Assessing Adolescent Substance Abuse Intervention Programs in South Texas.

by

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Chapter 1: Introduction

An alarming eighty percent of children report trying alcohol by the age of seven (Woodarski, 1995, p. 148). These first drinks at a young age can often lead to first cigarettes. Both alcohol and tobacco are known as 'gateway drugs.' As the word implies, these drugs serve as a gateway to more illicit drugs, discriminating against no one regardless of class race or particular age (Zapata et al., 1998, p. 7). Luke was an average young boy who went to church and Bible study on Sundays, and was involved in a Christian youth group. This teenager was a typical straight 'A' student in middle school and played soccer and baseball. Luke was caught drinking alcohol at age fourteen. He then stayed away from alcohol for a while, but started smoking marijuana. By the age of sixteen, this young child began to use heroin. Within a year, he was using drugs every day. By the time Luke was 18, he was living on the streets, selling his body and committing robberies to support his drug habit (Fox and Leukhardt, 2002, pp. 1-5).

As a child matures to the teenage years, mind-altering substances get taken behind the wheel often contributing to fatal traffic accidents. Drug and alcohol related automobile accidents are, in fact, the "leading cause of mortality for youth and young adults" (Kenkel, 2001, p.3). Even if the teenager manages to escape such accidents, the long-term consequences of substance use such as addiction, dependence, memory loss, and certain forms of cancer will begin to take their toll. For this reason, adolescent drug use has become one of the "most expensive health care problems" (McLellan and Dembo, 1993, p.1) in our society, "with an estimated annual cost of over $414 billion" (PR Newswire, 2002).

Despite the probable destructive consequences of drug and alcohol abuse, young American teenagers continue to experiment with theses substances. And, more alarming, is that in general, our society views substance use as a norm for adolescents (Lisnov et al., 1998, p. 1). When in fact, early use of a drug can lead to continued heavy use of that same substance, ultimately punishing a young persons' health and well being (Kenkel 2001, p. 3). Gruber et al. (1996, p. 293-300) found early initiation of alcohol consumption is related to alcohol-related problems later in life. Unfortunately, individual and environmental factors continue to contribute to drug experimentation among young people. Therefore, intervening with 'at risk' youth experimenting with drugs is the key to prevent adolescents from developing substance use disorders and diminishing their full potential as adults. Together, policy implementation and intervention strategies have been proven to be effective in reducing drug use among juveniles (Komro and Toomey, 2002, p. 1-12).

Purpose

The purpose of this study is threefold. First this study identifies effective practices for adolescent substance abuse intervention programs. The second purpose is to assess adolescent substance abuse intervention programs in South Texas using the identified practices through interview and document analysis. The final purpose is to make recommendations for improving adolescent substance abuse intervention programs within South Texas.

The following chapter discusses common factors that contribute to adolescent drug use and stages of drug abuse. A historical overview is presented to better understand how modern programs developed. Components of an adolescent substance abuse

intervention program are identified. Chapter three describes the purpose, history and functions of the agencies used in the field study. Chapter four describe the methodology used in this research. This chapter also includes a table that links the conceptual framework to the interviews and document analysis. Chapter five summarizes results of the interviews and document analysis. In the final chapter recommendations for South Texas drug intervention programs are presented.

The conceptual framework for this research is the practical ideal type. These types of frameworks provide direction to improve standards of existing situations, and from a public administration perspective "are useful because they provide a point of departure for policy recommendations" (Shields, 1998, p.219). In this research project, the standards are identified through the literature review. Typically, practical ideal types are organized by categories. The categories for this project consist of: program foundation; community collaboration and awareness; participant identification; determining needs; counseling services; and program improvement. Interviews and document analysis are used to assess adolescent substance abuse intervention programs within South Texas.

Chapter II: Literature Review

Introduction

This chapter presents a historical overview of drug use, treatment and legislation

in the United States. Common factors contributing to adolescent substance abuse, the stages of drug use, along with the types of programs used to intervene at each stage of drug abuse are reviewed. Components of substance abuse intervention programs described here are the foundation for interviews and document analysis of adolescent substance abuse intervention programs in South Texas.

Historical Overview

History reveals that teenage drug use is a complicated problem that cannot be dealt with in a generalized manner. The acceptance of drug use began to change around 1890. Before then, drugs were both openly used and sold in " pharmacies and by peddlers in traveling medicine wagons" (Gonet, 1994, p. 6). Notice came to the rise in crimes committed to support cravings for mind-altering chemicals. Americans became more aware that young people would inevitably be faced with this habit. Therefore, this country began to tackle the drug problem by enacting the Harrison Act of 1914. This act outlawed heroin, requiring medical professionals to control opiates and cocaine (Gonet, 1994, p.6). Addicts were treated at street clinics by receiving controlled dosages of morphine or heroin. Unfortunately, these clinics inadvertly provided a segway for drug use among street-wise youth. These youth were able to con their way into clinics to receive free doses of these chemicals, and in turn using and selling these drugs to addicts (Gonet, 1994, p. 7).

Drug use appeared to decline as more drug abuse laws were enacted, which led to less public interest in tackling the substance abuse problem. Yet, in the 1920's, prohibitionist, Richmond Pearson Hobson, found heroin addiction to be a widespread problem among teenagers. Hobson established several drug education programs that

relied on scare tactics and misinformation (Gonet, 1994, pp.7-8). Promoting the

importance of drug education among school aged children was a difficult battle to

accomplish at this time. Many people opposed such efforts, contending drug educational

programs "served to arouse unnecessary curiosity among impressionable youth" (Beck,

1994, p. 9). Government officials supported law enforcement efforts to handle the

problem with drugs (Beck, 1998, p.8).

   In the 1930's many school districts continued to inform youth about "the evils of

alcohol and the benefits of abstinence" (Beck, 1998, p. 7). Some schools, however,

began to teach " 'responsible decision-making' education about alcohol…providing more

objective information than in the past" (Beck, 1998, p.8). The media began to reveal the

alarming crimes committed by both youth and adults under the influence of marijuana

and government leaders' attitudes towards marijuana began to change (Beck, 1998, p. 9).

The Marijuana Tax Act of 1937 taxed "the growing, distributing, selling and buying of

the drug" (Gonet, 1994, p. 8). And, many states outlawed leaves of marijuana, making

this drug difficult to use, legally (Gonet, 1994, p. 8).

   Despite the legal sanctions, teenage substance abuse continued to rise during the

late 1940s, which led to the opening of the first adolescent treatment facility located in

New York. This specialized treatment facility was designed to treat adolescents, both

addicted to heroin and also involved with the criminal justice system because of their

drug problem (Gonet, 1994, p. 8). Unfortunately, as drug use among all classes of people

began to grow, the result was adolescents using drugs more frequently and openly

(Gonet, 1994, pp. 8-9). This gave way to teenagers experiencing the inability to manage

their drug use. "As a result, drug crisis centers were created to help young people who

were having 'bad trips' and other drug-related problems" (Gonet, 1994, p. 9).

The widespread drug crisis of the 1960's brought the need for formal evaluations of drug prevention and treatment programs (Beck, 1998, pp. 9-11). Therefore, President Kennedy organized the White House Conference on Drug Abuse, which brought together professionals of "treatment agencies, hospitals, research centers, the courts, and police" (Gonet, 1994, p. 6). The outcomes of this conference enabled professionals and the public awareness of accurate information about drug abuse and provided opportunity for medical treatment for adult drug addicts (Gonet, 1994, p. 6). President Nixon later declared a 'War on Drugs,' increasing federal government's "role in disrupting the importation of illegal drugs," (Beck, 1998, pp. 9-11; Gonet, 1994, pp. 6-7), and increasing educational information and scare tactics efforts. This continued through the 1960s and early 1970s (Herrmann and McWhirter, 1997, p 2).

Substance abuse counseling was more formalized during the 1970s. The Comprehensive Drug Abuse Prevention and Control Act of 1970 as well as the Drug Abuse Office and Treatment Act of 1972 initiated federal regulation mandating "records of alcohol and drug abuse patients…be kept confidential, except in limited circumstances" (Lawson et al., 1996, p. 45). The intent for these regulations were to encourage drug users to seek treatment knowing their privacy would be protected (Lawson et al., 1996, p. 45). Funding for law enforcement, education and treatment programs increased (Gonet, 1994, p. 7). The federal government also initiated more prevention efforts with a general focus on harm reduction. This served to minimize or prevent problematic consequences with substances (Beck, 1998, pp. 10-11).

During the 1980s, drugs became "stronger, purer, cheaper to produce and

purchase, and more readily available" (Gonet, 1994, p. 10). It was also at this time the

AIDS epidemic hit the United States (Beck, 1998, p. 11). The 'War on Drugs' reflected

"no-use messages and 'zero-tolerance'" (Beck, 1998, p. 12). The Partnership for a Drug-

Free America led a media campaign, using scare tactics through advertisements in

magazines and television (Beck, 1998, p.12). School based drug prevention funding

increased. Much of the drug curriculum, led by police officers and recovering drug

addicts, were designed to arouse fear amongst potential young users. These tactics failed

to decrease adolescent substance abuse, as drug use among young people continuously

rose throughout the 1990s. As a result, drug education curriculum incorporated drug

awareness, and refusal skills. Further trained professionals took over the teaching role

(Beck, 1998, pp. 12-24).

Throughout history there have been various approaches to tackle drug use by

adolescents. Though this problem continues to be a complicated matter, there is now a

better understanding than before about the factors that contribute to drug use among

youth. Understanding factors that increase an adolescent's risk of using drugs improves

current approaches of preventing further drug use by teenagers.

Factors Contributing to Adolescent Substance Use

Despite the knowledge of the severe consequences incurred by using alcohol and

other drug use, teenagers continue to experiment with mind-altering chemicals. The

complexity of the issue makes it difficult to pin down the specific causes of drug use.

