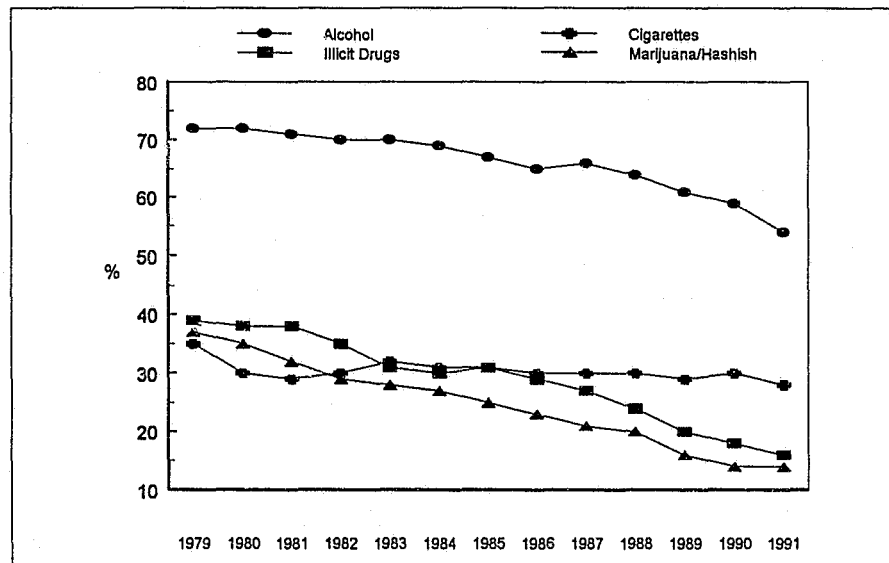
Figure 1.2
National High School Seniors Survey (1979-1991): Trends in Current (Past Month) Use of Alcohol, Tobacco, and Other Drugs
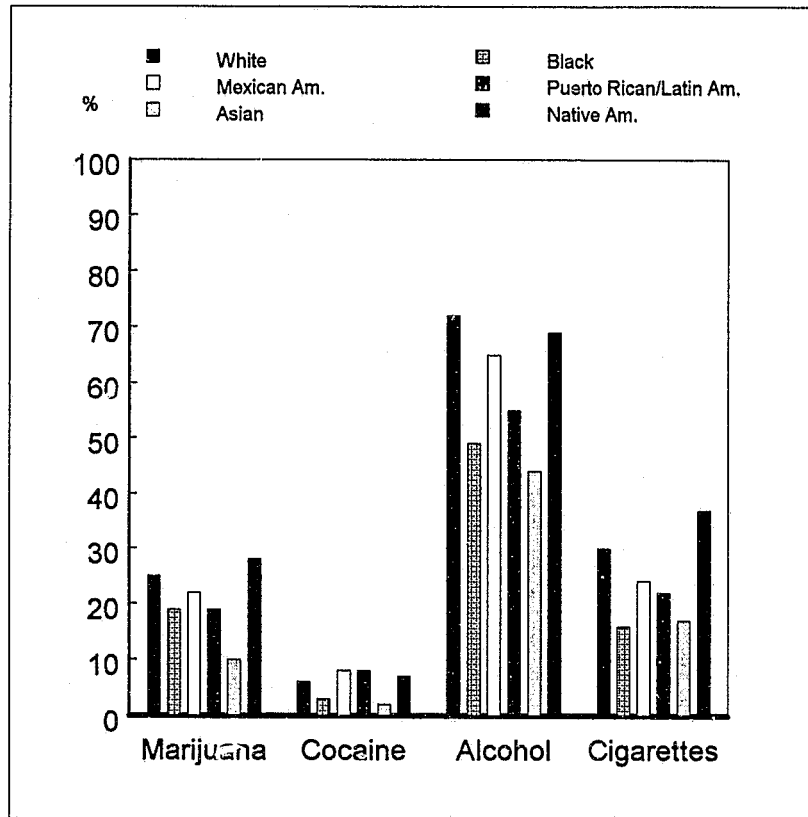
Figure 1.3

*National High School Seniors Survey, Males (1985-1989 Combined):
Ethnic Group Comparisons of Current (Past Month) Use of Alcohol, Tobacco,
and Other Drugs*

ETHNIC/RACIAL GROUP DIFFERENCES

Figure 1.3 provides 30-day prevalence rates from the National High School Seniors Survey for males in six groups (breaking up Hispanics into Mexican Americans and Puerto Ricans/Latin Americans). Student surveys consistently have shown that prevalence and patterns of use vary greatly among different ethnic-racial groups, and that, contrary to popular stereotypes, blacks and Hispanics are not at higher risk than whites. Native Americans are overall the group at highest risk for alcohol and other drug use. Otherwise, white youth report the highest prevalence rates, followed closely by Hispanics. Whites and

Hispanics often appear to have similar levels and patterns of use. Asian youth consistently report the lowest prevalence rates, with black youth also tending to report relatively lower rates. Variations also have been reported among Hispanic, Asian, and Native American subgroups, as Figure 1.3 illustrates for Mexican Americans compared to Puerto Ricans/Latin Americans.

Some of the differences found in student surveys may be due to differential dropout rates and failure of student surveys to capture sufficient numbers of poor, inner-city youth who may be at highest risk. On the other hand, data from the National High School Seniors Survey also have indicated that if minority youth had backgrounds and lifestyles similar to those of whites, their use would be even lower.

More research is needed to determine the implications for these differences on prevention programs. However, there is a growing consensus that local efforts will be improved by prevention programs that target specific groups and are culturally sensitive and appropriate.

GENDER DIFFERENCES   In the comparison of ethnic groups among respondents in the National High School Seniors Survey, patterns for female seniors were similar to males. Although gender differences have been declining, female adolescents—regardless of which ethnic group they belong to—generally report lower rates than males. There are, however, exceptions:

- white, Puerto Rican/Latin American, and Native American female seniors all reported higher rates of current smoking than males; and

- gender differences were least pronounced among Native Americans, with Native American females at particularly high risk. Indeed, cocaine, stimulants, and cigarette use among Native American females was higher than among males in any ethnic group.
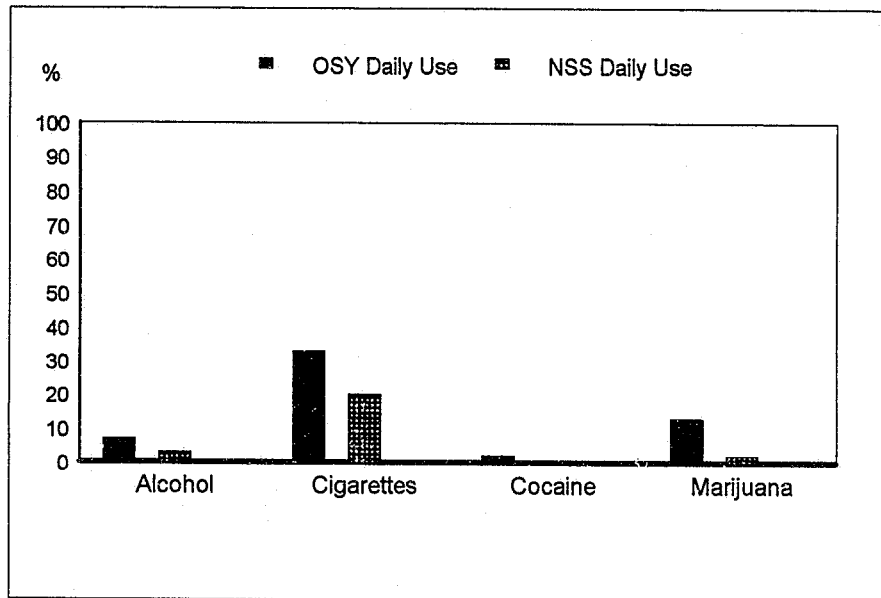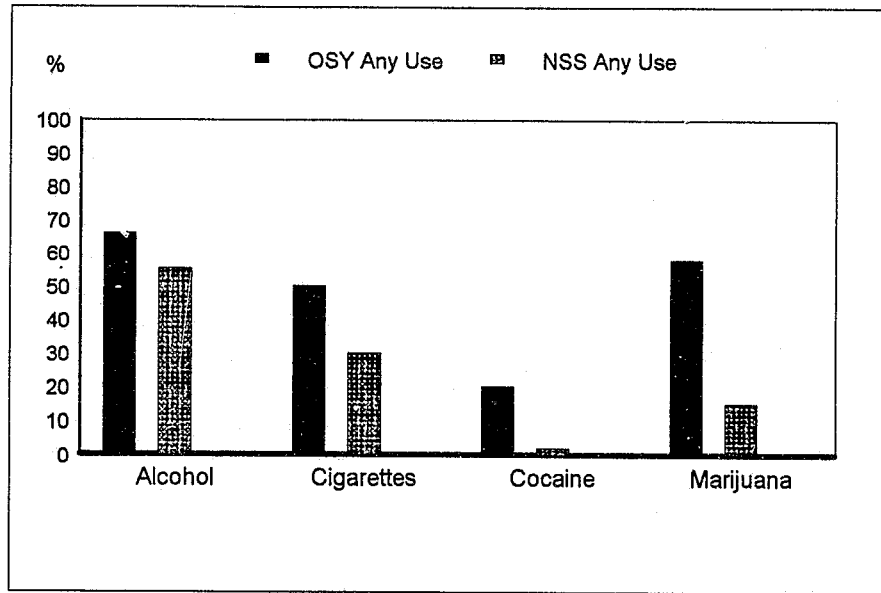
Figure 1.4

*Comparisons of Current Use Rates (Any Use in Past Month and Daily Use):
1992 California Survey of AOD Use Among Out-of-School Youth and Chronic
Absentees (OSY) with 1991 National High School Senior Survey (NSS)*
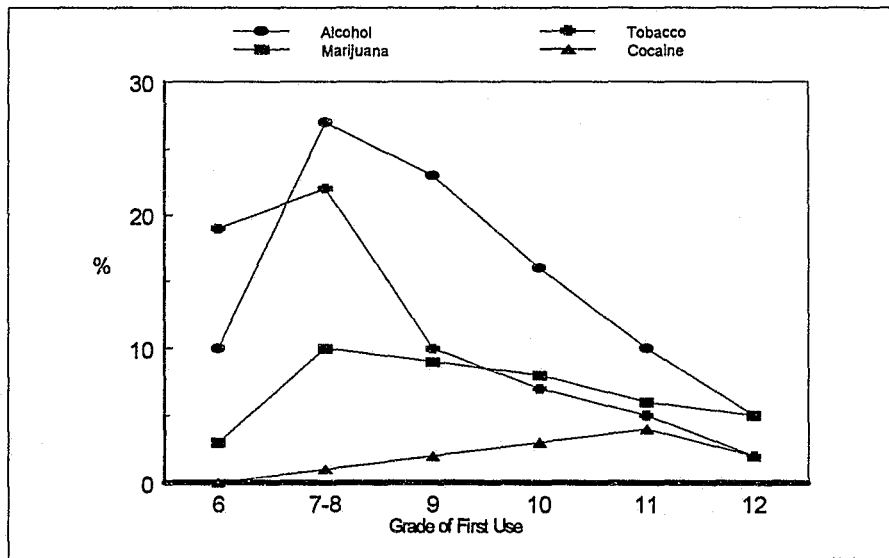
Figure 1.5
Grade of First Use Reported by National High School Seniors Survey,
Class of 1990
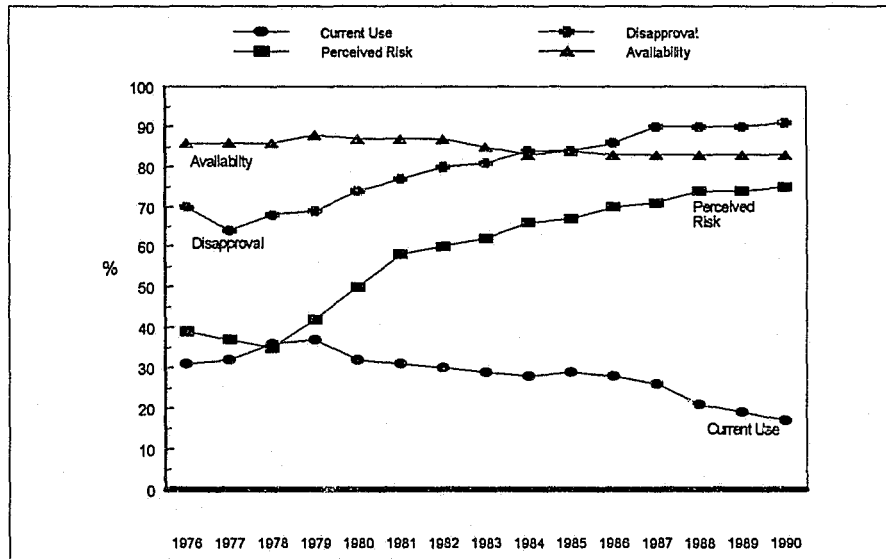
Figure 1.6
National High School Seniors Survey (1979-1990). Comparison of Current
Use and Availability of Marijuana with Perceived Risk and Disapproval of
Regular Marijuana Use

Activity One

Who Is Using Tobacco, Alcohol, and Other Drugs?

READ ME FIRST

WHY DO IT?   To provide you with an opportunity to apply what you learn in this course, it is important to identify the young people in your own school or area who are not being reached by current prevention activities.

HOW WILL I USE IT?   Identifying the students or groups who are still engaging in the use of tobacco, alcohol, and other drugs will help you to see how research can help you implement effective prevention strategies.

Activity One

Who Is Using Tobacco, Alcohol, and Other Drugs?

DIRECTIONS   *Think about the young people in your school or school district, or who participate in groups or programs you are familiar with. Then answer the questions below.*

1.   Describe the level of tobacco, alcohol, and/or other drug use that you believe still exists among the young people in your school and/or community.

2.   Think about a specific young person who is using tobacco, alcohol, and/or other drugs. Who is this person? How old is he/she? What characteristics does he/she have in common with other youth who are using?

3.   Why do you think this young person and others like him/her continue to use tobacco, alcohol, and/or other drugs?

Share your answers with a partner or in a small group.
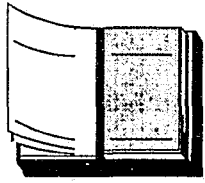
What Has Been Tried?

Today most people agree that the abuse of alcohol and other drugs is a major problem that is deeply rooted in our society and culture. According to estimates from the Alcohol, Drug Abuse, and Mental Health Administration (ADAMHA), the combined costs of alcohol and other drug abuse exceed $197 billion a year in lost productivity, health care, law enforcement, and drug treatment. But these are only the material costs; they don't take into account the ruined lives and devastated families associated with alcohol and other drug abuse.

All of us are affected by drug abuse even if we aren't directly involved. Alcohol and other drug abuse has changed our communities and our way of life. Through our children, it is having an impact on our future. Children and youth, more than any other segment of society, are vulnerable to drug abuse. Whole generations of young people have been affected.

STRATEGIES FOR PREVENTION

A variety of strategies for preventing alcohol and other drug problems has been tried for many years. Many of the strategies have had little impact.

SUPPLY REDUCTION Controlling the supply of illegal drugs through laws and law enforcement is a constantly growing effort in this country. Tougher drug laws have been passed in recent years, huge seizures of illegal drugs have been made, and increasing numbers of drug dealers have been convicted and jailed. These measures are important and necessary. Without them, the drug problem would be worse than it is. But these efforts have not eliminated drug abuse.

Stronger law enforcement does not solve the drug problem because it cannot control the demand for drugs. In a large market with high demand, it cannot even bring about a degree of scarcity that would make illegal drugs prohibitively expensive.

In such a market, suppliers and dealers become so numerous that prices remain relatively low. From 1986 to 1989, federal spending on drug enforcement more than doubled. At the same time, the street price for cocaine dropped from $100 to $75 a gram, according to U.S. Drug Enforcement Administration estimates.

Efforts from 1919 to 1933 to restrict the supply of alcohol through Prohibition proved unworkable. Today, although alcohol is legally available for adults, we continue to restrict its sale to minors. Even in this we fail. Adolescents in virtually every community of our country have little difficulty finding access to alcohol. As with other drugs, as long as the demand for alcohol remains high, youngsters will find ways to obtain it.

DEMAND REDUCTION

One strategy for reducing the demand for drugs is treatment, which is directed at those with the most serious alcohol and other drug problems. Research on treatment programs has shown that virtually all addicts and alcoholics who are motivated to stop can succeed in doing so. But significant numbers do not remain drug free. Because of multiple problems associated with their drug use, people in this population already have become a significant cost to society by the time they are addicted. In fact, about twothirds return to their drug use less than a year after treatment, though not all of those become readdicted. Treatment is necessary and important, but it comes when considerable damage already has been done to the user, people around the user, and society as a whole.

DRUG EDUCATION PROGRAMS

What action can we take to prevent the use of tobacco, alcohol, and other drugs before unacceptable costs to society are incurred? One of the most common approaches has been school-based drug education programs to teach children and youth about the dangers of drugs. This strategy has been used more consistently

than any other demand reduction approach in the last 20 years. The goal is to keep young people from starting drug use at the most vulnerable stage of development—as they enter the teenage years.

However, after 20 years of drug education programs, here are some of the things researchers have learned about their impact:

- just giving young people information about the dangers of drugs—whether through school assemblies or drug education or health courses—makes little or no impact.

- short-term approaches—one-shot presentations by experts on drugs—also are ineffective. Youth need to be exposed to drug education programs, consistently, for an extended period.

- the programs that do have some impact teach young people social skills for resisting influences to use drugs and emphasize norms against use. However, the effects of these programs often dissipate after two or three years.

- school-based programs that have shown carryover effects for an extended period of time have either offered booster sessions (Ellickson and Bell 1990) or have broadened the program to involve parents, the media, and the community in promoting norms against drug abuse (Pentz et al. 1990).

- schools or agencies working alone cannot prevent youth using tobacco, alcohol, and other drugs. Collaboration among the community as a whole is the cornerstone of successful prevention programs.

- by increasing protective factors (factors that research has shown reduce alcohol and other drug use), the long-term negative outcome for exposed youth can be reduced.

Evidence shows that a risk-reduction approach to prevention is effective. Comprehensive communitywide programs to reduce risks for heart and lung disease have succeeded in persuading people to change their behavior in such areas as diet, exercise,

and smoking (Elder, Molgaard, and Gresham 1988; Jacobs et al. 1986; Murray, Davis-Hearn, Goldman, Pirie, and Luepker 1988; Vartiainen, Pallonen, McAlister, and Puska 1990). Studies indicate that prevention strategies undertaken by communities hold great potential for success when they focus on reducing identified risks in several areas of life.

> **Risk-focused prevention is based on a simple premise:** To prevent a problem from happening, we need to identify the factors that increase the risk of that problem developing, then find ways to reduce the risks.

RISK-FOCUSED PREVENTION: A COMPREHENSIVE APPROACH

Over the past 30 years, researchers have identified risk factors for drug abuse, juvenile delinquency, and related problems in important areas of daily life: the family, the school, the peer group, the community, and individuals themselves. The more risk factors in a community, the greater the likelihood of drug abuse.

The more risk factors to which an individual is exposed, and the fewer protective factors available to buffer those risks, the greater the likelihood that the individual will become involved in drug abuse.

RESEARCH ON RISK FACTORS

Risk-focused prevention is based on the work of J. David Hawkins, Richard F. Catalano, and a team of researchers at the University of Washington. They have described risk factors as falling into two general categories:

- those that occur in the broad social context or environment in which people develop, such as the community and the neighborhood; and

- those that lie within individuals, and the individual's relationship to the family, the classroom, and peer groups.

The risk factors listed below can be found in several key areas of people's lives: the family, the individual, the community, the school, and the peer group. Many of these risk factors predict juvenile delinquency as well as drug abuse.

