TAG L: TRAINEE EMPLOYEE
ASSISTANCE PROGRAM (TEAP)
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1.0 OVERVIEW

Alcohol and other drug (AOD) use is a severe problem confronting our society, and our youth in particular. Over the years, Job Corps has recognized the problem as a crisis and responded with appropriate interventions within its principal mission of education and vocational training. In the early 1990s, Congress mandated that Job Corps implement a zero tolerance (ZT) policy for alcohol and drugs.

Under the ZT policy, applicants are asked to sign a pre-employment agreement stating that they understand the Job Corps drug policy and the consequences of testing positive for drugs while in the program. Students who test positive for drug use on arrival are granted a 45-day probationary period. Students who tested negative on entry but are found to be positive on a suspicion screening are granted a 45-day suspicion intervention period. The hope is that these students do not have a serious addiction problem, that they are able to abstain from using drugs during the probationary period, and will test negative by the end of the 45-day probationary period or the 45-day suspicion intervention period.

Job Corps is not a drug treatment center. If a student is a chronic drug user or has an addiction problem, Job Corps does not have the resources to provide assistance. The student’s needs can best be served in a treatment setting; thus, the student should be separated from the Job Corps program and staff should provide a referral to an appropriate treatment center. Therefore, a reasonable assumption is that some students affected by substance abuse may be in need of alcohol and/or drug intervention and treatment services beyond the scope of Job Corps. The trainee employee assistance program (TEAP) is tailored to the needs of students who meet the diagnostic criteria for Drug Abuse rather than Drug Dependence as outlined in the Diagnostic and Statistical Manual IV.

The greatest service a TEAP specialist can provide for students with addiction problems is to assess their needs and make the appropriate referrals. The goal is for students to succeed in the program. There is no benefit to the students or the program to retain students who clearly need treatment services and consequently cannot complete their training.

The TEAP is designed to help students who basically fall under two categories:

- Those who use drugs (test positive on entry), manage to be drug free during the probationary period, but remain at very high risk for future alcohol and drug use
- Those who do not use drugs, but are always at risk for using alcohol and other drugs
The TEAP specialist must offer intense intervention services to the first category of students, who test positive on entry, to support their efforts to abstain from drug use during and after the probationary period. A substantial part of the TEAP specialist’s responsibility is to continue working with students who abstain from drug use during the probationary period but are at risk of resuming drug use. The TEAP specialist also works with students who do not use drugs but are always at risk of using alcohol and/or drugs. The TEAP specialist must fully implement the concept of ZT: drug use is not accepted on center.

Job Corps operates under a framework entitled, Career Development Services System (CDSS). The CDSS is a career-focused approach that provides individualized services to each student using activities and experiences as learning methods and makes collaborative career planning between Job Corps and the students a priority. CDSS ensures that a career manager or career management team assesses the needs of the student and arranges, coordinates, monitors, evaluates, and advocates for a package of multiple services to meet the student’s needs. There are four CDSS periods within which health services and activities are conducted:

- **Outreach and Admissions (OA) Period**—OA staff explain to applicants the kinds of center health services available and review requests for accommodation/secure partners in providing requested accommodations

- **Career Preparation Period (CPP)**—Students are introduced to health and wellness services, that they understand and feel comfortable and supported by TEAP, and that staff offices serve as models for students who wish to job shadow for health related training

- **Career Development Period (CDP)**—Career management teams coordinate with health services, students with disabilities receive necessary services/devices to participate, and students perceive good health as being critical to achieving career goals

- **Career Transition Period (CTP)**—Students understand health-related aspects of independent living; students with special needs have support systems in place to support transition to and retention of employment; and post-center service providers know how to coordinate with Job Corps when needed to help graduates succeed

CDSS became Job Corps policy July 1, 2001.

TAG L: Trainee Employee Assistance Program, proposes a model for TEAP service delivery that is consistent with the ZT policy and CDSS, and meets the prevention, education, and intervention needs of all Job Corps students. Section 2.0 discusses in detail the development and implementation of the five components that each center
TEAP must include: assessment, intervention, counseling, relapse prevention, and prevention and education. Section 3.0 explains the importance of conducting a formal program assessment and evaluation, and describes a simple four-step model for accomplishing this task. Guidance for managing center biochemical testing activities is provided in Section 4.0. In addition, the TAG includes several exhibits and appendices designed to supplement the information presented in the four sections.
2.0 TEAP FOR PREVENTION AND EARLY INTERVENTION

The Job Corps Policy and Requirements Handbook (PRH) mandates that every center TEAP have five components:

- **Assessment**—To identify students who need TEAP help and determine the kind and degree of help needed

