

AN INTERNSHIP PLACEMENT REPORT INCLUDING AN  
OUTLINE OF INTERVENTION STRATEGIES FOR  
EDUCATORS CONFRONTED WITH DRUG AND  
ALCOHOL PROBLEMS

CENTRE FOR NEWFOUNDLAND STUDIES

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INTERVENTION STRATEGIES FOR EDUCATORS CONFRONTED WITH DRUG AND  
ALCOHOL PROBLEMS**

by

©Patricia A. Croke, B. Sw., B. Ed.

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### **ABSTRACT**

This report describes an internship experience. The experience was somewhat atypical as it involved the student spending equal time in two placements. The report describes the internship and a research paper prepared to meet the internship requirements as set down by the Faculty. The goals of the internship included gaining psychometric skills, along with teaching and research experience. The 13 week internship was split equally between the Alcohol and Drug Dependency Commission (ADDC) and the Work Skills Evaluation Program at the General Hospital, Miller Centre.

During the placement at the ADDC, the intern engaged in program development, research and program delivery. There was extensive opportunity in this placement to speak with the professional staff about services offered and resources within ADDC and the community. There was also the opportunity to co-lead a parent workshop called "Smooth Sailing." Much of the time, while with the agency, was spend researching the document entitled "Addressing Alcohol and Drug related problems of Youth: Intervention Strategies for Teachers and Counsellors," which is included in part two of the report.

During the placement with the Work Skills Evaluation Program, the intern had the opportunity to administer psychological tests

and to participate in report writing. She also attended team meetings, became involved in case conferences on clients and delivered an in-service training session addressing current issues in assessment.

The research component involved the preparation of a guide outlining a comprehensive strategy for front-line educators confronted with students who are users of alcohol and other drugs or who come from homes where substance abuse is a problem. The guide discusses the roles of teachers and counsellors as intervenors. It overviews the scope of the problem and also offers suggestions for the identification of problems and intervention. An annotated bibliography of selected resources is also offered.



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## TABLE OF CONTENTS

	Page
<b>INTERNSHIP COMPONENT</b>	
Rationale for an Internship	7
Criteria for Selecting Internship Setting	8
Intornship Goals as Established by Faculty	9
Description of Internship Setting	10
Specific Goals of Internship	13
Supervision and Evaluation of Intern	17
Summary of Activities	19
Outcome of Internship	22
<b>RESEARCH COMPONENT</b>	
Rationale for Research Component	25
Research Report	28
"ADDRESSING ALCOHOL AND DRUG RELATED PROBLEMS OF YOUTH INTERVENTION STRATEGIES FOR TEACHERS AND COUNSELLORS"	28
Where This Guide Will Lead You	28
Drugs and Alcohol Use in Schools	29
A Perspective on the Use and Impact of Drugs and Alcohol	29
School as a Point of Intervention	32
School Based Intervention Strategies	33
Indirect Forms of Intervention	33
Curriculum or Group Based Approaches	34
Community and Peer Based Intervention	35

	Page
Teacher Based Intervention	36
Recognizing the Effects of Drugs and Alcohol in the Classroom	37
Directly Working With Children at Risk	38
Teacher as a Referral and Support Agent	42
Counsellor Based Intervention	43
Identification and Assessment	44
Establishing Therapeutic Relationships and Resource Networks	46
Group Support	47
Team Building and Ongoing Education	48
Ethical and Practical Issues	50
In Closing	50
<b>REFERENCES</b>	51
<b>APPENDIX A - DIVISIONS OF ALCOHOL AND DRUG DEPENDENCY COMMISSION</b>	58
<b>APPENDIX B - DRUGS, ALCOHOL AND THE SCHOOL ANNOTATED BIBLIOGRAPHY</b>	61
Role of Counsellor	61
Role of Teacher	64
Causes and Effects of Alcohol and Drugs	68
<b>APPENDIX C - RESOURCES AVAILABLE IN ADDC LENDING LIBRARY</b>	72
<b>APPENDIX D - AN OPEN LETTER TO MY TEACHER</b>	

**PART I**  
**INTERNSHIP COMPONENT**

**Rationale for an Internship**

The Educational Psychology internship option offered by Memorial University of Newfoundland is designed to provide an opportunity for an intern's professional skills to be further developed and defined in a supervised setting. The internship placement is intended to provide the intern an opportunity to apply and evaluate the methods and theories learned during the master's program. The placement also aids the intern to prepare for a future role as a school guidance counsellor. The supervision and direction received from the setting should provide the intern with valuable feedback and help contribute to her level of competence and skills.

Criteria have been set down in the Faculty of Education to ensure the appropriateness of the internship as an adjunct to academic and professional training for Guidance Counsellors.

1. It can commence only after a satisfactory performance is achieved in an approved practicum.
2. It commences only after successful completion of all course work (including practicum) required for the degree program as defined in the University Calendar.
3. First consideration will be given to candidates who have had little experience in the working milieu which they will enter.
4. Interested students must submit and have approved by the Department a formal internship proposal, including among other points, a statement of professional goals and expectations for the internship.
5. An intern must be enrolled full-time during the time of his/her internship. He/she may not receive reimbursement

for services rendered during the internship but will be eligible for fellowships and assistantships as provided by university regulations.

(Department of Educational Psychology, Internship Program, 1975).

In addition to completing the internship placement, an intern must complete a research component as a part of the overall experience. It is normally completed while in the setting. This component, which takes the form of a discrete document, was completed and is found in Part II of this report.

#### **Criteria for Selecting Internship Setting**

The following six factors must be considered before choosing an internship setting. These include:

1. The quality of professional supervision.
2. The quality of learning opportunities and experiences.
3. The relevancy to, and usefulness of, such experiences in the actual setting in which the intern ultimately expects to work.
4. The availability of time for full-time involvement of the intern for a minimum of thirteen consecutive weeks.
5. Availability of a qualified field supervisor on-site.
6. Ready access to the university supervisor.

(Department of Educational Psychology, Internship Program, 1975, p. 2).

### **Internship Goals as Established by Faculty**

The purpose of an internship is to give the intern an opportunity to expand his/her counselling skills and to provide a professional experience.

The internship helps the intern meet goals including:

1. The development of competencies for each trainee based on his/her needs, previous experiences, and future vocational plans.
2. The gaining of practical experiences that will bring into focus the theoretical training received during the formal part of the program.
3. The gaining of practical experiences that will enable the trainee and the department to evaluate the trainee's ability to effectively work in his or her chosen field.
4. The provision of opportunities for the trainee to evaluate his or her personal behaviour modalities and work toward making any necessary changes.
5. The provision of feedback from the internship setting to the department regarding strengths and weaknesses of its students so that program improvements can be implemented.
6. The development of research and problem-solving skills appropriate to the needs of the student and the setting, considering the nature of his or her placement and his or her vocational plans.

(Department of Educational Psychology, Internship Program, 1975)

### **Description of Internship Setting**

This intern chose to combine two settings for her placement: Alcohol and Drug Dependency Commission (ADDC) and the Work Skills Evaluation Program at the Leonard A. Miller Centre of the General Hospital Corporation. The ADDC was chosen to help fulfil the internship experiential goals of further enhancing skills in program development and research and program delivery. The Work Skills Evaluation Program was chosen to help fulfil the intern's experiential goal to develop further skills in psychometric assessment, report writing and interpretations, and vocational counselling. The vocational counselling and assessment related experiences would complement the previous experience of the intern.

The philosophy of the ADDC is that alcohol and other drug dependencies affect every area of the individual's life. The ADDC is comprised of a number of divisions including Program Services, Education and Prevention, Research and Evaluation and Administration. The intern was principally involved with the Division of Education and Prevention.

This Division is responsible for the development of program and information resources and consultation on public policy issues on behalf of the Commission. The Division is also responsible for staff development and training within ADDC and the development and coordination of training in addictions for external agencies. Services provided by this Division include:

- (1) coordination of training and education programs for the Commission;

- (2) coordination of the Allied Youth Program;
- (3) library services for the staff and general public;
- (4) assisting in the development of alcohol public policy and
- (5) involvement in development of school services, drug awareness and community action plans. (Refer to Appendix A for a description of the responsibilities and services offered by the other three divisions of ADDC).

The Miller Centre is the location of the General Hospital's Work Skills Evaluation Program which provides an outpatient vocational assessment service for clients referred because of physical, emotional or learning difficulties or other factors that impose limitations on employability. The Program employs a multidisciplinary team consisting of Psychologist, Social Worker and Occupational Therapist. This core group has access to other allied health services of the hospital (e.g., Speech Pathology, Dietetics).

Services currently offered, separately or jointly, by the Program are as follows:

1. Full Work Skills Evaluation. This includes Social Work, Psychology and Occupational Therapy perspectives. The objective here is to assist the client and the referring agency in developing a vocational plan that is in keeping with the client's physical, intellectual and emotional status.
2. Vocational Consultation. In cases where reports are available from earlier assessments, the team may be able



to provide a brief consultation to integrate earlier findings and develop a plan for vocational placement. Screening interviews may be held with the client and significant others, to clarify the services required.

3. Counselling Services. Short term personal or vocational counselling may be available, to assist in such areas as advocacy on behalf of the client with various counselling services or vocational programs, personal support, resource information and career guidance.
4. Psychology Assessment. For individuals not requiring an appraisal of physical limitations, a psychological assessment may be carried out in areas such as: training potential, learning problems, cognitive level and aptitude, and interest profiles. The Psychologist also conducts a vocational exploration with the client, to assist in identifying suitable vocational goals.
5. Occupational Therapy Assessment. An assessment of the level of limitations placed on an individual by injury or disability may be provided by the Occupational Therapist, who may also prescribe physical aids and adaptations, to assist in work or activities of daily living.
6. Job Site Analysis. An Occupational Therapist may be provided to assess the physical demands of a specific job. Modifications to the work environment may be

recommended to allow the client to return to an existing job.

7. Work Hardening. If a client appears capable of returning to pre-injury employment but requires further conditioning or strengthening, a two to eight week "Work Hardening" program may be arranged through Occupational Therapy.
8. Job Station Placement. A client may be placed in a specific work area for a two week assessment of hands-on job skills (e.g., in maintenance, reception, stockroom, beauty shop, accounting).

#### **Specific Goals of Internship**

This intern identified the following goals for her internship. Included with a statement of these goals is a description of activities undertaken to meet these goals. The intern sought to:

1. Further develop skills in the area of program development, delivery and research. This was accomplished through work at the ADDC involving assessment of the use of alcohol and drugs by youth and based on this developing a guide to assist educators in the handling of student alcohol and drug related problems. An extensive review of the literature on this subject was undertaken.
2. Further develop skills in the area of psychological assessment and report preparation. This was accomplished

through the intern's involvement in the Work Skills Evaluation Program at the Miller Centre. In this setting the intern had the opportunity to become involved in psychometric assessments and the associated report preparation and therapeutic program identification and development. The intern administered the following psychological tests to clients in the Work Skills Evaluation Program at the Miller Centre.