COMMUNITY RISK FACTORS

- **Availability of drugs**

  The more available alcohol and other drugs are in a community, the higher the risk that young people will abuse these drugs. Perceived availability of alcohol and other drugs also is associated with increased risk. In schools where children just *think* these drugs are available, a higher rate of their use occurs.

- **Community laws and norms favorable toward drug use**

  Community norms—the attitudes and policies a community holds in relation to tobacco, alcohol, and other drug use—are communicated in a variety of ways: through laws and written policies, through informal social practices, and through the expectations parents and other members of the community have of their children.

  One example of a community law affecting drug use is the taxation of alcoholic beverages. Higher rates of taxation decrease the rate of tobacco and alcohol use at every level. Policies and regulations in schools and workplaces also are linked with the rates of tobacco, drug, and alcohol use in those settings. When laws, tax rates, and community standards are favorable toward tobacco, alcohol, and other drug use—or even when they are just unclear—young people are at higher risk for drug abuse.

  The mass media play a critical role in defining our culture and our behavioral norms. Exposure to large numbers of media messages that promote the use of tobacco, alcohol, and other drugs contributes to favorable norms in communities.

■ **Transitions and mobility**

Even normal school transitions can cause increases in problem behaviors. When children move from elementary school to middle or junior high school, significant increases in the rate of drug use may occur. Increases in problem behaviors, e.g., dropping out, often accompany the transition from middle school to high school.

Communities that are characterized by high rates of mobility appear to be linked to an increased risk of drug problems. The more the people in a community move, the greater the risk of both criminal behavior and drug-related problems in families.

While some people find buffers against the negative effects of mobility by making connections in new communities, others are less likely to have the resources to mitigate the effects of frequent moves. They are more likely to have problems.

■ **Low neighborhood attachment and community disorganization**

More drug problems occur in communities or neighborhoods where people have little attachment to the community, where the rates of vandalism and crime are high, and where there is low surveillance of public places. This condition is not limited to low-income neighborhoods; it also can be found in wealthy neighborhoods.

■ **Economic and social deprivation**

Children who live in deteriorating and crime-ridden neighborhoods where there is little hope for a better future are more likely to engage in delinquent behavior. Also, children who have behavior and other adjustment problems early in life, and who come from economically deprived areas, are more likely to have problems with drugs later on.

FAMILY RISK FACTORS

- **A family history of alcoholism**

    If children are born or raised in a family with a history of alcoholism, the risk of their having alcohol and other drug problems increases. This risk factor applies to both boys and girls; recent studies suggest there is both an environmental as well as a genetic component associated with this risk factor. The risk of alcoholism appears to increase twofold to fourfold for children born into an alcoholic family.

- **Family management problems**

    This risk factor has been shown to increase the risk of drug abuse whether or not there are family drug problems. Poor family management practices include a lack of clear expectations for behavior, failure of parents to monitor their children (knowing where they are and who they are with), and excessively severe or inconsistent punishment.

- **Parental drug use and positive attitudes toward use**

    In families where parents use illegal drugs, are heavy users of alcohol and other drugs, or are tolerant of children's use, children are more likely to become drug abusers in adolescence. The risk is further increased if parents involve children in their own alcohol- or other drug-using behavior—for example, asking the child to light the parent's cigarette or to get the parent a beer from the refrigerator.

SCHOOL RISK FACTORS

- **Early antisocial behavior**

    Boys who are aggressive in grades K-3 are at higher risk for substance abuse. Aggressiveness prior to kindergarten does not appear to be associated with increased drug use, and female aggressiveness does not appear to be related to later drug use.

When a boy's aggressive behavior in the early grades is combined with isolation or withdrawal, there is an even greater risk of problems in adolescence. This also applies to aggressive behavior combined with hyperactivity.

- **Academic failure**

  Beginning in the late elementary grades, academic failure increases the risk of both drug abuse and delinquency. Although children fail classes for many reasons, it appears that the experience of failure itself increases the risk of problem behaviors.

- **Low commitment to school**

  Low commitment to school means the child has ceased to see the role of student as a viable one. Often this is associated with academic failure.

INDIVIDUAL/PEER RISK FACTORS

- **Alienation or rebelliousness**

  Children who feel they are not part of society or are not bound by rules, who don't believe in trying to be successful or responsible, or who take an active rebellious stance toward society are at higher risk of drug abuse.

- **Antisocial behavior in early adolescence**

  This risk factor includes misbehaving in school, skipping school, and getting into fights with other children. Children who engage in these behaviors also are at increased risk for engaging in drug abuse.

- **Friends who use drugs**

  Children who associate with peers who use drugs are much more likely to use drugs themselves. This is one of the most consistent predictors that research has identified. Even when a child comes from a well-managed family and does not experience other risk factors, just hanging out with friends who use drugs greatly increases the risk that that child also will use.
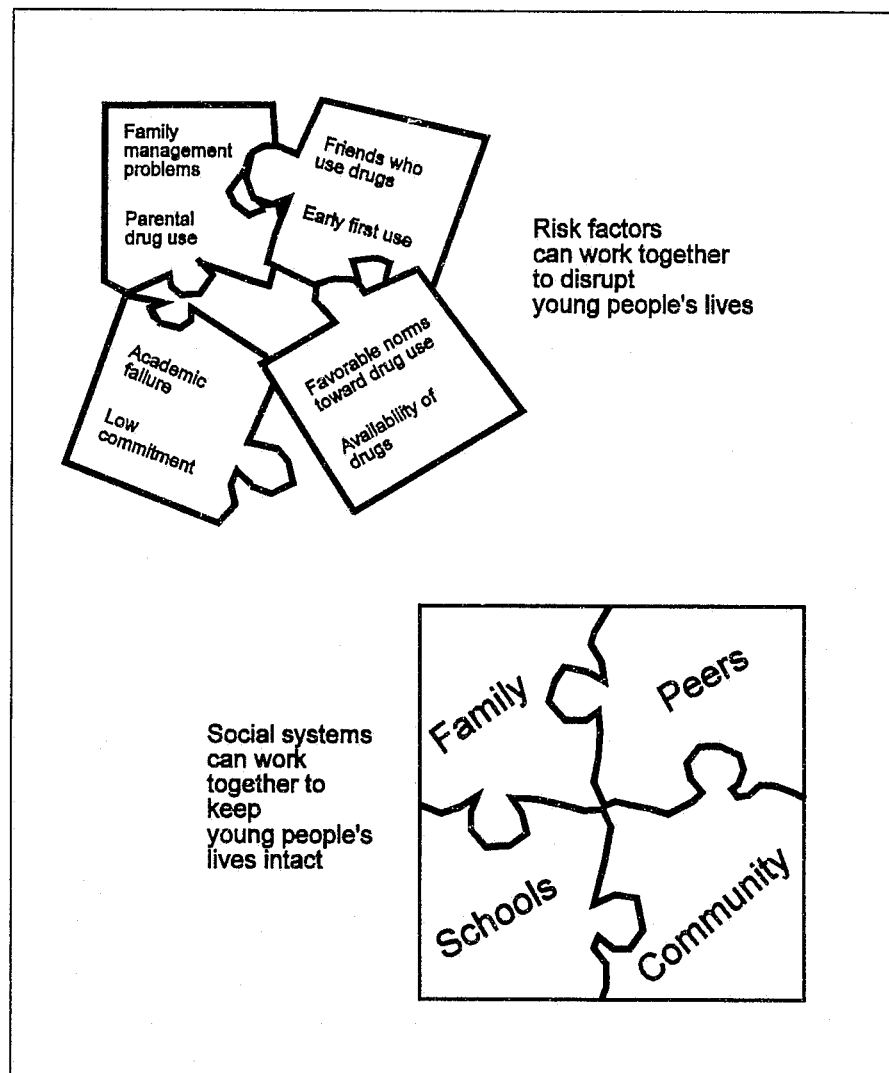
Figure 1.7
Risk factors disrupt; social systems keep young people's lives intact

■ Favorable attitudes toward drug use

Elementary school-age children usually express antidrug attitudes and have difficulty imagining why people use drugs. However, in middle school, as others they know try tobacco, alcohol, and other drugs, their attitudes often shift toward greater acceptance of drug use. This acceptance places children at higher risk.

■ **Early first use of drugs**

The earlier young people try tobacco, alcohol, and other drugs, the greater the likelihood they will have problems with drugs later on. Research shows that young people who initiate drug use before the age of 15 are at twice the risk of having drug problems than those who wait until after age 19.

What is the importance of risk factors in dealing with drug abuse? One clear implication is that if we can reduce the risks in young people's lives or counter those risks with protective factors, the chances of preventing problems associated with those risks will be greatly increased.

Activity Two

Assessing Risks in Your Own Setting

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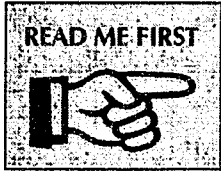
WHY DO IT?   Having learned the four categories of risk factors, you can now identify the risks that affect the youth you work with.

HOW WILL I USE IT?   By identifying the particular risk factors to which your young people are exposed, you can have a more focused approach to reducing those risks.

Activity Two
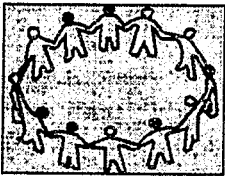
Assessing Risks in Your Own Setting

DIRECTIONS *Place a check next to the items on the list below that identify risk factors of the children you work with. In the second column, write the behaviors that led you to identify each risk factor.*

Risk factors   **As exhibited by**

Community   ❑ Availability of alcohol and
                   other drugs

                ❑ Community laws and norms
                   favorable toward alcohol and
                   other drug use

                ❑ Transitions and mobility

                ❑ Low neighborhood attachment
                   and community disorganization

                ❑ Economic and social deprivation

Family   ❑ Family history of alcoholism

                ❑ Family management problems

                ❑ Parental drug use and positive
                   attitudes toward use

(Continued on next page)

Risk factors		As exhibited by

School ❑ Early antisocial behavior

❑ Low commitment to school

❑ Academic failure

❑ School transitions

Individual/Peer ❑ Alienation or rebelliousness

❑ Friends who use drugs

❑ Early first use of drugs

❑ Antisocial behavior in early
adolescence

❑ Favorable attitudes toward
drug use

Share your answers with a partner or in a small group.
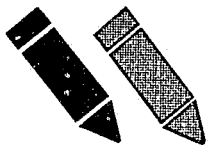
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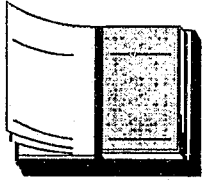
Lecture Summary

Implications for Prevention

GENERALIZATIONS ABOUT RISKS

Understanding risk factors and the spheres in which they occur
helps us to focus and structure our prevention efforts. A review
of the research on risk factors offers the following generalizations:

■ **Risks exist in multiple domains**

In fact, risks exist in all areas of a young person's life.

■ **Different risks are manifested at different developmental stages**

For example, academic failure in grades 4, 5, or 6 often is
predictive of future drug abuse.

■ **The more risk factors present, the greater the risk**

While having one risk factor does not condemn an adolescent to
become a drug abuser, when multiple risk factors are present, the
risk is multiplied. The more risk factors present, the more likely
an adolescent will have problems.

■ **Common risk factors precede diverse disorders**

A number of adolescent problem behaviors, such as drug abuse,
delinquency, school drop out, and teen pregnancy, are predicted
by the presence of risk factors. All four of these problems share
common risk factors.

■ **Protective factors may buffer exposure to risk**

While risk factors are in every domain of a child's life, not all
young people who are exposed to risks develop problems in
adolescence. Protective factors are conditions that protect an
individual from the negative consequences of being exposed to
risks—either by reducing the impact of the risk or by changing the
way a person responds to the risk.

PROTECTIVE FACTORS

How can we affect the impact of risks on young people? Just as there are risk factors in every area of a young person's life, there are protective factors or conditions that protect an individual from the negative consequences of being exposed to risks. They protect the individual either by reducing the impact of the risk or by changing the way a person responds to the risk.

Studies have identified the factors that protect young people from experimenting with tobacco, alcohol, and other drugs (Perry and Murray 1985; Hawkins et al. 1985, 1991; Robins and Przubech 1985; Kandal 1982). The research indicates that protective factors fall into three basic categories: individual characteristics; bonding; and healthy beliefs and clear standards.

The last two protective factors—bonding and healthy beliefs and clear standards—concern the relationship between young people and their environment and exist in all areas of life: the community, schools, family, and peer group.

INDIVIDUAL CHARACTERISTICS

Research has identified four individual characteristics that are protective factors. These attributes are considered inherent in the youngster and are difficult, if not impossible, to change:

■ **Gender**

Given equal exposure to risks, boys are more likely than girls to develop health and behavior problems in adolescence.

■ **A resilient temperament**

Young people who can adjust to or recover from misfortune or change are at reduced risk.

■ **A positive social orientation**

Youngsters who are good natured, enjoy social interactions, and elicit positive attention from others are at reduced risk.

■ **Intelligence**

Bright children are less likely to become delinquent or drop out of school. However, intelligence does not protect against substance abuse.

BONDING

Research indicates that one of the most effective ways to reduce children's risk is to strengthen their bond with positive, prosocial family members, teachers, other significant adults, and/or friends.

Children who are attached to positive families, friends, school, and community—and committed to achieving the goals held by these groups—are less likely to develop problems in adolescence. Children who are bonded are less likely to do things that threaten that bond, such as using drugs, dropping out of school, or committing crimes. For example, if children are attached to their parents, want to please them, love them, and believe in the family's values, they will be less likely to break this connection by doing things of which their parents strongly disapprove.

Studies of successful children who live in high-risk neighborhoods or situations indicate that strong bonds with a caregiver can keep them from getting into trouble. Positive family bonding—as seen in families where there are warm relationships between parents and children and where there is family support in times of stress—makes up for many other disadvantages.

Bonding to positive people and pursuits outside of the family also protects young people from the negative effects of risk factors. Young people who bond to teachers or other adults who support their coping efforts and competence, who have healthy friendships, or who are committed to educational pursuits, are at reduced risk.

HEALTHY BELIEFS AND CLEAR STANDARDS

Research indicates that another group of protective factors falls into the category of healthy beliefs and clear standards. The negative effects of risk factors can be reduced when schools, families, and/or peer groups teach children healthy beliefs

and set clear standards for their behavior. Examples of healthy beliefs include believing that it is best for children to be drug and crime free and to do well in school. Examples of clear standards include establishing a clear "no drugs or alcohol" family rule; expecting that youngsters do well in school; and having consistent family rules against problem behavior.

PREVENTION PRINCIPLES

Risk and protective factors provide a focus and structure for prevention. By using the principles listed below, preventive interventions increase in effectiveness—whether they are specific programs designed by program planners or individual interventions and interactions:

- **Focus on reducing known risk factors**

  To prevent adolescent health and behavior problems, it is necessary to reduce, eliminate, or buffer the effects of risk factors that are predictive of those problems. It is not enough to say that an intervention addresses known risks. It is important to know *how* the intervention will reduce, eliminate, or buffer the effects of risk exposure.

- **Focus on increasing protective factors**

  An intervention should reduce risks in a way that strengthens protective factors. Reducing risk factors in ways that weaken or break bonds is counterprod ctive. Preventive interventions must strengthen children's bonds by providing opportunities, skills, and recognition for involvement. They should develop consistent standards for behavior across families, schools, communities, and peer groups. Preventive interventions should be clear on how they will strengthen protective factors.

- **Address risk factors at appropriate developmental stages**

  Different risk factors are manifested at different points along the continuum of human development. Therefore, risk factors should be addressed at the appropriate stage. For example, early

antisocial behavior in grades K-3 and academic failure in grades 4, 5, and 6 are predictors of delinquency and drug abuse. Interventions to reduce antisocial behavior should begin early in childhood. Interventions to enhance academic success should be in place by the elementary grades.

■ **Intervene early—before the risk stabilizes**

Preventive interventions should address risk factors as they become important and before problems crystallize or stabilize. For example, because academic problems in grades 4, 5, and 6 predict later school dropout, drug abuse, and crime, it is important to promote academic success for students in elementary school, rather than waiting to intervene when students are failing in junior or senior high school.

■ **Include those at high risk**

The greater the number of risk factors present, the greater the risk of adolescent problems. Therefore, preventive interventions should be implemented in places where a large proportion of youngsters face family management problems, academic failure, behavior problems, neighborhood disorganization, and extreme economic deprivation. There are two ways to do this:

- *Target high-risk individuals.* Identify individuals who, by virtue of poor family management, early antisocial behavior, academic difficulties, or other risk exposure, are at risk for multiple problems in adolescence.

- *Target high-risk community areas.* Identify communities or groups that have a large proportion of economically and socially deprived members, high dropout rates, easy drug availability, or other risk exposure. There are several advantages to this approach. First, individual children are not labeled as future problems at an early age. Second, if those at high risk and those at low risk participate together in prevention programs, there are opportunities for learning, teaching, and postive socialization among participants, and the stigma attached to participation is avoided.

■ **Address multiple risks with multiple strategies**

Risk factors exist in all areas of life. There are risk factors in the individual, in the family, in the school, in the peer group, and in the community. People and organizations concerned with preventing adolescent health and behavior problems need to work together to address multiple risk factors. No single intervention can address all risk factors. A strategy focused on only one risk factor will not have much effect. To be effective, preventive interventions should address those risk factors most pronounced in the community and seek to reduce them.

One of the clearest frameworks for identifying practical strategies that every caring adult could employ is defined in the respected research of J. David Hawkins, Richard Catalano, and their colleagues at the University of Washington. This framework, the Social Development Strategy, can be used to enhance protective factors against drug abuse and unhealthy behaviors in young people.

Prevention is a collaboration among the school, community, and parents to plan and implement multiple strategies that:
reduce specific risk factors contributing to tobacco, alcohol, and other drug use and to related behavioral problems among youth; and strengthen a set of protective factors to ensure young people's health and well-being.

Action Plan for Reducing Risk Factors

WHY DO IT?   One of the ways that people apply their learning is to make plans for using new information. In this activity, you will have a chance to think about ways you can use what you have learned in this session.

HOW WILL I USE IT?   By identifying specific risk factors, you will begin a process that can lead to effective risk-reduction strategies in your school and/or community.

Closing Activity
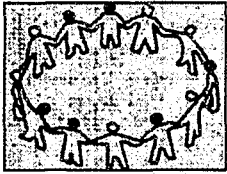
Action Plan for Reducing Risk Factors

DIRECTIONS   *Of the risk factors you checked in Activity Two, which can you personally influence? The chart below gives examples of how people can work to reduce risk factors. Read through the items listed, then turn the page and complete your own chart. Identify several risk factors and write them down in the first column. Then ask yourself, "What kinds of things could I do to reduce those risk factors?" List your ideas in the second column. In the third column, write down the resources you might need. Exchange your ideas with other participants.*

Risk factors I can influence	What can I do to reduce these risk factors?	What will I need? (e.g., resources, people, help)
Examples: **Community Risk Factors** Transition and mobility	• Train peer leaders to welcome new kids • Serve as a liaison to link youth with transition resources	• Activities to teach peer leaders necessary inter-personal skills (e.g., how to introduce yourself) • Identify community resources to address youth's cultural needs
School Risk Factors School transitions	• Offer newcomers group • Teach kids skills they need to communicate effectively • Plan to promote bonds during transition period	• Identify a counselor to be guest speaker, teach youth how to make someone feel welcome • Other staff to support transition activities
Individual/Peer Risk Factors Alienation or rebelliousness Favorable attitudes toward drug use	• Provide leadership opportunities • Offer support groups for youth in recovery • Develop local media campaign	• Identify community agency for support in efforts • Media resources from National Clearinghouse for Alcohol and Drug Information (see Tool Box)

Risk factors I can influence	What can I do to reduce these risk factors	What will I need ? (e.g., resources, people, help)
Risk Factor:		
Risk Factor:		
Risk Factor:		
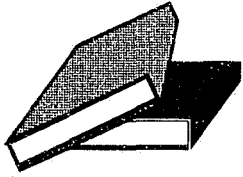
Supplemental Reading

Effects of Alcohol and Other Drugs on Personal Health and Growth[1]

Young people need to learn from adults that alcohol and other drugs can harm the body. Even a student in the lower grades of elementary school can understand two critical concepts.