- **Intervention**—To develop and implement services to students who use or are at risk for using AOD

- **Counseling**—To provide support, by using a number of strategies, to students who use or are at risk for using AOD

- **Relapse prevention**—To develop and implement strategies that help students remain abstinent

- **Prevention and education**—To offer intense AOD education programs to all students in an effort to prevent onset and reduce and eliminate AOD use

How these components are structured, organized, and delivered will vary by center needs and the skills and expertise that TEAP specialists and other center staff bring to the program. This chapter provides a framework for centers to build effective programs; it presents strategies and techniques contributed by TEAP specialists across the country as well as experts in the field. It is a starting point; the challenge is for centers to design programs that work for them, and most importantly for the students they serve.

Exhibit 2-1, at the end of this section, summarizes the responsibilities of the TEAP specialist vis a vis the program components and activities identified in this section.

Exhibit 2-2 illustrates how a TEAP specialist’s typical week could look given the range of activities necessary to support program operations. In addition, Appendix B provides a list of Internet resources that can be accessed for additional information and ideas to help with implementing a successful program.

Appendix C illustrates how center staff and students can support the ZT policy and programming. The profiles are intended as suggestions; actual roles will vary with the size of the center, staff resources, and student needs. Although these role descriptions highlight the special contribution that specific staff members can make, all center staff share responsibility for supporting the program by increasing their own awareness of

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1 As per PRH-8, TEAP specialists must be certified by a recognized state certifying body. Appendix A contains contact information for state credentialing boards.
alcohol and drug issues, serving as positive role models, and knowing when and how to request a biochemical test, that is, identifying and reporting students who exhibit alcohol and drug use-related behaviors.

2.1 ASSESSMENT

The program should provide three levels of assessment—screening, identification, and formal assessment.

2.1.1 Screening

Identifying high-risk students prior to their enrollment allows for a form of early intervention—it affords the TEAP specialist an opportunity to know if a prospective student is ready to commit to the Job Corps ZT policy and sets the stage for such students to succeed in the program. Very often, high-risk students can be identified during the application process. For example, applicants may self-report that they received counseling for a drug problem or they may say to the admissions counselor (AC), “I need to get away from my neighborhood—too many of my friends are using drugs.” Such information, either formally or informally provided by the applicant, is an important first step in identifying high-risk youth, and may be a critical factor in ensuring success.

- **Contact with admission counselors**—Develop close working relationships with ACs and center staff involved in applicant screening. The TEAP specialist should be able to candidly discuss a prospective student’s AOD history in order to gauge the student’s readiness (and willingness) to enter a ZT environment. For example, if a prospective student reports a recent history of outpatient care for cocaine use, the TEAP specialist may ask to see a discharge summary to assess student needs prior to and upon arrival.

- **Pre-arrival calls**—Call students before their scheduled arrival date to explain the ZT policy and to discuss any concerns they may have about complying with the policy. This personal contact provides an opportunity to assess the student’s involvement with alcohol or drugs. If calls are not feasible for the center, consider sending a letter with telephone numbers where the TEAP specialist and/or other staff members involved in this process can be reached.

- **Center tours**—Assist orientation staff in organizing center tours for local applicants. This introduction to the center should include a clear and comprehensive explanation of the ZT policy.
2.12 Identification

Early identification of high- and at-risk students (1) ensures that these students quickly receive appropriate services or referrals, and (2) helps to maintain a drug-free center environment. In addition to drug testing, the tools that can be used to identify these students are:

- **Cursory health questionnaire**—Examine the cursory health questionnaire to help identify potential program participants. This questionnaire, completed within the first 48 hours of a student’s arrival, can be found in the student’s health record.

- **Counselor’s intake**—Review the counselor’s intake assessment to identify potential program participants and those at high risk for alcohol and drug use. This intake provides an in-depth review of the student’s social and educational history and can be found in the counselor’s files. Many centers have adopted a standardized format, such as that shown in Appendix D, to obtain this vital background information.

- **Student introduction to center life**—Start the prevention process early; new student introduction to center life presents an opportunity to begin building relationships with potential program candidates. The TEAP specialist’s presentation should include:
  - A review of the ZT policy
  - An explanation of biochemical testing procedures
  - An introduction to center prevention programming (encouraging all students to participate)

The program should be presented as a helpful service on center, not as a disciplinary sanction. Presenting it in this manner may provide students an opportunity to self-refer to the program.