There are, however, numerous identified risk factors that contribute to the susceptibility

of adolescent experimentation with drugs. "The greater the number of risk factors to which an adolescent is exposed, the greater the likelihood he or she will use or abuse alcohol and other drugs" (Dewit and Silverman, 1995, p. 11). The two main risk factors explored are individual (biological) and social (environmental). These reasons can lead to a higher potential of vulnerability, but, together the combination can be deadly.

Individual Factors

Individual characteristics such as biological and personality traits contribute to poor decisions; the consequences of which make for the potential of increased drug use. Studies of adoptive twins have shown that youth may be genetically predisposed to alcoholism (Muisener, 1994, p.44). Cadoret et al. (1995, pp. 42-52) found that, despite separation at birth, youth were more likely to develop a substance use disorder when their biological parents suffered from alcoholism.

Antisocial and negative affect disorders can also lead to abuse of alcohol and other drugs. For example, youth suffering from major depression and posttraumatic stress are more inclined to experiment with drugs as a form of self-medication. This leads to co-occurrence of a substance use disorder (Clark and Bukstein, 1998, p. 4). In addition, adolescents with conduct disorders have a tendency to act out more frequently while seeking new experiences. Naturally, this can lend itself to alcohol and drug experimentation (Clark and Bukstein, 1998, p 2). In fact, Brook et al. (2001, p. 7) found unconventionality such as rebelliousness and delinquency, "to be the strongest predictors of marijuana use" among adolescents. Even if a youth is suffering from disorders such as these, drug experimentation as a form of self-medication or rebellion is not automatic. The very consequence of not doing well in school can eventually take its toll. Youth

typically will turn to drugs "to alleviate the distress" of feeling as though they're failing grades mean that they are failures themselves (Beman, 1995, p. 4). These factors are not the sole predictors for the onset of drug use. Individual factors combined with environmental influences increases a teenager's vulnerability to use drugs (Weinberg, 2001, pp. 1-2).

Social Factors

Social factors rather than merely individual are often the main reason youth initiate drug use. These issues contribute to the risk of a young person becoming involved in mood altering substances (Burke and Clapp, 1997, p.2). Social factors include such things as the child's interactions with peers, family dynamics, and the community (Kaminier, 1994, p.159).

Peers

The influence of peers is unavoidable during adolescence. Teens seek approval from friends and search for a sense of belonging. Youth begin to form attitudes and beliefs based on the thoughts of peers (Brook et al., 2001, p. 8). Therefore, young people can be vulnerable to using drugs in order to gain acceptance from their friends (Maag and Irvin, 1994, p.1). Swadi and Zeitlin (1988, p. 156) found "58% of adolescents used cannabis when their best friend used it". A study conducted by Jenkins (1996, pp. 1-7) involving eighth, tenth and twelfth grade students, found the influence of peers to be the "most influential variable in drug involvement across all three groups". Dewit and Silverman's (1995, p. 9) findings are also consistent with these observations; "hanging out with friends after school, drug –using peer, perceived peer pressure to use drugs, and the susceptibility to peer pressure to use alcohol/tobacco are powerful predictors."

Family

Family members play a crucial role in influencing drug use, as well. "When both parents and a best friend used drugs 70% of adolescents used cannabis and when neither parents nor friends used drugs only 12% used cannabis" (Swadi and Zeitlin, 1988, p. 154). These percentage difference are staggering. Many times parents smoke and use alcohol and/or other drugs, yet tell their children not to use those substances. According to the social learning theory, children will model behaviors of their parents, and are at high risk when parents use drugs (Brooks et al., 2001, p. 7). Youth not only model their parent's behavior, but also develop the idea that using alcohol or drugs is acceptable (Beman, 1995, p. 3).

Interactions between children and their parents are also an important factor that can influence teens to use drugs. For instance, the lack of supervision or rules can increase experimentation with drugs among adolescents. Steinberg et al.(1994, p. 4) found that youth "who reported low parental monitoring were more likely to begin using drugs." Wodarski (1995, p. 33) also reminds us that parents using ineffective ways in managing children's behaviors affect their youth's development, increasing the teenager's risk of using alcohol and other drugs.

Environment

The community in which a young person dwells can influence whether or not the adolescent will use drugs. Obviously, if a teen lives in an area where drugs are abundant and easily accessible, he or she is at a higher risk for use of drugs than those teens who might have to actively search for suppliers (Newcomb and Earlywine, 1996, p. 2).

Perceptions and attitudes among the community is also predictor for drug use among teenagers. The prevalence of alcohol use by teens occurs in a community when police do not enforce alcohol and drug possession laws (Beman, 1995, p.2). Finally, mixed messages from adults and the media can result in youth not seeing drug use as a risk. Many times athletes, actors and musicians, whom adolescents idolize, are used in advertisements, glamorizing the use of alcohol and tobacco (Beman, 1995, p. 3).

As mentioned previously, both individual and environmental risk factors determine the onset of drug use during adolescents (Weinberg, 2001, p. 3). Once an individual begins to use drugs he or she can move through different stages of drug use, causing a wide range of consequences (Muisener, 1994, p. 4).

Stages of Drug Use

The stages of drug use do not have distinguishable lines therefore; experimentation, use, abuse and addiction are better understood as continuum. Determining which stage of abuse the youth is in can assist professionals in providing appropriate services (Gonet, 1994, p. 15).

Stage 1: Experimentation

The first stage of substance use is commonly known as the experimental stage. During this stage the juvenile is introduced to alcohol or other drugs, using only occasionally (Beaudoin, 1991, p. 2). The adolescent uses drugs in social settings to feel the pleasurable effects (Nowinski, 1999, p. 70). "The experience of experimentations is relatively developmentally adaptive and corresponds to the adolescent's developmental

strivings" (Muisener, 1994, p.5). The teenager may experiment with a wide variety of drugs but may, as Gonet (1994, p. 16) says, "never settle into a specific drug-using pattern." The teenager will typically experiment with peers. However, parents may even know about the teenager's use and condone it, such as in family settings or during special occasions (Beaudoin, 1991, p. 2). In these cases, friends and parents accept substance use and are generally not concerned about the juvenile's experimentation (Nowinski, 1999, p.70). Typically behavioral changes go unnoticed and there are minimal, if any, consequences (Beaudoin, 1991, p. 2).

Stage 2: Instrumental/ Misuse

The next stage of drug use is the instrumental stage, when the teenager misuses substances more frequently. Intoxication is still brief and highly irregular (Muisener, 1994, p. 6). Yet, at this stage, a pattern of drug use begins to develop by the youth as tolerance of drug(s) increases. The adolescent uses drugs either to produce positive or to avoid negative feelings (Nowinski, 1999, p.71). Negative consequences of drug use do begin to occur, such as "decline in school performance, tardiness, truancy, lack of motivation, and possible trouble with the law" (Beaudoin, 1991, p.3). Loved ones generally begin to notice changes in the youth's behavior. For instance, mood swings become more apparent and the youth becomes less responsible (Beaudoin, 1991, p.3).

Stage 3: Habitual/ Abuse

When drug use becomes habitual, an individual has developed a substance use disorder, defined as substance abuse by the DSM-IV (Morrison, 1995, p. 62).

The patient's maladaptive substance use pattern causes clinically important distress or impairment, as shown in a single 12-month period by one or more of

the following: because of repeated use, the patient fails to carry out major obligations at work, home, or school; the patient repeatedly uses substances even when it is physically dangerous to do so; the patient repeatedly has legal problems resulting form substance use; despite knowing that it has caused or worsened social or interpersonal problems, the patient continues to use the substance (Morrison, 1995, p. 80).

At this stage of use, drugs have caused "harm or distress [to the individual] and/or others in their environment" (Morrison, 1995, p. 79). The youth becomes preoccupied with experiencing a mood change and may begin to use drugs during the week. For example, the teenager may be "getting high before and after school and at weekend parties" (Beaudoin, 1991, p.3). Consequences of drug use become more apparent, such as, personality changes and health and hygiene begins to decline. Family and school problems continue to increase. Attempts to stop using are usually futile as a youth ends up only 'false starting' again (Nowinski, 1999, p. 73). There is also an introduction of more serious legal problems such as, "shoplifting, drug dealing, or being arrested for driving under the influence of chemicals" (Beaudoin, 1991, p.3).

Stage 4: Addiction/Dependence

The fourth stage of drug use, known as addiction, is defined as a substance dependence disorder. The criteria for substance dependence is:

> Tolerance, shown by either markedly increased intake of the substance is needed to achieve the same effect, or with continued use, the same amount of the substance has markedly less effect; withdrawal, show by either the substance's characteristic withdrawal syndrome is experienced or the substance (or one closely related) is used to avoid or relieve withdrawal symptoms; the amount or duration of use is often greater than intended; the patient repeatedly tries without success to control or reduce substance use; the patient spends much time using the substance, recovering from its effects, or trying to obtain it; the patient reduces or abandons important work, social, or leisure activities because of substance use; the patient continues to use the substance; despite knowing that it has probably caused ongoing physical or psychological problems (Morrison, 1995, p. 69).

The user is primarily focused on staying intoxicated. When the adolescent is sober, he or she feels distressed (Nowinski, 1999, p. 73).   Rituals for use become more rigid, and binges may occur as everything else becomes secondary to using drugs (Beaudoin, 1991, p.3). According to Muisener (1994, p.8), "the addiction is maintaining a firm hold on the young persons' life." There are continued occurrences of negative consequences in all areas of their life. The adolescent may become careless about hiding chemicals and paraphernalia (Nowinski, 1999, p.73). Meanwhile, family life is chaotic, and fights may become more physical. Problems in school increase and there is more frequent criminal activity to support their substance abuse habit (Beaudoin, 1991, p.3).

