

STUDENTSElementary and SecondaryProcedures for Dealing with Drug ProblemsStudent Assistance Model

The Board of Education recognizes that for a student to realize his/her highest potential of learning, he/she must successfully cope with influences which might hinder the attainment of this goal. For this reason, students will be offered assistance to deal with these influences. It must be understood that the school alone cannot be expected to deal successfully with problems resulting from drug and alcohol use and abuse. Family support and community cooperation are essential ingredients to an assistance model of this kind.

Specifically, the student assistance program will:

1. Help support those students who are experiencing peer pressure to use drugs/alcohol, but at the present time are non-users, and who want help in their decision not to use.
2. Help those students who are using/abusing alcohol and other drugs and who could benefit from activities focusing on attitude, responsible decision making, and accurate information.
3. Help make assistance available to those students whose use/abuse is causing severe problems in their daily lives, and who may require professional care.
4. Help students returning from a treatment program by supporting them in their new life style.
5. Help students cope with the negative effects of living with a family member who is chemically dependent.
6. Make the means of help available to any student with a problem.

The means of help which is available to these target groups includes guidance counselors, psychologists, peer counselors and outside agencies. (A list of available outside agencies is included as Appendix A.)

Part I: Confidentiality

Confidentiality will be maintained and respected until such time that the counselor can encourage the student to talk to his/her parents and seek additional help. During some involvements with students, the counselor may determine that the maintaining of confidentiality is not in the best interest of the student and will, therefore, discuss the situation with the appropriate parties.

Part II: Identification

It is our belief that students should be identified by school personnel as needing assistance on the basis of "school performance" and on the basis of specific symptoms. Attention to a student's school performance helps to insure earlier identification. Early identification does a great deal in facilitating treatment. Aspects of school performance which may indicate the need for an assistance program for students include:

1. Changes in school attendance, discipline and grades.
2. Change in the character of homework turned in.
3. Unusual flare-ups or outbreaks of temper.
4. Physical symptoms such as redness of eyes, sleepiness, appearance of detachment and disorientation, obvious dilation or contraction of pupils of the eyes and chronic respiratory disorders.
5. Secretive behavior regarding possessions.
6. Stealing small items from school.
7. Frequenting of odd places during the day; i.e., storage rooms, wooded areas, etc.
8. Association with persons who are known drug abusers.
9. Wearing sunglasses in inappropriate places and at inappropriate times.
10. Borrowing of money.

It should be understood that the above items are merely indicators and as such are not all-conclusive.

Identification and/or referral can be made by the student himself, peers, teachers, counselors, psychologists, principals, family members and community agencies.

Self-identification/Referral:

When students of the D.C. Everest Area Schools feel that they may have a problem related to drug or alcohol use, they are urged to seek help from a counselor or school psychologist. The professional sought out by the student will seek to help the individual in any way that he/she can. Information obtained by such professionals shall be of a confidential nature. (See Part I for clarification on confidentiality.)

School staff identification/Referral:

(Note: At any time during a discussion with a student where a drug or alcohol problem may be suspected, be advised of the following precautions.)

DO NOT suggest what your suspicions may be, under any circumstances. All conversation should be directed and focused on specifics; i.e., what behavior or performance indicates your reasons for concern. You should also document your suspicions and/or findings for use by other persons who may have occasion to become involved in the assistance to the student. These should be reported to and may be filed by a principal, counselor, or psychologist.

Guides for teachers:

Maintain careful records of attendance, performance, and behavior review, as well as any other applicable data. This information should be documented in detail and maintained in current form.

Any discussion with a student should focus on the symptoms of problems such as standards of performance, attendance, behavior, etc. Refrain from making accusations.

In the event that, following a discussion with the student regarding behavior and/or performance in school, a perceptible improvement is not seen within a reasonable period of time, the problem should be brought to the attention of a principal, assistant principal, counselor, or psychologist.

If continuing deterioration is noted in behavior and performance patterns in a student with heretofore satisfactory work standards, consider the possibility of a health problem that could be related to the abuse of drugs or alcohol. At that time recommend that the student seek assistance from the proper counseling or health personnel.

The teacher's role, for the most part, is to refer individuals to the principal and/or guidance counselors and/or psychologist.

During the conversation with the student use documented information to suggest your request for other assistance; i.e., frequent colds, flu, dizziness, sleepiness. Stress your concern for the student's health and well-being.

DO NOT state that you have concern regarding a drug or alcohol problem. Rather, reassure the student that any discussion regarding a personal or health problem will in no way jeopardize his/her standing within the school. Emphasize that all discussions regarding any problem are kept on a confidential basis.

If you intend to recommend an appointment with a psychologist, counselor or principal following a discussion with a student, arrange a date and hour in advance of your discussion with the intended resource person. An alternative would be to ask the student if you can contact the school person and have them get in touch with the student.

Part III: Motivation

In the event that a staff member makes a referral of a student, based upon a change in their performance and there is proper documentation to substantiate appropriate action by the principal or his/her designee, a number of choices will be presented to the student. Initially, these would be (a) improve the performance difficulties, (b) accept the appropriate disciplinary action, or (c) accept the referral to a resource person within the school's student assistance program.