2.1.3 Formal Assessment

Given the limited scope and resources of the program, a major focus of the TEAP specialist’s work should be on identifying and assessing those students who can succeed in Job Corps and those students who cannot because of AOD difficulties. The program should provide a formal assessment for students who test positive on entry and as needed for referred students. The objective of this assessment should be to determine the type and severity of addiction and whether the student’s AOD difficulties are manageable within the scope of the program.
As stated in Section 1.0, the greatest service a TEAP specialist can provide for students with a serious addiction problem is to assess their needs and make the appropriate referrals. Students who clearly need treatment services and who cannot succeed in the program because of their addiction should not be retained. If the TEAP specialist’s assessment determines that a student’s AOD difficulties cannot be handled within the scope of Job Corps, the TEAP specialist should document the assessment and confer with the Center Director. Following are some suggestions for tools that can be used when conducting a formal assessment.

- **Standardized surveys and inventories**—The TEAP specialist should use reliable and valid instruments designed to assess the history and level of alcohol and drug use among adolescents and young adults. An example of a frequently used survey is the Substance Abuse Subtle Screening Inventory-3 (SASSI-3). The SASSI-3 is a one-page, paper and pencil test that identifies individuals who suffer from substance dependence. It is an empirically validated screening tool that offers both an adult and adolescent version. The TEAP specialists can contact (800) 726-0526 or www.sassi.com for further information.

- **Counselor’s intake**—As discussed in the previous section, the counseling department usually completes a thorough social history on each student admitted to the center. Review this intake to gather important information on the student’s background and family history as it relates to alcohol and drug use. This review will provide a good picture of who the student is and how best to help him/her.

- **Clinical assessment by the center mental health consultant (CMHC), if appropriate**—Job Corps students sometimes have complex emotional and/or psychological issues that contribute to their alcohol or drug use. These students have the potential to fall within the dually diagnosed category, that is, they have significant psychological problems in addition to their addiction. The CMHC can assist in the assessment of difficult or complicated cases.

- **Interdisciplinary case review**—Staff from a variety of departments (e.g., residential living, center standards office (CSO), health and wellness center, education/vocational training) can assist in forming a comprehensive assessment of a student’s progress. Their input can provide valuable information for assessing and monitoring a student’s behavior and determining the best course of action.

- **Medical separation with reinstatement (MSWR) for alcohol/drug use for students assessed with severe drug or alcohol problems**—Students who test positive on entry or students who were initially negative but later tested positive on suspicion, or students who self-refer for drug problems are permitted the option of an MSWR. The MSWR option allows students with chemical dependency problems to
(1) obtain treatment outside of the Job Corps program and (2) return to Job Corps to complete his/her training within 6 months. Return to Job Corps is contingent on:

- Proof of treatment and aftercare provided to the center
- Negative drug-screen results provided to the center (test must have been administered and results received within 10 days of reinstatement to Job Corps)

An MSWR for chemical dependency can only be given if the following conditions are met:

- The TEAP specialist and Center Director agree that the student has a drug problem
- The TEAP specialist and CMHC have documented an assessment confirming a drug problem
- The documented assessment adheres to the guidelines identified in the Diagnostic and Statistical Manual IV for Substance Dependence or Substance Abuse

MSWRs can only be granted prior to any 45-day probationary/intervention test. MSWRs cannot be granted in lieu of ZT separation when a positive 45-day probation/intervention test is reported.

### 2.2 INTERVENTION

Intensive intervention services should be provided to students who test positive on entry. The probationary period is a critical time for the student, requiring a total commitment and effort from the student and the collaboration and support of all center staff. To support the student during this critical period, the TEAP specialist should design an intervention plan that addresses the student’s individual needs and includes appropriate strategies and activities to assist the student in understanding his/her AOD use and how to abstain from such use.

#### 2.2.1 Probationary Intervention Period

During the probationary period, the TEAP specialist should use a variety of strategies as part of the intensive intervention plan. These strategies should occur frequently and focus on behavior awareness and change. For example, intensive individual and/or group sessions that meet once or twice a week should:

- Emphasize AOD awareness and consequences of using AOD
• Expose students to individual internal processes that maintain addictive behaviors
• Help students set individual abstinence goals

The TEAP specialist should cover the following issues in the intensive groups:

• Self assessment
• Family dynamics related to addiction
• Denial
• Relapse
• Co-dependence

To strengthen the delivery of these individual or group sessions and to promote attendance, the TEAP specialist is encouraged to use a multi-modal approach by including videos, role playing, and therapeutic AOD prevention games.

Additional strategies to consider are:

• **Psychodrama**—Use themes and creative expressions to explore addictive behavior

• **Anger management sessions**—Use segments from the social skills training curriculum

• **Alternative activities**—Collaborate with other center departments (e.g., recreation) to provide alternative activities to the students

Appendix E provides examples of surveys and intervention worksheets for intensive groups.

