



**STUDENT  
ASSISTANCE  
PROGRAM**

**ALABASTER CITY SCHOOLS  
BRADFORD HEALTH SERVICES**

# WHY WE NEEDED A SAP IN ALABASTER CITY SCHOOLS?

- In 2013, SAMHSA found that 24.6 million Americans of age 12 years and older had used an illicit drug in the past month (Greydanus article)
- People are most likely to begin abusing drugs during adolescence and young adulthood (NIH - <https://www.drugabuse.gov/publications/principles-adolescent-substance-use-disorder-treatment-research-based-guide/introduction>)
- Adolescent exposure to drugs can lead to a lifetime of medical and psychiatric effects (Greydanus article)
- 1 in 10 children suffers from a mental illness severe enough to cause some level of impairment (Student Assistance Program Guidebook)
- Most children in need of mental health services do not receive them and many of those that do receive them through the school system (Student Assistance Program Guidebook)
- Schools and medical care facilities are two of the most common providers of mental health services to children and youth in the U.S. (Student Assistant Program Guidebook)

# WHY WE NEEDED A SAP IN ALABASTER CITY SCHOOLS?

- According to the 2016-2017 SIR report for Alabaster City Schools, there were 10 incidents of drug possession, 5 incidents of tobacco possession, 5 incidents of tobacco use, 4 incidents of drug use, 2 incidents of alcohol use, and 1 incident of drug sales during the school year (Alabaster City Schools Website, SIR report)
- According to David Hall, Chief Probation officer, youth in Alabaster are involved with Juvenile Probation. The highest number of charges were for alcohol possession/consumption with 21 charges, 18 charges for possession of drug paraphernalia, 17 charges for possession of marijuana, 5 charges for public intoxication, 3 charges for possession of a controlled substance, and 2 charges for DUI (personal interview)
- In April of 2017, a middle school cheerleader committed suicide. Earlier in the year, a prominent and involved mother of students at the middle school and high school committed suicide. Untreated depression may have been a factor for both.



**Addiction is a  
pediatrically-acquired  
disease.**

**90% of addicted  
Americans begin use  
before age 18.**

# **RISK AND PROTECTIVE FACTORS EVIDENT IN THE SCHOOL POPULATION & SURROUNDING COMMUNITY**

- Law enforcement drug seizures make it clear that marijuana and prescription drugs are available in the community (Carol Williams, Personal Interview)
- In 2016, the Shelby County Drug Enforcement Task Force seized 5493 grams of marijuana and 424.94 grams of prescription medications in addition to other illegal drugs in Alabaster. (Carol Williams, Personal Interview)
- There have been 2 drug overdose deaths to date in 2017 in Alabaster. (Carol Williams, Personal Interview)
- Close to 40% of students qualify for free or reduced lunch
- There is no public transportation in the community so parents without transportation face issues taking children to counseling appointments.
- Alabaster City Schools places a strong emphasis on providing support services and resources to its students and families

# **RISK AND PROTECTIVE FACTORS EVIDENT IN THE SCHOOL POPULATION & SURROUNDING COMMUNITY**

- School system offers free mental health counseling through Chilton-Shelby Mental Health for all students. Students can be referred by parent, teacher, school counselor, or by self-referral
- Alabaster Schools has a drug testing program for students who park on campus or participate in extracurricular activities.
- The system uses *Anonymous Alerts*, which allows students, parents, teachers, staff, and community members to anonymously text or email student concerns, safety concerns, or reports of issues impacting a student or the school community. Last school year, the system received approximately 50 alerts.
- Each school has a school resource officer employed by the Alabaster Police Department.
- Each school has a least one school counselor. Peer Helpers and school based Big Brothers/Big Sisters are available in each school.

# RISK AND PROTECTIVE FACTORS IN ADOLESCENTS

- Physical changes- rapid growth
- Cognitive changes- brain isn't fully developed for some youth until 28-29 years of age
- Social changes- peer group becomes norm

## Protective Factors

- High self-esteem
- Emotional self-control and regulation
- Resiliency (coping skills and problem-solving skills)
- Family structure and supervision
- Clear family expectations of behavior and values
- Opportunities for positive connections: peer, school, athletics, religious, community

# WHAT ADOLESCENTS NEED

- To feel heard (they sometimes feel that we trivialize their concerns)
- Sense of competency
- Effective coping skills
- Ability to postpone rewards
- Ability to move in linear fashion toward goal completion
- Positive social bonding to positive peer groups and institutions
- Freedom commensurate with responsibility
- A gradually increasing level of autonomy



# WHAT ADOLESCENTS NEED

Family Environments that are:

Warm

Safe

Firm

Predictable

Clear expectations of who is responsible for what

# IF THESE NEEDS ARE NOT MET.....

- Suicidal thoughts and/or attempts
- Self-identity questioned
- Depression and anxiety
- Runaway
- Drug/ETOH abuse
- Psychosexual development difficulties
- Eating disorders
- Anger management problems
- Trust Issues
- Self-Mutilation

# TYPICAL TEEN BEHAVIOR

- Changing appearance
- Some withdrawal from family life
- Increased arguments
- Emotional ups and down

**It is *normal* for teens to be inconsistent, irrational, insensitive to others, self-centered, and childish. Think of it as you did their toddler behavior; they will grow out of it unless something is behaviorally holding them back.**

# ADDICTION RISK FACTORS

- Two main questions: Does the adolescent smoke? & Is there a family history of addiction?
- Age of first use (younger, higher risk)
- Learning disabilities, behavioral problems, psychological disorders
- Trauma (abuse, divorce, bullying)
- Stress (feelings of inadequacy & insecurity...little life experience to help them cope, turn to destructive behaviors)
- Quality of parenting (parents who use...or sanction use... have kids who use)
- Genetic history = 4x more likely to become addicts

# COMMON SIGNS AND SYMPTOMS

## \* NOT SO COMMON ANYMORE!

- Sudden or gradual drop in grades
  - Tardiness or absences from school
  - Lying/blaming others
  - Unusual need to access money
  - Changes in peer group
  - Denial when concerns are expressed regarding use
  - Sneaking around drugs and alcohol
  - Unusual sleeping patterns
  - Burns on hands or clothes
  - Personality or physical changes
  - Stomach problems
  - Drug paraphernalia (may not be obvious; may be hiding in plain sight)
- 
- **Using kids now look like any other kid, making use more difficult to detect!**

# SETTING THE STAGE.....

- Drug use changes brain chemistry in adolescents (whose brains are still developing)...hijacks the brain
- Most commonly used = alcohol and marijuana
- Biggest increase in use = Rx drugs
- Synthetic use has increased

# DESIRED GOALS AND OUTCOMES FOR THE SAP

- The Alabaster City Schools Student Assistance Program is designed to assist school personnel in identifying issues including alcohol, tobacco, other drugs, and mental health issues which pose a barrier to a student's success. The primary goal of the SAP is to help students overcome these barriers in order that they may achieve, remain in school, and become productive citizens.

# DESIRED GOALS AND OUTCOMES FOR THE SAP

## Universal Goal/Outcomes

- Students and staff in all grades will receive instruction on how to utilize resources to help themselves (students) or help others obtain assistance.
- All students in selected grades will participate in the Botvin LifeSkills curriculum.
- Students in all grades will receive large group guidance on topics including healthy choices, bullying prevention, life skills, and healthy relationships.
- Staff will receive training on mental health and substance abuse risks and signs for students. Staff will know how to refer students for help.
- Parents/Community will be informed on all support services available for students.
- Free Positive Parenting Class will be offered at night. All community members are welcomed to attend.



# DESIRED GOALS AND OUTCOMES FOR THE SAP

## Selective Goals/Outcomes

- Small group guidance for students in all grades. The groups may include topics for students dealing with grief/loss, bullying, healthy relationships, and drug education.
- Parents of at-risk students will receive information regarding support services including school based Big Brothers/Big Sisters, Peer Helpers, and small groups by a personal letter from the school.
- At-Risk students will be referred to an adult mentor to provide individualized support.

## Indicated Goals/Outcomes

- Students referred to the SAP team will receive individualized, prompt, appropriate intervention. to attend.

# RESOURCES

- Ongoing Professional Development for all staff (Typical/Troubled, More than Sad)
- Botvin LifeSkills Curriculum
- Schools will promote Anonymous Alerts, Big Brothers/Big Sisters, Peer Helpers
- Alabaster City Schools will list all support services available on their website and promote awareness through social media, media, and publications.
- Parenting class curriculum may include evidence-based curriculum including Strengthening Families and Guiding Good Choices (Hawkins article)

# RESOURCES

- School Counselors will work with staff to identify at-risk students and communicate with those parents regarding available resources in the school.
- At-Risk Students will be matched with adult mentors. Adult mentors will include Big Brothers/Big Sisters, social work student interns, counseling student interns, and identified school staff.
- Small group curriculum may include evidence-based curriculum including Botvin LifeSkills, Above the Influence Toolkit, and Project Towards No Drug Abuse. (Hawkins)