- Wide Range Achievement Test (WRAT)
- Test of Adult Basic Education (TABE)
- Career Ability Placement Survey (CAPS)
- Canadian Adult Achievement Test (CAAP)
- Safran Students' Interest Inventory
- Reading-free Vocational Interest Inventory
- Wechsler Adult Intelligence Scale-Revised (WAIS-R)

In addition to administering tests, the intern sat in on three tests being administered by the other psychologists at the Work Skills Evaluation Program, namely the Differential Aptitude Test (DAT), the Peabody Individual Achievement Test-Revised (PIAT-R) and the Woodcock Johnson Test-Revised (WJ-R). In order to get an appreciation of testing on clients a psychologist in the Program administered the General Aptitude Test Battery (GATB) to the other psychologists and this intern.

This intern had the opportunity to read psychological assessments prepared by the other psychologists and under supervision did prepare one report.

This intern also attended weekly team meetings attended by social workers, occupational therapists and the psychologists. By

attending these meetings the intern was able to get an appreciation of the team approach.

3. Develop an increased understanding of the effect of alcoholism and drug usage on youth and their families. This was accomplished through
  - (a) Formal and informal interaction with professionals at the ADDC.
  - (b) The intern's independent studying in this area.
  - (c) Discussion with School Board and staff at the Department of Education on school policies relating to use of alcohol and drugs by youth.
  - (d) Reviewing school policies on the use of alcohol and drugs by youth in other provinces namely, Ontario, Nova Scotia, Saskatchewan and British Columbia.
  - (e) Reading of annual reports on the services provided by the agency.
  
4. Develop a working knowledge and appreciation for the kinds of concerns people face when they have to leave their place of employment due to injury and have to find new employment. This was accomplished through
  - (a) Discussion with professionals at the Work Skills Evaluation Program regarding the kinds of client concerns they deal with in their assessments of client needs.
  - (b) Interviews with clients referred to the program.

- (c) Independent studying of books and journals on the subject (Power, 1984; Lowman, 1991).
- 5. Develop an increased awareness of the services available to meet client needs at the ADDC and the Work Skills Evaluation Program. This was accomplished through discussion with professionals at the ADDC and Work Skills Evaluation Program regarding the kinds of services they offer.
- 6. Further develop skills in case presentation and inservice presentation. This was accomplished through
  - (a) Attending and participating in team meetings at the Work Skills Evaluation Program.
  - (b) Preparing one inservice presentation at the Work Skills Evaluation Program.

In meeting this goal this intern presented four articles in the area of assessment to the psychologists in meetings at the Miller Centre. The main points of these articles were summarized and discussed.

During placement at the ADDC this intern also presented a program to parents on alcohol and drug use with another staff member. This program was called "Smooth Sailing." This is a parent drug education program designed to meet the needs of concerned parents who wish to talk with their pre-adolescent children about drugs. This intern presented parts of this program, led discussions and answered questions.

This intern attended three professional in-service training sessions during the internship. They were entitled: Addictions and Youth; Family Therapy with Substance Using Families; and True Colors on personality types. The intern also visited an open house at the Career Planning Centre at Memorial University of Newfoundland on the programs being offered by that division.

7. Evaluate the intern's present professional skills and work towards increasing the intern's skills in the area of counselling. This was accomplished through
  - (a) Maintenance of an accurate daily log of the intern's experience.
  - (b) Consultation with the field supervisors concerning the intern's work.
  - (c) Formal evaluations of the intern's work by the supervisor at the Miller Centre and ADDC.

#### **Supervision and Evaluation of Intern**

The responsibility for the supervision of the intern was shared by the Faculty of Education and the two placements, namely the ADDC and Work Skills Evaluation Program. The supervision of the intern was the responsibility of the University Supervisor, Dr. G. Jeffery, the Field Supervisor at ADDC, Mr. Gary Roberts, and the Supervisor of the Work Skills Evaluation Program, Ms. Donna Reimer.

Field Supervisors both met the Education criteria which includes:

1. Holds a Master's Degree.

2. Meets the minimum of 2 years experience in the field.
3. Is involved full time in the placement setting.
4. Is deemed to have sufficient time to consult regularly with the graduate student.

The University Supervisor meets the following criteria. This person:

1. Is Professionally trained in the area of guidance and counselling and indicates an interest in counsellor training.
2. Has sufficient time to consult regularly with the intern.
3. Is deemed able to consult with the field supervisors and to direct the preparation and evaluation of the report on intern activities.
4. Will be supervising no more than one intern during a semester in which he has full-time teaching responsibilities.

(Department of Educational Psychology,  
Internship Program, 1975)

Supervision of the intern involved the following:

1. Regular supervision sessions by supervisors at the ADDC and Miller Centre on a weekly basis.
2. The intern maintaining a daily log of each day's activities at each agency.
3. The intern and each field supervisor meeting with Dr. Jeffery twice during the internship to formally evaluate

the intern's performance and accomplishment of goals as set out in the proposal.

4. Weekly contact was maintained between this intern and the University Supervisor concerning placement issues and the research proposal.

#### **Summary of Activities**

During the placement with the ADDC this intern had a variety of experiences. At the ADDC about half the time was spent doing research and the other half researching and writing the strategy document. The research involved literature reviews at both the ADDC library and the Queen Elizabeth II Library. This involved reviewing journals, articles, books and alcohol and drug statements from other provinces. The intern also had frequent formal and informal discussions with staff members on the services offered by ADDC. The Provincial Department of Education and the Roman Catholic School Board for St. John's were contacted to determine if a school policy on alcohol and drug usage by youth existed in Newfoundland and Labrador. Discussions took place with the R. C. Board representative regarding the integration of drug and alcohol related information into the school curriculum. Two one-day conferences on alcohol and drug usage were attended and the intern had the opportunity to co-lead a workshop for parents on communicating with their children about alcohol and drug related problems. Regular weekly supervision by Mr. Gary Roberts, Field



Supervisor and Dr. Jeffery, University Supervisor, took place. Two formal evaluation meetings also took place.

While with the Work Skills Evaluation Program at the General Hospital's Leonard A. Miller Centre the intern was part of a team consisting of psychologists, occupational therapists and social workers. Regular weekly team meetings were attended as well as case conferences on clients. The intern administered and scored 5 WRAT, 6 TABS, 2 Safran Student Interest Inventory, 1 Reading Free Vocational Interest Inventory, 2 CAPS, 2 CAAP and 3 WAIS-R. On one occasion the intern was observed administering the WAIS-R by a staff psychologist and feedback was received.

There were several opportunities to observe other tests being administered and scored. These included the Woodcock Johnson Differential Aptitude Test, Benton Visual Retention and PIAT. The General Aptitude Test Battery was also administered to this intern as well as to the other three psychologists. This was done to give a better appreciation of the effects of testing on clients.

At the Hospital the intern had the opportunity to read in the area of vocational and career assessment. Included in this reading were: A Guide to Vocational Assessment by P. Power (1984) and Clinical Practise of Career Assessment: Interest, Ability and Personality by R. Lowman (1990). The intern did one inservice presentation to the psychologists on staff. For this session, the intern chose a sample of four articles in the area of assessment which were deemed to address issues of current concern to the staff. These articles were summarized and their implications for

the setting were discussed. In presenting these articles two background books in this area were also read, namely, Beyond IQ by R. J. Steinberg (1987) and Frames of Mind: The Theory of Multiple Intelligence by H. Gardner (1985). Issues from these works were integrated into the presentation.

This intern also participated in one inservice session offered at the Miller Centre, entitled "True Colors". An open house at the Career Counselling Division at Memorial University of Newfoundland was also attended. Opportunities were also available to discuss formally and informally professional issues with staff, the services available to clients, problems encountered doing assessments, etc.

The intern also participated in an "in-house" project aimed at gathering information needed to help the unit staff decide on whether or not they would adopt the Woodcock Johnson Battery. The psychologists compared the scores on the Woodcock Johnson with those on the WRAT, TAPS, etc. to determine the consistency of scores on different tests.

The intern also had the opportunity to visit and become familiar with the Pain Clinic at the Miller Centre. A staff psychologist explained the Program and the services offered. This Clinic offers a 5 week program to Workers' Compensation Commission clients. As a part of the Program, clients are offered recommendations for coping with their disabilities and helping with daily living skills. The goal of the program is to help clients return to work if possible.

The intern was active in doing clinical observation during test sessions. This information was included in final reports. One final report was prepared by the intern under the supervision of a staff psychologist. Regular supervision was received from Ms. Donna Reimer, Field Supervisor at the Work Skills Evaluation Program and from Dr. Jeffery, University Supervisor. Two formal evaluations were also completed. This involved a meeting between the university supervisor, field supervisor and the intern. In this meeting the intern's progress was assessed relative to the initial goals of the internship.

#### **Outcome of Internship**

Most internships take place in a single setting. This internship was atypical in that it was a joint placement, namely at the ADDC and the Work Skills Evaluation Program at the Miller Centre. Due to the intern having had counselling and therapeutic training prior to her entering the graduate program, emphasis in the internship was placed on developing other skills, namely, ones in testing, research and program development.

Overall the internship was deemed very successful in that the intern further developed the targeted skills. In addition, the intern gained skills and experience in other areas. Experience was gained in working as part of both clinical and research development teams. First hand exposure to the role of a psychologist and to professional issues and ethical standards was also gained. While the intern would certainly recommend these particular placements to

other interns, it is felt that a half time placement at the Miller Centre is not ideal. Because clients come to the Centre for five day blocks it was difficult to follow a client through the entire evaluation cycle. No problems relating to the blocking of time were experienced with the ADDC.

During the placement at the ADDC it was announced that the Commission would discontinue as an independent organization. The Commission's services would now be provided through the Public Health Services Division of the Department of Health. This resulted in elimination of positions. Because of this staff at the ADDC were going through a trying period. While the intern does not feel this in any way diminished the quality of the placement, it was certainly a source of stress for some staff members. The intern felt a need to be sensitive to and supportive of staff members at times. Potential beneficial experience in seeing how such change affects individuals was gained.

In general, it is this intern's opinion that the internship option is a very beneficial one. It allows the intern to become familiar with agencies in the community and, more importantly, it allows the intern to further develop expertise in various aspects of counselling, such as basic interpersonal skills, assessment, testing. It is felt that an internship readies the person, upon graduation, to begin the practise of psychology.

The research component of the internship gives the intern an opportunity to develop a more in depth knowledge in an area of interest. This component is certainly recommended by this intern

since it allows the further development of research skills and provides an opportunity to engage in an activity that would be of direct benefit to the agency.

Overall, the intern found the experience rewarding. It provided an enormous opportunity for a wide range of experiences and an opportunity to develop a range of beneficial professional skills.

**PART II****RESEARCH COMPONENT****Rationale for Research Component**

In the Guidelines for an internship, each intern is required to undertake a situation-based research problem during the placement. The research is to deal with a problem of the type normally confronted by a practising counsellor in that setting (Department of Educational Psychology, Internship program 1975).