2.2.2 Suspicion Intervention Period

During the suspicion intervention period, the TEAP specialist should use a variety of strategies as part of the intervention plan similar to the probationary intervention period outlined in Section 2.2.1. These strategies should occur frequently and focus on behavior awareness and change.

The suspicion intervention plan should always include a thorough assessment of the student’s level and severity of substance use. This assessment should be documented in the student’s health record.

2.2.3 CMHC as a Resource

The TEAP specialist and the CMHC can conduct groups together utilizing the expertise of the CMHC, who has training in the clinical disorders that often accompany substance
use among teens and young adults. Identifying and working with the dually diagnosed can be a challenge, and the CMHC can be particularly helpful in this area. The CMHC also has therapy skills that may assist the TEAP specialist in developing and conducting intense therapy groups designed to expose students to individual and family processes that maintain addictive behaviors. The CMHC is required to spend one of his/her 3-hours-per-100 students/week providing support to TEAP. The TEAP specialist is strongly encouraged to make use of this valuable resource.

2.2.4 Collaboration with Other Center Programs

AOD-related activities should be designed to take place after the training day unless it involves a medical appointment with the TEAP specialist for assessment or an appointment with the CMHC.

There are other program components on center, such as the social skills training (SST) program that offer activities that can support the TEAP. The SST curriculum, which can typically be found in the counseling or residential living department, contains 45 topics covering social and emotional skills for young people. SST segments can be used by the TEAP specialists in their work with students. It is recommended that the entire SST curriculum be reviewed because it contains relevant, useful information for the TEAP specialists.

The TEAP specialist should also coordinate sessions with the independent living skills or personal and career counseling departments whenever possible and enlist the support of other non-health staff, particularly recreation and counseling, to provide alternative recreational and leisure time activities. The TEAP specialist should be very visible on center, get out of the office frequently, get to know the students, and become a familiar figure on center to staff and students. In addition, the TEAP specialist should interact with the students during their leisure time and have routine meetings with the residential advisors and CSO.

2.3 COUNSELING

The program should use different types of counseling techniques as intervention strategies for students during the probationary period and throughout their stay in Job Corps. The counseling component should support drug-free students as well as at-risk students.

2.3.1 Group Counseling

Group counseling in various forms is the intervention of choice for employee assistance programs. The group process may be based on psychodynamic, cognitive, behavioral, or other psychological principles. The TEAP specialist establishes rules; screens and
prepares students for admission into the group; educates the students about drugs; and tries to ensure that the group discussion remains open, relevant, and mutually respectful. Personal interactions and relationships within the group serve as a microcosm of social life. Students refrain from chemically induced pleasures for the rewards of companionship and camaraderie, helping themselves while helping others. The group provides a sense of belonging and a source of friendships that are not exploitive. Realizing that they are not alone, students feel less despairing and ashamed, and by watching and imitating others, they clarify distorted ideas about themselves. The support of the group encourages and sustains an individual's resolution to give up alcohol or drugs.

### 2.3.2 Special Topic Groups

To assist students in developing adaptive coping skills, the TEAP specialist may consider conducting groups focused on specific topics (e.g., grief, self-esteem, parenting, etc.). The SST curriculum has a variety of session topics the TEAP specialist may find helpful when developing and implementing these special groups.

### 2.3.3 Student-Generated Support Groups

The TEAP specialist should encourage students to identify specific support groups that will meet their needs. For example, if students report concerns about date rape and the use of alcohol, consider having a sponsored date rape support group or children of alcoholics support group. Conversely, if students report a need for reinforcement of positive AOD-free behaviors, have a sponsored positive-choice support group. To ensure full student participation and commitment, take the students’ needs into account when developing and implementing support groups.

### 2.3.4 Family Counseling

If applicable, some programs may provide support to the students’ families (particularly relevant for families of nonresidential students). The families are instructed on how to help the student and are introduced to self-help support groups, such as Alanon. This is an important intervention, particularly if there is evidence that the family's behavior is inadvertently condoning or enabling drug abuse.

### 2.3.5 Individual Counseling

Individual counseling with an emphasis on personality, family, and motivational issues can be a component of the program, but this type of counseling is not a practical choice because TEAP specialists must provide services to a large number of students who need help, and because students benefit from participating in the group process. Thus, individual counseling must be reserved for students who need this type of support in
addition to participating in group sessions, or for students who do not do well in groups. Individual counseling is most useful for dually diagnosed students. Insight into the past and a relationship with the TEAP specialist may be helpful to the student after attaining sobriety and while striving to remain drug and alcohol free.