Addiction is a "process and progressive disease…that develops over time" (Gonet, 1994, p 15). The overuse of drugs by adolescents in the first stages differs from the misuse in stages three and four, in which the youth preoccupies his or her life around abusing drugs. Yet, continued experimental and social use of drugs during adolescents can lead to substance use disorders (SUD) in the future (Muisener, 1994, p. 12). Today, there are various programs available to prevent initial use of drugs and to intervene at each stage of use.

Types of Programs

Prevention

Prevention programs target the general population in efforts to prevent youth from ever trying drugs. Common techniques include educating youth about the dangers of substance abuse as well as providing young people with positive alternative activities (Gonet, 1994, p. 77). Many prevention groups embrace the cognitive-behavioral approach, which works to increase one's awareness of potential risk for drug use, such as

the individual and social factors. Once these influences are identified, strategies for chemical abstinence can be offered (Gonet, 1990, p. 1).

Intervention

Intervention programs, also known as early or secondary intervention, identify and provide services for youth "that are high risk, already using, or experiencing problems related to their drug use" (Gonet, 1994, p.89). McBride (1999, p. 33) describes intervention programs as ideally targeting those youth whose alcohol and other drug use have put them at high risk for behavioral problems resulting in serious consequences.

Once identified as an ideal candidate for intervention, adolescents are taught about life skills and drug awareness, which serve to link drug use with negative encounters as consequence. By enabling the young person to take control of personal drug issues, the power of the drugs can be harnessed and ideally eliminated (Gonet, 1990, p. 3; Callahan et al., 1995, p. 28). Because the early stages of drug use can be difficult to distinguish, some students may already be experiencing a substance use disorder gone unnoticed during prevention efforts, therefore intervention programs also aim to encouraged youth to seek help for their problems (Gonet, 1990, p. 3).

Treatment

Once a youth has reached the late stages of habitual and addiction, their likelihood to reach out for assistance diminishes. In fact, the youth is more likely to be in a state of utter denial that a problem even exists. It is at this point that the youth must be placed in treatment for his or her substance use disorder. Treatment is a process in which the adolescent terminates all drug use and develops skills to function without chemicals (Gonet, 1994, p.117). Treatment can occur in an outpatient or inpatient setting.

Outpatient treatment occurs while the teenager continues to live at home versus staying at a facility for inpatient treatment. Treatment involves youth participating in individual, family, group or a combination of the three types of counseling. The number of counseling hours ranges from one to twenty hours a week depending on the intensity of the treatment program (Gonet, 1994, p.117).

Many times intervention programs are combined with prevention programs to educate youth about drugs and to provide youth with life skills that increase resiliency, self-esteem and coping mechanisms. Unfortunately, teaching refusal skills to youth that are already using drugs may be more difficult than working with children who have not begun to experiment with drugs (Herrmann and McWhirter, 1997, pp. 1-18). Therefore, though intervention programs mirror prevention efforts, these programs should approach youth experimenting with drugs in a slightly different manner. Intervening with adolescents at the first stages of drug use can avert young people in developing substance use disorders and the severe consequences that occur with abuse and dependence (Davis et al., 1994). Thus, the key to drug intervention is to provide effective and quality services to these teenagers. The next section identifies and defends key components of an ideal intervention system.

Components of an Adolescent Substance Abuse Intervention Program

Program Foundation

The foundation of an intervention program is having clear objectives of what the program is set out to accomplish. These objectives are embedded in the purpose, mission and goals. With this set foundation, effective services are delivered to youth in need of these services (Gonet, 1994, p. 199).

Clear Objectives

The evolution of an intervention program begins with the development of objectives the program is attempting to accomplish. The foundation of intervention programs is the effort to change adolescent behavior, preventing the onset of a substance use disorder and the life long consequences that follow. Callahan et al. (1995, pp. 27-28) criticize current programming efforts for their lack of clear objectives, ultimately leading to increased barriers in providing effective services. To accomplish clear objects, the purpose, mission and goals should complement each other (Crowe, 1999, p. 2). The purpose and mission links program services to program goals. Objectives are embedded in the purpose, mission and goals of the program. The development of a comprehensive plan with clear objectives ensures the change of drug use behavior among adolescents (Gonet, 1994, p. 199). Specifying program objectives to individuals and groups interacting with the adolescent population increases program success (Callahan et al., 1995, p. 27).

Community Collaboration and Awareness

Collaborating and providing awareness to community members can increase support and success of a program. This can be accomplished by developing partnerships, building referral networks and by providing trainings and/or presentations to community members.

Partnerships/Referral Networks

A program that has good rapport with outside agencies ensures success in two ways. First, a positive relationship with community groups reassures students will be referred to receive program services (Davis et al., 1994, p. 7). Also, building positive

relationships with community groups assures the intervention program is connecting clients to accurate, additional community resources, as needed (Callahan et al., 1995, p. 41)

Adolescents involved in alcohol and drug use typically experience an array of problems, needing other services to address those tribulations. Commonly helpful referral sources include school information, government assistance programs, treatment services and mental health services. Knowing the mission, functions and how to access resources allows staff to provide accurate referrals (Siegal, 1998, p. 87). Establishing partnerships and inclusive referral networks ultimately ensures staff will provide effective case management. Case management refers to "maintaining a chain of professional responsibility as an [individual] moves form one program to another to receive needed services" (Baker, 1999, p. 13).

Awareness

Awareness of adolescent drug use and the program services offered increases program support and success. When the public is aware of signs, symptoms and trends, community members are more likely to identify the problem and seek help for services to impede continued use of alcohol and drugs among teenagers. The most effective way to increase awareness of adolescent drug use is to provide trainings or presentations to the public. (Callahan et al., 1995, p. 27; Davis et al., 1994, p. 8). Once the foundations of the program and community collaboration and awareness has been established, program services can be initiated. Program services include identifying participants, determining

their needs and counseling.

Participants Identification

Identifying participants appropriate for the intervention program can be a complicated process. For instance, determining which youth are using drugs can be difficult to pin down. A parent pleas to the school counselor, not to look only at the students performing poorly in school. Her son was a "'model child…in accelerated class but drank alcohol daily'"(Gonet, 1990, p. 4). Identifying participants can be done by screening youth to determine the services appropriate to address their needs.

Screening

Screening is the process in which staff determines a teenager's appropriateness for receiving services. During a screening, program staff gather general risk factors that contribute to adolescent drug use, and in particular, determine if the youth has begun experimenting with drugs. Common information obtained during a screening includes the individual's current use of drugs, legal status, mental health issues, educational functioning and living situation (Winters, 1999, p. 9-11). Gathering this information in a systematic manner allows the process to be effective and efficient (Crowe, 1999, p.2).

One way to create a systematic procedure is using a screening tool. Screening instruments used to gather information should be sensitive to culture, gender and age (Lawson et al., 1996, p. 63). For example, some screening instruments are designed for adults, which would request information irrelevant for adolescents to answer (Lawson et al., 1996, pp. 62-63). An accurate screening of a youth's drug related problems makes assessing the youth's needs more productive.

Determining Needs

Once a youth has been identified as appropriate to receive intervention services, the needs of the young person should be established. To determine the needs of the participant, an assessment should be conducted to further identify risk factors (Winters, 1999, p. 19). Completing an assessment also assists in developing an action plan to combat the problems related to drug experimentation (National Curriculum Committee, 1999, pp. 35-44).

Assessment

Assessments are similar to screenings in that they gather the same risk factor information. Relationships with family members and peers are discussed. Information is gathered about the youth's physical and mental health, school information, work history, and juvenile justice involvement. During an assessment, however, more detailed information about these risk factors is collected. For example, drug use is not only identified. More in depth questions regarding specific drugs used, extent of use and setting in which drug use occurs is also explored (Committee on Adolescence, 1983, p. 251).

These intimate topics explored may make a youth reluctant in providing truthful information. A confidential setting allows individuals to feel more comfortable; therefore the youth is more likely to be truthful when providing personal information. For example, if the adolescent feels other people are able to hear the information reported, he or she may feel uncomfortable about being honest (Winters, 1999, p. 19). Therefore, conducting assessments in a confidential setting is essential (Committee on Adolescents, 1983, p. 251).

Another factor that increases accurate information is the type of tool used to

gather assessment data. Just like the screening instrument, the tool to gather this

information should be sensitive to age, gender and culture (Lawson et al., 1996, p. 64). A

well-designed questionnaire and interview can yield accurate, realistic understanding of

the teenager and the problems he or she is experiencing. Using unbiased assessment

tools increases the reliability and validity of the information gathered (Winters, 1999, p.

22).

      Because of the many issues explored during an assessment, staff may find that the

individual has other issues that should be addressed prior to the substance abuse

intervention (National Curriculum Committee, 1999, pp. 39-45). For example, mental

health issues may need to be addressed prior to addressing drug use. McBride et al.

(1999, p. 17) reports youth are more likely to succeed when the individual's non-

substance abuse problems are also addressed.

Action Plans

      Once an assessment has been conducted and needs are prioritized, action plans are

developed to determine goals and tasks to be accomplished while receiving intervention

services. The youth and their parents are the most aware of the problems that have

evolved with the adolescent's drug experimentation. Allowing the youth and their

parents to be a part of developing goals and tasks allows for more ownership of these

responsibilities. Therefore, action plans are most effective when the counselors

collaborate with the youth and family to gather and interpret information to develop an

intervention plan (National Curriculum Committee, 1999, p.35-44).

Counseling

      Counseling is a key intervention technique used with adolescents experimenting

with drugs. "Counseling provides education, validation of feeling, encouragement, understanding, and guidance" (Gonet, 1994, p. 131). Several types of counseling are used in adolescent intervention programs. Common youth intervention approaches include individual, family and group counseling, which should be educational. Counseling provides helpful information and assists staff in motivating teens to change their drug use behaviors (Gonet, 1994, p. 97). The most often approach to intervening with teens is through drugs education. Unfortunately, "purely educational approaches have not been particularly successful at reducing alcohol and drug use among young people" (Herrmann and McWhirter, 1997, p. 6). Therefore, effective intervention programs provide individual, family, group counseling to provide youth with drug awareness, life skills and alternative activities.