In this internship this requirement was met by the preparation of a document to be used by the ADDC. The completed document titled "Addressing Alcohol and Drug Related Problems of Youth: Intervention Strategies for Teachers and Counsellors" follows.

This product grew out of an interest of the intern and a need identified by ADDC. The overall goal of this component was to develop an information and support package which the ADDC could offer to educators to help them deal with students who come from homes where there are alcohol and drug problems or to help students who themselves have alcohol or drug problems. This project was undertaken because the use of alcohol and drugs has a major impact on young people's lives and often on their performance in school. The use of alcohol by youth hinders their ability to deal positively with the many and complex developmental tasks of late childhood and early adolescence. The negative consequence of alcohol use, particularly the association with problem drinking and problem behaviour, underlie the need for early identification of youth with alcohol and drug abuse problems and the need for

strategies to prevent the reuse of these drugs by youth (Department of Health and Human Services, 1987).

Since youth spend a great deal of their time in school, the school can potentially play a critical role in the identification, prevention and amelioration of substance abuse and related problems. Teachers and Guidance Counsellors are the front line and thus have important roles to play in this process. The attached document outlines the problem and offers practical strategies that teachers and counsellors can use in their work with youth.

The strategy document grew out of a comprehensive review of literature dealing with the causes and effects of alcohol and drug usage by youth and their families. Statistics on the extent of drug and alcohol use by both Canadian and Newfoundland youth were gathered. Literature focusing on intervention and assessment roles of teachers and counsellors was also reviewed. In carrying out this review it was found that there is a large body of literature addressing the situation of and issues related to Children of Alcoholics (COA'S). There is a somewhat smaller body of literature dealing with children of drug users and the actual use of drugs and alcohol by youth. Because of this situation, most of the strategies suggested in the document are based on research dealing with COA's. The research document that follows focuses largely on three aspects of alcohol and drug use relative to the school. It outlines resources for assisting and supporting COA's. It also briefly discusses prevention programs targeting the overall school population. Brief attention is given to the occasional use of

alcohol and drugs by children. Because alcohol and substance abusers are not directly dealt with in the school, this area is not focused upon. School policies on alcohol and drug use by youth in other provinces were also reviewed. These documents included Alcohol and Drug Policies: A Guide for School Boards in Ontario (1988), A Discussion Paper Towards an Alcohol and Drug Policy for Saskatchewan Schools (1988) and School Drug Policy and Procedures Manual in Nova Scotia (1989). The strategy document also grew out of conversation with the Director of Education and Prevention and other staff at ADDC.

Much of the initial research for this document was done during the intern's placement at the ADDC from April 27, 1992 to July 10, 1992. The final draft was prepared after the completion of the field component of the internship.



**Research Report****"ADDRESSING ALCOHOL AND DRUG RELATED PROBLEMS OF YOUTH:  
INTERVENTION STRATEGIES FOR TEACHERS AND COUNSELLORS"****Where This Guide Will Lead You**

This paper outlines a comprehensive strategy for front line educators confronted with students who are users of alcohol and other drugs. It offers suggestions on specific, individualized help that a teacher or counsellor may offer to students. It also outlines suggestions and strategies for working with young people whose lives are being directly or indirectly influenced by the excessive use or misuse of alcohol and other drugs.

This paper initially presents an overview of the scope and impact of drug and alcohol use as it relates to the young people in our schools. An overview of school based intervention approaches is also offered. The main focus of the paper is a discussion of the role of the teacher and counsellor as intervenors with students experiencing drug and alcohol related problems.

This project was undertaken in response to widely held concerns about the impact of alcohol and drugs on the lives of youth. This paper will outline practical strategies that teachers and counsellors can use. Many of the suggested strategies outlined are derived from the extensive literature dealing with Children of Alcoholics (COA's). Some derive from studies of children living in homes where drug abuse exists. Until additional research is available intervention strategies derived from alcohol related studies are recommended for children living in homes where drug abuse is found.

### **Drugs and Alcohol Use in Schools**

#### A Perspective on the Use and Impact of Drugs and Alcohol

Drugs and alcohol use by youth is one of the major concerns facing educators today. Statistics on the extent of the usage by youth help to put these concerns in perspective.

In Newfoundland youth consume an average of 4.03 drinks per week. This is well above the Canadian average of 3.3 drinks per week. Male Newfoundland youth, aged 15-24, drink more frequently than female youth and in greater quantity. Male youth drink 3.79 drinks per occasion whereas female youth drink 2.02 drinks per occasion. This age group tends to drink more alcohol per occasion in bars or taverns than the average Canadian youth, 4.8 drinks in comparison to 3.9 drinks. The primary reason for drinking is to be sociable (National Alcohol and Other Drug Survey, Health and Welfare Canada, 1990).

In terms of other drugs, 1.8% of Newfoundland youth age 17-19 have used crack/cocaine, while 4.2% of youth, 15-24 years of age, report having used LSD at some time in their lives and 1.6% indicate they are current users (National Alcohol and Other Drug Survey, Health and Welfare Canada, 1990).

In Canada, the Health Promotion Survey indicated that the prevalence of cannabis and cocaine use in 1985 was highest among the youngest age group surveyed (15 to 24 years of age).

Excessive alcohol and drug usage will have an impact on the individual performance. Insecurity increases as the alcoholic becomes less predictable and less reliable. Financial resources are diverted to pay for alcohol, to pay for problems arising from

drinking, to pay for alcohol related medical expenses and to compensate for lost or decreased income arising from absenteeism or unemployment. As the alcoholic becomes more isolated and self-centered, feelings of rejection mount among family members; in order to protect the alcoholic from external condemnation and to protect themselves from further embarrassment, the family may isolate itself from external contacts (Mapes, Johnson and Sandler, 1984).

Alcohol and drug usage may be associated with a number of risk factors. Among the serious consequences of alcohol use on young people, the most devastating is death and injury from automobile and other accidents. Even a small amount of alcohol can mean a sensory or judgement impairment capable of causing injury or even death during an otherwise playful activity such as skateboarding, biking and boating. Alcohol drinking among youth can spiral into a series of social problems such as poor scholastic performance, disruption of the learning environment, disruption of family life, delinquency - juvenile, crime and other problems with the police (The Addiction Letter, 1990).

There are other implications of early substance abuse. Research indicates that early use of alcohol or any psychoactive substance is associated with greater involvement in drug use and greater frequency of use (Mills and Noyes, 1984; Fleming, Kellam and Brown, 1982). Use of alcohol decreases concentration, attention and memory retention, contributing to a loss of achievement and goal orientation. The impairment of cognitive abilities affects thought processes, judgement and reasoning

abilities so critical to academic achievement and the development of problem solving skills. Alcohol use can interfere with emotional maturation and the development of coping skills in adolescence (Department of Health and Human Services, 1987). Drug users may enter adult roles of marriage and work prematurely and without adequate socioemotional growth. They often experience greater failure in these adult roles (Newcomb and Bentley, 1989).

According to MacDonald (1984) pediatricians see young people for several health related consequences of alcohol and drug abuse. These problems include fatigue, sore throat, cough, chest and abdominal pain, headaches and school or behavioural problems.

A significant number of youth in drug treatment programs report thinking of or attempting suicide prior to entering treatment (Hubbard, R., Cavanaugh, E., Rachal, J., Schlenger, W. V. and Ginzburg, H., 1985).

Thus, alcohol and drug usage has a major impact on some young persons' lives. There are two key tasks confronting the educational system. One is related to the recognition or identification of children experiencing drug or alcohol related problems. The second relates to what the school system can do to help youth with these problems. This document outlines selected approaches and intervention strategies that can be used to address both these tasks.

### School as a Point of Intervention

The school is a most appropriate setting for an early identification and intervention program. Most young people spend the greatest amount of their waking hours at schools (Jaynes and Rigg, 1988).

Schools have an obligation to create an environment which is providing alternatives to the continued use of alcohol and drugs among youth (Anderson, 1987). In the 1984 revision of Aims of Public Education for Newfoundland and Labrador, education is defined as "the process by which human beings are enabled to achieve their fullest and best development both as private individuals and as members of human society". For some students, to develop to their fullest potential, the problems with alcohol and drugs need to be dealt with. Educators can help such students. According to Anderson (1987) there is ample precedent for schools to become involved in health problems that threaten large numbers of young people as well as the community as a whole.

School interventions can take various forms. These can be ranked on a continuum from indirect approaches (e.g., pamphlets and brochures) through a curriculum or group based activities to more direct, individualized (i.e., counselling) approaches. (Educators seeking additional information are encouraged to consult the Annotated Bibliography entitled Drugs, Alcohol and the School prepared by the author and found in Appendix B).

Some concerns have been raised as to the optimal types of school interventions. Research on the success of drug abuse prevention programs has indicated that there is little consistency

as to their impact (Leukefeld and Bukoski, 1991). This inconsistency can derive from several factors including study design and methodology. Goodstadt (as cited in Pellow and Jengeleski, 1991) in a recent analysis of the effectiveness of drug education programs found a consistent set of conclusions. These were:

- 1) Even though many programs have been developed, little evidence exists as to their effectiveness.
- 2) Most drug education evaluations have lacked careful methodological analysis.
- 3) There is no consistent evidence that drug education programs reduce or increase the incidence of drug use.

To be more effective, school programs need to incorporate two key noncurricular variables specifically, namely family and peer factors, as these are important influences on drinking behaviour (Mauss, Hopkins, Weisheit and Kearney, 1988).

### **School Based Intervention Strategies**

#### **Indirect Forms of Intervention**

Schools often use what might be termed a "soft" approach to dealing with drugs. This often involves distributing pamphlets, brochures, posters and ad campaigns to their students (television advertising would also fall into this category). These provide information on the physical, emotional, social and legal consequences of using alcohol or other drugs. One such brochure, Making Your School Drug Free (1989), outlines the impact of drug and alcohol use. While this approach does inform students of the

effects of alcohol and drug use and may have some positive impact, such interventions are non-specific and perhaps more preventative than therapeutic.

A library of pamphlets, audio-visuals, books and journals is available to the community through the ADDC. (A current listing of the resources located in the Newfoundland offices of the ADDC can be found in Appendix C). This organization also offers meaningful activities to schools as alternatives to alcohol and other drugs use such as drug free staff and student days and alcohol free dances and graduations.

A second type of intervention, this one aimed at teachers and counsellors, involves the offering of incidental workshops and presentations. These are regularly offered by the Alcohol and Drug Dependency Commission. They encourage educators to increase their awareness and knowledge of drug and alcohol issues among youth.<sup>1</sup> Similarly, workshops for parents are also offered. One such workshop is called "Smooth Sailing". This is a parent drug education program designed to meet the needs of concerned parents who wish to talk with their pre-adolescent children about drugs.

#### Curriculum or Group Based Approaches

A more formalized approach to intervention involves the inclusion of drug education as a part of the curriculum. Modules can readily be included at any level from Kindergarten to Grade

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<sup>1</sup> It should be noted that the ADDC, besides offering workshops, also offers a counselling service to youth. On staff are social workers trained to deal with alcohol and drug related issues.