The principal or his/her designee will insist that the student is responsible for his choice and that, regardless of the alternatives, it is the student's responsibility to improve. If the poor performance does not improve within a reasonable and specified time, alternative (a) is not appropriate. It is intended that, at some point, the student will consider the disciplinary consequences for poor performance to be so unpleasant that the decision to seek help for the problem becomes the best alternative.

Every attempt to involve parents at an early point in the motivation/referral process will be made. Mandated parent conferences with the principal and invitation by counselors to discuss performance problems of students will greatly enhance the motivation of most students to accept help.

#### Part IV: Diagnosis and Evaluation

After a student has made the decision to accept help, the school psychologist and the guidance staff will diagnose and evaluate the student's problem. If it is determined that a student needs extensive counseling and therapy, the school counseling staff will refer the student to outside agencies for more extensive diagnosis and evaluation. To fulfill this function adequately, these resource people must be aware of the range of community resources. In addition, these people should be viewed by the students as a safe and confidential link to help. A suggested procedure for making referrals to outside agencies is outlined in Appendix B.

#### Part V: Treatment and After Care

The school will employ treatment and after care intervention that may include the following procedures:

1. Monitoring of student's academic and behavioral performance with the intent to accumulate data for confronting.
2. "Confronting conferences" designed to present the student with data gathered to support the existence of a problem.
3. One to one counseling.
4. Peer counseling.
5. Group counseling
  - a. Those students who use/abuse alcohol/drugs.
  - b. Those students who do not use/abuse alcohol/drugs and who wish support in order to continue not using.
  - c. Those who do not use alcohol/drugs, but who have family members who are chemically dependent.
  - d. Those who have received inpatient treatment and who are returning to the school environment.
  - e. Parents who have sons/daughters who are chemically dependent and need support.
6. Holding staffings to coordinate the student's program with home and outside agencies.
7. The formal M-team process may be used with a student if other evidence also exists that the student may have an exceptional educational need.

In most cases formal treatment and/or counseling for major student problems will not be a function of the school. Therefore, all those involved in intervention must have a working knowledge of the range of agencies and resources available in the community.

Formal treatment and counseling will be utilized in all major cases of substance abuse. Formal treatment shall consist of:

1. Referral to individuals such as counselors, physicians, social workers, clergymen, psychologists, and psychiatrists outside of the school setting. The primary agency used will be the Health Care Center and/or
2. Referral to in-processing for the 21 day in-patient treatment program at the Health Care Center and/or
3. Referral to other treatment centers for rehabilitation programs of longer duration, such as those available at Winnebago and Marshfield.

The school counselors and psychologists will play the major roles in intervention at the school level. Development of background knowledge and intervention skills will be a major part of this program model. Educating and training staff will include the following:

1. Attendance and participation in alcohol and drug workshops.
2. Provision of alcohol and drug education materials, such as books, literature, assistance program materials, and other training data.

#### APPENDIX A

While this list is not intended to be all-inclusive, it does give the reader an understanding of the wide varieties of outside agencies available to offer assistance to students of the D.C. Everest Area Schools:

Marathon County Health Care Center  
 Marathon County Department of Social Services  
 Community Service Center  
 - Family Counseling  
 - Lutheran Social Services  
 - Catholic Charity  
 - Childrens' Service Society  
 Alcoholics Anonymous/AI-Anon/AI-Ateen  
 Private Physicians, Psychologists, Psychiatrists  
 Pastoral counseling through a student's church of preference

#### APPENDIX B

##### Suggestions for Making Referrals to Outside Agencies

When a counselor feels that a student or family should be referred to an outside agency, the parents will be asked to meet with the counselor to discuss the situation and the need for services.

When meeting with the parents the school person will explain that the school does not pay for outside services and that many agencies charge on a sliding scale.

Parents should be encouraged to seek help from their pastor if they are church members.

In general it is the role of the school person to explain the need for help to the student and parents and encourage them to seek help. The counselor will follow-up to be sure that contact has been made.

School professionals making referrals should be aware of the agencies that offer some free services and under what circumstances they are offered.

Only counselors, psychologists, and administrators will formally refer students to outside agencies.