Educational

Intervening with adolescents experimenting with drugs should be educational. Through counseling services, the teens are able to gain awareness of the dangers of drug use, increase life skills and be provided with positive alternative activities to drug use (Gonet, 1990, p.2; Gonet, 1994, pp. 78-81).

Drug Awareness

Drug awareness curriculum is the foundation of substance abuse intervention programs (Gonet, 1994, p. 83). Curriculum is effective when the information provided is accurate, and the class or group is ongoing and provides decision-making skills. Callahan et al. (1995, p. 35) recommend providing youth with age appropriate, factual information about drugs. Providing misinformation can discredit educational programs,

in turn causing teens to be defensive resulting in "barriers to take[ing] in good information" (Gonet, 1994, pp. 78-79).

A common method of approaching drug awareness is to show a film or have a guest speaker talk to the young people. This is an excellent way to encourage dialogue among adolescents. It is important, however, to follow up with the youth and to provide continuous services. With 'one shot' programs students typically perceive there is "nothing else they need to know about drugs or that the group facilitator does not know much information" (Gonet, 1994, p. 79).

Some evidence indicates, "providing certain kinds of information might actually promote experimentation and use" (Herrmann and McWhirter, 1997, p. 6). Therefore, when presenting factual information the focus should be on dangerous effects on the body as well as provide youth with refusal skills. According to Beck (1998, p. 17), drug education programs should also stress the importance of developing decision-making and refusal skills.

Life Skills

Life skills help youth make positive decisions and resist the pressures of drug use. Many times youth lack basic life skills that assist them in making positive decisions. Such skills include communication, anger management, self-esteem and resiliency. Identifying and practicing these proficiencies allows youth to develop awareness of the problematic situation and refrain from the use of substances (Newcomb and Earlywine, 1996, p. 3). Gonet (1994, p.81) recommends the cognitive-behavioral model. The focus is teaching youth how to be assertive, develop ways to abstain from use, and practicing these skills.

<u>Alternative Activities</u>

Alternative activities assist families to gain insight to other available activities to drug use and provide youth with healthy outlets, which has been proven to decrease substance use (Nation et al., 1996, p. 2). Examples of positive activities that are shown to decrease substance use among teens include drug free dances, swimming and sports games. Allowing youth to take part in these activities also develops a comfortable environment for the youth. Once a teenager feels comfortable, he or she is more prone to enjoy those activities. And even more enlightening is when youth begins to open up with the staff, sharing information about their situation (Gonet, 1990, p. 20).

Techniques

There are various ways to intervene with adolescents using drugs. Common techniques include individual, family and group counseling Each approach provides benefits of eliminating drug use among adolescents (Gonet, 1990, p. 5).

<u>Individual Counseling</u>

Individual counseling offers the youth opportunity to express their feelings in a confidential setting. The counselor also has the opportunity to "promote [the participants] knowledge, skills and attitudes that contribute to a positive change in substance use behaviors" (National Curriculum Committee, 1998, p. 69).

<u>Family Counseling</u>

"Family therapy has been found to be a promising, viable, and effective means of

intervening with adolescent drug use" (Kaufman, 1986, pp. 143-149). According to the National Curriculum Committee (1998, p. 83), counselors assist families in developing and incorporating "strategies and behaviors that sustain recovery and maintain healthy relationships." Meeting with youth and their parents can assist the family in developing basic life skills and empower to work through problems.

Family counseling can provide parents with parenting skills and assist youth in developing life skills. "Parenting skills in limit setting, consistent discipline, and conflict resolution may be especially important in preventing drug problems" (Lee and Goddard, 1989, p. 301). Addressing life skills assists the troubled youth and their families in developing coping skills and positive outlets to deal with hostile situations that may occur surrounding the child's us of illegal substances (Manious et al., 1996, p. 5).

Educating youth and their parents "enables participants to utilize their skills and build upon their strengths in ways they haven't been doing" (Lee and Goddard, 1989, p. 303). Families that receive counseling are able to develop coherence, a trait shown to assist family members to work together. "Adolescents from families who directly face stresses as a unit are likely to turn to the family during times of stress, rather than other forms of coping, including substance use" (Stephenson et al., 1996, pp. 2-3). Empowering families can increase their ability to turn toward each other for support and problem solving during times of stress (Stephenson et al., 1996, p. 9).

Group Counseling

Along with individual and family counseling, group counseling has also been proven effective in reducing substance use and assisting families in gaining drug awareness (Davis et al., 1994, p. 2). In a group setting, youth and their families process

and share internal feelings, learn from their peers, develop life skills and drug awareness (Newcombe and Earleywine, 1996, p. 3). Group counseling allows members to identify with others with similar problems. This identification allows the youth to realize they are not the only one experiencing problems with their family, school and/or the law. A group setting also provides an environment for youth and parents to feel "safe to share thoughts and feelings with others and to have the experience of bonding with and getting support from both group leaders and group members" (Davis et al., 1994, p. 2).

One way for youth to practice life skills is role modeling. Youth are usually with peers when making decisions about substance use. Therefore, the creation of a group among peers resembles the group they are in when substance abuse issues arise. The " knowledge acquired in the group setting is more likely to be used when in a similar peer group setting" (Woodarski, 1995, p. 32).

Although the foundation has been set and substance abuse intervention services are made available to the public, there is still one more component of this model that will assure a quality program. As needs are continuously changing, the program too, must evolve with the community.

Program Improvement

Commonly known, programs are successful when services are effective. To assure quality services staff should be provided with the opportunity for continued development as a counselor. Plus, evaluating the outcomes allows administrators and staff the opportunity to improve services (Crowe, 1999, p. 2).

Staff Development

Staff development can be accomplished through training and ongoing evaluation

of the program. A uniform ongoing training program that includes a wide range of topics

(adolescent development, drug use, psychiatric disorder and counseling techniques)

assures an effective program (Gonet, 1994, p. 200-205). One way a systematic training

program can be accomplished is through continuing education and/or certification.

Continuing education and training allows staff to learn what works and does not work,

improving the quality of services (Herrmann and McWhirter, 1997, p. 11). This also

enhances specialized clinical competence (Winters, 1999, p. 30). Another common way

to provide training is through supervision or consultation. This allows for both personal

and professional competency. Supervision provides "opportunities for self-evaluation

from other staff and team members" (Winters, 2002, p. 30).

Evaluation

Information gathered through evaluation could be the foundation for future

decisions and direction, improving services offered to youth at risk of developing

substance use disorders (Crowe, 1999, p. 2). Goals and patterns of outcomes are

effective measures to evaluate the program. This allows staff to identify changes the

program may need, and assures goals and objectives remain realistic (Ridnskopf and

Saxe, 1998, p. 5). A common ways to evaluate outcomes are through pre and posttest

that measure knowledge and attitude of the participant prior to and after receiving service

(Lisnov et al., 1998, p. 1).   Another common way to measure the effectiveness of the

program is to follow up on youth that have received services, to measure any possible

changes in behavior (Herrmann and McWhirter, 1997, pp. 1-18).

<div align="center">

Conceptual Framework

</div>

This applied research project uses a practical ideal type framework to assess youth

substance abuse intervention programs. The model was developed by reviewing the

literature on youth substance abuse intervention programs. As a result, the guidelines

summarized in Table 2.1 are recommended in developing a practical ideal type.

The **foundation** of a **program** begins with development of **clear objectives**,

which can be accomplished through a *purpose, mission and goals that complement each*

other. **Collaboration** with **community** members and organizations increasing program

success. This is accomplished by building **partnerships and referral networks**,

ultimately *ensuring quality case management* by staff. Providing *trainings or*

presentations to community members increases adolescent substance use **awareness**,

which also increases program success.

Identifying participants can be accomplished through **screenings**. This

determine appropriateness for program participation by identifying risk factors

contributing to substance use. Furthermore, to distinguish intervention programs from

prevention programs, teens appropriate for intervention services have already begun

experimenting with drugs but have not developed substance abuse or dependence. The

tools used to gather screening information should be *sensitive to age, gender, and culture*,

to assure accurate information of potential participants. A youth's **needs are determined**

through the completion of an **assessment** and **action plan**. **Assessments** are completed

to gather a *more accurate* picture of the adolescent's drug use problem. This service is

more accurate when conducted in a *confidential setting*. Assessments assist staff in

prioritizing needs and addressing those needs in order. **Actions plans** are then completed

collaboratively by the youth, their parents and the counselor.

Intervention **counseling** should be educational, informing youth about **drug**

awareness, life skills and alternative activities, oppose to drug use. Common

techniques to accomplish these goals include *individual, family and group counseling*.