Individual counseling is probably most useful during the probationary period and to prevent relapse, but it is important to note that addiction is difficult to treat if it is regarded mainly as a symptom that can be cured when an underlying problem is resolved. This type of counseling may also benefit students who have a physical or cognitive disability in addition to their substance abuse problem. According to a Treatment Improvement Protocol published by the Center for Substance Abuse Treatment, many people seeking help for substance use disorders also have a physical, cognitive, sensory, or affective disability. This publication offers useful information regarding substance use intervention for people with disabilities and may be ordered by contacting the National Clearinghouse for Alcohol and Drug Information (NCADI), at (800) 729-6686.

2.3.6 Crisis Intervention

At times, the TEAP specialist may need to deal with students in crisis by following a systematic process. Following are steps the TEAP specialist should take when handling a crisis situation:

- Define the problem
- Ensure student safety
- Provide support
- Enlist the support of other center staff
- Examine alternatives
- Make plans
- Obtain commitment from student

2.3.7 CMHC Consultation

The CMHC can be extremely helpful in providing consultation on clinical issues for students. This consultation is particularly important for students with dual diagnoses and/or significant abuse histories. The TEAP specialist should meet with the CMHC as needed for case reviews and technical assistance on special-topic groups.

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2.3.8 Staff and/or Student Mentoring

Develop a mentoring program that provides students with the opportunity to have healthy, close relationships with dependable adults and peers who, by example, will instill in them the belief that they have opportunities in mainstream society. Mentoring programs can be effective in helping students develop self-confidence, strengthen interpersonal skills, and practice good decision making skills. From the AOD prevention perspective, the following mentoring activities are suggested:

- Developing positive use of leisure time
- Talking (straight with empathy) about important issues
- Developing work ethic
- Developing spiritual awareness

2.3.9 Peer Mediation

Conflict resolution is an important skill that students need to learn as part of the process of developing new skills that promote abstinence. Mediation is a mechanism for resolving disputes and conflicts between two parties, where a neutral third party acts as a moderator for the process. In mediation, the goal is to work out differences constructively and in a manner that satisfies all involved parties. Mediation can provide centers with an alternative to traditional disciplinary practices. Students involved in this process, either as mediators or the person raising the dispute, learn a new way of handling conflict and how to compromise.

To implement a mediation program, the TEAP specialist trains students to help other students identify the problems behind the conflicts and to find appropriate and practical solutions. Peer mediation is not about determining who is right or wrong; rather, students are encouraged to move beyond the immediate conflict and learn how to compromise and get along with each other. Not every kind of problem is suitable for peer mediation. For example, ZT violations or other criminal activities are not referred to a mediation program. Common situations involving name-calling, rumors, bumping into students in the dorms, and bullying have been successfully resolved through peer mediation. The following list illustrates the ground rules and the steps of the mediation process. When both students agree to the ground rules, the mediation can proceed.

- Agree upon the ground rules
- Review what happened (each student tells his/her story)
- Verify the stories
- Discuss the stories
- Generate solutions
- Discuss solutions
- Select a solution
• Sign a contract

Participants should also take responsibility for and be willing to do the following:

• Solve the problem
• Tell the truth
• Listen without interrupting
• Be respectful
• Take responsibility for carrying out the agreement
• Keep the situation confidential

Training and supervision are critical for a successful peer mediation program and may not be feasible for some centers if the TEAP specialist does not have the time to commit to the program.

2.4 Relapse Prevention

The program must provide training and activities designed to support students who are able to abstain from drug use during the probationary period and assist them in making abstinence a life-long goal. To that end, the TEAP specialist needs to implement a relapse prevention program that helps students develop and practice new attitudes, skills, and behaviors that will allow them to remain drug free. Students must be able to see clear advantages and rewards for adopting these new practices; thus, the TEAP specialist must develop opportunities for the students to consistently receive reinforcement as positive changes occur.

Relapse is a process in which an individual who has abstained from using drugs or alcohol for a period of time begins to think about using AOD again, gets closer and closer to the point where he/she is ready to start using AOD again, and finally makes the decision and actually uses AOD. It is a movement away from recovery. It is a progression process, just like addiction. The relapse process can take a few hours, days, weeks, or longer. Recovering students have many problems and are faced with many situations that may set them up and cause them to start using chemicals again.

<table>
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<th>Potential Signs of Relapse</th>
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**Behavior changes**—Creating arguments with girlfriend/boyfriend or staff; skipping vocational training classes; not following center guidelines; cutting down, stopping, or criticizing the program.