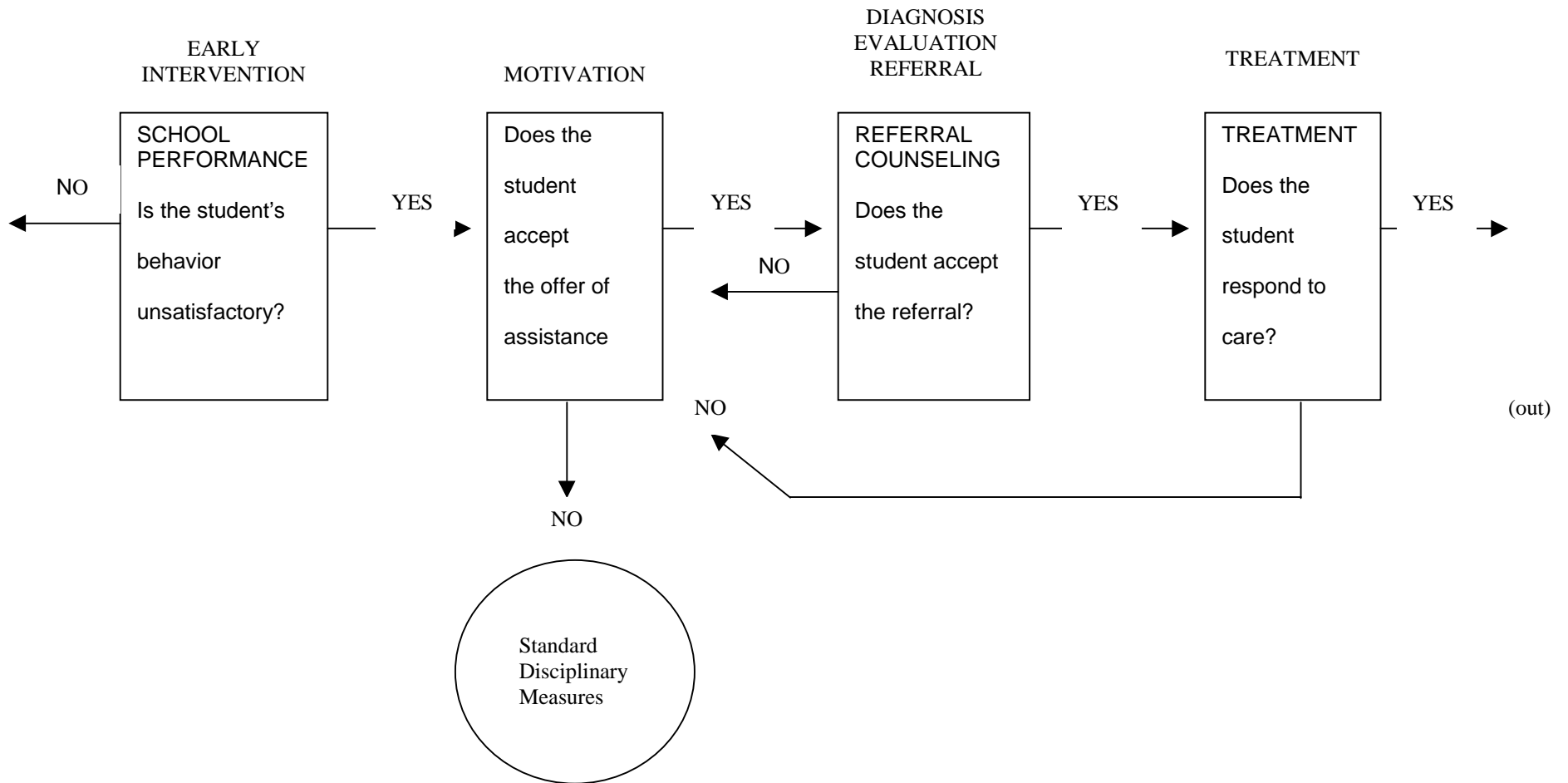
Referrals could be made to outside agencies when a student does not respond to help given by school personnel.

Referrals could be made to outside agencies when students feel uncomfortable discussing a problem with a school person.

Referrals to outside agencies could be made when a school person realizes that the student's problem is such that the school is not the best agency to handle it.

All counselors will become familiarized with the mechanics of making a referral to the various agencies.

APPENDIX C  
BASIC SA PROGRAM FUNCTIONS



APPENDIX D

**AFTER CARE INTERVENTION** - Support or reinforcement that maximizes the probability of the results of intervention.

**EXTENSIVE COUNSELING** - Extensive counseling is specialized and concentrated counseling designed to help a student overcome an emotional and/or behavioral problem so that he/she may function in a school setting. Extensive counseling is usually conducted by an agency or an individual outside of the school district. An example of extensive counseling would be the 21 day inpatient treatment center at the Marathon County Health Care Center for persons with drug and alcohol related problems. Some form of extensive counseling may be on an outpatient basis, depending on the need of the person.

**FORMAL TREATMENT** - Services provided by an accredited agency independent from the school system. The purpose of treatment would be to stop the intake of chemicals and change one's lifestyle.

**IN-PATIENT TREATMENT** - Treatment given to a person when they are residing in a treatment center.

**IN-PROCESSING** - Process whereby a person is tested and examined prior to receiving in-patient treatment.

**INTERVENTION** - The process of initiating action to produce a change that probably would not occur without said action.

**REFERRAL** - A referral is a process used by school personnel to obtain assistance for a student. Teachers, counselors, principals, or school psychologists may ask other professionals either within the school district or outside of the school district for assistance. Within the school district referrals may be made to counselors, school psychologists, or principals. Outside the school district referrals may be made to the Health Care Center, counselors, medical doctors, clergy, social workers, psychologists, or counselors connected with other agencies.

**SUBSTANCE ABUSE** - By substance abuse we mean the use of any chemical substance for non-medicinal purposes which results in the impaired physical, mental, emotional, or social health of the user.

**THERAPY** - Treatment designed to bring about normal behavioral/emotional/social functioning without a need for chemicals.