During *individual counseling* the counselor can promote knowledge skills and attitudes to

assist a young person to make positive changes in their substance abuse behavior. *Family*

counseling educates youth, parents and siblings about substance use. Developing

knowledge of substance abuse issues assist family members to gain awareness of the

roles that each member plays. The counselor helps families understand how to

Table 2.1 Conceptual Framework Linking the Ideal Categories to the Literature

Ideal Category	Source
Program Foundation •1 Clear objectives. ➢ Program purpose, mission and goals complement each other	Callahan et al. (1995) Crowe (1999) Gonet (1994)

Community Collaboration and Awareness
•2 Partnerships/Referral Networks
    ➢🗁 Sources are inclusive
        * ensures quality case management
•   Awareness
    ➢ Trainings/Presentations
	Baker (1999)
	Callahan et al. (1995)
	Davis et al. (1994)
	Siegal (1998)

Participant Identification
•1 Screening.
    ➢🗁 Determine Appropriateness
       *Identify risk factors through a systematic procedure.
       *Experimentation with drugs.
    ➢🗎 Use tools sensitive to age, gender and culture.
	Crowe (1999)
	Gonet (1990)
	Lawson et al. (1996)
	Winters (1999)

Determining Needs
•   Assessment.
    ➢ Gather more in depth information about risk factors.
    ➢ Confidential setting.
    ➢ Use tools sensitive to age, gender, and culture.
    ➢ Needs prioritized and addressed in order.
•2 Action Plans.
    ➢🗁 Collaboratively with participant, family and counselor.
	Committee on Adolescents (1999)
	Lawson et al. (1996)
	McBride et al. (1999)
	National Curriculum Committee (1999)
	Winters (1999)

Counseling Services
•1 Educational
    ➢ Drug Education
    ➢ Life Skills
    ➢ Alternative Activities
 	
  ❖🗁 Techniques
    ❑🗁 Individual Counseling.
    ❑🗎 Family Counseling.
    ❑🗎 Group Counseling.
	Beck (1998)
	Callahan, Benton and Bradley (1995)
	Davis et al. (1994)
	Gonet (1990)
	Gonet (1994)
	Hermann and McWhirter (1997)
	Kaufman (1986)
	Lee and Goddard (1989)
	Manious et al. (1996)
	National Curriculum Committee (1999)
	Nations et al. (1996)
	Newcomb and Earlywine (1996)
	Stephenson, Henry and Robinson (1996)
	Woodarski (1995)

Program Improvement
•1 Staff Development
    ➢🗁 Training
       * Education/Certification
       *Supervision or Consultation
•2 Ongoing Evaluation of program outcomes and goals
	Crowe (1999)
	Gonet (1994)
	Hermann and McWhirter (1997)
	Lisnov et al. (1998)
	Ridnskopf and Saxe (1998)
	Winters (1999)

develop healthy relationships with each other. *Group counseling* provides a safe

environment for individuals to share feeling with peers, developing drug awareness and life skills from their friends.

Various activities are recommended to continuously **improve** the intervention **program**. **Staff development** through *training* and *certification* increases awareness of current drug issues among adolescents and enhances competency. *Supervision or consultation* provides opportunity for self-evaluation by receiving feed back from fellow team members. **Evaluating** program outcomes assures goals and objective remain realistic and allows staff to identify possible changes within the program. Information gathered through evaluation can be the foundation for future program decisions and direction.

The following chapter identifies the programs in South Texas assessed through interview and document analysis. This chapter identifies the agency the program is offered by, the area each program is available, and general information about the agency.

Chapter III: Institutional Setting

<center>**Introduction**</center>

Within South Texas, there are fifteen specific adolescent substance abuse intervention programs. Appendix A includes a map of the area these programs are available. This applied research projects assesses twelve of those adolescent drug intervention programs, using an ideal type framework. This chapter provides information about the sample selected in South Texas.

<center>**Adolescent Substance Abuse Intervention Programs**</center>

The following programs are designed to intervene with teenagers using drugs. Table 3.1 presents the intervention programs assessed in South Texas. This table also includes the agencies that provide the intervention program, and the counties intervention services are available.

Family and Child Enrichment Services (FACES/CARITAS)

Family and Child Enrichment Services is offered through the Alice Counseling Center in Alice/ Jim Wells County. Other counties this program is available include Brooks and Duval Counties. Family and Child Enrichment Services offers both, prevention and intervention services through counseling, education and alternative activities. The primary goal of the program is to "foster personal growth, strengthen family bonds and promote healthy communities" (Alice Counseling Center Family and Child Enrichment Services Information sheet).

Diversions Program

The Diversions Program is an intervention program that provides case management for Class 'C' misdemeanor offenders referred by Municipal Court, in San Antonio. This program is offered through the City of Antonio's Department of

Community Initiatives, Youth Opportunity Division. The mission the Community

Initiatives Department is to serve as a catalyst for coordinating resources and partnerships

that promote economic self-sufficiency, family strengthening, and enhances the quality of

life for children, families and seniors and ensures greater public accountability for the

investment of resources. The Youth Services Division of this department provides

various services to young people and their families (City of San Antonio Youth Divisions

Brochure; Diversion Center Procedures).

SAFETY/Youth Intervention Program

The Youth Intervention Program is the intervention aspect of the SAFETY

program at Connections Individual and Family Services. The SAFETY program

provides prevention and intervention services through alcohol, tobacco and drug abuse

education and alternative recreational activities to youth and their families in Comal

Guadalupe, San Patricio and Aransas Pass counties (Connections Individual and Family

Services SAFETY Brochure).

Connections Individual and Family Services (aka Connections) mission is to

"provide opportunities for change and growth" (connectionsnonprofit.com). This agency

is a non-profit agency founded in 1981. Connections offers a wide range of counseling

services to both youth and adults, and also has three youth shelters, two in New Braunfels

and one in Aransas Pass. This agency services eighteen counties in central and south

Texas (connectionsnonprofit.com).

Youth Against Gang Activity (YAGA)

Youth Against Gang Activity is an intervention program offered in Bexar County

by the Family Services Association of San Antonio. These services are led by teens that

provide services in schools and housing projects within the Eastside of San Antonio. The teens attempt to influence their peers to stay in school, out of gangs and off drugs and alcohol through providing community service projects, providing life skills groups, mentoring, alternative activities, and educational programs (fsasatx.org).

Family Services Association of San Antonio is a private, non-profit agency helping families since 1903. Currently this agency offers a wide range of services eleven counties within South Texas (fsasatx.org).

Prevention and Intervention Program

Intervention Program is offered by Hill Country Council on Alcohol and Drug Abuse in Kerville/Kerr County. Prevention and intervention counseling are available in Medina, Kendal, Gillespi, Bandera and Kerr County. The primary functions of this agency are to provide outreach services, screening and referrals. However, they also provide the prevention and intervention services mention above, as well as outpatient counseling (Garcia, 2003, Interview).

Health Program

Juvenile Outreach and Vocational Education Network (JOVEN) offers a substance abuse intervention program called the Health Program. This program provides youth with drug awareness and life skills in a group setting. This is a non-profit agency dedicated to outreach, counseling, and structured activities for youth at risk of delinquency, school failure, gang involvement, and substance abuse (Intern, 2003, Interview).

Youth Intervention Program

Youth Intervention program is part of the Youth Department at Mid-Coast Family

Services in Victoria/Victoria County. Within the youth department is a prevention

programs, homework centers, intervention program and a community coalition program.

The intervention program began in 2001 providing services within the schools to

intervene and prevent substance abuse issues, screening, assessment and referral services

as well as group education, crisis counseling and presentation (midcoastfamily.org).

Mid-Coast Family Services is a non-profit organization "dedicated to preserving

the family by eliminating family violence, substance misuse, homelessness and social,

cultural and legal barriers" (midcoastfamily.org). This agency services Calhoun, Dewitt,

Goliad, Gonzales, Jackson, Lavaca and Victoria counties (midcoastfamily.org).

Family Youth Intervention Program (FYI)

The Family Youth Intervention Program is offered by the Neighborhood

Conference Committee in Aransas Pass/ San Patricio County. Other counties this

program is available include Aransas, Bee, and Live Oak. The Neighborhood

Conference Committee is a program offered by the 36th Judicial District Juvenile

Probation Unit. The Neighborhood Conference Committee is a first offenders program

that developed in 1997. This program is designed to monitor youth and his/her family

while on probation. The Family Youth Intervention Program is one aspect of the

Neighborhood Conference Committee that offers adult and youth educational groups.

alternative activities and "provides opportunity to establish an effective communication

between student, parent, school and community"(Family Youth Intervention Brochure).

Early Intervention Program

The Early Intervention Program is offered by the Palmer Drug Abuse Program in

9 Texas cities, New Mexico and Oklahoma. With in the South Texas area are five

locations; San Antonio, Brownsville, Corpus Christi, McAllen and Victoria (Palmer Drug Abuse Program Brochure).

Palmer Drug Abuse Program (PDAP) is a non-profit community based organization that provides individual and group counseling, and alternative activities to young people and their families "whose lives have become unmanageable due to the effects of substance abuse" (Palmer Drug Abuse Program Brochure). In 1971, PDAP was founded by the parish priest of Palmer Memorial Episcopal Church in Houston, Texas. Designed to help adolescents, the program grew to also work with adults and the family members of chemical abuser. Today, the program also provides prevention and early intervention programs for youth by providing counseling, groups and alternative activities (pdap.com).

Youth Intervention Program

The Youth Intervention Program is offered through the Patrician Movement in San Antonio. This program targets youth between the ages 6 and 17 at risk for alcohol, tobacco and other drugs. The goal is to intervene to prevent problems from becoming larger, enhancing the development and growth and "counteract the negative environmental conditions which can result in substance abuse" (netxpress.com). Services include an array of drug awareness and life skills classes for youth and parents, support groups for youth, individual and family prevention and intervention counseling along with screening, assessment, presentations, case management and referrals.

Patrician Movement offers residential care, detoxification, outpatient services, HIV counseling and also has a prevention and intervention program in Bexar County (netxpress.com).

The Patrician Movement was founded in 1959 by a Catholic priest to assist troubled boys. It was at that time when he noticed the dangerous effects of substance abuse. The Patrician movement assisted individuals in receiving inpatient treatment within existing hospitals in Fort Worth, Texas and Lexington, Kentucky. Treatment was offered on the streets and in the homes of San Antonio, Texas. In 1966, the Sisters of Charity of the Incarnate Word offered the use of the old Sullivan Home in San Antonio, for office space. Services continued to expand and develop with the assistance of grants from the Texas Criminal Justice Council, and the National Institute of Mental Health as well as many other grants (netxpress.com).