Twelve. Curriculum content dealing with aspects of drug and alcohol use could be covered in a science, health, literature or even social studies class. A school could be more direct. It is possible, for example, to have separate courses on alcohol and drug use and on the impact substance misuse has on people's lives. In Newfoundland, the topic of drugs and alcohol is integrated into the curriculum in such subjects as Family Life and Health education at the Grades 1-9 levels.

#### Community and Peer Based Intervention

Within the school setting itself a number of direct, individualized intervention approaches can be used. What is focused upon here is the individual child with a problem. Help is forthcoming from a teacher or a counsellor on a one-to-one basis. The comprehensive school team approach is one such form of intervention. The "Student Assistance Program", for example, is a comprehensive and integrated joint school and community program. This provides students with prevention, intervention, support and instructional services for the amelioration of alcohol and other drug related problems (Anderson, 1987). While no such program is currently utilized in Newfoundland, the approach has been implemented in other parts of Canada and in the United States.

Because peers play a key role in the social support networks of adolescents, peer counselling and group activities have been developed (Laurendeau, 1991). School based peer counselling networks aim to reinforce these social networks. Peer Counselling essentially trains groups of adolescents in interpersonal helping



skills so they, in turn, will be able to offer help to their peers. Given proper training, these students can serve not only as role models but also as advocates of healthy skills and information (Sparks, 1984). Peer counsellors can help other students deal with a whole host of problems including alcoholism in their family or their own substance abuse.

"Alateen" is another organization offering group experiences to teenagers whose lives have been affected by someone's drinking. Here, young people come together to share experiences with others, discuss their difficulties, learn effective ways to cope with their problems and encourage one another.

Individualized help from a teacher or counsellor can be most beneficial. These forms of intervention are discussed separately below.

#### **Teacher Based Intervention**

There are three facets to teacher based intervention. The teacher must first recognize a problem or risk situation exists. Having done so the teacher can directly work with the child. The teacher can also serve as a referral agent and support for the child while he or she is receiving assistance. Each of these is discussed below. To illustrate the importance of the teacher in the life of an individual child, a copy of a letter written by one such child is reproduced in Appendix D. This letter was first printed by the National Association of Children of Alcoholics (1988).

Recognizing the Effects of Drugs and Alcohol in the Classroom

Children of Alcoholics often bring their family problems or concerns into the classroom. There is considerable literature on the identification of COA's in the classroom (e.g., Dean, 1989; Kids' Stuff, COA's in the classroom, 1987). A comprehensive and representative list of behaviours that may be indicators of possible alcoholism in the child's home are outlined by the National Association of Children of Alcoholics (1989).<sup>2</sup> The teacher should become very vigilant when one or more of these indicators are noted.

1. A student fails to get excited about an anticipated class trip or event (because promises are so often broken at home).
2. A student acts very differently during alcohol and drug education from the way he/she usually reacts (for example, a talkative child becomes quiet or a usually quiet child becomes animated).
3. A student gets upset around his/her birthday and/or holidays (because special days are filled with disappointment for the child).
4. A student wants time alone with the teacher or clings to a teacher or an aide (this represents an effort to get the nurturing he/she is not getting from a parent).
5. A student has unrealistic expectations of other children and may be often disappointed in others (COA's often look to friends to provide the nurturing they are not getting at home).
6. A student may not be able to comply with the requests of the school when these involve parents (for example, a student may not bring a permission slip, a smock or an item from home for a project).

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<sup>2</sup> The reader will note that while these indicators do alert one to possible alcohol abuse, many of these same indicators can suggest other types of family/personal or abuse related problems.

7. A student may act out one of the adaptive roles COA's play in their families, such as the superhero (caretaker, achiever), scapegoat, mascot (class clown) or lost (withdrawn) child.
8. A student is fearful of parent-teacher contact (because there is fear that the parent will be drunk and the school will find out or that the parent will behave inappropriately toward the teacher or abuse the child).
9. A student talks back to a teacher or fights with another student (because he is angry at his parents, but cannot express it and comes to school like a "time bomb").
10. A usually responsible student who does assignments on time or does well on tests may inexplicably fail (for example, may offer no excuse or a farfetched excuse for not having an assignment done or for doing poorly on a test - either of which may be covering up the real reason related to a parent's alcohol or drug abuse).

#### Directly Working With Children at Risk

Teachers spend hours every day with their students. Because of this, they are in a unique position to observe day-to-day behaviour and offer help to those who have substance abuse related problems (Wilson and Blocher, 1990). Teachers can provide help to a child by offering emotional support, coping strategies and peer acceptance. Each of these functions is discussed below.

Establishing a one-to-one relationship with the child and communicating on a feeling level is very important if the teacher wishes to establish a trusting relationship (Robinson, 1990). A study by Jones, Kline, Habkirk and Sales (1990) found that the teacher-student relationship was identified as one of the most important aspects of effective prevention programs. The teacher, by smiling, hugging, praising and paying attention to a child's appropriate behaviours lets the child know that he or she is an

important and worthwhile person. This helps boost self-esteem (Robinson, 1990).

Teachers can also help COA's develop feelings of trust. The alcoholic home is often one where promises are not kept. COA's believe that they cannot trust their parents or any adult. The establishment of trust between the teacher (another adult) and child can be the greatest gift of all (Robinson, 1990). However, the caring teacher still needs to be consistent and set firm, reasonable limits. The teacher cannot replace the alcoholic parent.

Teachers can make the classroom a secure and predictable environment where children can feel psychologically safe, relax and enjoy learning. The classroom is a refuge for many COA's and school offers one time in the day that they can get away from the inconsistency, unpredictability and turmoil of their alcoholic homes. Predictable routines and rules offer security and help them to thrive. Teachers should allow and encourage the child to make choices and decisions enabling a feeling of control in at least part of his/her life (Wilson and Bolcher, 1990).

Teachers need to be good listeners. A sympathetic ear is one of the most important things a teacher can provide to the child of an alcoholic [Teacher's Guide, For Helping Students from Homes Where Alcohol is a Problem (updated)]. Listening, by itself, is helpful to those children in whose families parental alcoholism is a guarded secret - a secret that is struggling to come out. A non-judgemental teacher, who simply listens, comforts and understands, is doing a great deal (Davis, Allen and Sherman,

1988). Teachers offering effective intervention communicate clearly with their students (Christenson, 1992).

When the opportunity arises, the following messages should be communicated to the child of an alcoholic (Davis et al, 1988).

- you are not alone
- your parents' alcoholism is not your fault - absolve them of blame
- alcoholism is a disease
- you are a worthwhile person who deserves to get help for yourself

The teacher also needs to validate children's experiences. That is, help them to sort out their confusion and explain that although they may feel "crazy" they are not. Children need to gain some perspective on how a parent's alcoholism has affected them. Children need help dealing with this. The teacher will also have to help the child deal appropriately with his/her anger and other feelings. The teacher needs to show the child that anger will not result in loss of love, affection and friendship (Davis, 1989).

Through reading books to children about the effects of substance abuse, teachers can help COA's identify, understand and deal with their feelings about family alcoholism. Books, such as My Dad Loves Me, My Dad has a Disease: A Workbook for Children of Alcoholics and Welcome Home: A Child's View of Alcoholism, can also help children learn how to take care of themselves when a parent is drinking (Robinson, 1990). Teachers can also provide safe outlets for children to express their feelings through art, music, crafts, puppets, flannel board, clay and a host of other creative media.

Social interaction is crucial for children of alcoholism who grow up in homes where there is no give and take. Too often the parents take and the children give (Robinson, 1990).

The teacher can play the role of a group facilitator. Through group discussions COA's can learn that they are not alone and they can say things and hear things that are mutually beneficial and growth producing (Robinson, 1990).

In addition to helping COA's cope the teacher can assist students to become abstinent (Collabolletta, Fossbender and Bratter, 1983). Teachers can help students recognize that they can confront feelings of insecurity, rejection and failure without the use of drugs or alcohol. Teachers can help students overcome obstacles by offering strategies that will help students to become more autonomous. Teachers can encourage students to channel their energy into more productive and self-actualizing endeavours, thereby gaining competencies and enhancing their self-respect. Some ways of accomplishing this are by becoming involved in community activities or by being a volunteer at a local agency.

Teachers can form a team and thereby share very important information about the child. An individual teacher is in an ideal position to observe student conduct and performance and to notice changes that frequently indicate a student needs help. These insights can be shared. Teachers are also likely to become involved in the assessment process by contributing significant information to those engaged in discovering the nature and extent of a student's drug involvement (Anderson, 1987).

### The Teacher as a Referral and Support Agent

The teacher needs to be aware of his/her own expertise. Often more help than the teacher can offer is needed. The teacher must know when to refer the child to other professionals inside or outside the school. The teacher should become familiar with community resources. He or she should know which organizations have resources to help children and how to contact or refer to these organizations.

When a child at risk is identified and when the child's problem is deemed beyond the scope of the teacher, help needs be sought. The teacher might seek out help through the guidance counsellor, ADDC offices, local medical or social services agencies or clergy. As mentioned earlier Alateen groups or even Alcoholics Anonymous groups might be sought out.

Some children may have difficulties so great that individualized or group therapy is needed. When a child is in therapy he or she often can benefit by a supportive and understanding teacher. Teachers, like therapists, must be aware of their feelings concerning psychoactive substances because these attitudes will be communicated to students (Collabolletta et al, 1983). Sometimes a teacher, for example, might regard the use of drugs or alcohol as a sign of weakness or as an immoral act. Such attitudes would not be beneficial to the child.

Teachers also need to acquaint themselves with the physical and pharmacological effects of psychoactive substances as these, too, may lead to unexpected classroom behaviours. Collabolletta et al. (1983) feel any teacher who wishes to extend the traditional

teaching relationship should consider augmenting his/her training by reading appropriate publications, taking relevant courses and/or workshops.

The teacher has a legitimate and important role to play in the lives of COA's or those who have substance abuse problems themselves. Teachers need certain qualities in order to be effective helpers. Qualities such as strong communication skills, patience, motivation, ability to establish a trusting relationship, are very desirable. These are qualities also found in counsellors. According to a study by Jones, Kline, Habkirk and Sales (1990) the top four characteristics important in a quality relationship between the student and teacher are:

1. genuine and attentive interest in the student;
2. mutual respect;
3. honesty; and
4. good rapport.

The teacher encountering COA's can help best by being a resource provider, a role model and an understanding and supportive friend.

#### **Counsellor Based Intervention**

Increasingly, school counsellors must deal with children from homes where substance abuse exists. Because of increased public awareness, identification and prevention programs are increasingly demanded (Fisher, 1989). According to Wilson and Blocher (1990) counsellors have been targeted as appropriate individuals who are capable of identifying and assisting children of alcoholic parents.



In the next section identification and assessment of COA's and children with drug and alcohol problems by counsellors will be discussed.