**Attitude changes**—Not caring about abstinence, self, or others; developing a negative outlook on Job Corps, academics, or the program.

**Changes in thought**—Beginning to think everything is okay; resentment toward drinkers and drug users; believing that people expect too much.

**Changes in mood**—Reporting feeling upset, angry, lonely, bored, or guilty.
2.4.1 Supporting Abstinent Students

Part of preventing relapse is assisting the student in developing a plan to recognize the warning signs. Following are some suggestions for supporting abstinent students:

- Help students understand the relapse process and how it can be prevented
- Help students identify and handle high-risk situations; for example, how to deal with their first pass home or how to combat boredom
- Use the anger management section of the SST curriculum (Lesson 14-17) to assist students in handling angry feelings
- Discuss ways to resist peer pressure on and off center
- Discuss ways to handle cravings and the desire to use alcohol and/or other drugs
- Help students learn new ways to structure their leisure time through recreation, leisure time activities, and other wellness activities
- Have students set goals and develop their own recovery plan that they can use while in Job Corps and when they leave the program

2.4.2 Continuum of Care and Community Connections

This level of relapse prevention assists students in maintaining desired behavioral changes, reinforcing a drug-free lifestyle, and facilitating changes in personal habits and life choices. The objectives are to increase exposure to adults, peers, and environments that reinforce a drug-free lifestyle; to increase exposure to successful role models; to increase coping skills; and to increase relapse-prevention skills. Some suggestions for facilitating this area of relapse prevention are:

- Develop AOD-free recreation/wellness programs
- Facilitate 12-step groups
- Conduct small groups (e.g., time management, life skills)
- Use SST curriculum
- Establish alliances with WICs and JACs
- Conduct relapse prevention booster sessions
- Establish positive peer club
- Establish pre-pass counseling
- Establish community linkages and referrals in students’ home state
- Develop discharge plan
- Conduct monthly follow up with students
- Monitor students informally
- Conduct informal support group

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The definition of relapse and examples of possible relapse warning signs are taken from *Adolescent Relapse Prevention Workbook: A Guide to Staying off Drugs and Alcohol* by Dennis C. Daley and Charles R. Sproule, with permission from the publisher. To order the entire workbook call Learning Publications, Inc. at (800) 222-1525 ext. Q. (Learning Publications, P.O. Box 1338, Department Q, Holmes Beach, FL 34218-1338).
During the CPP, review the student’s career development plan that pulls together
dreams, goals, and aspirations in a concise declaration of what the individual
determines is important to his/her life. The mission statement can serve as a
benchmark for measuring growth toward fulfillment of identified goals while in Job
Corps and after leaving the program. Help students learn how to prioritize and
structure their day in harmony with their stated life goals.

Reach out to the community and organize good role models for students through a
mentoring program. It is vital for students to learn how to relate to each other in
Job Corps and to the work environment. A relationship with a trained mentor can
provide this opportunity. The mentor can assist the student in ensuring that he/she
is making decisions and acting in accordance with his/her written personal career
development plan.

Establish community connections that support relapse prevention efforts, for
example, arrange for on and/or off-center Alcoholics Anonymous (AA) or Narcotics
Anonymous (NA) groups (review Appendix F for an introduction to the self-help
process).

It is important for all center staff to be involved in the continuum of care with an
emphasis on drug-free outings, exercise groups, spiritual development, diet/nutrition,
etc.

2.4.3 The Real World

An important component of relapse prevention is provided during the career transition
period. At this time, the TEAP specialist will assist students to remain AOD free and to
prepare them for entry into the workforce.

As students prepare for the school-to-work transition, it is important that they
understand how the real-work environment operates. The TEAP specialist should
provide students with information and strategies on how to deal with AOD situations in
the work world.

Explain to students that the Job Corps drug policy is not an arbitrary, unreasonable rule
implemented just to control and discipline them. Rather, it is an effort to prepare them
for what they will encounter once they leave the program and join the world of work.
Have discussions and role plays on how the real world responds to the following:

- Drug testing
- Workers who use drugs
- Drugs in the workplace
Job Corps students need to know and understand that employers do test for drugs. Consider inviting employers to attend orientation and talk to students about drug use in the workplace. Another idea to reinforce drug testing in the workplace would be to show students a list of companies who do pre-employment testing and do not retain individuals who use drugs.

2.5 PREVENTION AND EDUCATION

The program components discussed in the previous sections have focused primarily on students who test positive on entry and abstain from drug use during the probationary period. The prevention and education component is designed for all students on center, with an emphasis on those students who may be at risk for AOD use. The program places the same priority on prevention as it does on supporting abstinent students. This section provides the necessary ingredients to define program activities within a prevention framework.