First, the smaller (younger) and less physically developed a person is, the more damage alcohol does to the body. When children or teenagers drink, because they are younger and smaller physically and their body, metabolism, brain, and sexual systems are still being developed, these systems will be affected much more, and more quickly, than those of an adult.

Second, the more alcohol a person drinks, the more damage alcohol does to the body. For example, one drink may make a young person feel warm, four drinks may make a young person intoxicated, and twelve drinks may be fatal. Even for adults who are not in high-risk categories, the U.S. surgeon general recommends no more than two drinks a day, ever. The safest choice for adults is to abstain, and many do.

The health facts that adults can give to youth can be divided into four main topics: effects on sexual hormones and sexuality; effects on the mind and the brain and, therefore, on behavior; effects on other body systems, such as the cardiovascular system and liver; and the relationships among alcohol, other drugs, sex, and AIDS.

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[1] This article is taken and adapted from: Stern, A. (1991). *Parent training prevention:* Preventing alcohol and other drug problems among youth in the family. Rockville, MD: U.S. Department of Health and Human Services, Public Health Service, Alcohol, Drug Abuse, and Mental Health Administration.

By the time a child enters sixth grade, adults should talk about how alcohol affects sexual behavior as part of a discussion on sex. Adults can explain that alcohol affects not only the sexual hormone levels of the body, but also the way people behave sexually.

In males, alcohol decreases the level of the chief male hormone, testosterone, and increases the level of the chief female hormone, estrogen. This effect has been observed within hours of drinking and continues through to a hangover state.

For men who are chronic heavy drinkers or alcoholics, reduced levels of testosterone and increased levels of estrogen may lead to reduced sexual drive, lower sperm count, higher incidence of sperm abnormalities, feminine pubic hair distribution patterns, development of breasts and other feminine weight distribution patterns, infertility, or impotence.

The effects of alcohol on the female hormonal system include a decrease in production of the chief female hormone, estrogen, and an increase in production of the chief male hormone, testosterone. For the chronic heavy drinker who is female, this change in hormone levels leads to the loss of secondary sexual characteristics such as heavy fat deposits in the breasts and hips, reduction or cessation of the menstrual cycle, production of fewer ova, and eventual infertility.

This basic information can be explained in simple terms by an adult to an adolescent in a very loving and nonjudgmental way. The essential message can be, "We love you. You are growing up to be a fine young person. We want you to be healthy and strong. We also know that you will be seeing some of your friends mess up their lives by drinking alcohol and using other drugs. Drinking alcohol, including beer, is not 'cool.' It can harm or destroy your health."

A child in the sixth or seventh grade should be told, "Some children in your school are starting to use alcohol or other drugs. This behavior is unacceptable because we want to stay healthy, we have plans and goals and expectations for each other, and it does not fit in with our (religious, cultural, family, or traditional) values. But we must realize that those children who do start using alcohol and other drugs don't understand how it affects their brains and bodies."

The child should be told that drinking is seen by some children as an adult act so "drinking children" may start hanging around older kids. Because drinking children see themselves as engaging in adult behavior, they may experiment with other adult activities.

Alcohol is a neurotoxin, and it interferes with the way we think and make decisions. Therefore, when young people drink, they are more likely to do things they would not normally do. The use of alcohol and other drugs very often is associated with inappropriate sexual behavior, including having sex with multiple partners, committing sexual violence such as date rape, sexual abuse, and incest, and committing other forms of domestic violence.

Here again, this information must be given in a very loving and caring way that reassures the young person. These messages can be conveyed in the context of an explanation of family values concerning sex and the importance of respecting and treasuring the differences between men and women.

EFFECTS ON THE MIND, BRAIN, AND BEHAVIOR

The message adults can give to the elementary-school child about the effects of alcohol and other mind-altering drugs is something like this: "Our brain works like the biggest, most powerful computer ever imagined, but it's even more complex than that. Just as we have to keep dust and smoke and cat hairs and spilled

milk and cookie crumbs from a computer, we have to keep foreign pollutants from our brains. Alcohol and other drugs are called neurotoxin; they act as poisons to the brain. They affect our brain chemistry, which is responsible for our behavior. If we change our brain chemistry by the use of alcohol and other drugs, we will affect the way we act, and that may cause harm to ourselves and other people."

When the child has reached this analytical stage of thinking, usually around puberty, the adult can talk about four effects of alcohol and other mind-altering drugs on the brain: (a) increase in reaction time; (b) loss of memory and ability to store new information in memory; (c) failure to develop analytical skills; and (d) addiction.

▪ Increase in reaction time

The brain works via complex firing sequences of electrical impulses through a complex network of neurons. These neurons work like electrical cords. As long as the cords are unfrayed and plugged in tight, and as long as all the plugs are clean and working, the message goes through easily and quickly. If the person is drinking or using other drugs, chemical reactions from the alcohol or other drugs will affect the chemicals required to make the message flow through the cord (neuron) and the plugs (neurotransmitter sites). This causes the message to be slowed down, and the drug user cannot fire the message fast enough to think clearly. For example, if a man who has had several drinks tries to walk across an intersection, his ability to react to oncoming traffic will be severely hindered.

This increase in reaction time occurs in females weighing 120 lbs. with consumption of fewer than two beers and in males of 180 lbs. with consumption of fewer than three beers. Young people need to know that a very small amount of alcohol can affect their thinking and make their reaction time longer.

▪ Loss of memory and ability to store new information in memory

A more complicated function of the brain is to record facts. Considerable energy is required to record data. The chemicals must be pure. If artificial chemicals such as alcohol or other drugs

come into the brain, the message may be recorded selectively, inaccurately, or not at all.

When a person has been drinking or using other drugs, the brain finds it difficult to sort through the masses of data and pull out the information required. Thus, judgment is slowed and impaired.

Critical to the adolescent thinker is the fact that much learning takes place by trial and error. People learn from their past mistakes and successes, from watching other people and events, from experiencing, practicing, acting out, studying, communicating, and socializing. A person under the influence of alcohol or other drugs fails to put into memory those things that happen while using the drug.

The most severe manifestation of this memory loss is called a blackout. In that state, people may be awake and go through all the appropriate actions of carrying out a routine task, but be unable to remember what they did.

■ **Failure to develop analytical skills**

Young people need to know that they are particularly vulnerable during adolescence and early adulthood to the effects of alcohol and other mind-altering drugs. The teen years are marked by functional and structural changes in the brain. The development of analytical skills is absolutely necessary if the young person is to become a mature, responsible, thinking adult. This analytical thinking is the highest level of mental activity and requires the most electrical and chemical energy. Neurotoxin, described above as hindering reaction time, also impairs analytical thought.

■ **Addiction**

The most serious result of alcohol and other mind-altering drugs may be chemical dependency or addiction. In a certain percentage of cases, such as when a person drinks or uses other drugs, the chemical derivatives from the drugs affect specific neurons in the brain that have endings called opiate receptors. The opiate receptors "crave" neurotransmitters to fill their opiate receptor sites. In most people, the opiate receptor sites are filled with endorphins, which are natural opiate-like chemicals produced by the body.

However, sometimes the body produces fewer endorphins than are needed to fill these sites. The opiate receptor sites seek out a substitute. Unfortunately, a class of chemicals—the mind-altering chemicals such as alcohol and other drugs—create look-alikes that almost fit the bill. The opiate receptors are satisfied with the artificial look-alikes until their effect wears off in a few hours. Then the opiate receptors demand to be filled again. This chemical demand is interpreted by the drug user, through learned behavior, as a craving for another drink or more of another drug. As more and more alcohol is drunk, or more of another drug is taken, more and more artificial look-alikes fill the opiate receptor site. The neuron therefore produces less and less natural opiate or endorphin. This process eventually sets up a vicious chemical reaction at the neuron level in which the opiate receptor site craves to be filled, the person drinks or uses another drug, the site is filled, the look-alike effect wears off, and the opiate receptor site craves. At this stage, the person exhibits the behavioral expression of chemical addiction: using alcohol or other drugs to feel "normal."

The adolescent needs to receive the above information from people he/she respects in the context of many settings. By the time children are in the ninth grade, they are well aware of all the behaviors mentioned above. In all likelihood, the adolescent has friends or classmates who drink, get drunk, use other drugs, become violent or abusive, and "forget" and have blackouts. They may not know the proper words, but as adults and young people talk about these issues, the youth will start to remember and analyze what has been seen and heard.

In a very loving and nonjudgmental way, an adult can state that, if the teenager has a friend in trouble with alcohol or other drugs, the teenager may want to take the following actions:

- find out where to get help for the friend.

- look up such groups as ALATEEN or ALANON.

- contact the school student assistance program, Peer Helpers, Natural Helpers, REACH, or whatever group the school has to help chemically dependent students.

- learn more about chemical dependency and talk to the friend about the help available to children in the school.

- stop hanging around with a friend who refuses to accept help.

If for some reason no help is available for the student, adults and friends together should contact the administrators of the school and insist on adequate resources for school prevention, intervention, and treatment services.

EFFECTS ON OTHER BODY SYSTEMS

Teachers, coaches, youth workers, and adults can state the basic fact that alcohol abuse is one of the leading health problems in the United States because of its impact on a person's general physical health. Alcohol and other drug use decreases the number of white blood cells; weakens the body's immune system; damages the liver, which may interfere with the body's ability to fight off disease; depletes the body of vitamins and minerals essential for growth and health; and lowers hormone levels (hormones may protect against diseases such as breast cancer in women and heart attacks in men).

The young person needs to be told again that occasional drinking for adults of legal age, *not in high-risk categories*, may not be considered harmful. The adult should make sure the young person understands that for the high-risk adult, any drinking is abuse. For example, women who are pregnant, adults under medication, recovering alcoholics, or those from a family with a severe history of alcoholism should not be drinking.

RELATIONSHIP AMONG ALCOHOL, OTHER DRUGS, SEX, AND THE HUMAN IMMUNODEFICIENCY VIRUS (HIV)

In their periodic conversations on the issue of alcohol and other drugs, adults need to make clear to young people that anyone using alcohol or other drugs may be at high risk for contracting HIV for three main reasons:

- alcohol and other drugs may damage the body's immune system, leaving the body in a weakened state when trying to fight off infections, including HIV infection.

- alcohol and other drugs may alter decisionmaking and risk perception and otherwise impair judgment. Thus, people using alcohol or other drugs may engage in high-risk sexual activities that they would avoid if not under the influence of that drug.

- HIV is spreading fastest among intravenous drug users and their sex partners. Alcohol is considered a "gateway" drug, which means that intravenous drug use generally is preceded by use of alcohol. Although most youth who use alcohol do not go on to use heroin or other injectable drugs, those who start using alcohol or other drugs at an early age may be at higher risk for exposure to HIV through unprotected sexual behaviors or contaminated injection equipment.

Responsible, clear verbal communication from caring adults can affect children's knowledge about and attitudes toward alcohol and other drugs.

Notes

Session Two

*Proactive Prevention:
Building Resiliency
in Youth*

2

Course Map and Objectives

Introductory Activity
Someone Significant in Your Youth

Session Summary
- The Social Development Model as a means of increasing resiliency
- The role of bonding in building resiliency
- Reasons some youth do not bond easily
- The role of culture in bonding

Objectives
As a result of this session, you will be able to:
- Outline the key aspects of the Social Development Model for fostering resiliency in youth at risk
- Define bonding and its place in building resiliency in youth
- List four reasons why some youth have trouble bonding
- Describe the relationship between culture and bonding
- Communicate with youth through active listening

Lecture
A Strategy for Prevention

Activity One
Opportunities, Skills, and Recognition in Your Youth

Lecture
Developing Resilient Youth

Supplemental Reading

Activity Two
Increasing Opportunities for Involvement

Lecture
Why Do Some Young People Have Trouble Bonding?

Activity Three
Fostering a Positive Racial/Cultural Identity in Youth

Lecture
Active Listening

Closing Activity
Active Listening

Introductory Activity

READ ME FIRST

Someone Significant in Your Youth

WHY DO IT?

By identifying how a significant adult in your youth positively influenced your life, you will be able to identify what youth need today.

HOW WILL I USE IT?

You will be able to provide positive experiences that promote bonding and convey positive standards to youth.

Introductory Activity

Someone Significant in Your Youth

DIRECTIONS   *Think about a person in your youth who helped you to become a more competent person. Then, to understand how bonding and conveying positive standards influenced your own life, answer the questions below.*

1.   What was this person like?

2.   What did he/she do to produce a nurturing environment?

3.   How did this person make you feel?

Share your answers with a partner or in a small group.

Lecture Summary

A Strategy for Prevention

Recent surveys demonstrate that we have made some progress in reversing the patterns of illicit drug use among youth. However, these successes tend to be among young people who have a stake in society and in their own future well-being. They have begun to refrain from drug use because of the risks they see associated with use, and because they have a vested interest in adhering to the healthy beliefs of their parents, their teachers, or society as a whole. These young people are being buffered from the effects of risk in their lives by *protective factors*—conditions that protect an individual from the negative consequences of risk exposure. Protective factors aid the individual by either reducing the impact of risks or by changing the way the person responds to risks.

PROTECTIVE FACTORS

Protective factors fall into three basic categories (Hawkins, Catalano, and Miller 1992; O'Donnell 1992; Werner 1989; Rutter 1987):

- **Individual Characteristics**

    A resilient temperament, a positive social orientation, and intelligence are protective factors.

- **Bonding**

    Positive relationships promote close bonds that are protective. Examples of protective relationships include warm relationships with adults who encourage and recognize a young person's competence, and relationships with close friends.

■ Healthy Beliefs and Clear Standards

Healthy beliefs and clear standards are exemplified by an external support system that reinforces and supports a child's coping efforts, and recognizes a child's competence. Such support systems occur in the family, school, community, and/or peer group.

The last two protective factors listed above—bonding and healthy beliefs and clear standards—concern the relationship between a young person and his or her environment, and exist in all areas of the young persons's life: the community, school, family, and/or peer group.

THE SOCIAL DEVELOPMENT STRATEGY

The Social Development Strategy is a model that describes how protective factors work together to buffer children from risk. To use this information effectively, we need to know how protective factors are developed and how they influence one another. The strategy has theoretical roots in control theory (Hirschi 1969) and social learning theory (Akers 1977; Bandura 1977), but it goes beyond them.

The goal of the Social Development Strategy is to help children develop into healthy adults. The protective factor, *healthy beliefs and clear standards,* directly impacts the development of healthy behaviors. When parents, teachers, and communities set clear standards for children's behavior, when those standards are widely and consistently supported, and when the consequences of not following the standards are clear and salient, young people are more likely to endorse them.

However, young people do need to be motivated to follow these standards. Clear and consistent standards often can command compliance through fear of consequences, but this provides only short-term motivation. More lasting motivation comes from strong

attachments, relationships with those who hold healthy beliefs and clear standards, and an investment in a line of action that adheres to these standards.

When a young person is bonded to those who hold healthy beliefs, he/she does not want to threaten the bond by behaving in ways that would jeopardize his/her relationships and investments.
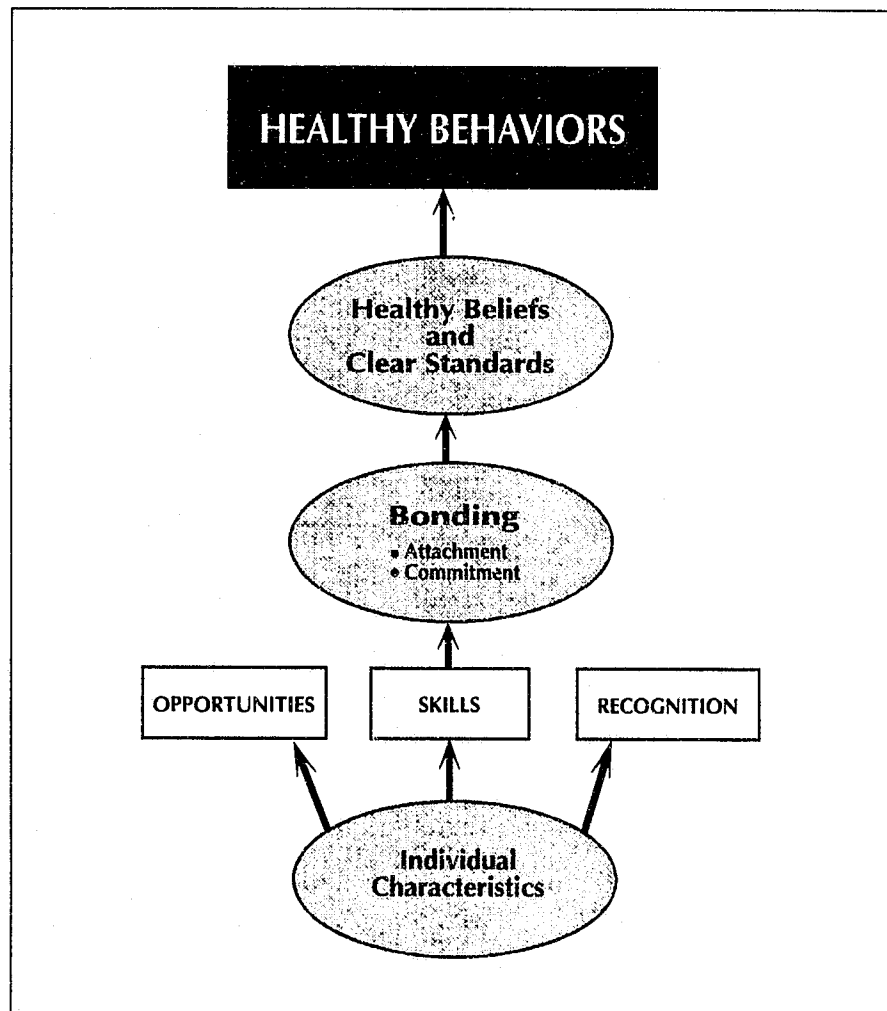
Figure 2.1
The Social Development Strategy

Thus, bonding and healthy beliefs and clear standards work together to protect children. For example, when children live in families that expect them to do well in school and the children are bonded to their families, they are more likely to be motivated to respect and follow these standards than they would if they did not have close relationships with family members.

THREE STEPS TO INCREASE BONDING

The Social Development Strategy explains how bonding develops. To facilitate bonding to any social unit, three conditions are necessary. Children must have *opportunities* to make a meaningful contribution to that unit. They must have the *skills* to effectively contribute. They also must be *recognized* for their contributions.

OPPORTUNITIES Children must be provided with opportunities to contribute to their community, their school, their family, and their peers. If children have opportunities that are beyond their abilities, they experience frustration and failure. If they have opportunities that are too easy, they may become bored. The challenge is to provide children with meaningful, challenging opportunities that help them feel responsible and significant. Examples of such opportunities include active roles for children in the classroom and teachers who stimulate and motivate their students.

SKILLS Children must be taught the skills necessary to effectively take advantage of opportunities. If they do not have the skills necessary to be successful, they experience frustration and/or failure. Skills that have shown an ability to protect children include good cognitive skills—such as problem-solving and reading skills, and good social skills—such as communication skills, assertiveness, and the ability to ask for support.

RECOGNITION Children must be recognized and acknowledged for their efforts. Recognition gives children the incentive to continue their contributions and reinforces their skillful performance. Examples of recognition that have demonstrated a protective effect include supportive teachers and parents who recognize their children's individual efforts. For instance, if we want children to be bonded to our schools and clubs, they must be actively and meaningfully · involved in these institutions. They need opportunities to contribute. These opportunities might include helping to make the rules or participating in organizational activities.

Once children have been given the opportunity to contribute, they need the skills necessary to be successful. If, for example, children organize an event, they must have the skills necessary to identify the tasks that will make the event successful and develop a timeline to accomplish those tasks. Finally, children must be recognized for their efforts and contributions. Parents and other adults need to express their appreciation of a child's efforts. When the above conditions are met, children are more likely to become actively involved with and bonded to their school, community, and family.