### Identification and Assessment

It is vital to identify students with drug and alcohol related problems as early as possible since, for example, the earlier students are identified, the less they will have been damaged by their own chemical use or by that of a family member (Anderson, 1987). There are many lists of indicators of substance abuse by young people and of the impact of substance abuse by others on children (Robinson, 1990; Kids Stuff, 1987; Sherouse, 1985). A comprehensive list of behaviours that may be indicators of possible alcoholism in the child's home have already been cited in this document (refer to Page 36). A counsellor can use these as guidelines in the identification of children with drug and alcohol related problems.

Many children seen by the counsellor have already been identified and referred by teachers, parents or other agencies. When students are referred to the counsellor, an assessment must take place. The purpose of an assessment is to explore in detail the problems the young person is experiencing in terms of both drug use and other life areas in order to develop an individualized treatment plan (Addiction Research Foundation and Health and Welfare Canada, 1991).

There is no simple test or instrument to neatly assess and match young people to the treatment needed. The issues are too

complex and subtle. Professional judgement remains indispensable. The practitioner is the most sensitive instrument there can be (Addiction Research Foundation and Health and Welfare Canada, 1991). The ultimate goal of an assessment is to assist the counsellor in making the best possible match between the needs of the youth and the available treatment resources in the community.

There are few assessment tools that can appropriately be used by the teachers and counsellor. One, located by the author is the Initial Assessment Report Worksheet. This is offered by the Addiction Research Foundation (1991). This guide is of a qualitative nature and provides a useful starting point to a counsellor who is unfamiliar with a client and at the early stages of an intervention. This checklist looks at thirteen different components including presenting problem, family and social relationships, health, previous treatment and counsellors impressions.

In doing an assessment the counsellor may need to consult with other educators or with other agencies in the community to determine what resources are available to meet this person's needs. In doing this the counsellor may come to the conclusion that the needs of the young person are beyond his or her expertise and referral to another agency is necessary. It is therefore important that counsellors keep informed about available community resources. Even after a referral, the counsellor can still remain as a resource person for the child. Follow up services to the child are very important as they send a message to the child that he/she is not alone.

### Establishing Therapeutic Relationships and Resource Networks

The counselling relationship is of extreme importance when working with any client and especially important in working with young people with drug and alcohol related problems since trust is a big issue for them. In developing a counselling relationship with COA's and individuals with drug related problems the following points are important. The counsellor must establish a trusting relationship with the child by developing an atmosphere of comfort, safety and mutual respect (Edwards and Zander, 1985). The counsellor must avoid the replication of the destructive attitudes and behaviour patterns of the child's parents. It is the counsellor's role to help the child identify and come to terms with his or her feelings of powerlessness, guilt, denial, and to develop healthy ways to express these feelings (Edwards and Zander, 1985). The counsellor must also help the child to develop a sense of self-control which is lacking in his or her present situation and to prepare the child to face potential family situations. This can be accomplished through honest, straightforward discussions about what the child might expect, exploration of coping alternatives and role playing (Edwards and Zander, 1985). Bibliotherapy and relaxation exercises are also options that can be useful (Wilson and Blocher, 1990).

The counsellor should empower the child to deal with the situation and enable him or her to learn assertive responses (Dean, 1989). Focus should also be placed on exploring feelings, managing stress and building self-esteem (O'Rourke, 1990). Counsellors and

teachers can work together to help students develop positive self-concepts.

The counsellor must explain and discuss alcoholism with the child to ensure he or she has accurate information about his or her situation.

The child is often benefited by developing positive relationships with other peers and by finding resources to call upon in case of emergencies. The counsellor should help the child build up a resource network (Edwards and Zander, 1985). The focus should be on the child's strengths and the child should receive positive feedback when appropriate. The counsellor should encourage opportunities that provide the child with recognition that he or she is a worthwhile person. Praise should be offered for specific behaviours and attitudes that are within the control of the child (Edwards and Zander, 1985). It is essential that the counsellor be well informed about child and adolescent development and the effects of drug and alcohol use on these stages of development (Jaynes and Rigg, 1988).

The counsellor may be most helpful to the child by creating an environment that is the antithesis of the environment at home. Because a nurturing environment may not exist in the home for some time, it is incumbent on the counsellor to develop a stable relationship that provides loving and caring emotional experiences (Edwards and Zander, 1985).

In addition to individualized help youth with alcohol and drug related problems can benefit from group support. This will be discussed in the next section.

### Group Support

Developmental support groups are an effective way for school counsellors to assist children of alcoholics (Wilson and Blocher, 1990). These groups have a variety of goals (Moe, 1988). They help youngsters communicate more effectively by identifying and expressing their feelings. They assist children in learning problem-solving and coping skills. Students come to see that they are not alone and that there are people and places they can turn to for support in their school and community. They also help provide information on alcohol and other drugs. The groups can help foster self-esteem through increased understanding of their parents and themselves. These gains can improve functioning at school and relationships with peers. They can create positive change in the family as well.

Pivotal to the success of any support group is the knowledge, skill and care of its facilitator (O'Rourke, 1990). Counsellors must exude warmth and gentleness and offer an atmosphere of comfort, safety and mutual respect.

The counsellor cannot work alone in helping young people with alcohol and drug related problems. They must work as part of a team. The counsellor also plays an important role in educating other staff in this area as well as keeping abreast of alcohol and drug related issues him/herself.

### Team Building and Ongoing Education

The counsellor must work with other educators in the school as part of a team. A team might consist of teachers, school nurse,

the principal, etc. The establishment of stable relationships among all members of the team is very important to its success and effectiveness. The level of services provided by the team should be evaluated on a regular basis by getting feedback from team members, students, parents and perhaps other agencies (Anderson, 1987). The counsellor should be an advocate for services and an innovator seeking creative ways to deal with situations as they arise.

Counsellors can also provide inservice to other educators on topics of alcohol, alcoholism co-dependency and the effects of family alcoholism on children (Moe, 1989). Counsellors can be consultants for teachers who have identified a child who may have substance problems or come from a home where this is a problem. They can disseminate information about alcohol and drugs and their related problems to all students in their schools in the form of presentations, guest speakers, films, etc. (Anderson, 1987). They might also participate in the design and delivery of educational programs for parents and the community regarding alcohol and other drug use and the school's and community's roles in this area (Anderson, 1987). Counsellors should work with treatment agencies by providing them with information, attending meetings, etc. (Anderson, 1987).

In addition to inservice for other staff, counsellors need to familiarize themselves with the growing body of literature on alcoholism. They also need to examine their own attitudes and values concerning substance abuse. Counsellors are role models and

it is important for them to be careful of the messages they send to their clients.

It is extremely important that the counsellor be informed about substance abuse. Like teachers, counsellors working with children experiencing alcohol and drug related problems need be flexible, patient, warm, confident, empathetic and capable of establishing therapeutic relationships.

#### Ethical and Practical Issues

As in virtually all counselling relationships several ethical and practical considerations must be addressed. Counsellors must respect the confidentiality of the client. They must also be ready to involve and inform the parents and perhaps other agencies when abuse or neglect is suspected. In some cases counsellors may also be subpoenaed to court as witnesses. Because substance abuse often involves health problems, counsellors need be ready to seek medical advice and make referrals.

#### **In Closing...**

Schools can offer an important service to COA's and young people who are drug and alcohol users and abusers. They can be sources of stability, support, education and referral. Much in the way of educational materials and advice exist. While no single or ideal intervention or prevention strategy can be identified, drug and alcohol related problems do exist and must be addressed. The school and its teachers and counsellors have an important role to play in helping youth deal with the direct and indirect consequences of substance abuse.

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**APPENDIX A**

**DIVISIONS OF ALCOHOL AND DRUG DEPENDENCY COMMISSION**

**DIVISIONS OF ALCOHOL AND DRUG DEPENDENCY COMMISSION****Division of Program Services**

This division is responsible for delivering as well as developing and implementing uniform and province wide treatment and rehabilitative services for the community. Services provided by the Division include (1) outpatient counselling; (2) training and mobilization of health, social service and school personnel; (3) intervention programs for industry and small business; (4) youth programming and (5) the dissemination of information through literature and audio-visual aids.

**Division of Research and Evaluation**

This Division is responsible for providing services in planning and policy development for the Commission and its various Divisions. It ensures that the Commission's policies and programs are feasible, effective and consistent with local and provincial needs.

**Administration Division**

The Administration Division is responsible for the overall administrative direction, and for financial management, control and reporting of expenditures for the Commission. It is also responsible for personnel matters including compensation and benefits, recruitment and selection, and the development and implementation of effective human resource policies.



**APPENDIX B**  
**ANNOTATED BIBLIOGRAPHY: DRUGS, ALCOHOL AND THE SCHOOL**  
**ROLE OF COUNSELLOR**  
**ROLE OF TEACHER**  
**CAUSES AND EFFECTS OF ALCOHOLISM AND DRUGS**

**ANNOTATED BIBLIOGRAPHY : DRUGS, ALCOHOL AND THE SCHOOL****Role of Counsellor**

Brake, K. J. (1988). Counselling Young Children of Alcoholics.

Elementary School Guidance & Counselling, 23, 106-111.

This is a very informative article which looks at the counsellor's role in working with young children of alcoholics. Establishing effective relationships with these children is stressed.

Buwick, A., Martin, D. & Martin, M. (1988). Helping Children Deal

With Alcoholism in Their Families. Elementary School Guidance & Counselling, 19, 112-117.

This article discusses behaviours that are important for counsellors to exhibit when working with children from alcoholic homes.

Edwards, D. A. & Zander, T. O. (1985). Children of Alcoholics:

Background and Strategies for the Counsellor. Elementary School Guidance and Counselling, 20, 121-128.

This is a very informative article which outlines nine counselling strategies in working with children of alcoholics.

Fisher, G. L. (1989). Counselling Strategies for Children Based on Rules and Roles in Alcoholic Families. The School Counsellor, 36, 173-179.

The roles played by family members (i.e., scapegoat, hero, etc.) of an alcoholic are discussed. Various teacher and counsellor roles which depend on the child's role in the family are reviewed.

Jaynes, J. H. & Rigg, C. A. (1988). Adolescents, Alcohol and Drugs. U. S. Charles C. Thomas Publishers.

This book looks at adolescents in relation to alcohol and drug usage. Sections on the school's role and on the characteristics of an effective counsellor working with adolescents who have alcohol and drug problems are offered.

Newon, B. J. & Furrow, W. V. (1986). Using the Classroom to Identify Children from Alcoholic Homes. The School Counselor, 33, 286-291.

In this article a classroom guidance program for children of alcoholics is outlined. Topics discussed are purposes of these sessions, rationale for counsellor intervention and identification procedures.

O'Rourke, K. (1990). Recapturing Hope: Elementary School Support Groups for Children of Alcoholics. Elementary School Guidance and Counselling, 25, 107-115.

Support groups for children of alcoholics is the focus of this article. Purposes of these groups are explored, such as improving self esteem, managing stress etc.