2.5.1 What Is Prevention?4

The term prevention is used to refer to activities designed to:

- Eliminate drug use
- Prevent initial use of drugs (onset)
- Reduce extent of alcohol use
- Reduce alcohol and drug-related problems

Prevention strategies targeting youth have evolved over the past 20 years as evaluation research reveals more about what strategies work best. Several approaches, highlighted below, are used for AOD use prevention, usually in combination.

- **Information dissemination**—This strategy provides awareness and knowledge regarding the nature and extent of alcohol, tobacco, and other drug use, abuse, and addiction, and their effects on individuals, families, and communities, as well as information to increase perceptions of risk. It also provides knowledge and awareness of prevention policies, programs, and services.

- **Prevention education**—This strategy aims to affect critical life and social skills, including decision making, refusal skills, and critical analysis abilities.

- **Alternative activities**—This strategy emphasizes the participation of targeted populations in activities that exclude alcohol, tobacco, and other drug use by youth.

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Constructive and healthy activities offset the attraction to, or otherwise meet the needs usually filled by, alcohol, tobacco, and other drug use.

- **Problem identification and referral**—This strategy calls for identification, education, and counseling for those youth who have indulged in age-inappropriate use of tobacco products or alcohol or who have indulged in the first use of illicit drugs. Activities under this strategy include screening for tendencies toward substance abuse and referral for preventive treatment for curbing such tendencies.

- **Community-based process**—This strategy aims to enhance Job Corps’ connection to the community at large. Design activities that promote interagency collaboration, coalition building, and networking with other AOD programs in the community. Building healthy communities encourages healthy lifestyle choices.

- **Environmental approach**—This strategy sets up or changes written and unwritten community standards, codes, and attitudes— influencing incidence and prevalence of alcohol, tobacco, and other drug use problems in the community. Included are laws to restrict availability and access, price increases, and community-wide actions.

Center AOD prevention and education programs provide services for all students: those at risk for using alcohol and/or drugs, as identified through the counseling intake process; those who have used drugs in the past; and, those who have never used alcohol or drugs.

### 2.5.2 Centerwide Prevention Activities

This component is designed for the entire student body with the goal of preventing the use of alcohol and other drugs among:

- Students who do not have an alcohol and drug use problem
- At-risk youth identified during intake or referred from staff
- Students who are positive on entry but successfully complete the probationary period

**Characteristics of Effective Centerwide Prevention Activities**

- Involve the entire Job Corps community
- Increase awareness
- Change norms and expectations
- Enhance positive family relationships
- Enhance student life skills
- Increase student involvement in Job Corps
- Increase student involvement in healthy alternatives

Prevention activities should be integrated into all aspects of Job Corps campus life. The positive outcomes of prevention programs can be attributed, in part, to their emphasis on integrating a prevention strategy into a student’s daily life in the classroom and the total academic and vocational environment. Consequently, TEAP specialists should be
committed to creating a drug-free culture that involves all center staff. Enlist the support of all center departments to identify how AOD prevention is applicable to their areas. Provide training, for staff, regarding AOD related COPs and nonhealth standing orders. This effort will foster a sense of community responsibility for supporting student abstinence.

Effective prevention programs build a supportive environment in which students are given opportunities to participate in and practice positive behavioral outcomes. The program should be supported centerwide and be creative and interactive with a focus on as many of the following areas as possible:

- **Raise awareness and involvement in the Job Corps community**
  - Promote the program through media campaigns on campus, for example, a designated awareness day during which the Job Corps community can signify support for the campaign with a symbolic gesture, such as wearing a red ribbon or a specific t-shirt
  - Develop a youth-driven community advisory council designed and empowered to raise awareness and create new AOD-free programs, or have a fund-raising activity to support AOD activities on site
  - Prepare and distribute a newsletter
  - Have students develop a website
  - Sponsor national prevention program participation (e.g., Red Ribbon Day or Inhalant Prevention Week)

- **Increase perception of harmfulness of drugs among students**
  - Conduct psycho-educational groups that include information about the effects of along with the signs and symptoms of drug use. (Information on drug characteristics in Appendix G can be helpful in this area.) These groups should be multi-modal using as many senses as possible (e.g., videos, artwork, music, books, etc.).