Students Taking Action Negating Drugs (STAND)

The prevention, intervention and treatment programs strive to strengthen families, build self-esteem and develop substance abuse free life styles in children and youth. Specifically, the Prevention and Intervention program, in Webb county is a comprehensive drug prevention and intervention services to children and adolescents at risk of experimenting with or who are currently using alcohol, tobacco or other drugs. Services include drug awareness and life skills groups, individual and family counseling, family educational services, crisis intervention, presentations and information dissemination (scan-inc.org).

Serving Children and Adolescents In Need (SCAN) is a community-based, non-

profit organization devoted to fostering the healthy development of children, youth, families and communities. This agency offers fourteen programs that provide prevention, intervention and treatment. Four of the programs are residential services, 2 substance abuse residential treatment facilities, a detoxification center, a transitional living program and six other programs, each targeting specific populations such as homeless, runaway, victimization, delinquent or substance use (scan-inc.org).

Aftercare Program

The Youth Substance Abuse Prevention/Intervention/Treatment Program is located in Cotulla. The intervention program consists of two levels, outpatient and aftercare. The After Care Program is designed to meet the needs of individuals who complete the intense outpatient program successfully. However, because of limited resources in the area, a young person experimenting with drugs would benefit and is placed in the After Care Program. This program provides individual and group counseling as well as alternative activities to assist teens in abstaining from drug use (Cantu, 2003, Interview).

South Texas Rural Health Services was founded in 1975, providing health services for LaSalle, Dimmitt, and Frio Counties. As the agency and services grew so did the service area, expanding to Zavala, Uvalde and Real counties. The clinic provides services such as laboratory pharmacy, radiology, dental, family planning, HIV/AIDS testing and counseling, and substance abuse counseling (tachc.org).

Table 3.1: Intervention programs and the Agency Providing Services.

Intervention Program(s)	Agency	Central Location	City/County Intervention Program Serves
Family and Child Enrichment	Alice Counseling	Alice/ Jim Wells	Brooks, Duval,

Services (FACES/CARITAS)	Center		Jim Wells
Diversions	Youth Opportunity Division of the City of San Antonio – Department of Community Initiatives	San Antonio	City of San Antonio
Youth Intervention Program (SAFETY)	Connections Individual and Family Services	New Braunfels/ Comal County	Aransas,Comal, Gonzales, Guadalupe, San Patricio
Youth Against Gang Activity (YAGA)	Family Services Association of San Antonio	San Antonio	Bexar
Prevention and Intervention Program	Hill Country Council on Alcohol and Drug Abuse	Kerville/Kerr County	Bandera, Gillespi, Kendal, Kerr. Medina
Health Program	Juvenile Outreach and Vocational Education Network (JOVEN)	San Antonio	Bexar
Youth Intervention Program	Mid-Coast Family Services	Victoria/Victoria County	Calhoun, Dewitt, Goliad, Gonzales, Jackson, Lavaca, Victoria
Family Youth Intervention (FYI)	Neighborhood Conference Committee 36th Judicial District	Aransas Pass/ San Patricio County	San Patricio
Early Intervention Program	Palmer Drug Abuse Program	San Antonio	Brownsville Corpus Christi McAllen Victoria
Youth Intervention Program	Patrician Movement	San Antonio/Bexar	Bexar
Students Taking Action Negating Drugs Prevention and Intervention	Serving Children and Adolescents in Need, Inc (SCAN)	Webb County	Webb County
Aftercare Program	South Texas Rural Health Services, Inc.	Cotulla/La Salle County	Dimmitt, Frio, La Salle, Real, Uvalde, Zavala

Conclusion

There are only fifteen of programs that provide intervention services, specifically

addressing substance use, within South Texas. Of those programs, twelve were assess

through interview and document analysis. Intervention programs within South Texas are

generally combined with prevention and outpatient treatment services and provide

services to one or more counties. The following chapter discusses the methodology used

to assess these programs.

Chapter IV: Methodology

Methodology

This applied research project is an assessment of twelve programs using a framework, interviews and document analysis. The framework was used to develop interview questions and make decisions about what documents to use for assessment. Focused interviews are short, open-ended, and "follow a certain set of questions," (Yin, 1994, p. 84). The questions came directly from the ideal type categories to assess how closely the adolescent substance abuse intervention programs follow the model. Interviews were used to gather data on the elements of adolescent substance abuse intervention programs in South Texas. Interviews were scheduled with program administrators and staff during March 2003. Common problems with interviews include "bias, poor recall, and inaccurate articulation" (Yin, 1994, p. 85). Therefore, document analysis was used to support interview information. This was used as a secondary method to verify interview information. Because access and retrievability are weaknesses in document analysis, several types of documents were used. Requests for copies of these documents were made upon coordinating interviews. The artifacts selected for this research include policy and procedure manuals, sample case files, brochures, and web pages. Table 4.1 presents the names of the people interviewed, their position, and the documents provided for each program.

Table 4.2 shows how the categories developed by the literature review, summarized in Table 2.1, are operationalized into interview questions and measurable categories. The information gathered through the interviews and analyses of the provided documents were used to assess the sample of adolescent drug intervention programs. The results and recommendations, following this chapter, are useful to the agencies that provide or are interested in developing programs to intervene with teens using drugs.

Table 4.1: Persons Interviewed and Documents Provided for Assesssment

Intervention Program(s)	Agency	Name of Person Interviewed	Documents Provided
Family and Child Enrichment Services (FACES/CARITAS)	Alice Counseling Center	Celest Cruz Prevention and Intervention Coordinator	Brochure
Diversions Program	City of San Antonio – Department of Community Initiatives	Wendall Skinner Social Services Manager	Brochures Policies and Proceedures Sample File (a)
SAFETY/Youth Intervention Program	Connections Individual and Family Services	Sandra Sheeler Intervention Services Coordinator	Brochure Web Page Policies and Procedures Sample File (b)
Youth Against Gang Activity (YAGA)	Family Services Association of San Antonio	Pauli Kirvin Clinical Social Worker	Brochure Web Page
Prevention and Intervention Program	Hill Country Council on Alcohol and Drug Abuse	Rudy Garcia Agency Director	Brochure Sample File (c)
Health Program	Juvenile Outreach and Vocational Education Network (JOVEN)	Anonymous Intern	Brochure
Youth Intervention Program	Mid-Coast Family Services	Daniel Barrientos Director of Intervention Services	Web Page
Family Youth Intervention (FYI)	Neighborhood Conference Committee	Linda Ryder Coordinator	Brochure
Early Intervention Program	Palmer Drug Abuse Program	Trish Fry Program Director	Brochures Web pages
Youth Intervention Program	Patrician Movement	Basher Salem Program Director of Intervention Services	Brochure Web Page
Students Taking Action Negating Drugs	Serving Children and Adolescents in Need, Inc (SCAN)	Name to be Anonymous	Web Page
After Care Program	South Texas Rural Health Services, Inc.	Steve Cantu Clinical Program Director	Web Page

Table 4.2: Operationalizing the Conceptual Framework

Ideal Category	Interview	Document Analysis

Program Foundation
•3 Clear objectives.
    ➢ 🗁 Purpose mission and goals
        compliment each other.
	What are the objectives of the program?	Purpose, mission and goals compliment each other?

Community Collaboration and Awareness
•4 Partnerships/Referral Networks
    ➢ Sources to be inclusive
•5 Education
    ➢ 🗁
              Trainings/Presentations
	Do you have partnerships/referral networks are in place?
	
	If so, with what type of agencies/programs?
	
	How do you provide awareness about adolescent substance use and your services to the community?
		Trainings/Presentations are offered for the community

Participant Identification
•3 Screening.
    ➢ ▤ Identify risk factors through a
        systematic procedure.
    ➢ ▥ Use tools sensitive to age,
        gender and culture.
	What qualifies a person for your program?
	
	How is this information gathered?
		Screenings are Conducted?
		
		Screening forms identify risk factors?
		
		Tools are sensitive to age, gender and culture?

Determining Needs
•1 Assessment.
    ➢ Gather more in depth
        information about risk
        factors.
    ➢ Confidential setting.
    ➢ Use tools sensitive to age,
        gender, and culture.
    ➢ Needs are prioritized and
        addressed in order.
•4 Action Plans.
    ➢ 🗁 Collaboratively with
        participant, family and
        counselor.
	Are intervention assessments completed?
	
	(If so) Describe your assessment procedure?
		Assessments are completed?
		
		More detailed information is gathered?
		
		Tools are sensitive to age, gender, and culture?

Counseling Services
•2 Educational
    ➢ Drug Awareness
    ➢ Life Skills
    ➢ Alternative Activities
 	
    ❖ ▤ Techniques
        ❑ ▥ Individual Counseling.
        ❑ ▥ Family Counseling.
        ❑ ▥ Group Counseling.
	What is it you try to accomplish through these services?
	
	What type of counseling services are available?
		Drug Awareness?
		Life Skills?
		Alternative Activities?
		
		Individual Counseling is offered?
		Family Counseling is offered?
		Group counseling is offered?

Program Improvement
•3 Staff Development
➢🗁 Training
    *Education/Certification
    * Supervision/Consultation
•4 Ongoing Evaluation
	What type of training is required by staff?
	What credentials are required by staff?
	Are staff able to receive supervision or consultation?
	How are goals evaluated?
	How often?
		Training is offered for staff?
		
		Qualifications include education/certification?
		
		On going evaluation of outcomes and goals?

Chapter 5: Results

Introduction

The purpose of this chapter is to provide the data for the assessment of adolescent substance abuse intervention programs within South Texas. These results are the basis for the final purpose of this project, which is to make recommendations for improving adolescent substance abuse intervention programs within this region.

Program Foundation

The foundations of intervention programs are built with clear objectives. The literature explains how the purpose, mission and goals complementing each other cn allow the formation of clear objectives. Possessing clear objectives not only ensures appropriate services, but also quality services are available to youth and their families, in need of an intervention. All twelve of the substance abuse intervention programs assessed through document analysis provided evidence of support for possessing a purpose, mission and goals that complemented each other. Unfortunately, only two people interviewed were able to present the purpose, mission and goals of the program, weakening the support of this section of the model. The development of clear objectives is definitely the beginning of building a strong foundation, but having staff know the purpose, mission and goals of the program will improve the delivery of services and strengthen the foundation of the program.