Sherouse, D. L. (1985). Adolescent Drug and Alcohol Abuse: Handbook for Parents and Professionals. U. S. Charles C. Thomas Publishers.

This book is divided into two sections. Section 1 focuses on the prevalence of adolescent substance abuse, the drugs adolescents are abusing and characteristics of abusers. Section 2 focuses on treatment issues important for therapists and parents to consider. This book contains a wealth of information and it is easy to read.

Wilson J. & Blocher, L. (1990). The Counsellor's Role in Assisting Children of Alcoholics. Elementary School Guidance and Counselling, 25, 98-105.

The main focus of this article is the guidance counsellor's role in working with children of alcoholics. Five techniques for working with these children are discussed. They are:

bibliotherapy, role-playing, rational emotive therapy, gestalt and awareness activities, and relaxation techniques.

#### **Role of Teacher**

Alcohol and Drug Dependency Commission, (1986). Toward the Prevention and Intervention of Drug Problems: A Program for Teachers.

This book describes a program by the ADDC designed to help teachers in the area of student drug usage. The program contains a number of topics including Drug Education through the Health Curriculum, etc.

Ackerman, R. J. (1983). Children of Alcoholics: A Guidebook for Educators, Therapists and Parents. Holmes Beach, Fla.: Learning Publications, Inc.

This book contains a very good chapter on the role of the school and the teacher in working with children of alcoholics. This section contains such topics as teacher credibility, importance of establishing relationships with students.

Christenson, L. (1992). You Can Make a Difference: Characteristics and Skills of the Effective Prevention Teacher: A Guide for Educators and Other Professionals. USA: Johnson Institute.

Characteristics and skills (such as patience, motivation, trust building, and communication) of effective Prevention Teachers is discussed in this article.

Collabolletta, E. A., Fossbender, A. J. & Bratter, T. E. (1983). The Role of the Teacher with Substance-Abusing Adolescents in Secondary Schools. Psychology in the Schools, 20, 450-455.

This article focuses on the role of the teacher. The authors point out that before choosing to become involved with students who currently are abusing psychoactive substances, teachers must consider not only the potential consequences and payoffs to them professionally, but also what specifically they can do to help adolescents.

Heath, R. R., Bonner, J. F., Keglovits, L. L., Staples, W.C., Campbell, A. P., Allen, S. M., Osswald, H. M. & Schuyler, G. F. (1990). Role Issues for SAP Team Members. Student Assistance Journal, March/April, 32-36.

These authors look at some of the issues involved in the roles played by principals and teachers, in being a member of a Student Assistance Program.

Jon, R. M., Kline, K., Habkirk, S. A. & Sales, A. (1990). Teacher Characteristics and Competencies Related to Substance Abuse Prevention. Journal of Drug Education, 20(3), 179-189.

In this article teacher characteristics and competencies perceived as beneficial for preventing substance use among students were identified. Teacher-student relations emerged as the most important aspect of teacher comporment followed by knowledge associated with Human Behaviour, Substances, User Recognition and Referral, Prevention Curricula and Legal Issues.

Kid's Stuff (1987). Children of Alcoholics in the Classroom: What Do Teachers Know? Changes, Sept.-Oct., 24-25.

This is a short article which includes a list of possible indicators of the child in alcoholic homes and makes suggestions on what teachers can do in the classroom to help these children.

National Association of Children of Alcoholics (1989): It's Elementary: Meeting the Needs of High Risk Youth in the School Setting. U. S. A.: The National Association of Children of Alcoholics.

This journal contains an excellent section on identifying children of alcoholics in the classroom and strategies are outlined for helping these children.

Robinson, B. E. (1990). The Teacher's Role in Working with Children of Alcoholic Parents. Young Children, 45, 68-73.

This is a very practical article for teachers to read. The article focuses on the role of a teacher in working with children of alcoholic parents, such as communicating to the child on a feeling level and helping them gain mastery over their environment.



TEACHERS GUIDE FOR HELPING STUDENTS FROM HOMES WHERE ALCOHOL IS A  
PROBLEM (PAMPHLET).

This pamphlet looks at children of alcoholics and their family life. The main focus is on practical ways teachers can help those students (e.g., attentive listening referral, if necessary).

**Causes and Effects of Alcoholism and Drugs**

Department of Health & Human Services (1987). Literature Review of Alcohol and Youth. Rockwell, Md.: Office for Substance Abuse Prevention.

This article contains a review of the literature on alcohol use among youth, factors associated with initiation of use and the consequences of early use of alcohol.

Kozicki, Z. (1986). Why Do Adolescents Use Substances (Drugs/Alcohol)? Journal of Alcohol and Drug Education, 22, 1-7.

In this article, in addition to discussing the reasons why adolescents use drugs and alcohol, the various types of drugs (e.g., heroin, marijuana) are presented along with their effects on adolescents.

Kumpfer, K. L. & DeMarsh, J. Family, Environmental and Genetic Influences on Children's Future Chemical Dependency. Journal of Children in Contemporary Society, 18, 49-91.

This article reviews possible genetic and environmental factors which contribute to future chemical dependency in children of parents who have alcohol and drug problems. Characteristics of these families and the affective cognitive and behavioural impacts of these characteristics on the children are discussed. The authors make recommendations concerning the need for more family-focused prevention/intervention for children of chemically dependent parents.

Mapes, B. E., Johnson, R. A. & Sandler, K. R. (1984). The Alcoholic Family: Diagnosis and Treatment. Alcoholism Treatment Quarterly, 14, 67-83.

In this article the effects of alcoholism upon the family and the major roles assumed by family members are discussed. Major resistances to therapy, issues which arise during treatment and ways to deal with these issues are presented. The role played by education programs, self-help groups and family intervention in the treatment process are also discussed.

Meeks, O. E. (1978). Alcoholism and the Family. Toronto: Alcohol and Drug Addiction Research Foundation.

This booklet focuses on confronting the problem of alcoholism in a family, ways to seek help with this problem and issues involved in the rehabilitation process.

Millman, D. H., Bennett, A. A. & Hanson, M. (1983). Psychological Effects of Alcohol in Children and Adolescents. Alcohol & Research World, 50-53.

These authors focus on three stages of development, (late childhood, pre-adolescence and adolescence) and how these stages are affected by alcohol use.

Newcomb, M. V. & Bentley, P. M. (1989). Substance Use and Abuse Among Children and Teenagers. American Psychologist, 44, 242-248.

The focus of this article is on psychoactive substances both licit and illicit (including cigarettes, alcohol, cannabis, cocaine and other drugs) and the use and abuse of these substances by children and teenagers. The article discusses epidemiology, etiology, prevention, treatment and consequences.

Roges, P. D. & Harris, J. (1987). Alcohol and Adolescence. Pediatric Clinics of North America, 34, 289-299.

This article covers a variety of issues concerning alcohol and adolescence. The inheritance of alcohol abuse and the effects of alcohol use (i.e., social, physical) are discussed. This is a good article since it gives the reader a general overview of alcohol and the effects it has on youth.

Treadway, D. (1987). Unravelling the Ties That Bind Family Approaches for Alcoholism and Addiction. Focus, 10, 10-46.

In this article the author gives a brief outline of the characteristics of a family where alcohol is a problem, family members' relationships, and problems faced by children growing up in such a family. The issues faced by the therapist in working with the family are discussed along with family life after sobriety. This is a very interesting article and offers case examples to further explain the issues discussed.

Woodside, M. (1988). Children of Alcoholics: Helping a Vulnerable Group. Public Health Reports, 103, 643-648.

This is a very relatively short but comprehensive article that discusses the general effects of alcohol use on the individual and family.

**APPENDIX C**  
**RESOURCES AVAILABLE IN ADDC**  
**LENDING LIBRARY**

## ALCOHOL & DRUG DEPENDENCY COMMISSION

The ADDC is an agency with the mandate to co-ordinate a comprehensive plan for implementing treatment rehabilitation, education and prevention programs to reduce alcohol and other drug problems.

### TARGET GROUP - PRIMARY AND ELEMENTARY

#### AUDIOVISUALS:

- HOLE IN THE FENCE** 1974  
ADY 3 Fs  
The Hole in the Fence is a Canadian-developed living skills and drug education program for primary and elementary school age children.  
3 Filmstrips/3 Booklets/1 Audiocassette
- MR. FINLEY'S PHARMACY** 1982  
12 min./4 sec.  
DY 3 Vt  
In this puppet production, a young girl receives information on the wise use of drugs from Mr. Finley, the pharmacist.  
Available in English and French  
Videotape (3/4") (1/2")
- NEW STUDENT, THE** 1983  
42 slides, 6 min.  
ADY 1 Sl, ADY 5 Fs  
Produced by the ADDC, this program describes an incident involving a new student using animal characters. The story provides a good focus for the discussion of decision making, peer influence and related issues.  
Slides/Audiocassette/Teacher's Guide  
1 filmstrip/Audiocassette/Teacher's Guide
- STORY ABOUT FEELINGS** 1980  
10 min.  
ADY 11 Fi  
This film, narrated by 5-8 year old children, helps children realize what role feelings play in their lives. They also learn that some people drink, smoke and use drugs to change their feelings.  
Film

**PROGRAMS:**

**HOLE IN THE FENCE**

**1975**

A living skills education program, designed for children between the ages of 6 and 9. It is aimed at reducing the incidence of drug abuse on a long-term basis, enabling children who are, as yet not preoccupied with drug use to cope with situations in the future. Available in English and French  
Storybook/Parent's Guide/Teacher's Guide

**TUNING INTO HEALTH - EARLY YEARS**

**1986**

This package consists of 6 lesson plans for grade 2 and five lesson plans for grade 3. Each plan consists of student objectives, material list, preparation, the lesson and lesson review. Approved by the Department of Education as a recommended resource to the Health Program.  
Available in English and French.  
Also available for purchase - \$5

**TARGET GROUP - ELEMENTARY**

**AUDIOVISUALS:**

**CARTOON ALL-STARS TO THE RESCUE**

**1990**

30 min.

ADY 12 Vt

"Cartoon All-Stars to the Rescue" is a videotape designed to educate children aged five to eleven about the perils of substance abuse. The video features a cast of familiar cartoon favourites who rally to rescue Michael from the clutches of Smoke, the evil embodiment of drug and alcohol use. While Michael confronts the dangers of life with drugs, Corey struggles with the knowledge that her brother needs help. Along the way some very important ideas are shared and effective ways to "Say No!" emphasized.

**CHOOSE**

**1989**

14 min.

ADY 8 Vt

Choose has a fantasy-based storyline where two teenagers end up inside a video game and are faced with very real life situations. (Available in English and French)  
Videotape (1/2")

**DRUGS: HELPFUL AND HARMFUL****1989**

15 min.

DY 6 VT

Elementary

This videotape describes the differences between a helpful drug and a harmful, addictive drug. The video, featuring children, shows what drugs are and how they affect us mentally and physically. Students see the proper use of medicines and discover that there's never a good reason to fool around with harmful drugs.

Videotape (1/2")

**DUGOUT****1985**

17 min.