INDIVIDUAL CHARACTERISTICS

Individual protective characteristics are something one is born with, something that is difficult or impossible to change. Gender and temperament are biologically determined. Shyness, sociability, and intelligence also are difficult to change. Research on protective factors views these as characteristics with which an individual comes into the world. For instance, female children with an easy temperament, a natural sociability, and intelligence are fortunate. Compared with peers, they are at an advantage in withstanding the risks they will encounter. Protective characteristics make it more likely that children will identify opportunities to contribute, develop the skills necessary to execute that contribution, and be recognized for their efforts.

A child with a resilient temperament is more likely not to be frustrated by blocked opportunities, and to keep on trying to find ways to make meaningful contributions. A child with high intelligence is more likely to develop a wide variety of skills to help with his/her performance. A child with natural sociability is more likely to be recognized by adults and other children as a sought-after companion.

IMPLICATIONS FOR PREVENTION

The Social Development Strategy has implications for prevention programs. We need to make sure that prevention programs:

- reduce risk factors in a way that strengthens bonding;

- strengthen children's bonds by providing opportunities, skills, and recognition; and

- develop consistent and clear standards for behavior across families, schools, communities, and peer groups.

Activity One

Opportunities, Skills, and Recognition in Your Youth

READ ME FIRST

WHY DO IT?   In the Introductory Activity, you identified a person from your youth who helped you to become a more competent adult. Now you can examine the factors that made the relationship work for your long-term benefit.

HOW WILL I USE IT?   Identifying how opportunities for meaningful involvement, skill building, and recognition allowed you to grow in competence will improve your ability to promote similar experiences.
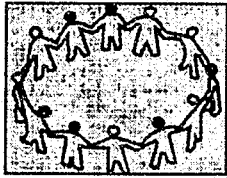
Activity One

Opportunities, Skills, and Recognition in Your Youth

DIRECTIONS *Remembering the significant person from your youth whom you identified in the Introductory Activity, answer the questions below.*

1. How did the person whom you described in the Introductory Activity provide or promote opportunities for participation that you didn't have before?

2. How did this person (or the opportunity he/she provided) help you to learn new skills? What did you learn?

3. Did this person convey high expectations for you? If so, what were these expectations?

4. How did this person provide recognition?

5. How does it feel to have had this set of experiences?

Share your answers with a partner or in a small group.
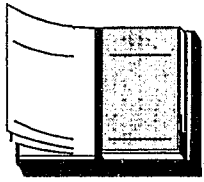
Lecture Summary

Developing Resilient Youth

> **Resilience:** The capacity to spring back, rebound, successfully adapt in the face of adversity, and develop social competence despite exposure to severe stress.
> - *Marilyn Colby Rivkin and Mary Hoopman (1991)*

The Social Development Strategy (Hawkins 1992) describes how individual characteristics, bonding, and healthy beliefs and clear standards work together to promote healthy behaviors and instill protective factors in youth exposed to multiple risk factors.

Children who have grown up with these protective factors are less vulnerable when confronted by difficult situations (Garmezy 1974; Rutter 1979; Werner 1986). These children often are described as *resilient.* The following are characteristics of resilient children:

Effectiveness in work, play, and relationships

- They establish healthy friendships.
- They are goal-oriented.

Healthy expectations and positive outlooks

- They believe that effort and initiative will pay off.
- They are oriented to success rather than failure.

Self-efficacy

- They feel competent, have a sense of personal power, and believe that they can control events in their environment rather than being passive victims.

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Self-discipline

- They have the ability to delay gratification and control impulse drives.

- They maintain an orientation to the future.

Problem solving and critical thinking skills

- They have the ability to think abstractly, reflectively, and flexibly.

- They are able to define alternative solutions to problems.

Humor

- They can laugh at themselves and at situations.

BUILDING BONDS WITH YOUTH THROUGH INCREASED OPPORTUNITIES

Curricula and activities that focus on providing opportunities for active involvement, that teach skills, and that provide recognition are important in building protection through bonding. Finding ways to provide new opportunities for meaningful involvement is the critical first step in the bonding process. An opportunity that does not allow young people to make a contribution does nothing to establish them as responsible and significant contributors. To make opportunities meaningful, young people must participate in decision making, have some leadership role, and provide meaningful service to the community or group. This often includes reorganizing the opportunity structure within our schools and communities.

When given opportunities to make contributions, children gain additional skills in dealing with social interactions. At the primary level, the result might be increased competency in basic social skills such as sharing, listening to others, and working

cooperatively in a group. As students mature, a broader range of skills (e.g., how to resist negative peer influences, solve problems, set goals, provide service to others) can result.

Opportunities with a social competence emphasis use specific skills that help students behave in responsible and healthy ways. They also provide students with a sense of self-efficacy— the feeling that they know how, and are able to accomplish, a particular goal.
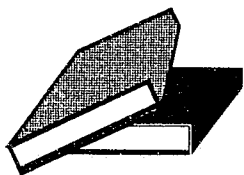
Supplemental Reading

Emotional, Cognitive, and Behavioral Skills

Social competence requires an ability to adapt and integrate feelings (emotions), thinking (cognition), and actions (behavior) to achieve specific goals. The best opportunities combine skills training in all three areas into an integrated framework.

EMOTIONAL SKILLS

- Identifying and labeling feelings.

- Expressing feelings.

- Assessing the intensity of feelings.

- Managing feelings.

- Delaying gratification.

- Controlling impulses.

- Reducing stress.

COGNITIVE SKILLS

- *Self-talk*—conducting an "inner dialog" as a way to cope with a topic, a challenge, or to reinforce one's own behavior.

- *Reading and interpreting social cues*—recognizing social influences on behavior and seeing oneself in the perspective of the larger community.

- *Using steps for problem solving and decision making*—setting goals, identifying alternative actions, anticipating consequences, acting, and evaluating consequences.

- Understanding the perspective of others.

- Understanding behavioral norms (what is and is not acceptable behavior).

- Developing a positive attitude toward life.

- *Self-awareness*—e.g., developing realistic expectations about oneself to predict one's own behavior.

BEHAVIORAL SKILLS

- *Nonverbal*—communicating through eye contact, facial expressiveness, tone of voice, gestures, style of dress.

- *Verbal*—responding effectively to criticism, resisting negative influences, expressing feelings clearly and directly, giving and receiving compliments.

- *Taking action*—walking away from situations involving negative influences, helping others, participating in positive peer groups.

Notes

Activity Two

Increasing Opportunities for Involvement

READ ME FIRST

WHY DO IT?   Bonding is ongoing, built on a stable, consistent, and authentic relationship. Providing new opportunities for meaningful involvement is the first—and often overlooked—step toward creating strong bonds.

HOW WILL I USE IT?   This activity will help you to provide meaningful opportunities for involvement by identifying ways to recognize opportunities and make them accessible for youth at risk.

Activity Two
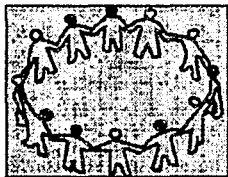
Increasing Opportunities for Involvement

DIRECTIONS *Think of a young person whom you consider to be at risk and complete the chart below. Share your answers with a partner or in a small group.*

Young person at risk	Describe an opportunity you can provide that will increase his/her involvement in:		
	Decision making	A leadership role	A meaningful contribution to the community, family, peers, or your organization
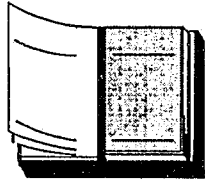
Lecture Summary

Why Do Some Young People Have Trouble Bonding?

In this section you will learn some reasons why just providing opportunities may not be enough for all young people. Even though opportunities for bonding may have been provided, not all young people will immediately jump at the chance to participate. There are several reasons for this:

■ Prior experience

The first bonding experience normally occurs in the family unit. Research seems to indicate that if that first experience does not result in bonding, it will be harder for young people to bond in other areas such as school, or with other adults or groups. For some youth, "prior experience" means they lack the social competence skills described in the supplemental reading material on pages 2-17 and 2-18.

■ Exposure to risk factors

Poor family management patterns or child or sexual abuse may make it more difficult for children to develop attachments with new people.

■ Differences in individual characteristics

Differences in temperament, e.g., shyness, may make it more difficult for youth to take advantage of opportunities.

■ Cultural differences

Differences in cultural values and practices may cause youth to distance themselves from opportunities to bond with adults and institutions. Basic communication differences include cultural styles of interaction, touching, voice volume, and eye contact.

CULTURE AND BONDING

Culture is the way by which people interact with others and interpret their world. Often, without malicious intent, our own culture and "way of life" convey a devaluing of another way of life or culture. Young people who come into a dominant culture often feel that their culture is devalued because it is different. They may experience shame about who they are and about their own personal value. Their shame is not related to their behavior, but rather to who they are.

The school, teams, and youth centers are microcosms of the larger society. They often reflect the larger society's values and have the capacity to convey "where" the child of a different culture "is supposed to be."

Ensuring that the structure and environment we establish does not devalue any other person's culture is a critical prevention strategy. This strategy addresses the core need of all youth—the need to be valued.

Development of a clear and positive racial/cultural identity can serve as a possible protective factor for alcohol and other drug abuse, and for other dysfunctional behaviors. Wherever possible, this identity development should be integrated into prevention strategies.

The implications for teachers, coaches, and youth workers are clear. They must be alerted to the need to provide extra support and multiple opportunities for some young people. This will take extra effort.

Young people from varying cultural backgrounds often have a difficult and painful decision to make: whether they will participate in their traditional culture, become acculturated to the dominant culture, or become somewhat bicultural. Each of these options presents tradeoffs.

In the process, they may experience value conflicts and intergenerational conflicts with their families. As a result, they often may adapt to a third culture—the subculture of their peers— for support and a sense of belonging.

Strategies that help youth to determine their position on a continuum between tradition and assimilation, while at the same time maintaining meaningful bonds with families, peers, educators, and organizations, include:

- a buddy system and/or "friendship program" to welcome and include new students;

- peer tutoring and counseling;

- teaching the five R's: Reading, wRiting, aRithmetic, Roots, and Respect;

- involving parents with school activities; and

- using curricula and promoting activities that value ethnic, cultural, and language diversity.

Notes

Activity Three

Fostering a Positive Racial/ Cultural Identity in Youth

READ ME FIRST

WHY DO IT?   Developing a positive racial/cultural identity fosters resiliency in young people. You may have many opportunities to increase a young person's ability to function among different cultures.

_____

HOW WILL I USE IT?   This activity will help you to challenge your own thoughts and past behaviors in fostering a positive environment for youth from diverse cultural backgrounds.

Activity Three

Fostering a Positive Racial/ Cultural Identity in Youth

DIRECTIONS   *Read each question below and check the box that applies to you. Then expand on your answers by responding to the questions on the next page.*

		Yes	No
1.	Do you challenge yourself to view individuals without using stereotypes?	☐	☐
	Do you expose yourself to experiences that would increase your understanding of other cultures?	☐	☐
	Are you sensitive to the differences in the "rules" of various cultures?	☐	☐
	Do you catch yourself using your own cultural context to understand the behaviors of children from other cultures?	☐	☐
	Do you find creative ways for allowing children to maintain and appreciate their culture and still function effectively in a culture based on Western standards?	☐	☐
	Are you able to consult with or do you have access to individuals from other cultures who may be more informed than you about how best to address certain cultural needs?	☐	☐

2. Choose two items you marked with a "yes." Share your responses with a partner or in a small group.

3. Name a professional goal you could set, or an activity you could participate in, that will increase your capacity to assist youth in developing a positive racial/cultural identity (e.g., attending training about the culture of youth you work with, increasing your access to appropriate cultural resources). Ask others around you about activities they have participated in that were helpful and meaningful to them.

Lecture Summary
Active Listening

> First seek to understand the other before seeking to be understood.
> - *Stephen Covey*

Bonding most often occurs for young people when they are provided with opportunties for active involvement. One way to do this is to give youth a greater chance to talk to, and be listened to, by adults who can provide them with meaningful opportunities, skills, and recognition. Communication is a very simple prevention strategy, one in which everyone can participate. For youth, communication begins with being heard.

One strategy that promotes social bonding, effective rapport, and relationship building is *active listening*. Active listening is the experience of being heard and understood by another person. The receiver of the message tries to understand what the sender is feeling or what he/she is saying and feeds it back to the sender for verification.

The following three steps will help you to listen actively.

Step 1: Learn to empathize.

This is one of the first steps of becoming a good active listener. To empathize accurately, you must get inside the other person, look at the world from his/her frame of reference, and get a good feeling for what his/her world is like.

Step 2: Communicate to the other person in a way that shows him/her you have picked up both feelings and experiences.

Put the other person's message into your own words and feed it back to him/her for verification. As the other person speaks, try to gain an understanding of his/her perspective. This means putting aside your own feelings about the experience, and trying to undertand how the other person views the experience from

his/her perspective. Ask yourself questions such as, "How is he/she feeling?" "What conflicts is he/she experiencing?"

Step 3: Make a statement that seems to reflect the person's inner world as he/she has expressed it. Avoid sending your "own messages."

Try to get at the feelings behind the words. When expressing and rephrasing statements, practice using "feeling" words such as *happy, sad, mad, glad, angry,* and *hurt.* Examples include "You appear frustrated," "You're feeling great," and "You are sounding disappointed and hurt."

Adults often have their own messages that they think they should send. Some of the messages may make sense on the surface, but have been shown to reduce communication, especially with young people. These messages include advice (e.g., "You should..."); opinion (e.g., "It's not the end of the world"); logic (e.g., "That just doesn't make any sense"); blame (e.g., "You should never have said that"); ridicule (e.g., "Any child knows better than that"); name calling (e.g., "Look, turkey breath, you can't do that"); and preaching (e.g., "To be a good person, you must...").

To avoid sending your own messages, focus only on what you feel the sender's message meant—nothing more, nothing less. If he/she corrects you, accept the correction and rephrase the statement until he/she verifies it.

You don't have to agree with the student to empathize. The goal is to make him/her feel that his/her point of view has been heard at a profound level.

Practicing active listening skills will increase your ability to build relationships with young people. As early as tomorrow, you will be able to listen more actively to at least one young person with whom you work. You may find that the youth will respond better to you in other ways as well.

Notes

Closing Activity

Active Listening

WHY DO IT?   Listening is a critical prevention skill that is worth practicing. By listening to young people, you help to build authentic relationships and promote bonding with them.

HOW WILL I USE IT?   By using active listening skills in all encounters with young people, you will learn more about them and the opportunties for involvement that they would value.
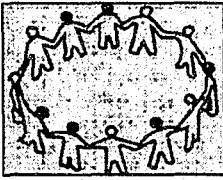
Closing Activity
Active Listening

DIRECTIONS   *Team up with another participant. One person will play the part of the youth; the other will play the part of the adult. Choose one of the two situations below or create your own scenario. Role play the situation. Then discuss what occurred and how each person felt about the experience. Help each other identify the messages that you might have been sending instead of actively listening. Then change roles and repeat the process.*

---

1.   Role play one of the situations below.

Situation 1
A youth enters the gymnasium, walking hunched over, arms folded, a frown on his face, mumbling to himself.

Situation 2
A student has not completed any class work, but just holds her pencil and stares out the window with a perplexed look.

Create your own situation
Role play a situation you recently experienced with a young person.

2.   After completing the role play above, identify one of your "own messages" that you caught yourself conveying. Complete the following sentence: *One of my "own messages" that I often send when listening to youth whom I want to change is:*

3.   Complete the following statement: *A young person I will actively listen to next week is:*

Session Three

Healthy Beliefs
and
Clear Standards

3

3

Session Three

Course Map and Objectives

Introductory Activity
What Do You Think?

Session Summary
- How to convey healthy beliefs and clear standards to young people

Objectives
As a result of this session, you will be able to:
- Identify several ways that our culture promotes underage use of tobacco, alcohol, and other drugs
- Counteract messages that promote the use of tobacco, alcohol, and other drugs
- Be a positive role model regarding the nonuse and use of tobacco, alcohol, and other drugs
- Use policies and rules effectively to promote the nonuse of tobacco, alcohol, and other drugs

Lecture
Three Ways to be Clear and Consistent

Activity One
Teachable Moments

Lecture
Setting a Positive Example

Activity Two
Drawing the Line: Setting Standards Through Personal Example

Lecture
Using Policies and Rules Effectively

Activity Three
Rules and Codes

Lecture Summary
Recap and Resources

Closing Activity
Barriers and Bridges

Supplemental Reading

READ ME FIRST

Introductory Activity

What Do You Think?

WHY DO IT?   *Healthy Beliefs and Clear Standards* will focus on ways that young people receive messages about tobacco, alcohol, and other drugs. It will show how people can counteract messages that promote underage use.

HOW WILL I USE IT?   This activity will enrich the information presented in this session by showing the complexity of our beliefs and feelings.

Introductory Activity

What Do You Think?
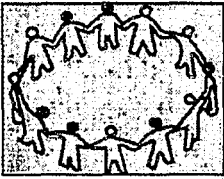
		Strongly agree	Agree	Uncertain or don't know	Disagree	Strongly disagree
DIRECTIONS	*Read each statement below and circle the number that most closely reflects your belief. Share your answers.*					
1.	Alcohol and tobacco advertising should be banned from sporting events.	1	2	3	4	5
2.	Rules and codes with strong penalties can eliminate tobacco, alcohol, and other drug use among young people.	1	2	3	4	5
3.	It doesn't matter what adults say about tobacco, alcohol, and other drugs; young people only listen to their peers.	1	2	3	4	5
4.	Requiring people to be 21 years old to purchase or consume alcohol can deter adolescent alcohol use.	1	2	3	4	5
5.	The only way to be a good role model is to choose not to use tobacco, alcohol and other drugs.	1	2	3	4	5
6.	I know what I can do to help prevent tobacco, alcohol, and other drug problems.	1	2	3	4	5
7.	Prevention efforts need to be directed at elementary-age children; it's too late to prevent problems with teenagers.	1	2	3	4	5
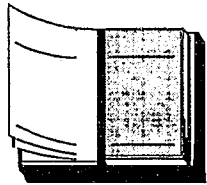
Lecture Summary

Three Ways to be Clear and Consistent

If we expect young people to behave in a particular way, research shows that they need to obtain clear and consistent messages about the expected behavior. Unfortunately, in our culture young people receive mixed messages about a number of behaviors, including sexuality, violence, and use of tobacco, alcohol, and other drugs. These messages may come from peers, family members, community members, the environment, the culture, and the media. When young people receive the same message from many people, it has a powerful impact on behavior. Therefore, our communities need to provide youth with positive messages about nonuse from a variety of credible sources. This session examines three ways that teachers, coaches, and youth workers can send clear and consistent messages about tobacco, alcohol, and other drug use.

These three strategies include:

- counteracting messages that promote underage use;

- being a positive role model; and

- using policies and rules effectively.

Messages that promote the underage use of tobacco, alcohol, and other drugs are pervasive in our culture. While one message can convey the concept that the healthiest and most responsible choice for a young person is not to use, other messages promote not only underage consumption of illegal drugs (including tobacco and alcohol), but also misuse and abuse of drugs by people of all ages.

Children in our culture are widely exposed to tobacco and alcohol advertisements. Research on advertising indicates that even young children can develop expectations about future use, based in part on these advertisements.

It is not realistic to shelter young people from all advertisements. But we can use these situations as learning opportunities. These "teachable moments" can be used to challenge the advertising young people are exposed to and send positive messages about nonuse.

The teachable moment concept also can be expanded to other opportunities that arise, enabling adults to send positive messages. Rule infractions, widely published (or rumors of) underage drinking activities, and inappropriate use by celebrities are just a few instances of teachable moments. Examples of positive behavior also should be recognized and used as teachable moments.

READ ME FIRST

Activity One
Teachable Moments

WHY DO IT?   All of us who work with young people have times when we wish we knew what to say in response to a statement a young person has made. Valuable opportunities are lost when people are not prepared to respond to and/or react to youth.