# METHODS TO BE USED TO ACHIEVE THE DESIRED GOALS

## Indicated Methods

- Students may be referred to the SAP team for an assessment to determine the student's needs. Students may be referred by anyone. The SAP team leader will consult with the student and the student's parent for permission to proceed.
- The SAP team will consist of the student services coordinator, school interventionist, school counselor, community resource representatives, and school administrator.
- The SAP team will gather objective information about the student's performance in school from all school personnel who have contact with the student. The team will meet with the parent to gather family information. The team will also meet with the student. The team will develop a plan that includes strategies for removing the learning barriers and promoting the student's academic and personal success to include in-school and/or community based services and activities.
- Once the SAP team had identified the need, the student will meet with a licensed counselor for an assessment (psychosocial, substance abuse assessment, etc). The findings from the assessment in addition to the collateral information provided by the SAP team will help determine an appropriate intervention plan.
- The plan may include an education group, referral to a private therapist, referral to intensive outpatient program, or referral to an inpatient substance, behavioral, or psychiatric facility.
- The team will continue to monitor, support, and motivate the student to ensure compliance of treatment and success.

# PROGRAM EVALUATION

## Goal

- Students in all grades will receive large group guidance on topics including healthy choices, bullying prevention, life skills, and healthy relationships.

### Indicator/Target

Students will increase knowledge of topics.

60% of students will show increase in knowledge

### Data Collection Methods and Tools

Pre/Post test

## Goal

- Staff will receive training on mental health and substance abuse risks and signs for students. Staff will know how to refer students for help.

### Indicator/Target

Staff will be able to identify sign of mental health and substance abuse concerns for students.

Staff will be able to identify ways to refer students for assistance.

85% of staff

### Data Collection Methods and Tools

Pre/Post test.

# PROGRAM EVALUATION

## Goal

- Students in all grades will receive large group guidance on topics including healthy choices, bullying prevention, life skills, and healthy relationships.

### Indicator/Target

Students and staff will be able to identify ways to refer themselves or others.

70% of students and staff

### Data Collection Methods and Tools

Pre/Post test- 3 question electronic survey

Pre test in first month of school/ Post test in first month of second semester

## Goal

- All students in selected grades will participate in the Botvin LifeSkills curriculum. (Hawkins article)

### Indicator/Target

Students will be improve their knowledge of life skills contained in Botvin

LifeSkills curriculum including family communication, healthy relationships, and media influence.

60% of students will show increase in knowledge

### Data Collection Methods and Tools

Pre/Post test.

# PROGRAM EVALUATION

## Goal

- Parents/Community will be informed on all support services available for students.

### Indicator/Target

Parents/Community will be informed on all support services available for students. Media, Website, Publications will be issued  
Information will remain updated on website and media/publications will be done at least once per month.

### Data Collection Methods and Tools

Monthly media/publications to parents and community  
Surveys at parent/community events

## Goal

- Free Positive Parenting Class will be offered at night. All community members are welcomed to attend.

### Indicator/Target

10-20 parents/community members will attend each class.  
85% will indicate improvement in parenting skills.

### Data Collection Methods and Tools

Pre/Post test

# PROGRAM EVALUATION

## SELECTED GOALS/OUTCOMES

### Goal

- Small group guidance for students in all grades. The groups may include topics for students dealing with grief/loss, bullying, healthy relationships, and drug education.

#### Indicator/Target

Students will indicate improvement in knowledge of skills at the completion of group.

70% of students in the group

#### Data Collection Methods and Tools

Pre/Post test

Behavior/Teacher/Parents surveys/interviews

### Goal

- Parents of at-risk students will receive information regarding support services including school based Big Brothers/Big Sisters, Peer Helpers, and small groups by a personal letter from the school.

#### Indicator/Target

100% of at-risk student will receive personal letters mailed to their home with information regarding services and recommendations.

50% will participate in a recommended service

#### Data Collection Methods and Tools

List of students referred and copies of letters mailed

List of students served

Pre/Post service review of behavior/grades/attendance



# PROGRAM EVALUATION

## SELECTED GOALS/OUTCOMES

### Goal

- At-Risk students will be referred to an adult mentor to provide individualized support.

#### Indicator/Target

100% of at-risk student will receive referrals for mentor services.

50% will participate

#### Data Collection Methods and Tools

List of students referred

List of students served

Pre/Post service review of behavior/grades/attendance

# PROGRAM EVALUATION INDICATED GOALS/OUTCOMES

- Students referred to the SAP team will receive individualized, prompt, appropriate intervention.

## Indicator/Target

100% of at-risk student will receive referrals for SAP team.

75% will participate

## Data Collection Methods and Tools

List of students referred

List of students served

Assessments by counselor may include ADI, CAGE for Youth and Adolescents,

North Carolina Family Assessment,

Pre/Post service reviews of behavior/grades/attendance

# REFERENCES

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