ADY 6 Fi

In "Dugout", a group of Little Leaguers are "drowning their sorrows" with beer and marijuana after losing a very close game. A friend of the coach discusses the problems a major league player had with alcohol and drugs and how it cut his career short.

Film

**JOJO'S BLUES****1982**

5 min.

ADY 8 Fi

When a new boy moves into the neighbourhood, two boys from the local gang try to initiate him by trying to convince him to jump an elevator shaft on a construction site. (animated)

Film

**KIDS AND ALCOHOL DON'T MIX****1985**

14 min.

AY 2 Fi

Fat Albert and the Cosby kids get together for a soccer game. When a new friend, Peter, decides to drink alcohol rather than play ball, the kids get quite upset. (animated)

Film

**SAYING NO TO ALCOHOL AND DRUGS****1985**

12 min.

ADY 4 Vt

This videotape presents a way to say no to peer pressures. It seeks to build self-esteem, assertiveness and establishes awareness of positive alternatives to drug use. The video also explores reasons why young people get involved with alcohol and drugs and the effect they have on health and performance.

Videotape (1/2")



**STAND UP FOR YOURSELF! PEER PRESSURE AND DRUGS 1987**

15.5 min.

ADY 12 Fi, ADY 6 Vt

This film presents effective techniques for saying no to alcohol, street drugs, cigarettes or any peer pressure. It provides students with the encouragement, motivation and practical skills they need to handle peer pressure effectively.

Film, Videotape (1/2")

**WIZARD OF NO, THE 1984**

19 min.

SM 2 Fi

When Billy feels left out by his friends, he decides to try a cigarette with them. Billy runs into the woods after his friends make fun of him for coughing. When he meets up with the "Wizard of No", he learns that when you feel good about yourself, you can protect yourself from harm. Encouraged by the Wizard, Billy refuses to smoke.

Film

**PROGRAMS:**

**SENSE AND NONSENSE: MAKING DECISIONS ABOUT DRUGS 1989**

A teacher's resource for grades 4-6, with lesson plans and activities about drug information and choosing healthy alternatives.

**TUNING INTO HEALTH - MIDDLE YEARS 1982**

This package consists of 6 lesson plans for grade 4, 7 lesson plans for grade 5, and another 7 lesson plans for grade 6. Each plan consists of student objectives, material list, preparation, the lesson and lesson review. Approved by the Department of Education as a recommended resource to the Health Program.

Available in English and French.

Also available for purchase - \$6

**PAMPHLETS:**

Drugs and You 1987

Really Me (Available in English and French) 1987

**TARGET GROUP - JUNIOR/SENIOR HIGH**

**AUDIOVISUALS:**

**ALCOHOL DRUGS AND KIDS**

**1989**

18 min.

ADY 9 Vt

Four teens who started drinking or using drugs share their experiences and reasons for starting. A counsellor in a drug and alcohol rehab unit discusses peer pressure, self-esteem and related problems.

Videotape (1/2")

**ALCOHOL DRUGS DRIVING AND YOU**

**1988**

36 min. (Manual)

IMP 13 Vt

This resource kit was designed to reduce the incidence of alcohol and drug-impaired driving, as well as the number of alcohol/drug related collisions, injuries and fatalities among adolescent drivers and passengers. The curriculum seeks to prepare young people to be more responsible drivers and passengers.

Videotape (1/2"), manual

**CHOICES: ALCOHOL, DRUGS OR YOU**

**1983**

24 min.

ADY 5 Fi

This film focuses on three teenagers who are confronting the problems many teenagers face. It encourages young people to make positive choices about the way they live their lives; to build confidence and solve problems without relying on alcohol or drugs.

Film

**CONTRACT FOR LIFE: THE S.A.D.D. STORY**

**1987**

31 min.

IMP 1 Vt

When two members of the hockey team die in two separate accidents, the coach and health teacher challenge the students to come up with a solution to the problem of drinking and driving. The students establish S.A.D.D. Then recognizing the need for parental support, they draw up a Contract for Life. Without condoning drinking, this videotape shows students and adults working together to attack the problem of drinking and driving.

Videotape (1/2")

**DRINKING AND DRIVING: WHAT TEENAGERS SHOULD KNOW 1984**

26 min.

IMP 11 Vt

This program will alert students to the dangers of drinking and driving, and to the extent of teenage mortality caused by alcohol-related traffic accidents. It will provide students with information regarding the specific effects alcohol has on driving abilities and provide them with an understanding of the responsibilities involved in drinking and driving. In addition, it encourages students to examine their own attitudes toward drinking and driving, and to develop a more mature attitude toward these activities.

Videotape (1/2")

**DRIVE ALIVE 1988**

15 min.

IMP 5 Vt

This program is designed to increase knowledge of key issues related to impairment and driving, and to heighten awareness of adolescent developmental concerns.

Videotape (1/2"), resource manuals

**GETTING SERIOUS 1989**

25 min.

IMP 6 Vt

The purpose of this production is to encourage young people to consider the consequences of drinking and driving. It presents high school students participating in a mock trial as a classroom experience on impaired driving. The students classroom activities become entangled with their lives outside school when one of them gets arrested for impaired driving.

Videotape (1/2")

**GLUG, THE 1981**

15 min.

AY 1 Fi

This is a dramatic story of a pre-alcoholic teenager. Tony and his friends "glug" beer at their clubhouse, but while the others can stop, Tony cannot. Alcohol leads Tony into more and more trouble.

Film

**IF SOMEONE IN YOUR FAMILY DRINKS.... 1987**

24 min.

AF 4 Vt

Helps students who may be growing up in an alcoholic family system to understand the situation and see how it affects their behaviour. It recommends specific things they can do to make things better for themselves.

Videotape (1/2")

**JUST ANOTHER FRIDAY NIGHT**

1986

30 min.

IMP 10 Vt

This videotape tells the story of a young teenager who is going to a party with a few friends on Friday evening. While driving to the party they are drinking and are involved in a fatal accident. The consequences of the teenager's actions are looked at through the deaths of several people and the court proceedings that the teenager has to face.

Videotape (1/2")

**MY FATHER'S SON**

1985

AF 11 Fi

Dramatizes some of the most common behaviours of alcoholic families. From a sensitive look at the fears and anxieties of the children to the rigid denial of the alcoholic father, it examines the dysfunction within the alcoholic family system. The film concludes with the hope that this intergenerational problem can be exposed and confronted.

Film

**NATIONAL DRUG TEST, THE**

1989

48 min.

ADY 5 Vt

A series of questions directed towards adolescents which helps them measure their own drug use.

Videotape (1/2")

**NO ACCIDENT**

1986

13 min.

IMP 3 Vt

Bert Robinson, the father of an eight year old drinking driving accident victim, speaks to a group of students about his experience.

Videotape (1/2")

**OPEN FLAME**

1989

26 min.

ADY 10 Vt

Drama students attending Claude Watson School for the Arts developed and performed a show about the prevention of alcohol and drug abuse.

Videotape (1/2"), manual

**THE PARTY'S OVER**

1989

25 min.

IMP 8 Vt

This videotape tells the story of the Watcher, who in a unique style presents separate but related short vignettes that are tied together by the main character - himself. The Watcher is more of a guide than a narrator. With him, the audience visits places and see things that they normally wouldn't experience

Videotape (1/2")

**POWER OF CHOICE: DRUGS AND ALCOHOL**

1990

60 min. (2 30-min tapes)

ADY 14 Vt

This series explores the act of making positive choices in a complicated world. Michael Pritchard uses stand-up comedy as a way of meeting students on their own terms and encouraging them to honestly look at their lives and the choices they make.

Videotape (1/2")

**SAYING NO TO DRINKING DRIVERS**

1987

23 Min.

IMP 4 Vt

This videotape provides essential tools students need to cope with peer pressure. Typical situations are dramatized with optional discussion stops; positive modelling by peers reveal options and solutions.

Videotape (1/2")

**SO YOU DON'T SMOKE, EH!**

1988

12 min.

SM 1 Vt

Presents the hard facts and candid opinions of young people - both smokers and non-smokers. It represents an honest approach to young people on the topic.

Videotape (1/2")

**STONED**

1980

33 min.

DY 2 Fi, DY 5 Vt

Stoned is a drama depicting a young teenager, Jack, (played by Scott Baio) who gets involved with a group of "pot" smokers. At first Jack refuses to try "pot" but after rejection from his brother, he turns to these friends to replace his brother's friendship. After an accident which almost drowned his brother, he realizes that his drug use is a problem.

Film, videotape (1/2")

**STUDENTS AGAINST DRUNK DRIVING**

1989

22 min.

IMP 12 Vt

The purpose of this program is to inform young people of the facts about impaired driving and to encourage communication between young people and their parents on the issues of impaired driving. In addition, the program is designed to make the general public aware of the problems related to impaired driving and enlist community support in youth's efforts to prevent death and injury.

Videotape (1/2"), resource book

- WHAT EVERYONE SHOULD KNOW ABOUT ALCOHOL** 1986  
18 min.  
AL 4 Vt  
This tape asks some common questions about alcohol and gives clear answers to these questions in an effort to get people to think about alcohol and how they use it.  
Videotape (1/2")
- WHAT EVERYONE SHOULD KNOW ABOUT DRUG ABUSE** 1987  
18 min.  
AD 1 Vt  
This videotape gives clear answers to some common questions about drug abuse. It also motivates people to stop drug abuse, or never start.  
Videotape (1/2")
- PROGRAMS:**
- FACTS FOLDER** 1987  
A folder with five individual reference guides to assist students in developing themes, debates or projects related to alcohol/drug issues.
- FROM PEER PRESSURE TO PEER SUPPORT** 1989  
**ALCOHOL/DRUG PREVENTION THROUGH GROUP PROCESS**  
A curriculum for grades 7-12 which focuses on the group process. It stimulates students to work on alcohol and other drug problems while they simultaneously learn basic life skills on how to say no to alcohol and other drugs. They learn to identify, express and process their feelings, and to make positive decisions.
- OLD PROBLEMS-NEW DIRECTIONS** 1983  
**TEACHERS RESOURCE KIT (GR. 8-12)**  
This resource deals with some of the most central aspects of transition from child to adult: the acquisition of responsible independence, the focusing of the abilities inherent in Responsible Independence on important life decision, and the impact of modelling on the evolving lifestyle of the adolescent. The kit contains complete lesson plans, information to support discussions, handouts, exercises and other instructional materials.
- SHOW STARTERS** 1987  
An upbeat, practical guide to assist teens who are involved in initiating events, workshops, fund raisers or other activities in their community. Folder includes a 12-page booklet.
- STRAIGHT STUFF: AN EXPLORATION OF PEOPLE, ALCOHOL, TOBACCO AND OTHER DRUGS** 1987  
A thought-provoking exploration of peoples' use of alcohol, tobacco and other drugs for discussion by teens. The package consists of 6 information sheets and a 12-page discussion guide.
- YOU CAN'T GET AWAY FROM YOU** 1987

Jr. High/Sr. High

A play about alcohol use for grades 6-10. The play examines the effects alcohol has on two teenagers and their families. It can be use in a variety of ways ranging from a full-scale production to an in-class reading. The resource consists of a script and a teacher's manual.