HOW WILL I USE IT?   This session will describe ways of "seizing the moment" to convey an important message. It will help you respond more quickly so you can clearly convey standards and healthy beliefs to the youth you work with.
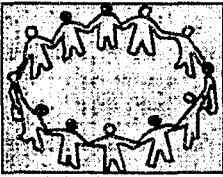
Activity One
Teachable Moments

DIRECTIONS   *Think about some situations involving tobacco, alcohol, and other drugs that either have happened or could occur in your work with young people. During these times, what messages would you like to give to young people? How could you send those messages? Write down a few ideas from your own experience. Share these ideas with others and learn from their teachable moments.* **Remember: Sixty one-minute messages are better than an hour-long lecture.**

Situation	Message you would like to give	How to send your message
Example: World Series champions celebrate victory with champagne in the locker room; well-covered by the media.	*Example:* Alcohol is not essential for celebrating victory or acknowledging defeat.	*Example:* Show videotape of Series' end. Discuss "how necessary is alcohol in this situation?"
Example: Before the class or an activity starts, you hear kids talking about how drunk everyone was at a party last night.		
Your own situation:		
Your own situation:		
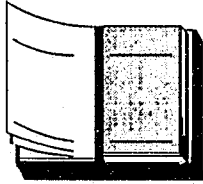
Lecture Summary
Setting a Positive Example

There are two ways that adults can set positive examples regarding tobacco, alcohol, and other drug use. They can choose to abstain or they can choose to use these substances in a moderate, appropriate, and legal fashion.

Nearly one third of the adults in America choose to abstain from the use of alcohol for a variety of reasons. Adults who choose to use alcohol should do so appropriately, moderately, and legally. "Legal" is a relatively easy term to define, even though laws may change. "Moderate" and "appropriate" are more difficult to determine. *Appropriate* is situational, and refers to time and place. *Moderate* refers to the amount and frequency of consumption.

Community or cultural norms, personal experience, use by family and peers, and religious or personal beliefs may all play a part in shaping what we consider to be appropriate and moderate behavior. Because of these factors, it often is difficult to draw the line between the use and misuse of tobacco, alcohol, and other drugs. However, to send clear and consistent messages to young people, adults must work to clarify this line. Adults can discuss the concepts of appropriate and moderate use and nonuse, build consensus among groups of adults, and work to change or enforce laws or policies that support their concepts of appropriate and moderate behavior.

Notes

Activity Two

READ ME FIRST

Drawing the Line: Setting Standards Through Personal Example

WHY DO IT?   Setting our own standards and being clear about them is important in our work with youth. Young people quickly pick up on hypocrisy. Because we often serve as role models, we need clear standards for our own use of tobacco, alcohol, and other drugs.

HOW WILL I USE IT?   Examining our own standards will help us to determine if we need to make any changes in our behavior. It also will help us to decide if our school, team, or organization needs to look at its own standards regarding the use of tobacco, alcohol, and other drugs.
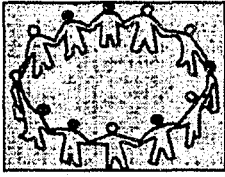
Activity Two

Drawing the Line: Setting Standards Through Personal Example

DIRECTIONS *Answer the following questions, then share your answers with a colleague.*

1. What are some of the guidelines you use in deciding whether to use tobacco, alcohol, or other drugs?
    (*Example*: "I don't drink alcohol if I'm taking antibiotics.")

2. What are guidelines regarding the use of tobacco, alcohol, or other drugs you think your school or community should adopt?
    (*Example*: "We will agree not to smoke at meetings.")
    Note: These may not be rules, but rather informal agreements among groups of people.
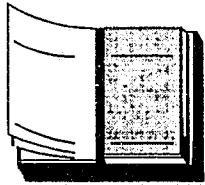
Using Policies and Rules Effectively

Rules and codes help set standards for behavior and help people make good decisions. Research on laws that effectively deter negative behavior has shown that rules have a preventive effect when they are consistently enforced, when consequences for rule violations are perceived as fair, and when the process is promptly implemented.

The central concept is the perception of fair and reasonable consequences. When coaches, teachers, and youth workers perceive that consequences for a rule infraction are fair and reasonable, they are more likely to be consistent in enforcing that rule. The current trend in our country toward more severe criminal penalties is not supported by research. There appears to be little connection between more severe consequences and a reduced crime rate.

There is no magic rule that will fit every situation. Any rule or code should be reviewed periodically to make sure that it reflects current research and that everyone who has a voice in the policy has a voice in its creation. Rules and codes are only one strategy for sending clear and consistent messages. They are rarely the primary reason given by young people who choose not to use tobacco, alcohol, and other drugs.

Adults who work with youth can use their influence to help parents send clear and consistent messages to their children. Research has shown that young people who believe parents would be upset by their use are less likely to use.

Notes

Activity Three

Rules and Codes

WHY DO IT?   Thinking about situations you may encounter (or have encountered) helps you prepare to handle them in new ways, based on your learning in this session.

HOW WILL I USE IT?   Discussing these situations will prepare you to respond in real-life situations when emotions are high.
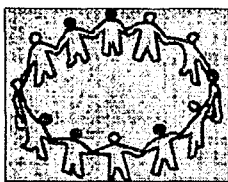
Activity Three

Rules and Codes

DIRECTIONS   *Read the two scenarios below. Choose one of the two situations and discuss with a partner how you would handle the situation. Then, with your partner, answer the question at the bottom of the page.*

"Hey Coach..."   Surprise, surprise! A player on your basketball team stops by your home on Sunday afternoon. He tells you about drinking alcohol at a party last night. He confesses that he knew it was wrong, but says he only had one beer. Because of feeling guilty about breaking team rules, he wanted to tell you and clean the slate. He asks you to keep this discussion confidential. What would you do?

"Nah, Nah, Nah..."   "Nah, Nah, Nah, Nah, Nah..." You are supervising a program at your school or agency. After the children have come in from an outside activity, one of them pulls you aside and tells you that another child was smoking behind the building. The person who gives you this information is known for telling tall tales. The person that he/she is telling you about is one of your favorites— a delight to be around and a role model for others in the group. What would you do?

Answer this question with your partner   Think about your school's or agency's rules on tobacco, alcohol, and other drug use in light of the situations above. How consistently are rules and codes enforced? Are they perceived as fair? How prompt is the process? Are provisions for helping young people built into the rules or codes?
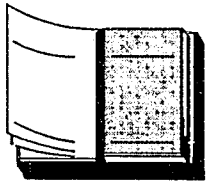
Lecture Summary

Recap and Resources

Coaches, youth workers, and teachers—along with parents—are significant adults in the lives of young people. By using teachable moments, being good role models, and enforcing rules fairly and consistently, adults can be instrumental in sending clear and consistent messages about tobacco, alcohol, and other drug use.

The Tool Box of this workbook contains examples of policies that youth organizations have adopted to convey healthy beliefs and clear standards. Many more resources are available through the National Clearinghouse on Alcohol and Other Drug Information (NCADI). Examine the NCADI order form in the Tool Box and consider ordering resources that serve the youth you work with. Most items are free.

Notes

READ ME FIRST

Closing Activity
Barriers and Bridges

WHY DO IT?   This session of *Everybody's Business* has talked about three strategies of sending clear and consistent messages to young people about tobacco, alcohol, and other drugs. The Closing Activity allows you to consider the barriers you may face in using these strategies in your work. It then gives you an opportunity to discuss with your colleagues ways to overcome those barriers.

HOW WILL I USE IT?   Based on this discussion, you will be better prepared to discuss possible changes at your worksite.
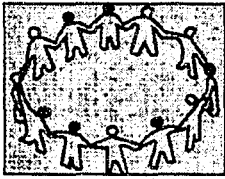
Closing Activity
Barriers and Bridges

DIRECTIONS   *This activity asks you to do some thinking, writing, and sharing—about your work situation and about ways to overcome barriers by building bridges. Answer the questions below, describing "barriers" at your worksite. Then, using the knowledge you have gained from this session, share with your colleagues ways that these barriers might be addressed.*

Barriers   Think about your work situation. What barriers do you face in (a) using teachable moments; (b) setting standards through personal example; (c) implementing effective rules and codes?

Bridges   Pick one of the barriers you listed above. Discuss this barrier with your colleagues and write down their suggestions for overcoming it.
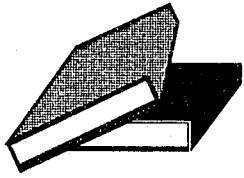
Supplemental Reading

Setting Standards for Tobacco, Alcohol, and Other Drug Use and Nonuse

CHEMICAL HEALTH   Chemical health is a component of overall health that results from responsible decisions about tobacco, alcohol, and other drug use and nonuse.

Examples include:

- abstinence for any reason;

- moderate, appropriate, and legal use; and

- helping others to make healthy choices.

GUIDELINES   In order to make responsible decisions about tobacco, alcohol, and other drug use and nonuse, we need to establish personal guidelines and community standards. The following are some suggested guidelines:

Tobacco, alcohol, and other drugs are not essential for enjoying family or social events.

- Tobacco, alcohol, and other drugs are not required to celebrate special occasions, nor it is necessary to serve alcohol during meals.

- Use of tobacco, alcohol, and other drugs should not be the primary focus of events. If used, alcohol should be only a part of the activities.

Everyone has the right to choose not to use tobacco, alcohol, or other drugs.

- No one should be pressured to smoke, drink, use or made to feel uneasy because of his/her personal choice.

- No one needs to justify his/her choice. However, it may be helpful under certain circumstances to share the reasons for choosing not to use tobacco, alcohol, or other drugs.

There are circumstances when nonuse is the only appropriate choice.

- A person should abstain from alcohol if he/she is under age 21; chemically dependent; pregnant or nursing; using certain medications; driving motorized vehicles; operating dangerous equipment; at work or school; performing in fine arts or physical activities.

- Use of tobacco (including smokeless tobacco) should be avoided and discouraged. Tobacco use has specific health and social risks and may be illegal for young people. Nicotine is highly addictive. Each year in the United States, more people die from tobacco-related causes than from all other drugs combined.

- Use of illicit drugs should be avoided and discouraged. Unlike alcohol and tobacco, the dosage and purity of illicit drugs are unpredictable, which, in turn, increases health and social risks. Both possession and use also have significant legal and ethical risks.

There are times when the use of alcohol and other drugs may be appropriate:

- When religious beliefs accept the use of alcohol or other drugs.

- When use is legal.

- When use is a minor part of other activities (e.g., beverage at mealtimes).

- When use is part of a religious ceremony.

- When participation in current or upcoming events will not be impaired by use.

- When prescribed by a physician or used as directed on an over-the-counter package. (Medications should be disposed of after the expiration date and should never be shared or exchanged with others.)

- When use will not affect others negatively.

Anyone who chooses to use should do so moderately to avoid intoxication and other negative effects.

- Intoxication is unhealthy and risky and should be avoided and discouraged.

- Certain factors influence the effect of alcohol on individuals and should be taken into consideration. These factors include alcohol content, number of drinks, and time between drinks; weight, age, and gender of the individual; and situation factors such as food eaten, fatigue, and/or emotional state.

Avoid being placed in a risky situation by others' use. A few risky situations and ways to reduce risk include the following:

- *Impaired drivers.* Always wear your seatbelt. Avoid riding with an impaired driver. Be cautious of driving near bars during closing time.

- *High-risk sexual situations.* Avoid being alone with someone who is intoxicated. Plan ahead to circumvent a high-risk situation.

- *Secondary smoke.* Ask smokers to respect your right to a smoke-free environment. Request nonsmoking areas in public places.

- *Misuse by friends and family members.* Seek help for yourself from a professional or through Al-Anon.

We can help others make healthy choices about alcohol and other drugs.

- Consider ethical and possible legal responsibilities when serving alcohol to guests or customers.

- Role model appropriate use or nonuse of alcohol and other drugs.

- Respect and affirm the rights of others to choose not to use or to use moderately and appropriately.

- Talk to others when their chemical use concerns you.

- Use teachable moments to discuss tobacco, alcohol, and other drug use or nonuse.

Session Four

*When Prevention
Becomes
Intervention*

4

Course Map and Objectives

Introductory Activity
Why Colleagues Don't Respond

Session Summary
- How to handle the situation when you see a young person exhibiting problem behaviors

Objectives
As a result of this session, you will be able to:
- Observe and identify specific behaviors of concern
- Use a helpful method for sharing concern with a young person
- Uphold the expectations you have for young people
- Support young people who are experiencing problems
- Refer troubled young people to appropriate resources for additional help

Lecture
Introduction

Lecture
Observe and Identify Behavior

Activity One
Observing and Identifying Behavior

Lecture
Sharing Concern

Activity Two
Sharing Concern

Lecture
Upholding Expectations and Providing Support

Activity Three
Upholding Expectations and Providing Support

Lecture
Referring Young People for Help

Closing Activity
Referring Young People for Help

Introductory Activity

Why Colleagues Don't Respond

READ ME FIRST

WHY DO IT?   Session Four will explore options for responding to young people who are experiencing problems. This activity will identify some of the reasons why teachers, coaches, and other youth workers don't respond to troubled youth.

HOW WILL I USE IT   The process described in this session will eliminate many of the barriers to responding. By discussing these barriers, you will be better prepared to identify solutions. You also will be able to address these barriers in the future when you hear your colleagues talk about why they don't respond.
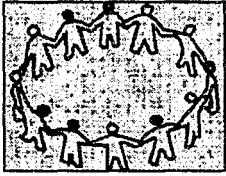
Introductory Activity

Why Colleagues Don't Respond

DIRECTIONS   *Answer the question below. Share your responses with a partner or in a small group.*

Think about your colleagues. Why don't they respond when they observe young people who are having difficulties in school or other activities?
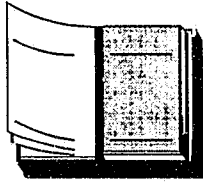
Lecture Summary

Introduction

As a person who works with youth, you often may notice young people experiencing problems that affect their school work, their performance in an extracurricular activity, or their participation in community activities. Your professional training, work experience, and relationship with young people give you an edge in identifying these youth, and creating opportunities for them to receive the help they need.

This session explores the options you have in responding to troubled young people. It will help you to:

- observe and identify specific behaviors of concern;

- use a helpful method for sharing your concerns about a young person;

- uphold the expectations you have for young people;

- support young people who are experiencing problems; and

- refer troubled youth to appropriate resources for additional help.

The process that will be described in this session can be used any time you are concerned about a young person. The process is not problem-specific. While it is helpful in identifying and responding to young people who are experiencing problems with tobacco, alcohol, and other drugs, it can be equally useful in helping young people who are in trouble in other ways. *The process does not ask you to diagnose or label young people before you intervene.* It simply counts on your ability to observe and identify a behavior and then directly and honestly share your concern.

The process applies both in talking with a young person or in talking with his/her parents or another appropriate adult about your concerns.

In the Introductory Activity, you had an opportunity to identify reasons why your colleagues did not respond when they observed a young person experiencing problems. When adults do not respond, young people frequently interpret the lack of response as acceptance of the behavior (e.g., "The coach didn't say anything about it so we thought it was OK"). There are many ways that adults can fail to respond; any one of them can enable the young person to continue his/her behavior.

This session will focus on the individual role of an adult who works with youth. It does not address in-depth the larger contexts in which we and these young people live. Our schools and communities must provide safe and compassionate environments in which young people can receive support and appropriate interventions. Systemwide approaches to intervention—the focus of comprehensive youth (student) assistance programs—are briefly outlined later in this session.
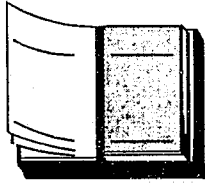
Lecture Summary

Observe and Identify Behavior

In your job as an adult working with youth you spend countless hours with young people, watching them attend classes and participate in extracurricular activities, and/or take part in other organized activities. In addition to these structured hours, you probably also see them when they think they aren't being observed: in the hallways, in your community, hanging out with their friends. The sheer amount of time you spend with young people gives you a unique vantage point to observe their behavior. In addition, you have a perspective on so-called "normal" adolescence; a perspective which allows you to notice when something is out of the ordinary.

OBSERVE AND IDENTIFY BEHAVIOR

The first step in intervention is to observe and identify behavior that causes you to be concerned about a young person. In Activity One, you'll compile with your colleagues a list of behaviors that could be cause for concern. It will become evident that most of those behaviors could be caused by a variety of problems: tobacco, alcohol, and other drug use; family conflict; divorce; exposure to violence; physical or sexual abuse; loss of a family member or close friend; breakup of a personal relationship; physical problems; pregnancy; or any one of the problems that can affect young people.

DON'T DIAGNOSE

It is not necessary to know what causes the behavior. In fact, attempting to diagnose the underlying cause can be counter-productive. It can delay your response time, it can lead to labeling a young person, and it is usually outside your legitimate role as an educator or youth worker. Once you've noted the behaviors, jot them down on a piece of paper before you take the next step: sharing your concern.

Notes

Activity One

Observing and Identifying Behavior

WHY DO IT?   The first step in intervention is to observe and identify the behavior that has caused you to become concerned about a young person. In this activity, you will discuss a wide range of behaviors that could be cause for concern.

HOW WILL I USE IT?   This activity will help you identify specific and observable behaviors. When you talk to a young person, his/her parents, or other appropriate adults about your concerns, focus on specific and observable behaviors that will help you to avoid being judgmental or labeling the young person.

Activity One

Observing and Identifying Behavior

DIRECTIONS   *Read the statements below and record your responses.*

---

1.   Think about a young person, a friend, a family member, or some-
one else you've been concerned about. What did you notice that
caused you to become concerned? Write down a few of the
observable behaviors here. (Keep this situation in mind; you will
use it to conduct additional activities later in this session.)

2.   In groups of two or three, discuss the behaviors that you
identified in the above situation. Listen to the examples offered
by other members of your group. Use the space below to record
other behaviors given as examples by members of your group.
Notice those kinds of behaviors that you are most likely to
encounter in your work with youth.

Lecture Summary

Sharing Concern

The process of sharing concern uses a series of "I" statements. This six-step process attempts to avoid some of the major pitfalls in talking to students: blaming, judging, labeling, yelling, lecturing, accusing, preaching, assuming, embarrassing, demanding, and threatening. These "adultisms" frequently make it impossible for young people to hear what we have to say. They become so preoccupied with protecting themselves that they cannot listen and are unwilling to talk with us. The process also allows us to slow down long enough to think through the messages we want to send.

THE SIX-STEP PROCESS OF SHARING CONCERN

1. I Care

Let the young person know that he/she is important to you and/or to the rest of the team or group.

2. I See

Focus on observable behavior. What tipped you off that something was wrong? What did you see or hear that caused you to become concerned in the first place?

3. I Feel

Give the person the benefit of knowing how you feel about his/her behavior. Feelings are expressed in one word only: I *feel* concerned...I *feel* worried.

4. Listen

Listen to what the person has to say. Ask questions. Pay attention to him/her by resisting other distractions. Use good eye contact. (Be prepared for silence, anger, a sad or tragic story, or an emotional outpouring. When confronted, most people are not able to just say thank you and immediately change their behavior.)

5. I Want

Once you've heard the person's perspective, let him/her know what you'd like to have happen. Do you want the person to follow team or group expectations? Seek help? Talk to someone else? Stay on the team/group?

6. I Will

Let the person know what you will do to support him/her. What are you willing to do? Go with the person to seek help from someone else? Be available to talk at another time? Help the person find employment or a tutor to solve financial or school problems? Find an alternative activity?

HELPFUL HINTS FOR SHARING CONCERN

> **Remember: You're responsible for the process, not the outcome.** You can share your concern positively and offer to help. However, the young person is ultimately responsible for his/her behavior and for taking action to change it.

Use your own words

You don't have to follow the six-step process exactly; it simply helps you plan what you want to say ahead of time.

Consider the time and place

Find a time you can speak in private.