Document Analysis

Document analysis was used to support the literature in determining clear objectives for the programs. Each program provided documentation of clear objectives outlined by the program and agency purpose, mission and goals. The policy and procedure manual of the SAFETY/Youth Intervention Program provided by Connections

Individual and Family Services set clear objectives through defining long and short-term

goals. Strategies to accomplish those targets were also outlined (Connection Individual

and Family Services Nonresidential Policy and Procedure Manual, 2002, Policy 301).

Table 5.1 Program Foundation -Results

Ideal Category	Interview Question	Evidence

Program Foundation
•6   Clear objectives.
    ➢🗁 Program purpose/
        mission and goals
        compliment each
        other
	What is the program
	purpose/mission and goals?
		12 of programs provided
		documentation of clear objectives,
		with purpose mission and goals
		complementing each other.
		Only 2 interviewees able to present
		purpose, mission and goals.

Interviews

For this section of the model, interviews were used as a secondary source of

analysis to support the provided documentation. The information gathered for this

section of the ideal type, presented a lack of support in that only two interviewees were

able to present this information. Celest Cruz, the Prevention and Intervention

Coordinator stated the programs purpose was to "target at risk youth and their families,"

providing them with education and the tools to strengthen their families (2002,

Interview).

<div align="center">

Community Collaboration and Awareness

</div>

Collaborating with community agencies allows for partnership and referral

networks to be built. This in turn, connects clients to additional resources to receive

appropriate services. Collaboration also allows for communities members to be aware of

signs of drug use and problems that coincide. Ultimately, this awareness permits

teenagers in need of assistance to receive services. Evidence gathered through interview

and document analysis supported this section of the model.

Interviews

Interviews indicated that the agencies providing intervention services to youth experimenting with drugs have partnerships and referral networks in place. All of these agencies are capable of providing referral information for a wide range of services. As reported by the Palmer Drug Abuse Program Director, Trish Fry(2003, Interview), some people may need information about psychiatric services while another person may need information about housing or food. Though these agencies have referral networks in place and attempt to provide community members with appropriate referral information, many times there are limited resources available, in particular, rural areas. The repercussions of limited resources are the possibility the needs of clients will not be met, causing further delay in the elimination of substance abuse problems.

Each of the programs assessed work towards informing the community, both about substance abuse issues and the services they are capable of providing. Mid-Coast Family Services Director of Intervention Services, Daniel Barrientos, discussed how presentations have changed the attitudes among community members. "After several years of programming, the people now realizing the need for intervention services" (Barrientos, 2003, Interview).

Table 5.2 Community Collaboration and Awareness-Results

Ideal Category	Interview Question	Evidence

Community Collaboration and Awareness
•7 Partnerships/Referral Networks
  ➢▤ Sources are Inclusive
• Awareness
  ➢▤ Trainings/Presentations
	Do you have partnerships/referral networks are in place?
	
	If so, with what type of agencies/programs?
	
	How do you provide awareness about adolescent substance use and your services to the community?
		12 programs have partnerships/referral networks in place and provide various types of referral information.
		
		12 programs provide trainings and/or presentations.

Document Analysis

The analysis of web pages and brochures indicate that the agencies within South Texas provide awareness to the community through presentation. The Patrician Movement provides "school and other presentations" (netexpress.com, 2003). This further supports the interview results and the literature review, that communities become more aware of adolescents and drug experimentation when presentations or trainings are made available for network resources and parents.

Participant Identification

The first step in distinguishing appropriate youth to participate in a substance abuse intervention program is accomplished through the screening process. Identifying teens experimenting with drugs, but who have not developed a substance use disorder can be difficult to accomplish. Providing a systematic procedure in collecting information allows for risk factors to be identified. The programs assessed moderately support this portion of the model.

Interviews

Eight of the agencies assessed screen youth to determine their appropriateness for the intervention program. The tools used to gather screening information are typically forms developed by the agencies themselves or by grant providers. For instance, the Alice Counseling Center uses a screening form they came directly from the Texas

Commission of Alcohol and Drug Abuse, which is the funding source (Cruz, 2003,

Interview).

Table 5.3 Participant Identification-Results

Ideal Category	Interview Question	Evidence

Participant Identification
•5 Screening.
    ➢ Determine Appropriateness
      *Identify risk factors
       through a systematic
       procedure.
      *Experimentation with
       drugs.
    ➢ Use tools sensitive to age,
       gender and culture.
	What qualifies a person for your program?
	
	What type of tools are used to gather this information?
		8 use a screening form to determine appropriateness for services offered through the intervention program.
		
		8 use tools sensitive to age gender, and culture.

Document Analysis

Brochures, sample files and policy and procedure manuals were analyzed to

further determine evidence of support for this section of the model. The Youth

Intervention Program of Connection's Individual and Family Services provided a sample

file, including a screening form. The information gathered through the screening

includes risk factors that contribute to adolescent substance use. This program was the

only program that provided a sample form of the screening tool. The format is very

general, appearing to have no bias to culture, age or gender (2003, Sample File (b)). A

copy of this form can be found in Appendix B.

<div align="center">

Determining Needs

</div>

Once a teen is screened into the intervention program it is ideal to further assess

the needs of the individual. Determining the needs of an individual will assist the

counselor in providing accurate referrals and appropriate service. This is accomplished

through assessment and the development of an action plan. According to the literature,

collecting more in depth information about risk factors allows for the counselor to

prioritize the needs of the teen. This also assists the counselor in developing a plan of

action, collaboratively with the participant and their parent(s)/guardian(s). With nine of

the programs assessed providing assessments, and ten programs conducting action plans,

these programs moderately support this portion of the model.

Interviews

Of the twelve interviews, nine interviewees presented support in conducting

assessments to gather more in depth information about a youth's risk factors. Each of

these programs complete assessments in a confidential setting. The administration staff

of each program develops their own assessment tools. The Director of the Patrician

Movement referred to assessments as "completing a psychosocial…information about

drug history, family, school, medical" (Salem, 2003, Interview).

Table 5.4 Determining Needs-Results

Ideal Category	Interview Question	Evidence

Determining Needs
 	
•1   Assessment.
    ➢ Gather more in depth information about risk factors.
    ➢ Confidential setting.
    ➢ Use tools sensitive to age, gender, and culture.
•2   Needs prioritized and addressed in order.
•6   Action Plans.
    ➢ Collaboratively with participant, family and counselor.
	Are intervention assessments completed?
	(If so) Describe your assessment procedure?
	
	What tools are used to gather this information?
	
	What is the purpose of conducting assessments?
		9 complete assessments in a confidential setting to gather more in depth information about risk factors. The tools used are sensitive to age, gender, and culture.
		9 programs use assessments as means to prioritize needs and address those needs in order
		
		10 programs develop actions plans collaboratively with the participant, family and the counselor.

Document Analysis

Collecting more in depth information about risk factors contributing to drug

experimentation is typical for completion of assessments by the programs assessed in this

project. Appendix C is a copy of an assessment form used by the Prevention and Intervention Program of the Hill Country Council on Alcohol and Drug Abuse. The questions appeared to be age appropriate, and there appeared to be no bias towards either gender or any specific culture.

Counseling

Counseling youth experimenting with drugs should be educational, providing drug awareness, life skills and alternative activities. Common techniques to offer these services include individual, family and group counseling, in which each of the programs assessed provides at least one of these services. The evidence collected strongly supports drug awareness and life skills. On the other hand, providing alternative activities is moderately supported by the programs in this region. The most common technique used is group counseling.

Interview

Many times teens and their families are not aware of the harmful effects drugs have on themselves and their family units. Providing them with these tools helps families build resiliency and abstain from further drug use (Fry, 2003, Interview). Though alternative activity technique showed moderate support, the people interviewed were enthusiastic when reporting alternative activities offered to teens involved in the intervention program. Connections Individual and Family Services, provides golf and outdoor recreational activities (Sheeler, 2003, Interview). While others, such as Palmer Drug Abuse Program take youth camping (Fry, 2003, Interview). The Patrician Movement used to provide drug free parties and were able to take participants to sports games; unfortunately, they can no longer provide alternative activities due to recent

funding cuts (Salem, 2003, Interview).

Table 5.5 Counseling-Results

Ideal Category	Interview Question	Evidence

Counseling Services
•3   Educational
   ➢   Drug Awareness
   ➢   Life Skills
   ➢   Alternative Activities
	What is it you try to accomplish through these services?	11 provide drug awareness.
		12 provide life skills.
		 9 provide alternative activities.

❖▤ Techniques
    ❑✎ Individual
       Counseling.
    ❑✻ Family Counseling.
    ❑✍ Group Counseling.
	What type of counseling services are available?	9 provide individual counseling.
		9 provide family Counseling.
		12 provide group counseling.

Document Analysis

These programs assessed attempt to increase knowledge of drug awareness and improve refusal, coping and positive decision making skills. The agencies advertise these services by listing the types of counseling available by their program Students Taking Action Negating Drugs offer "curriculum based resiliency skills support groups, individual and family counseling, family education services [and] crisis intervention" (scan-inc.org, 2003).

<div align="center">Program Improvement</div>

Improving program services can be accomplished through staff development and evaluating the outcomes of services provided to teenagers, their families, and referral networks within the community. Adolescent substance abuse programs in South Texas strongly support this portion of the model developed by the literature review.