**PAMPHLETS:**

Alateen: The Facts

Fast Facts: Alcohol, Cannabis, LSD, Magic Mushrooms, Minor  
Tranquillizers, Tobacco

Booze: A Guide for Young People

Play it Smart: 12 Lousy Reasons for Riding with a Drinking  
Driver (Available in English and French)

What Every Teenager Should Know About Alcohol

**TARGET GROUP - JUNIOR HIGH**

**AUDIOVISUALS:**

**LOTS OF KIDS LIKE US**

**1983**

28 min.

AF 10 Fi

Ben, a ten year old boy, experiences at camp how to begin to deal with his father being an alcoholic.

Film

**STAND UP FOR YOURSELF! PEER PRESSURE AND DRUGS**

**1987**

15.5 min.

ADY 12 Fi, ADY 6 Vt

This film presents effective techniques for saying no to alcohol, street drugs, cigarettes or any peer pressure. It provides students with the encouragement, motivation and practical skills they need to handle peer pressure effectively.

Film, Videotape (1/2")

**WHERE'S SHELLY?**

**1983**

13 min.

AY 5 Fi, AY 1 Vt

Two girls and two boys sneak into an abandoned building; they are waiting for Shelly to bring beer. Each reflects on family situations, some involving drinking. When Shelly arrives each child has to decide whether or not to stay.

Film, Videotape (1/2")

**PROGRAMS:**

**LIFELINES/TEEN ACTION**

**1975**

A student-centered alcohol and drug education resource that promotes learning, decision-making skills and social competence for today's youth within the sphere of their families and community. Programs for grades 7 and 8 are available.

**MAKING DECISIONS: AN APPROACH TO PREVENTION**

**1983**

This package is designed to help youth ages 12-14 develop skills in thinking before making major decision in important areas of their lives. While the unit focuses on the use of alcohol and other drugs, it can be applied to many other life situations.

**SAYING NO TO DRUGS: PLAYS FROM REAL LIFE**

**1987**

A series of 5 vignettes which act out typical situations in the lives of today's youth. At the end of each skit is a set of follow up exercises designed for class discussion.

**TRACKING THE GOOD TIMES: A LEISURE EDUCATION WORKBOOK 1989**

A resource guide designed to help youth ages 12-14 examine their leisure interests and skills. The guide covers attitudes, needs, planning and suggested activities.

**PAMPHLETS:**

Drugs and You

Living with a Parent who Drinks too Much

**TARGET GROUP - SENIOR HIGH**

**AUDIOVISUALS:**

**BACK TO REALITY**

**1989**

31 min.

AR 13 Vt

The video provides a new look at addiction: what it is, how it affects the addict, how it affects those around him or her, where it leads, and what can be done about it. It shows graphically how real people deal with the problems of addiction, enabling, denial and delusion.

Videotape (1/2")

**COMEBACKER: THE BOB WELCH STORY**

**1981**

22 min.

AR 8 Fi

Bob Welch is an alcoholic. He plays baseball for the Dodgers. This film shows how a successful baseball player almost lets alcohol ruin his career.  
Film



**JUST FOR A FEW DRINKS**

1988

15 min.

IMP 9 Vt

This videotape consists of a series of three short video vignettes that focus on some of the issues surrounding teenage drinking and driving.

Videotape (1/2")

**MEDICAL ASPECTS OF MIND ALTERING DRUGS**

1987

30 min.

AD 1 Fi

Drugs used for mind altering - alcohol, marijuana, sedatives, hypnotics, narcotics, inhalants, psychedelics and stimulants are discussed in this film.

Film

**NATIONAL ALCOHOLISM TEST, THE**

1985

22 min.

AR 14 Fi

Patrick O'Neal asks a series of twelve questions about the warning signs of alcohol abuse such as morning drinking, memory loss and remorse after drinking.

Film

**NOT MY KID**

1986

97 min.

DY 4 Vt

Susan seems like any other middle class kid until a near car crash exposes her secret. Doctors discover amphetamines in her bloodstream. This begins the painful struggle to recover from drug abuse.

Videotape (1/2")

**PROGRAMS:****BOOZE**

1984

This package consists of a script and director's manual. The show involves 6 separate vignettes that can be performed as individual pieces or presented in sequence as a complete show. It runs approximately 60 minutes, and requires a minimal number of set pieces.

**PEER SUPPORT: DESIGNING INTERPERSONAL SKILLS**

1987

Twelve training sessions to help teens develop interpersonal skills and skills to organize activities for teens in the school or community.

**PEER SUPPORT: TEACHER'S RESOURCE**

1987

A resource manual for teachers wishing to develop a program that involves students in planning and implementing activities which have a positive impact on their school environment. Contains all the resources teachers need to establish a peer support team and train students as team members.

**PAMPHLETS:**

Facts About: Alcohol, Amphetamines, Barbiturates, Caffeine,  
Cannabis, Cocaine, Hallucinogens, Inhalants,  
Opiates, PCPs, Tobacco, Tranquillizers

Fine Lines (Female only)

Play it Smart: The Choice is Yours (English and French)

Straight Facts about Drugs & Drug Abuse (English and French)

What Everyone Should Know about Alcohol

**NEW ADDITIONS**

**ALCOHOL/YOUTH**

**YOUNG PEOPLE AND ALCOHOL**

18 min.

AY 3 Vt

Elementary/Jr. High/High School

This program helps young people examine the choices, make sensible decisions and develop healthy attitudes towards drinking. It looks at alcohol's effects on the body and where to get help should a young person feel out of control.

Videotape (1/2")

**ALCOHOL/DRUGS/YOUTH**

**DARE TO BE DIFFERENT: RESISTING DRUG-RELATED PEER PRESSURE**

19 min.

ADY 20 Vt

Jr. High/High School

This video realistically dramatizes how an enduring friendship between high school students helps them keep their values in perspective and avoid becoming members of a group who uses drugs. While the program acknowledges the difficulty of dealing with typical peer pressure situations, its message is uplifting and encouraging.

Videotape (1/2")

**MOTIVATING ADOLESCENTS TO RECOVER**

1990

60 min. each (4 programs)

ADY 18 Vt

Health Professionals/Counsellors

A video series consisting of four programs based on a workshop

facilitated by Tammy L. Bell, a well-known lecturer and consultant, specializing in the areas of occupational, adolescent and adult relapse prevention. The program consists of: The Pre-Treatment Process, Motivational Structures, Adolescent Perception and Pre-Treatment Program Development.  
Videotape (1/2")

**OUR MOVE**

1992

34 min.

ADY 22 Vt

Teachers

This video looks at student options about alcohol and other drug use. Five recovering students and parents describe the stages of addiction. The needs of children of alcoholics are looked at and prevention tactics that have been tried are discussed.

Videotape (1/2")

**SPEAK UP, SPEAK OUT: LEARNING TO SAY NO TO DRUGS**

1988

15 min.

ADY 19 Vt

Jr. High/High School

This video tells the story of a high school class trip to Washington, D.C.; and shows how manipulative friends can pressure others to use drugs and alcohol. Students can really identify with this true-to-life scenario and are encouraged to trust their own best judgement and to stand up to pressure.

Videotape (1/2")

**STRAIGHT TALK**

1991

ADY 21 Vt

Videotape (1/2")

**TWEE, FIDDLE AND HUFF**

12 min.

ADY 25 Vt

Primary/Elementary

This video tells the story of three Woolum Kids who are troubled by their parents continuous dancing with a genie. It shows how many grown-up woolums take a genie from a bottle when they want to have fun - but explain that most whirl around with the genie for only a little while. In the homes of Twee, Fiddle and Huff, however, the grown-ups get so dizzy they forget how to put the genie away. The parents become tired, angry forgetful - the Woolum kids suffer the consequences. With the help of a teacher, who intruces them to a group of kids with the same problem, Twee, Fiddle and Huff begin to

understand and learn to cope with their feelings.  
Videotape (1/2")

#### DRUGS

##### MATTER OF BALANCE, A

1988  
23 min.  
DR 3 Vt

Jr. High/High School/Health Professionals/EAP's  
A video designed to explain the physiological effects of drugs by demonstrating how the body and brain work in unison and how drugs upset the natural balance. Included with the video is a teaching guide to help you create your own course.  
Videotape (1/2")

#### DRUGS/YOUTH

##### YOUNG PEOPLE AND DRUG ABUSE

18 min.  
DY 8 Vt  
Elementary/Jr. High/High School

This video explains what drug abuse is and how to help someone who is abusing drugs. It explores the reasons some teenagers abuse drugs, the risks involved, and the various types of commonly abused drugs. It urges viewers with a problem to seek help.

- \* Audiovisuals may be borrowed for a 3-day period for schools within St. John's and a 10-day period for schools outside of St. John's.
- \* Pamphlets are available in limited supplies
- \* Programs may be borrowed for a 1-week period

**APPENDIX D**

**AN OPEN LETTER TO MY TEACHER**

## AN OPEN LETTER TO MY TEACHER

*Dear Teacher,*

*I think it's time I told you why I have been so disruptive at school and crying sometimes. I think you know that something is wrong, because you keep asking me, "What is the matter?" The reason I haven't told you before is that I am too embarrassed to talk to you in the corridor with all the other kids staring at me - and until now, I didn't feel I could talk to anyone about it any way.*

*I am really worried about my schoolwork, I keep getting into trouble about not doing my homework, and not listening in class. I don't mean to yell back at my teachers, but sometimes I am so worried and frustrated that I just get angry at everybody. I feel as though everyone is picking on me at home and at school.*

*You see, my Dad has a drinking problem - the proper name for it is "alcoholism". It means that he cannot control his drinking. He comes home some nights very drunk and yells at all of us - then Mom yells back - or screams at him for being drunk and spending all the money. Sometimes he hits her or us for no reason, just because he is drunk. Sometimes my sister and I are so scared that we hide under the bed, crying.*

*I used to hate my Mom and Dad for all that - Mom for yelling at Dad and making him angrier, and Dad for his drinking. I don't hate them anymore because I understand why they were like that.*

*One day a lady came and talked to Mom, and I listened, too. She was the one who explained to us what alcoholism is. I learned that my Dad was not horrible, just sick. She told my Mom that when there is a problem drinker in the house the whole family is affected by it.*

*Now Mom goes with this lady to Al-Anon. That is where families and friends of problem drinkers go to understand the illness. It works, too. Mom doesn't scream at Dad or us as much anymore. I go to Alateen, that's for teenagers affected by someone else's drinking. Now I understand, and it feels good not to be the only one with my kind of problem.*

*I think that teachers should know about alcoholism, because then they would understand kids like me. If you know of any kids who have a problem with a drinking parent, or you think they might have, you could tell them where they can get help. It really helped me.*

***Signed,***

***Your Student***

*(National Association of Children of Alcoholics, p. 26)*