Leave the door open

This may be your time to talk, but not the young person's. Let the person know you'd be willing to talk some other time.

Know your limits

Find out who else in your organization can back you up. Check out mandatory reporting requirements for staff members. Make sure you can get help if you think the person is being harmed or may be considering harming him/herself or someone else.

READ ME FIRST
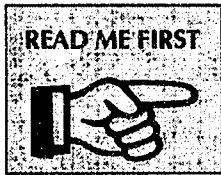
Activity Two

Sharing Concern

WHY DO IT?   The process for sharing concern allows us to slow down and think about the messages we want to send to young people. It also helps us to be more positive in our approach. This activity will give you a chance to practice the six-step process and get feedback from your colleagues.

_____

HOW WILL I USE IT?   The next time you are concerned about a young person, you may wish to use this process for sharing your concern.
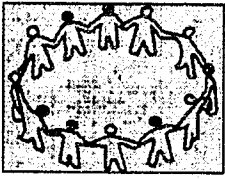
Activity Two
Sharing Concern

DIRECTIONS   *Working in groups of three, select one of the situations that group members described in Activity One to role play. Choose one person to be the adult, one to be the young person, and one to be the observer. Act out a situation that might occur when the adult decides to talk to the young person. Use the six-step process as a guide; the observer should pay attention to the steps being used. Then, as a group, discuss possible outcomes to the discussion. If there is time remaining, you may choose to enact another situation.*

STEP	ACTION
I Care	Let the person know that he/she is important to you and/or to the rest of the team or group.
I See	Focus on behavior. What tipped you off that something was wrong? What did you see or hear that caused you to become concerned?
I Feel	Let the person know how you feel about the situation. Feelings are expressed in one word only: I *feel* concerned...I *feel* worried.
Listen	If you haven't already listened, this is a good time. Ask an open-ended question. Paraphrase what the person says. Use good eye contact.
I Want	Once you've heard the person's perspective, let him/her know what you'd like to have happen.
I Will	Tell the person what you will do to support him/her. What are you willing to do? Go with the person to talk to someone else? Be available later? Find another alternative?
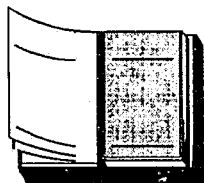
Lecture Summary

Upholding Expectations and Providing Support

Part of our job is to help young people learn from their actions. We also have a responsibility to uphold the expectations we have for individuals who participate in our teams, classes, and/or groups. Lowering our expectations for a young person because we have found out that he/she is experiencing personal problems (e.g., tobacco, alcohol, other drug use) can be detrimental in the long run. We can remind young people of these expectations during the "I want" part of the sharing concern process. Then we must follow through.

At the same time that we are upholding expectations, we must support young people in their struggles to make good choices. We can disapprove of the behavior without disapproving of the person. Staying focused on the specific behaviors that caused us concern can help us to make this distinction. We provide support by listening, by letting the young people know we care about them, by checking back with them at a later time, and by referring them to others who can be of further help. The "I will" part of the sharing concern process allows us to verbally provide support. Our actions show how committed we are to providing support.

Notes

Activity Three

READ ME FIRST 👉
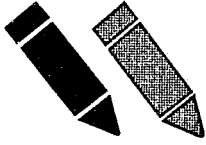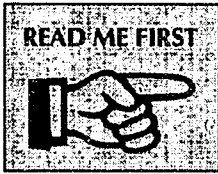
Upholding Expectations and Providing Support

WHY DO IT? We need to uphold expectations for young people, and we also need to provide support for them in resolving personal problems. This activity explores options for doing both.

HOW WILL I USE IT? You will be able to hear others' ideas about ways to uphold expectations and provide support. This should enable you to increase your comfort level in responding to young people's needs.

Activity Three
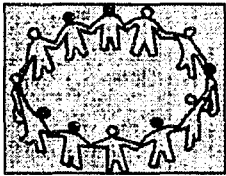
Upholding Expectations and Providing Support

DIRECTIONS   *Answer the questions below. Share your answers with a partner or in a small group.*

1. Think back to the situation you identified in Activity One. What expectations or rules would apply to that situation? How could you uphold these expectations or rules?

2. How could you provide support to this young person? What options does your school and/or community have for providing support?

3. What are some circumstances where you might want to refer this young person to someone else for help?
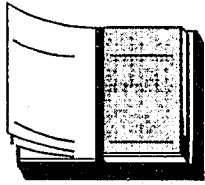
Lecture Summary

Referring Young People for Help

Even when a young person comes to us for help, or when we choose to share our concern, we may not be the most appropriate person to help resolve the young person's problems. At times he/she may be completely resistant to what we have to say and unwilling or unable to change his/her behavior. The person may disclose a problem that is beyond our capability to help. Or we may be concerned about the immediate safety of the person or his/her family and friends. At that time, it is critical for us to use our influence to help the person and his/her family seek further help.

It is almost impossible for an individual to keep track of all the resources available to help young people with the problems they may face. Regardless of the size of the community, concerned adults can find a key contact who is knowledgeable about helpful resources. In schools, this key contact may be a counselor, social worker, psychologist, nurse, or administrator. Many schools are fortunate to have all of these professionals working together in a systematic team approach called a "Student Assistance Program" or "Core Team."

For others, this key contact may be a mental health professional, a member of the clergy, a health care professional, or an educator.

Everyone should find one person who can function as a key contact for referrals. This person should:

- be knowledgeable about community resources for children, adolescents, and families;

- be able to provide broad-based assessment services (or know where these services are available);

- be willing to support you in your efforts to help the young person;

- have good rapport with young people;

- be able to work with parents and/or other family members;

- be accessible;

- have no vested interest in the outcome of an assessment; and

- have a good reputation in the community.

Referral Process	
Young Person Student · Activity Participant ↓	• Exhibits behaviors of concern
Staff Worker Teacher · Coach · Other Youth Worker	• Observes and identifies behavior • Shares concern • Upholds expectations • Provides support • Refers, if appropriate
Key Contact Student Assistance Team · Individual · Agency	• Communicates with young person, other staff, and/or parents, if appropriate • Gathers information • Makes a preassessment • Sets goals • Develops a plan • Provides support • Refers to additional resources, if appropriate
Community Resource Internal Resource	• Continues assessment • Provides counseling and/or treatment

Figure 4.1
Who is your key contact?
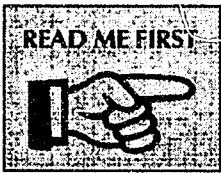
Closing Activity

Referring Young People for Help

WHY DO IT?   There may be times when it is important to refer a young person to someone else for ongoing help. This activity will help explore some of those circumstances and identify resources for referral in your school and/or community.

_____

HOW WILL I USE IT?   You will expand your knowledge of referral procedures and the resources available to help young people. With others in your group, you also will identify the referral procedures within your organization, discuss barriers to referral, and talk about some strategies for overcoming those barriers.
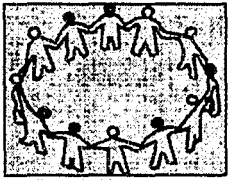
Closing Activity

Referring Young People for Help

DIRECTIONS   *In small groups, discuss the questions below. Note: You should have received a list of local resources from the facilitator at the beginning of the session. If you do not have a facilitator, you may obtain a list from your local county health care agency and/or the yellow pages of the telephone book. Keep these resources with you and continue to add to them.*

1.   In small groups, discuss the following questions:

   a.   Given the characteristics of a good "key contact," who is the one person you would refer a young person to for ongoing help?

   b.   What are the referral procedures for your school and/or agency?

   c.   What are the most significant barriers to your ability to refer young people who are experiencing difficulties?

   d.   What are some ideas or strategies that may help you overcome these barriers?

2.   List two or three actions you can take that will improve the way you respond to and refer young people who are experiencing problems.

Session Five

*Practically
Speaking*

5

Session Five

Course Map and Objectives

Introductory Activity
Three Steps to Naming the Feeling

Session Summary
- Practical strategies in use today—in schools and community centers like your own—that work to help young people become resilient to the use of alcohol and drugs

Objectives
As a result of this session, you will be able to:
- Describe the steps necessary to maintain and restore bonds with young people
- Describe the types of youth service and explain why youth service is valuable to prevention efforts
- Develop a plan to involve the youth you work with in youth service
- Set new goals for your participation in prevention

Lecture
Restoring Broken Bonds

Activity One
Six Steps to an Authentic Relationship

Lecture
Youth Service

Activity Two
Youth Service to Enhance Your Programs and Curriculum

Closing Activity
Making Everybody's Business Work for You

Introductory Activity

Three Steps to Naming the Feeling

WHY DO IT?   When you experience conflict with a young person, there is a strong possibility that the positive bond may be broken and that the youth may become alienated from you or your organization. This activity teaches the skill of naming a feeling and removing the shame that may follow a conflict. In this session, other adults who work with youth will discuss how to maintain important bonds with young people.

HOW WILL I USE IT?   If you learn to name the root feeling that you experience in a conflict and recognize the steps toward maintaining a positive bond, you can model the process for young people.

Introductory Activity
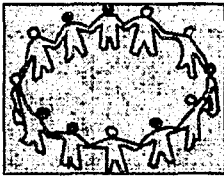
Three Steps to Naming the Feeling

DIRECTIONS *Take a few minutes to reflect on a young person with whom it has been difficult to bond. Recall a scene in which you had an unsatisfactory interaction with the young person. Then analyze the scene using the three steps below.*

Step 1: Observing View the scene from the position of a neutral witness. Take a step away emotionally and pretend you are sitting in a movie theater watching the scene on screen. Briefly describe the scene without taking sides. Try to picture what each person was feeling and his/her expectations and fears.

Step 2: Naming Focus on the genuine feelings you experienced during the interaction. Describe those feelings. Try to get to the primary emotion involved and give it a name. For example, rather than just saying, "I was angry," identify the underlying cause, such as "I felt inadequate or guilty because..."

Step 3: Owning Accept the feelings without judging them as being good or bad. Describe the part you played in maintaining or breaking the bond.

Share your answers with a partner or in a small group.
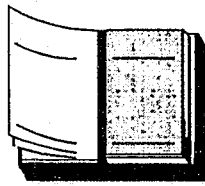
Lecture Summary

Restoring Broken Bonds

> **Shame:** The painful feeling arising from the consciousness that you have done something dishonorable, improper, or ridiculous.

BROKEN BONDS ACTIVATE SHAME

The young people who are most at risk for drug abuse often have had very limited bonding experiences, especially with adults in authority. Limited or broken bonding activates a feeling of shame. These painful experiences of the shamed self become the motivating mechanism for the young person's behavior. He/she creates artificial bonds through gang affiliation and drug usage to raise or defend his/her self-efficacy. These youth develop addictive and behavior disorders in an effort to manage the shame identity that has developed in relation to people in their families, communities, schools, and culture.

Because bonding with positive role models has been lacking in their lives, it is important to establish authentic relationships with these young people. An authentic relationship creates a bond that benefits the teaching and learning partnership.

Youth who bond with a positive adult role model naturally feel more secure. As they come to identify with the role model, they understand and accept the standards of behavior expected of them. They become more outwardly capable as their inner confidence is nurtured in the relationship.

Authentic relationships develop when mutual interest and a shared experience of trust are present. To demonstrate interest, the adult must be present with the young person during the interaction. To develop trust, the adult must hear, understand, and acknowledge the person's experience. The adult's words and behavior must match inner feelings or the young person will detect

phoniness. When there are sufficient and consistent experiences of genuine interest and trust, a bond is formed. It is important, however, to recognize that this is an ongoing process, not an end state.

THE ADULT'S RESPONSIBILITY IN MAINTAINING THE BOND

The adult role model is responsible for initiating and maintaining the relationship bond. A teacher, youth worker, or any adult in authority is in the power position to make or break the bond. In the course of a relationship, when disinterest or mistrust is perceived by either person, shame is activated. When shame is experienced in relationships, the bond is stressed, fractured, or even severed. Because young people usually do not understand this process, it is the adult's responsibility to actively restore the bond by modeling and teaching youth how to maintain bonds.

There is an element of risk in taking the responsibility for an authentic relationship. There must be a willingness to get involved in the personal growth and development of the young person. There must be an open sharing of what is going on inside of you, and between you and the youth. This vulnerability must be demonstrated in strength, not in weakness, or it will be counterproductive. When the bond weakens or breaks, as it inevitably will, it is best to wait until you have a clear understanding of the break and the root feeling that threatens the bond.

When you can name the feeling and acknowledge your own actions in the event, it is time to approach the young person and restore the bond. Acknowledging your part and allowing the youth the space to accept responsibility for his/her part releases the shame the youth feels. You usually will see a shift in attitude, and it is important to recognize the young person for making the shift. The bond is restored and the process can continue to another level of trust.

The result is a more meaningful growing experience for youth.
They get a chance to focus on building relationship skills as
important to them as academic or vocational skills.

SIX STEPS TO AN AUTHENTIC RELATIONSHIP

The steps in developing an authentic adult-youth relationship
follow.

1. Be present

Make eye contact and give full attention—it is the quality, not the
quantity, of time that is important.

2. Actively listen

Hear, clarify, understand, acknowledge.

3. Be genuine

Words and behavior should match inner feelings.

4. Touch appropriately

A warm handshake often is the proper form of touch.

5. Teach and model

Teach and model personal competence skills: observing, naming,
and owning the experience.

6. Restore a broken relationship

Restore a broken relationship by releasing shame from the event.

On the opposite page is an experience that one teacher had in
maintaining a bond.

One Teacher's Experience

In his article, "The Morality of Primary Experience," the educator John Childs asserted: "The best preparation for the future is the most significant living in the present." This is what I try to give my students an opportunity to experience.

I'll give you a recent example of an experience where I had a broken bond with a student and how I felt in restoring it. I recommended a student of mine to another teacher for his science class. On the first day of the class, the student misbehaved. I felt embarrassed when the teacher reported this to me. I waited until the next day to approach Jose at a time that I could give him my full attention. I expressed my genuine feelings and my disappointment in the breach in our relationship. I asked him what happened and coached him through the skills of observing, naming, and owning the experience. Through a process of explaining and clarifying, the inner experience behind the outer behavior began to be understood. The misbehavior had been a defensive strategy for the inner experience of vulnerability that he was feeling about the upcoming visit he was to have on Sunday with his estranged parent.

I used this as an opportunity to invite Jose to observe the interaction between him and the science teacher as a neutral witness. As he did this, he could understand the science teacher's reaction to him. I acknowledged his inner experience by helping Jose give it a name and validated his feeling as normal so he could own it.

What I saw next is what I call "The Shift." The face softens as shame is released. Jose was now open to developing competence in learning about himself. As a result, he would be able to make more conscious choices about how he would cope with his situation. He shifted to a new level of understanding and our relationship shifted to a new level of trust.

Developing authentic relationships with students is professionally rewarding. The teaching experience is richer and more meaningful. I usually leave work feeling satisfied or at least knowing what I need to do the next day as I reflect on a relationship that is under stress. In fact, I gain in my own personal growth by this experience.

- Patsy Fine, Teacher, Preston School of Industry, California Youth Authority

Activity One

READ ME FIRST
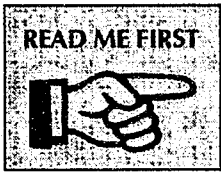
Six Steps to an Authentic Relationship

WHY DO IT?   Shaming interactions invariably will break the relationship bond. Adults who work with young people can form and maintain bonds with youth by exhibiting humility, showing genuine interest in the relationship, and building trust through nonshaming interactions.

HOW WILL I USE IT?   By thinking through the steps and processes you undertake to establish and maintain an authentic relationship, you will be able to practice the skill in a variety of settings: with young people, with their parents, and with your own children and colleagues.

Activity One
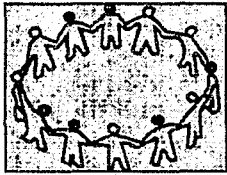
Six Steps to an Authentic Relationship

DIRECTIONS   *Recall a situation with a young person when your response may have created a shameful feeling. Working with a partner, name the feeling and describe how you would approach the young person to restore the positive bond. You may choose to share your experience in a small group and discuss new ways of reacting when you experience a broken bond with a young person.*

Steps	How I reacted in the past	How I could react to create a shameless, authentic relationship
Be present		
Actively listen		
Be genuine		
Touch appropriately		
Teach and model		
Restore broken relationship		
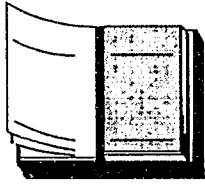
Lecture Summary
Youth Service

DEFINITIONS

Volunteerism

When people perform some service or good work of their own free will and without pay.

Community Service

Strictly defined, it is volunteering done in the community. In reality, it can be service in the school or organization such as peer tutoring. It usually involves an activity or project undertaken by groups or an individual to meet community needs.

Service Learning

A method of teaching and learning that combines academic work with service and social interaction. It is learning by doing through a clear application of skills and knowledge while addressing unmet needs in the school or greater community.

Community-based Learning

A term for any learning experience that occurs in the community. Service learning is one form. Other common forms include field trips, outdoor education, internships, apprenticeships, and opportunities where youth are exposed to real-life settings and where their skills are developed.

Youth Service

The umbrella or general title for all of the above programs. These programs use youth as resources.

■ **Youth service creates opportunities for young people**

It allows them to learn critical life skills and bond to their families, peers, schools, and the communities in which they live.

■ **Youth service gives every young person the opportunity to participate in meaningful activities**

The critical importance of all youth having the opportunity to participate in meaningful roles has been documented again and again in research, and is considered by some researchers as the most important protective factor in preventing social problems such as drug abuse (Bernard 1990; Rutter 1979; Hawkins 1987). Similarly, research from the interdisciplinary field of community development has demonstrated unequivocally the importance of local participation and youth ownership in successful projects (Floring and Wandersman 1990).

According to Frank Riessman, a major proponent of the "Helper Therapy Principle," helping is beneficial for the following reasons:

■ the helper feels good because he/she has something to give;

■ helping is an active role in which the helper feels less dependent;

■ the helper obtains a feeling of social usefulness (sometimes accompanied by increased status);

■ helping is potentially empowering as it gives the helper a sense of control, a feeling of being capable of doing something; and

■ helping encourages the helper to be open to learning so that he/she can help effectively.

The fostering of cultural norms that promote the value of caring for others can be the most powerful outcome of youth service. Other positive outcomes include an increase in the available help-giving resources in a school or community, and cost savings for local programs.

■ **Youth service satisfies basic human psychological needs**

The experience of being needed, valued, and respected by another person and the community gives the young person a view of him/herself as a worthwhile human being.

■ **Youth service provides opportunities to develop collaboration and conflict resolution skills**

Service projects offer the opportunity to train youth on mutual problem solving, decision making, and conflict resolution in a climate of mutual respect. Such projects train young people to live peacefully with themselves and with one another.

■ **Youth service promotes acceptance and respect for diversity**

Youth service offers exposure to a wide variety of people, values, and differences in a community. The projects and activities increase social interactions with peers and with the community.

■ **Youth service promotes academic achievement**

When youth service involves peer tutoring, cross-age mentoring, and cooperative learning, evaluations have found positive academic and social developmental gains in youth. Given the interrelationship between school failure and antisocial behavior and drug abuse, youth service is a valuable protective factor.

> It takes a whole village to educate a child.
> - *African proverb*

WHAT CAN YOUTH DO?

Youth can do almost anything they set their minds and hearts to. Therefore, it's important to ask young people what they want to do. The suggestions below are starters for brainstorming your own ideas:

■ youth can conduct a pen pal program with foster children.

- those students who are bilingual or learning a foreign language can serve as translators for non-English speakers in the community who need assistance to access services.

- youth can create science projects involving local zoos, animal shelters, and nature centers.

- they can conduct surveys and analyze local problems.

- they can participate in apprenticeships with local businesses.

- they can conduct food drives or collect toys for foster children and others in need.

- they can visit convalescent homes.

- they can address local environmental needs.

- they can renovate a local playground.

- they can organize a cross-age mentoring or tutor program.