Interview

Topics commonly required for staff to attend include substance abuse, adolescent development, HIV/AIDS, counseling techniques and mental health disorders, ethics and abuse and neglect. Much of the training plans are developed by standards handed down

to the agency from funding sources, licenses and certification requirements. Having

experience working with adolescents is highly preferred. A baccalaureate in a social

science field was the most common qualification found among these programs,

mentioned by eight agencies. Other educational certifications among staff providing

intervention services included Licensed Chemical Dependency Counselors (LCDC),

Counselor Interns (CI), Licensed Social Worker, both bachelor and master level. Mid-

Coast Family Service Association stated they had a Licensed Professional Counselor

(LPC) and Hill Country Council of Alcohol and Drug Abuse has a Certified Prevention

Specialist(CPS) on their intervention staff (Garcia, 2003, Interview; Barrientos, 2003,

Interview).

As found in the literature, common ways these programs evaluate success is

through survey, pre/post tests, and follow-ups. Palmer Drug Abuse Program is the

exception because they evaluate success by the number of sobriety awards handed out

each month, and contract promises of working the 12 step program (Fry, 2003.

Interview).

Table 5.6 Program Improvement-Results

Ideal Category	Interview Question	Evidence

Program Improvement
•5   Staff Development
    ➢🗀 Training
        *Education/Certification
        *Supervision/Consultation
	What type of training is required by staff?
	What credentials are required by staff?
	Are staff able to receive supervision or consultation?
		12 programs provide ongoing staff development through trainings and Supervision.

•6 Ongoing Evaluation	How are goals evaluated?	12 programs provide ongoing evaluation of program goals and outcomes.

	How often?	

Document Analysis

Document analysis was difficult to accomplish with program improvements, with only two agencies providing portions of their policy and procedure manuals. The Youth Intervention Program of Connections Individual and Family Services, policy manual document evaluation procedures to include client satisfaction surveys, follow up surveys, incident reports, grievance reports, and audits. These outcomes are to be evaluated quarterly to "make any appropriate changes necessary in order to increase effectiveness of services" (2002, Connections Individual and Family Services, Inc. Non-Residential Program Policies and Procedures, Policy No. 401).

Conclusion

The data collected through interviews and document analysis indicates many of the adolescent substance abuse intervention programs in South Texas do meet the ideal type model developed through the literature review. The Early Intervention Program offered by the Palmer Drug Abuse Program in San Antonio, Texas is an example of an ideal program, meeting each section of the model. First of all, this agency staff was one of the two programs able to provide the purpose, mission and goals during the interview. This program also conducts screenings, assessments, and develops plans of service. Plus, counseling is offered through individual, family and group to provide drug education, life skills and alternative activities. Finally, the Early Intervention Program offers staff development and evaluates outcomes on a regular basis to continuously improve services.

Chapter V1: Recommendations and Conclusion

Introduction

The purpose of this research was to: (1) identify effective practices for adolescent

substance abuse intervention programs; (2) assess adolescent drug intervention programs

in South Texas using the identified practices through interview and document analysis;

and (3) to make recommendations for improving these programs. Chapter 2 described

the ideal characteristics and developed a conceptual framework for an assessment based

on the literature review. Chapter 5 presented the results of the assessment based on the

interviews and document analysis. This chapter addresses the third purpose of this

research project by presenting recommendations for improving adolescent substance

abuse intervention programs within South Texas.

Recommendations

The conceptual framework of this study identifies ideal categories for adolescent

substance abuse intervention programs. Table 6.1 identifies the overall evidence that

intervention programs in South Texas support each portion of the model. In short, the

following recommendations are made.

1. Make staff aware of the program/agency purpose, mission and goals.
2. Continue community collaboration awareness
3. Develop a screening procedure to identify participants.
4. Conduct assessments on all participants.
5. Continue developing action plans.
6. Continue educating youth through drug awareness and life skills development.
7. Provide alternative activities.
8. Provide individual and family counseling.
9. Continue improving programs through staff development and ongoing evaluation.

Table 6.1: Overall Adherence to the Practical Ideal Type

Ideal Category	Interview	Document	Overall Evidence

Program Foundation
•8 Clear objectives.
  ➢▤ Purpose mission and goals
    compliment each other.
	Lacks Support
	3 of 12 programs
		Strong Support
		12 of 12 programs
			Moderate Support

Community Collaboration and Awareness
•9 Partnerships/Referral Networks
  ➢   Sources to be inclusive
 	
•10 Education
  ➢▤ Trainings/Presentations
	Strong Support
	12 of 12 programs
	
	Strong Support
	12 of 12 programs
		Strong Support
		12 of 12 programs
		
		Strong Support
		12 of 12 programs
			Strong Support
			
			Strong Support

Participant Identification
•7   Screening.
  ➢▤ Identify risk factors through a
    systematic procedure.
  ➢▤ Use tools sensitive to age, gender
    and culture.
	Moderate Support
	8 of 12 programs
	
	Moderate Support
	8 of 12 programs
		Lack Support
		3 of 8 programs
		
		Strong Support
		1of 1 program
			Moderate Support
			
			Strong Support

Determining Needs
 •2   Assessment.
  ➢   Gather more in depth information
    about risk factors.
  ➢   Confidential setting.
  ➢   Use tools sensitive to age,
    gender, and culture.
  ➢   Needs are prioritized and
    addressed in order.
 •8 Action Plans.
  ➢▤ Collaboratively with participant,
    family and counselor.
	Moderate Support
	9 of 12 programs
	
	Strong Support
	9 of 12 programs
		Moderate Support
		9 of 12 programs
		
		Strong Support
		9 of 12 programs
			Moderate Support
			
			Strong Support

Counseling Services
 •4   Educational
  ➢   Drug Awareness
 	
  ➢   Life Skills
 	
  ➢   Alternative Activities
 	
  ❖▤Techniques
    ❏▱▱ Individual Counseling.
 	
    ❏▱▱ Family Counseling.
 	
    ❏▱▤   Group Counseling
	Strong Support
	11 of 12 programs
	Strong Support
	12 of 12 programs
	Moderate Support
	9of 12 programs
	
	Moderate Support
	9 of 12 programs
	Moderate Support
	9 of 12 programs
	Strong Support
	12 of 12 programs
		Strong Support
		11of 12 programs
		Strong Support
		12 of 12 programs
		Moderate Support
		9 of 12 programs
		
		Moderate Support
		9 of 12 programs
		Moderate Support
		9 of 12 programs
		Strong Support
		12 of 12 programs
			Strong Support
			
			Strong Support
			
			Moderate Support
			
			Moderate Support
			
			Moderate Support
			
			Strong Support

Program Improvement
 •7   Staff Development
 ➢▤ Training
    *Education/Certification
    * Supervision/Consultation
 •8 Ongoing Evaluation
	Strong Support
	12 of 12 programs
	
	Strong Support
	12 of 12 programs
		Moderate Support
		1 of 2 programs
		
		Moderate Support
		1 of 2 programs
			Moderate Support
			
			Moderate Support

Adolescent substance abuse intervention programs within South Texas show

strong support of possessing clear objectives through the complementation of the purpose, mission and goals through documentation. Though, the objectives of a program are more capable of accomplishing when staff are familiar with the purpose, mission and goals. Knowing the foundation of the program allows participants to receive quality services.

The programs assessed in this region have all developed partnerships with community agencies and have built inclusive referral networks, through trainings and presentations provided. These agencies should continue these efforts, as they increase effectiveness in delivering program services.

Screenings assist staff in determining appropriateness for a substance abuse intervention program. Common information gathered through this process is the identification of risk factors contributing to the possibility of a teen developing a substance use disorder. Participating in an intervention program can seize progression to further stages of drug use. Programs that do not conduct screening or receive referrals from the Court should conduct their own screening. Screening tools sensitive to age, gender and culture should be used to complete the screening. This assures accurate information is gathered about a youth's substance use problems.

Assessment services further assist staff in providing appropriate and effective services. Those programs that do not conduct assessments should gather more in depth information about the risk factors identified in the screening procedure. Conducting assessments in a confidential setting allows for youth to be more willing to provide truthful information. These tools must also be sensitive to age, gender and culture to be able to prioritize needs and address them in order.

Programs staff should continue to develop action plans collaboratively with the parent and child. This increases the likelihood the youth with accomplish the goals set to achieve. This also further supports staff in accomplishing the objectives of the program.

Majority of the programs provide life skills and drug awareness and should continue these efforts. This type of information provides youth with the education they need to refrain from further drug use. Also, participating alternative activities has shown to disrupt drug-using behaviors. Those programs that do not provide recreational activities should provide youth with these options. Such activities can be as simple as going to park or playing a board game.

Individual and family counseling is a vital component of an intervention program. Those programs that do not provide these services should include these aspects of the model. Individual counseling will allow for the youth to privately open up about their drug experimentation. While family counseling will address the substance abuse behavior as a family unit. This allows the family to build a positive relationship to work through problems together.

Adolescent drug intervention programs in South Texas should continue to improve programming efforts through staff development and ongoing evaluation. Staff are able to increase their skills through further education. Supervision/Consultation also provides staff the ability to sharpen the skills they already posses, gaining insight to various perspectives to combat the problems of teen drug use. Ongoing evaluation will continue to improve these programs.

Conclusion

With increased availability of more dangerous drugs, teen substance abuse

is a growing problem. The prevention of any drug use would be ideal. Unfortunately,

with biological and environmental factors contributing to the increase likelihood of drug

use, intervention is a priority for our society to disrupt teen drug experimentation and the

development of a substance use disorder. Effective programming efforts are key in

providing services that will combat this problem. The practical ideal type categories

discussed in this applied research project identifies effective components of an intention

program. The South Texas programs assessed generally supported this model. These

programs as well as any other adolescent substance abuse intervention program can build

on the recommendations in this study to improve their services to youth, their families

and communities.

Appendix A

Map of South Texas Area Reviewed

Sample of Screening Form – Youth Intervention Program/Connections Individual and Family Services

Sample Form Assessment Tool – Prevention and Intervention Program/Hill Country Council on Alcohol and Drug Abuse.

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