- they can paint a community mural to beautify a wall, park, or other site.

Whatever young people do, there are certain program features which distinguish successful efforts. The most powerful programs are those in which:

- youth are given real responsibility and make decisions affecting others;

- youth work side-by-side with adults;

- the community and youth people themselves know the work is important; and

- youth have an opportunity to reflect critically on their experience through regular group discussions.

HOW DO YOU GET STARTED?

Developing an overarching idea

What do you want youth to get out of the experience? Think about what skills and insights a service opportunity will provide.

When selecting a problem to address, include youth in the planning

Identify community problems and needs. As much as possible, have students identify the needs by working in small groups to conduct needs assessments and documention. Be sure to choose a problem that the youth are interested in and motivated to do something about.

Plan strategies to address the problem

Identify who/what organizations are addressing the problems your young people identified. Can you help the organizations expand on their efforts, or should you design an independent effort? What experience can they share with you? Involve youth in the information gathering and planning stages.

Put your plans into action

Have the young people develop an action plan and timeline. Show them how to develop such a plan, and support them by teaching the skills they need to succeed. Outline who will do what. What are the tasks to be performed? Where will the resources come from? Who in the community (public and private) also is interested in the problem and might help?

Document and share your work with others

Provide opportunities for recognition. Invite the local media to see your efforts. Have the young people take pictures and make presentations to school and community groups. Network and tell others about the efforts you have undertaken. Your youth service efforts will be recognized and other youth will be attracted to participate.

Most important—provide opportunities for reflection

Growth and learning are not automatic consequences of community service—it's just not that simple. If service is to yield benefits, young people must take deliberate steps to make sense of what they've seen and done and then *act* on the insights gained. The steps are as follows:

- observation;

- questioning;

- putting facts and experiences together; and

- developing new meaning.

These efforts are known as *reflection*, and when undertaken with care, they can provide a meaningful context for service. Reflection fosters mastery of self: self-control, self-understanding, and self-direction. In other words, reflection transforms an interesting community service experience into one that critically affects students' learning and development.

Activity Two

READ ME FIRST

Youth Service to Enhance
Your Programs and Curriculum

WHY DO IT?   By identifying activities or a lesson you conduct regularly that might be enhanced by adding a youth service component, you can multiply your efforts in empowering young people.

HOW WILL I USE IT?   You will take back practical ideas from this training that you can implement as protective factors for young people against tobacco, alcohol, and other drug use.

Activity Two
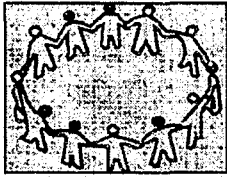
Youth Service to Enhance Your Programs and Curriculum

DIRECTIONS   *List two examples in your work—or areas in your curriculum—where youth service opportunities might be integrated. Complete the chart below and share your answers in a small group.*

Where could youth service opportunities be integrated into your curriculum or activities?	How will you organize your youth to take ownership of the idea and service activities?

Closing Activity

READ ME FIRST

Making *Everybody's Business* Work for You

WHY DO IT?   Reflection provides an opportunity to see what you have learned in this course and apply new information to your life and the lives of the young people you affect.

_____

HOW WILL I USE IT?   By identifying a goal and making a commitment to implement it, you will be an important contributor to prevention efforts in your community.

Closing Activity

Making *Everybody's Business* Work for You

DIRECTIONS *Read the reflection questions below. Place a star next to an action you can take within the next 72 hours. Share your answers with a partner or in a small group.*

1. I can promote bonding and help young people feel competent by:

2. I can help students take a leadership role and/or develop skills by:

3. I can be a positive role model when I:

4. I can help more youth receive intervention services by:

5. Something I gained from taking this course was:

Tool Box

for
Additional
Resources

Tool Box for Additional Resources

Table of Contents

Teacher

by Haim Ginatt

I've come to a frightening conclusion: that I am the decisive element in the classroom. It's my personal approach that creates the climate. It's my daily mood that makes the weather. As a teacher, I possess a tremendous power to make a child's life miserable or joyous. I can humiliate or humor, hurt, or heal. In all situations, it is my response that decides whether a crisis will be escalated or deescalated, or a child humanized or dehumanized.

The National Clearinghouse for Alcohol and Drug Information
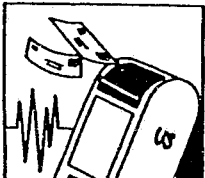
The Federal Resource for Alcohol and Other Drug Information
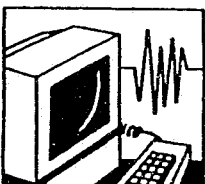
National Clearinghouse
for Alcohol and Drug
Information
P.O. Box 2345
Rockville, MD 20852
(301) 468-2600

U.S. DEPARTMENT OF HEALTH
AND HUMAN SERVICES
Public Health Service
Alcohol, Drug Abuse, and Mental
Health Administration

The National Clearinghouse is the information component of the Office for Substance Abuse Prevention of the U.S. Department of Health and Human Services.
The Clearinghouse:

- Maintains an inventory of hundreds of publications developed by Federal agencies and private sector organizations. Most are free or available in bulk quantities for a small fee.

- Provides access to the Prevention Materials Database, an online computer collection of thousands of prevention products such as posters, videotapes, curricula, program descriptions, and more.

- Offers Prevention Pipeline, a bimonthly information service which contains the latest available information about research, resources, and activities in the prevention field. It is an invaluable resource for educators, researchers, policymakers, and administrators.

- Develops and maintains the inhouse database, IDA (Information on Drugs and Alcohol), which contains more than 15,000 references. NCADI provides annotated bibliographies of scholarly journal and popular press articles on a wide variety of alcohol- and other drug-related topics.

- Distributes grant applications and information about grant programs.

If you have a question about prevention or about alcohol and other drugs, the National Clearinghouse for Alcohol and Drug Information (NCADI) will help you find the answer.

A telephone call to NCADI gives you access to a vast collection — the largest in the Nation — of prevention materials. With the help of an NCADI information specialist, you can find the facts you need to help prevent alcohol and other drug problems in your family, school, community, workplace, or State.

NCADI offers access to another unique service — the Regional Alcohol and Drug Awareness Resource (RADAR) Network, which consists of prevention information centers located in every State. These centers perform many of the same services of NCADI, with added advantage of being closer to you.

For more information, contact NCADI at P.O. Box 2345, Rockville, Maryland 20852 or call 1-(800)-SAY-NO-TO (DRUGS).

MS 219 *U.S. GPO 1990 - 276-446

Resources

Core materials are selections recommended to all teachers grades K-12

Drug Prevention Curricula: A Guide to Selection and Implementation (1988) A concise guide for anyone selecting or designing an alcohol and other drug prevention curriculum. 66 pp. PHD511

What Works: Schools Without Drugs (1989) Features information about alcohol and other drugs as well as examples of school-based programs that have combatted student drug use. 87 pp. PHD006

Success Stories from Drug-Free Schools (1992) Salutes the 107 schools honored by the Department of Education's Drug-Free School Recognition Program. The schools' leaders talk about their achievements, the obstacles they faced, how they overcame them, and what remains to be done. 59 pp. PHD588

Prevention Resource Guides

The following Prevention Resource Guides contain facts and figures about alcohol and other drug prevention. They describe selected journal articles, monographs, videotapes, curricula, books, posters, and resources.

Prevention Resource Guide: Preschool Children (1990) 15 pp. MS409

Prevention Resource Guide: Elementary Youth (1991) 23 pp. MS421

Prevention Resource Guide: Secondary School Students (1991) 27 pp. MS423

Prevention Resource Guide: Children of Alcoholics (1991) 26 pp. Grades K-12. MS417

Posters for Teachers and Students

Live the Dream, Say No to Alcohol and Drug Abuse (1989) Poster features Dr. Martin Luther King, Jr. All ages, 15-1/2 in. x 22 in. AV165

¡Dile Que No! ¡Piénsalo! No Al Alcohol Y Las Otras Drogas (Be Smart! Don't Start! Just Say No to Alcohol and Other Drugs) (1990) Linda Ronstadt (AV182), Esai Morales (AV184), and Edward James Olmos (AV186). Grades 4-12.

Materials for Students

McGruff's Surprise Party (1989) A comic book that helps children understand the importance of resisting alcohol and other drugs, as told by McGruff, the crime dog. Teaches peer resistance. Grades 4-6. 14 pp. PH271

¡Dile Que No! ¡Piénsalo! (Say No! Stay Smart! Don't Start!) Kid's Book (1990) In English and Spanish, gives preteens and young adolescents a variety of activities, tips, posters, games, and advice to help them resist alcohol and other drugs. 25 pp. Grades K-6. PH286

How Getting High Can Get You AIDS (1991) This colorful fold-out leaflet, enlivened with comic-book style drawings, takes a serious look at why getting high on alcohol and other drugs can make you do things you may wish you never did; and why AIDS is another way drugs can kill. Grades 7-12. PHD573

Materials for Teachers

Ayudando A Sus Alumnos A Decirle Que No (Helping your Students Say "No") Teacher's Guide (1990) In English and Spanish, explains the effects of alcohol on the body, why children start to drink, how teachers can help their students resist alcohol and deal with the first signs of drinking, and where teachers can go for more information. 13pp. Grades K-6. PH284

NIDA Capsules Series

The following capsules from the National Institute on Drug Abuse, contain information on AOD prevention for teachers Grades 7-12.

Facts About Teenagers and Drug Abuse CAP17

Highlights of National Adolescent School Health Survey: Drug and Alcohol Use CAP28

High School Senior Drug Use: 1975-1991 "Monitoring the Future Survey" CAP23

NCADI Publications Order Form

All of these publications are available FREE from the National Clearinghouse for Alcohol and Drug Information. To order publications or talk with an information specialist call NCADI:1-800-729-6686. Or send this order form to NCADI, Dept. RP, P.O. Box 2345, Rockville, MD 20847-2345.

Quantity   **Inventory #**

Core Materials for Teachers of Grades K-12

EN8400	NCADI's Clearinghouse Publications Catalog
MS409	Prevention Resource Guide: Pre-School Children
MS417	Prevention Resource Guide: Children of Alcoholics
MS421	Prevention Resource Guide: Elementary Youth
MS423	Prevention Resource Guide: Secondary School Students
PHD006	What Works: Schools Without Drugs
PHD511	Drug Prevention Curricula: A Guide to Selection and Implementation
PHD588	Success Stories from Drug-Free Schools

Posters for Teachers and Students

AV165	Live the Dream, Say No to Alcohol and Drug Abuse
AV182	¡Dile Que No! ¡Piénsalo! No Al Alcohol Y Las Otras Drogas (Be Smart! Don't Start! Say No to Alcohol and Other Drugs) Featuring Linda Ronstadt
AV184	Featuring Esai Morales
AV186	Featuring Edward James Olmos

Materials for Students

PH286	¡Dile Que No! ¡Piénsalo! (Say No! Stay Smart! Don't Start) Kids Book
PH271	McGruff's Surprise Party
PHD573	How Getting High Can Get You AIDS

Materials for Teachers

PH284	Ayudando A Sus Alumnos A Decirle Que No (Helping Your Students Say No) (Teachers Guide)

NIDA Capsule Series

CAP17	Facts About Teenagers and Drug Abuse
CAP23	High School Senior Drug Use: 1975 "Monitoring the Future Survey"
CAP28	Highlights of National Adolescent School Health Survey; Drug and Alcohol Use

NAME _____ TITLE _____

ORGANIZATION _____

ADDRESS _____

CITY _____ STATE _____ ZIP _____

TELEPHONE (___) _____

Important information inside.

We need your response!

NCADI National Clearinghouse for Alcohol and Drug
Information
P.O. Box 2345
Rockville, MD 20847-2345

National Clearinghouse for Alcohol
and Drug Information
P.O. Box 2345
Rockville, MD 20847-2345

National Resources for Tobacco, Alcohol, and Other Drug Prevention

Al-Anon Family Groups, Inc.
World Service Office
1372 Broadway
New York, NY 10018
New York Office: 212-302-7240
Public Information: 800-356-9996
Hotline: 800-344-2666

Alcoholics Anonymous (AA)
World Service, Inc.
475 Riverside Drive
New York, NY 10015
212-870-3400

American Council for Drug Education (ACDE)
204 Monroe Street, Suite 110
Rockville, MD 20850
301-294-0600

American Lung Association
1740 Broadway
New York, NY 10019
212-315-8717

Boys and Girls Club of America (BCA)
771 First Avenue
New York, NY 10017
212-351-5906

Center for Science in the Public Interest
1875 Connecticut Avenue NW
Suite 300
Washington, DC 20009
202-332-9110

Center for Media and Values
1962 South Shenandoah Street
Los Angeles, CA 90034
310-5592944 Fax: 310-559-9396

Children of Alcoholics Foundation, Inc.
555 Madison, 4th Floor
New York, NY 10022
212-351-2680

Cocaine Hotline
800-COCAINE

Council of Alcohol & Drug Abuse
8790 Manchester Road
St Louis, MO 63144
314-962-3456 or 314-968-7394

Drug Planning and Outreach Staff
400 Maryland Avenue SW
Room 1073, MS 6123
Washington, DC 20202
202-401-3030

Hazelden Foundation
15251 Pleasant Valley Road
P.O. Box 176
Center City, MN 55012-7176
800-328-9000

Hazelden Services, Inc., Community & Professional Education
P.O. Box 11
Center City, MN 55012-0011
612-349-4310 OR 800 257-7800
Contact: Information Specialist

Just Say No International
2102 Webster Street, Suite 1300
Oakland, CA 94612
800-258-2766

Juvenile Justice Clearinghouse
P.O. Box 6000
Rockville, MD 20850
301-251-5307 or 800-638-8736

Mothers Against Drunk Driving (MADD)
P.O. Box 185306
Ft. Worth, TX 76181
817-589-0195

Narcotics Anonymous (NA)
P.O. Box 9863
Washington, DC 20016
202-399-5316

Narcotics Anonymous (NA)
P.O. Box 9999
Van Nuys, CA 91409
818-780-3951

National 4-H Council
7100 Connecticut Avenue
Chevy Chase, MD 20815
301-991-2800

National Asian Pacific American Families Against Substance Abuse, Inc. (NAPAFASA)
420 E. 3rd Street, Suite 909
Los Angeles, CA 90013-1647
213-617-8277

National Association for Children of Alcoholics (NACA)
11426 Rockville Pike, Suite 100
Rockville, MD 20852
301-468-0985

National Association for Native American Children of Alcoholics (NANACOA)
P.O. Box 18736
Seattle, WA 98118-0736
206-322-5601

National Association For Perinatal Addiction Research And Education (NAPARE)
11 E. Hubbard Street, #200
Chicago, IL 60611
(312) 629-4321

National Association of State Alcohol & Drug Abuse Directors
444 North Capitol Street NW
Suite 642
Washington, DC 20001
202-783-6868
Contact: Director, Prevention Specialist

National Black Alcoholism Council
1629 K Street NW
Suite 802
Washington, DC 20006
202-296-2696

National Center for Service Learning in Early Adolescence
33 West 42nd Street
New York, NY 10036
212-642-2946

National Clearinghouse for Alcohol & Drug Information (NCADI)
11426 Rockville Pike
Rockville, MD 20852
301-468-2600 or 800-729-6686

National Coalition of Hispanic Health
and Human Services Organizations
(COSSMHO)
1501 16th Street NW
Washington, DC 20036
202-387-5000

National Federation of Parents
for Drug-free Youth (NFP)
1159B South Town Square
St. Louis, MO 63123-7824

National Federation Target
Program, Inc.
11724 NW Plaza Circle
P.O. Box 20626
Kansas City, MO 64195

National Maternal and Child Health
Clearinghouse
8201 Greensboro Drive Suite 600
McLean, VA 22102
703-821-8955

National Organization of Student
Assistance Programs & Partners
(NOSAPP)
4760 Walnut Street. Suite 106
Boulder, CO 80301
303-443-5696 or 800-972-4636

National Rural Health Association
301 E. Armour Boulevard., Suite 420
Kansas City, MO 6411
(816) 756-3140

National Rural Institute on Alcohol
and Drug Abuse
c/o Library 1054
University of Wisconsin, Eau Claire
Eau Claire, WI 54702-4004
715-836-2031

National Youth Sports Coaches
Association (NYSCA)
2611 Old Okeechobee Road
West Palm Beach, FL 33409
407-684-1141

Parents' Resource Institute for Drug
Education, Inc.
(PRIDE)
50 Hurt Plaza, Suite 210
Atlanta, GA 30303
404-577-4500 or 800-677-7433

Scott Newman Center
6255 Sunset Blvd., Suite 1906
Los Angeles, CA 90028
213-469-2092 Fax: 213-469-5716

TARGET Resource Center
P.O. Box 20626
Kansas City, MO 64195
800-366-6667

World of Difference
Anti-Defamation League
B'nai B'rith
823 United Nations Plaza
New York, NY 10017
212-490-2525

YMCA of the USA
101 N. Walker Drive
Chicago, IL 60606
312-977-0031

YWCA of the USA
624 9th Street NW
Washington, DC 20001
202-626-0721

Session Three Resource
Samples of Guidelines, Rules, Codes, and Pledges on Tobacco, Alcohol, and Other Drug Use

- Dietary Guidelines for Americans

- Michigan's Zero, One, Three Rule on Alcohol Consumption

- Leaders for Life Pledge

- 1990-91 Fine Arts Eligibility Information (Minnesota's State High School League)

- Administrator's Handbook for Interpreting and Enforcing (Massachusetts Interscholastic Athletic Association's Rules of Eligibility)

- Iowa High School Athletic Association's Pledge to be Alcohol and Drug Free (Iowa High School Athletic Association)
  Pledge Card
  Suggestions for Coaches and Athletic Directors using "Pledge to be Alcohol-and-Drug-Free" Cards

DIETARY GUIDELINES FOR AMERICANS

As recommended by the U.S. Department of Agriculture and the U.S. Department of Health and Human Services

If you drink alcoholic beverages, do so in moderation.

Alcoholic beverages supply calories but little or no nutrients. Drinking them has no net health benefit, is linked with many health problems, is the cause of many accidents, and can lead to addiction. Their consumption is not recommended. If adults elect to drink alcoholic beverages, they should consume them in moderate amounts.

What is moderate drinking?

Women

No more than 1 drink a day

Men

No more than 2 drinks a day

What is one drink?

1.5 ounces of distilled spirits (80 proof)

5 ounces of wine

12 ounces of regular beer
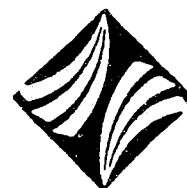
Some people should not drink alcoholic beverages:

■Women who are pregnant or trying to conceive. Major birth defects have been attributed to heavy drinking by the mother while pregnant. Women who are pregnant or trying to conceive should not drink alcoholic beverages. However, there is no conclusive evidence that an occasional drink is harmful.

■Individuals who plan to drive or engage in other activities that require attention or skill. Most people retain some alcohol in the blood 3 to 5 hours after even moderate drinking.

■Individuals using medicines, even over-the-counter kinds. Alcohol may affect the benefits or toxicity of medicines. Also, some medicines may increase blood alcohol levels or increase alcohol's adverse effect on the brain.

■Individuals who cannot keep their drinking moderate. This is a special concern for recovering alcoholics and people whose family members have alcohol problems.

■Children and adolescents. Use of alcoholic beverages by children and adolescents involves risks to health and other serious problems.

Heavy drinkers are often malnourished because of low food intake and poor absorption of nutrients by the body. Too much alcohol may cause cirrhosis of the liver, inflammation of the pancreas, damage to the brain and heart, and increased risk for many cancers.

Some studies have suggested that moderate drinking is linked to lower risk for heart attacks. However, drinking is also linked to higher risk for high blood pressure and hemorrhagic stroke.

Michigan's Zero, One, Three Rule
on Alcohol Consumption

Zero = Zero Alcohol.
Especially if you're under
21, driving, chemically
dependent or pregnant.

**One = One drink per
hour** sets the pace for
moderate drinking.
AND
**Three = No more than
three drinks per day,**
and never daily.

Leaders for Life
Pledge

Being aware of the honor and responsibility bestowed on me as a Leader for Life, I promise to uphold the following code of behavior as a member of the Leaders for Life organization.

I will work toward being a confident and assertive leader by attending regularly scheduled Leaders for Life support group meetings. I will make my teammates aware of the rules governing chemical use. I will consistently and fairly confront them regarding any suspicion of chemical use. In cooperation with coaches and Leaders for Life I will create team rules and enforce them. I agree to support and do my best to motivate my teammates and all St. Charles High School students to remain chemically free by being a positive role model.

Throughout the process I will maintain a positive attitude. I will set a good example by remaining chemically free myself during the time I am a member of Leaders for Life. I agree not only to sign the Minnesota State High School League form but also to follow every rule and uphold its purposes. There is no guilt by association, however, if I use or possess any mood altering chemicals I will resign from Leaders for Life and resign my captaincy.

Leader for Life   *Date*

Witnessed by:

Superintendent   *Date*

Advisor   *Date*

Advisor   *Date*

St. Charles High School   St. Charles, Minnesota

1990-91 Fine Arts Eligibility Information

General Rules

1 ACADEMIC — (Credit Requirement) To be eligible, a student must be making satisfactory progress toward the school's requirements for graduation.

2 AGE — A student representing a member school in League activities shall be under 20 years of age on the date of the contest. If, however, a student has started a season, the student will be permitted to complete that season after reaching the student's 20th birthday.

3 AMATEUR — Use of musical ability or skill for personal gain when not performing for or representing the student's school will not disqualify the student for school activities.

4 AWARDS RULE — Acceptable awards to students in recognition of participation in high school activities include medals, ribbons, letters, trophies, plaques, and other items of little or no intrinsic value. Violation will render a student ineligible for all further high school competition.

5 COLLEGE/UNIVERSITY TEAMS — A student shall not have been, at any time, a contestant representing a school higher than a secondary school.

6 DUE PROCESS — The League Constitution provides a Due Process Procedure for the student or parent contesting a school's failure to certify the eligibility of a student. This process includes an appeal before a hearing panel at the school and the right, if desired, to appeal that decision to the League's Board of Directors. An independent hearing examiner will hear the appeal and make written findings of fact, conclusions and a recommendation for the Board of Directors following the hearing. The Board's decision shall be final. A complete listing of the Due Process Procedure may be obtained from the athletic director or principal of the high school.

7 ENROLLMENT, ATTENDANCE, AND RE- QUIRED SUBJECT LOAD — Students are eligible for participation if enrolled in the high school from the beginning of the semester. Students enrolling after the semester begins will gain eligibility at the start of the third week or on the 15th calendar day after enrollment. Students must be properly registered, attending school and classes regularly, and enrolled in the required number of credits.

8 GRADUATE — A student shall not be a graduate of a four (4) year high school or any secondary school.

9 SEMESTERS IN HIGH SCHOOL — A student shall not participate in an interscholastic contest after the student's eighth semester in grades 9-12 inclusive. The attendance of 15 days or more in one semester will count as a semester in administering this standard.

Chemical/Tobacco Use/Abuse

A. Philosophy and Purpose

The Minnesota State High School League recognizes the use of mood-altering chemicals as a significant health problem for many adolescents, resulting in negative effects on behavior, learning and the total development of each individual. The misuse and abuse of mood-altering chemicals for some adolescents affects extra-curricular participation and development of related skills. Others are affected by the misuse and abuse by family, team members or other significant persons in their lives.

The close contact in MSHSL activities of advisors and coaches provides them with a unique opportunity to observe, confront and assist young people. The MSHSL, therefore, supports education and awareness training in adolescent chemical use problems including the symptomatology of chemical dependency and special issues affecting League activities for administrators, athletic directors, coaches, advisors, participants and their families.

B. Rule

During the school year, regardless of the quantity, a student shall not: (1) use a beverage containing alcohol; (2) use tobacco; or, (3) use or consume, have in possession, buy, sell, or give away any other controlled substance.

1) The rule applies to the entire school year and any portion of an activity season which occurs prior to the start of the school year or after the close of the school year. 2) It is not a violation for a student to be in possession of a controlled substance specifically prescribed for the student's own use by her/his doctor.

C. Penalties for Category I Fine Arts Activities:
- **Debate**
- **Speech Activities including One Act Plays —** when a school schedules a season of interscholastic contests.

1. **First Violation**
   Penalty: after confirmation of the first violation, the student shall lose eligibility for the next two (2) consecutive interscholastic contests or two (2) weeks of a season ich the student is a participant, whichever is greater. No exception is permitted for a student who becomes a participant in a treatment program.

2. **Second Violation**
   Penalty: after confirmation of the second violation, the student shall lose eligibility for the next six (6) consecutive interscholastic contests in which the student is a participant. No exception is permitted for a student who becomes a participant in a treatment program.

3. **Third and Subsequent Violations**
   Penalty: after confirmation of the third or subsequent violations, the student shall lose eligibility for the next twelve (12) consecutive interscholastic contests in which the student is a participant.

   If after the third or subsequent violations, the student on her/his own volition becomes a participant in a chemical dependency program or treatment program, the student may be certified for reinstatement in MSHSL activities after a minimum period of six (6) weeks. Such certification must be issued by the director or a counselor of a chemical dependency treatment center.

4. Penalties shall be accumulative beginning with and throughout the student's participation on a varsity, junior varsity or sophomore team or activity.

D. Penalties for Category II Fine Arts Activities:
- **Speech Activities, including One Act Plays when a school schedules no interscholastic contests and participates only in the League-sponsored tournament series.**
- **Music Activities**

1. **Violations**
   Penalty: Each member school shall develop penalties which it will apply to the participants in these activities.

2. Penalties shall be accumulative beginning with and throughout the student's participation in a high school activity.

1990-91 MSHSL
Fine Arts Eligibility Information

Statements to be signed by the participant from a MSHSL member school and by the participant's parent or guardian.

I have read, understand, and acknowledge receiving the 1989-90 Fine Arts Eligibility Information Bulletin which contains a summary of the eligibility rules of the Minnesota State High School League. I understand that a copy of the Official Handbook of the MSHSL is on file with the senior high school athletic director and/or principal and that I may review it, in its entirety, if I so choose.

I further understand that a member school of the MSHSL must adhere to all of the rules and regulations that pertain to the League Music and Speech activities a school may sponsor but that local rules may be more stringent than MSHSL rules.

_____
Student's Signature

_____
Grade in School   Date

_____
Parent or Guardian's Signature

_____
Date

---

*T*o Participants in
High School Music
and Speech
Programs and
Their Parents or
Guardians.

This Bulletin is a summary of the basic regulations which students and parents or guardians should understand. Complete regulations are outlined in the MSHSL Official Handbook which is available at each member high school.

Please keep this brochure for reference, and if there is a question about any rule interpretation, CONTACT YOUR SCHOOL PRINCIPAL OR ATHLETIC DIRECTOR.

ADMINISTRATORS' HANDBOOK FOR INTERPRETING AND ENFORCING

Section 2 — Rules of Eligibility

Rule #14 Chemical Health
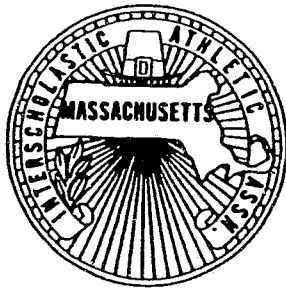
This pamphlet has been developed to assist school administrators in the implementation and administration of the MIAA Chemical Health Rule, (ref., MIAA "Rules and Regulations Governing Athletics", rule #14, Chemical Health). Hopefully it will be of some help when you have to deal with the sometimes difficult task of determining whether or not a student is in violation of the Chemical health rule.

Part I — CHEMICAL HEALTH RULE

"During the season of practice or play, a student shall not, regardless of the quantity, use or consume, possess, buy/sell or give away any beverage containing alcohol; any tobacco product; marijuana; steroids; or any controlled substance. It is not a violation for a student to be in possession of a legally defined drug specifically prescribed for the student's own use by his/her doctor.

MINIMUM PENALTIES AND RECOMMENDATIONS FOR ATHLETIC ACTIVITIES FIRST VIOLATION:

Penalty — When the Principal confirms, following an opportunity for the student to be heard, that a violation occurred, the student shall lose eligibility for the next two (2) consecutive interscholastic events, or two (2) weeks of a season in which the student is a participant, whichever is greater. No exception is permitted for a student who becomes a participant in a treatment program, although such participation is recommended. It is expected that the student be allowed to remain at practice for the purpose of rehabilitation.

SECOND AND SUBSEQUENT VIOLATIONS:

Penalty — When the Principal confirms, following an opportunity for the student to be heard, that a second or subsequent violation occurred, the student shall lose eligibility for the next twelve (12) consecutive interscholastic events or twelve (12) consecutive weeks, whichever is greater, in which the student is a participant.

If after the second or subsequent violation the student of his/her own volition becomes a participant in an approved chemical dependency program or treatment program, the student may be certified for reinstatement in the MIAA activities after a minimum period of six (6) weeks. Such certification must be issued by the doctor or a counselor of a chemical dependency treatment center.

Penalties shall be cumulative each academic year but a penalty period will extend into the next academic year.

Part II — PHILOSOPHY AND PURPOSE

The MIAA recognizes the use of chemicals as a significant health problem for many adolescents, resulting in negative effects on behavior, learning and the total development of each individual. The misuse and abuse of chemicals for some adolescents affects extracurricular participation and development of related skills. Others are affected by the misuse and abuse by family, team members and other significant persons in their lives.

The close contact in MIAA activities of advisors and coaches and other athletic department personnel provides them with a unique opportunity to observe, confront and assist young people. The MIAA, therefore, supports education and awareness training in adolescent chemical use problems including the symptomatology of chemical dependency and special issues affecting athletic activities for administrators, athletic directors, coaches, advisors, participants and their families.

Part III — THINGS TO DO BEFORE ACTIVITIES START

1. Put the training and conduct rules of your coaches and school in writing.

2. Have your school attorney review the rules.

3. Have your School Board review and adopt your rules.

4. Have the rules printed in the student handbook.

5. Print the rules in the school paper.

6. Post the rules in the locker rooms and on bulletin boards.

7. Give your athletic participants a copy of eligibility rules.

8. Send the rules home to parents.

9. If possible, have your local newspaper publish your rules.

10. Sponsor a Chemical Awareness evening with parents, coaches and student athlete candidates.

Part IV — SUGGESTED PROCEDURES WHEN A VIOLATION IS REPORTED

The School Administrator (Principal) shall immediately investigate an alleged violation of the Chemical Health rule and if the administrator finds probable cause to believe that this rule has been violated, he/she shall conduct a hearing with the student.

The period of suspension shall begin on the date and time the violation has been confirmed.

The student shall have the right to be present at the hearing and offer such testimony and other evidence the student deems material. **If deemed appropriate, the student may be** given the opportunity to confront and question the person or persons who lodged the allegation of the violation of the MIAA rule.

Part V — POSSESSION

As might be expected, no definition can be drawn that will totally define the act of possession. The school administrator is going to have to investigate the alleged violation to determine if the student was in possession of the prohibited substance. In order to show that a person is in possession of a prohibited substance, it is generally necessary to show that the student was aware of the presence and character of the particular substance and was intentionally and consciously in possession of it.

In many instances, the school administrator, as the listener of facts, is going to have to determine that a student was in possession of an unlawful substance simply from the facts and inferences that may be drawn. For example, **three students are in an automobile where there is an open container of alcohol; if an arresting officer finds that all three students have the smell of alcohol on their breath, are blurry eyed, and unable to walk a straight line, the inference is that all of the students were in possession of the alcohol and that all used it. If one of the students denies the use of the alcohol, is clear headed, walks a straight line and only got in the automobile a block away, the clear inference is that the student was not in possession nor was he/she using alcoholic beverages.**

Part VI — QUESTIONS AND ANSWERS

Q. Why was the previous practice which left the penalty for violation of this rule in the hands of the local school administration (local option) changed so as to establish a uniform penalty?

A. The membership felt that because of the extreme variance in penalties prescribed by schools that a minimum penalty should be established. The penalties as outlined are minimum penalties — schools may adopt more stringent regulations if they desire.

Q. Who determines whether a student has violated the rule & enforces the penalty?

A. As is true of all other rules, the principal is responsible for determining whether a student has complied with the rule, and for the enforcement of the penalty in case of violations. As is the case with all rules, should a member school feel that another school is not complying with the rule, it may enter an allegation in writing with the MIAA.

Q. If a school is not aware of the violation until several days afterwards and as a result the student participates in a contest or contests after the date of violation, when does the penalty begin?

A. The period of suspension shall begin from the date and time notification is given by the school administrator. There is no retroactive penalty.
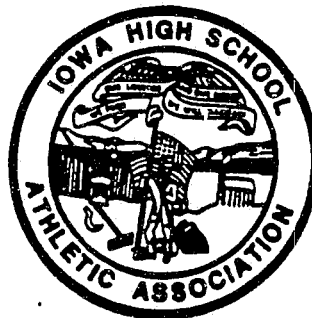
Revised 8/89

PLEDGE TO BE ALCOHOL AND DRUG FREE

I, _____,
do hereby pledge to myself, my teammates, my
school, and to the Iowa High School Athletic
Association, that I will not use alcohol or drugs
during the _____ Season.

Signed this _____ day of

_____, 19_____

_____
Student Signature

IOWA HIGH SCHOOL ATHLETIC ASSOCIATION
Boone, Iowa 50036

Suggestions for Coaches and Athletic Directors Using the "Pledge To Be Alcohol- and Drug-Free" Cards

As a response to input from some of our coaches and athletic directors, we offer the following suggestions regarding the use of these cards.

1. The coach or athletic director should use the opportunity to present these cards as a time to talk to the team about chemical health.

2. It is not recommended that the students be required to sign the cards in the presence of other team members. This type of pressure may cause a student to make a commitment that he/she has no intention to keep.

3. Explain the cards to the students. Share with them your philosophy and thoughts about chemical use. Ask them to take their card, sign it, and return it to you at a designated time. Some coaches have offered the suggestion that the cards might be returned to the athletic director rather than the coach. This was suggested to eliminate the belief a player may have about his/her coach's attitude toward those who choose not to sign the pledge.

4. Use every opportunity to recognize those students/athletes who choose to make good decisions. Some schools have publicly displayed the pledge cards. Encourage the student/athlete to wear his/her emblem proudly.

5. Please submit only the list of students who signed a pledge card. When full team rosters are submitted to our office as they would be for program information, we are skeptical.

6. Understand that there are student/athletes who will not live up to their commitment. Use those tough times as a "teachable moment" with the student. After all, many adults do not live up to the commitments they make.

We hope these suggestions will be helpful. You as coaches and athletic directors know best what will work with your kids.

Source: Iowa High School Athletic Association
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Session Five Suggested Activity

Expressing Feelings Appropriately

WHO Students and adults.

PURPOSE To teach people a simple method for expressing their feelings appropriately.

DESCRIPTION When students have a need to express their feelings, they often do so inappropriately, causing conflict. (Adults have the same problem, and this skill works well for them too.) You can teach students a simple technique. First, put the structure below on the board and make a writing assignment so they can practice the skill. Then give them a chance to demonstrate the skill through role play. Finally, give them recognition when the skill is used in class. You may have to encourage its use until it becomes a natural part of communication. It really helps to know this structure in stressful situations.

I FEEL _____

WHEN YOU _____

WHAT I NEED IS _____

Make sure the student uses emotional words to express what he/she feels. Don't let the student skip the third part.

Real life examples

I feel *angry* when you *are impatient with me.* What I need is *for you to give me a chance to finish my work.* (I apologized and the bond was restored.)

I feel *hurt* when you *ridiculed me.* What I need is *for you to speak to me in a respectful manner.* (The student apologized and the bond was restored.)

Source: Patsy Fine, Teacher, California Youth Authority, Preston School of Industry, Ione, CA

Session Five Suggested Activity
Putting It on Paper

WHO   Students with the maturity to write or draw about inner experience.

PURPOSE   When students arrive at class noticeably upset, they will not be able to participte effectively. Offer this writing activity to expedite their return to emotional balance. For younger children, drawing may be more appropriate.

DESCRIPTION   Give the student several sheets of paper and a pencil or pen and place him/her in a private space. The following instructions to the student are important:

1. Write about what you *feel inside*, not about what happened. Don't tell the story, tell what you are experiencing.

2. You may use any words or images you want to express your feelings and thoughts. Write without censoring your words.

3. Write in large, bold letters. If words fail you, draw an image of your feelings.

4. Write until you are tired or feel your emotions have returned to neutral.

5. IMPORTANT! Now ceremoniously do something with the paper to put it away, e.g., tear your paper up in tiny pieces and put it into the trash; fold and store the paper in a safe place.

   This writing or drawing is *not* for anyone else to see and it is *not* to be acted out.

6. Do not act on your emotions. Accept them for what they are—temporary feelings that eventually will pass. Emotions are not right or wrong. Remember, too, that they may be based on error or misunderstanding. Once your emotions return to neutral, you can make a rational decision about what action you need to take, if any.

7. Repeat this activity as often as necessary to diffuse negative energy and keep you from making emotionally based decisions that you may regret later.

Source: Patsy Fine, Teacher, California Youth Authority, Preston School of Industry, Ione, CA

Independent Study Guide

DIRECTIONS: *For each session below, read the study questions and complete the described activities.*

Session One

1. Read the Supplementary Reading article, *Effects of Alcohol and Other Drugs on Personal Health and Growth*, at the end of Session One. Describe the effects that alcohol and other drugs have on a young person's body. In your opinion, what are the effects most often ignored or discounted by youth and adults?

2. List the risk factors that can be addressed in your work setting. When and how is your work setting an appropriate place to address these risk factors?

3. Contact a local law enforcement agency, health agency, or school district to obtain information on the results of a local or regional alcohol and other drug use survey. Summarize the findings.

4. Do tobacco, alcohol, or other drug use rates in your region differ from the national average described in Session One of the Workbook? If so, what do you think contributes to the difference?

5. Contact a local law enforcement agency, school, or prevention group to find out what collaborative efforts for tobacco, alcohol, and other drug prevention are occurring in your community. Describe what groups participate, what they focus on, and how they are conducting their activities. What efforts are effective? Based on what you have learned in this training, how would you enhance their efforts?

6. Identify and describe an activity you could participate in or contribute to that would enhance local prevention efforts.

Session Two

1. Obtain and read an article, or chapter in a book, on communication skills. Read and summarize three behaviors you will use to improve communications with the youth with whom you work. Name the book or article, and describe the three behaviors and how you will improve your communication skills.

2. Obtain an article or information piece describing the cultural differences of the youth with whom you work. State the source of the material, and describe what you learned and how your behavior will change.

Session Three

1. Obtain a copy of the tobacco, alcohol, and other drug use policy for your organization. Based on this session, what would you add to the policy? Copy and attach the policy with your written report.

2. Write a policy/code/rules document addressing tobacco, alcohol, and other drug use that could be posted in your work setting. Make sure it is age, audience, and setting appropriate. For assistance, see the examples contained in this Tool Box.

Session Four

1. Describe five resources in your community for help with alcohol and other drug problems. Include resources both for children from homes where someone else's use of alcohol and other drugs may be a problem, and for youth experiencing alcohol and other drug problems themselves.

2. Attend an Alcoholics Anonymous, Alateen, Families Anonymous, Codependents Anonymous, or other support or recovery group. Write a description of the experience. Note and describe the themes of support you heard. Remember to honor the anonymity of the group and persons you encountered.

Session Five

1. Describe a situation where you experienced a broken bond with an individual or institution. Explain how you would restore the relationship.

2. What youth service organizations are in your community? Describe the projects and their resources.

3. List three resources within your community that offer increased opportunities for youth involvement. Describe ways you might promote them to the youth with whom you work.