  **Note:** It is unlikely that this strategy alone will be useful. In fact, some research suggests that facts alone may make some youth curious enough to try using alcohol or drugs. Thus, the information needs to be presented within a prevention context.
  - Purchase and distribute education materials
• Change norms and expectations about alcohol and drug use
  - Enforce the ZT policy consistently; strict no-use policies foster an environment that does not tolerate or condone AOD use
  - Involve students in drug-free youth groups, no-use poster contests, and youth-modeling, drug-free behavior to change attitudes and beliefs about AOD use
  - Develop positive peer-pressure campaigns; have students sponsor a yellow ribbon day for all students on center or create special t-shirts for students involved in the program

• Enhance parenting and positive family influence
  - Keep lines of communication between students, staff, and parents open; encourage parents to call the center whenever they need information or have information to share
  - Involve parents and family members in the program when possible through parent seminars or workshops that increase parent awareness and communication and promote closer youth-parent relationships

• Enhance student skills using the SST curriculum—as discussed earlier in this section, TEAP specialists should use the SST curriculum in their work with the students. Following are some suggested strategies:
  - Develop or enhance current groups that deal with peer resistance skills (see the peer resistance training module in Appendix H).
  - Develop or enhance groups that teach critical thinking and decision making skills (see SST Lessons 28 and 29)
  - Develop groups that teach stress management and alternative ways to handle stress (see SST Lessons 18 and 19)
  - Develop activities that encourage leadership abilities, such as peer counselors or educators (see SST Lesson 41)

• Increase student involvement in Job Corps—This component is critical because the more opportunities for AOD-free activities within Job Corps, the less time students may have for engaging in AOD use.
• Develop a strong relationship with the recreation department and co-sponsor activities that promote healthy leisure-time choices. The more involved students are, the less time they have available for making poor lifestyle choices.
  - Increase clubs and extracurricular opportunities for students
  - Integrate and reinforce messages that encourage AOD-free lifestyles in various vocations
  - Provide on-site education in the classrooms as it relates to vocational safety
  - Provide service opportunities in Job Corps that promote AOD-free lifestyles
  - Develop drugs-in-the-workplace groups

• Increase involvement in healthy, legal alternatives
  - Provide AOD-free dances and parties as desirable recreational and leisure time activities for youth
  - Develop AOD-free clubs
  - Organize intramural sports (preferably non-contact sports)

When implementing these strategies, it is important to consider the incentives to youth for participating in these activities. See Appendix I for additional suggestions on AOD-free activities.

2.5.3 Special Substances

Depending on the needs of the center, the program may offer specialized groups such as:

• Alcohol intervention—Alcohol is one of the most common substances used by adolescents and young adults. The major focus of the alcohol intervention program is to reduce the incidence of alcohol use among Job Corps students and to specifically focus on self-issues related to addiction. Alcohol use can be very difficult to address because its use can be socially rewarding. It is not surprising that students using alcohol have specific deficits in coping with life stressors, which may be one of the reasons they begin using alcohol. If, for example, a student does not have the ability to talk to strangers at parties, he/she may learn that drinking makes it easier to strike up a conversation. This is perceived as having a positive outcome and sustains continued use of alcohol.
A major emphasis in TEAP should be assisting the student in recognizing his/her alcohol use patterns: what precedes use and what are the consequences? TEAP specialists are encouraged to form peer leader/counselor groups to assist with this program. Peer leaders can offer another opportunity for students to learn effective coping strategies. However, the peer leaders/counselors must be trained and supervised by the TEAP specialist. The peer leaders should use a cognitive behavioral approach that deals with changing attitudes and behavior. This approach shows the most promise for effecting change in Job Corps students as it focuses on the here and now, versus past behavior.

A significant area to address in this component is the role of ineffective coping styles and the need to identify alternatives to using alcohol. One of the basic coping skills that must be learned is how to address the craving for alcohol. This program can be conducted in conjunction with the more structured comprehensive prevention program but will require additional one-to-one time with the TEAP specialist and peer counselors.

If a pattern of continued alcohol use is demonstrated, the student should be separated with a referral to a treatment facility at his/her home location. (For additional information on this policy, see PRH-5.)

- **Inhalant awareness**—Inhaling dangerous products is a widespread problem across the country. Inhalants are legal, everyday products that have useful purposes, but can be misused. TEAP specialists should develop groups that increase awareness about inhalant use and what it can do to the body. Inhalant prevention information and videos can be ordered from the National Inhalant Prevention Coalition (NIPC) at (800) 269-4327 or [www.inhalants.com](http://www.inhalants.com). There is also an annual Inhalant Awareness Week (the third week of March); contact the NIPC for more information.

<table>
<thead>
<tr>
<th>Possible Signs of Inhalant Use</th>
</tr>
</thead>
<tbody>
<tr>
<td>Paint or stains on body or clothing</td>
</tr>
<tr>
<td>Spots or sores around the mouth</td>
</tr>
<tr>
<td>Red or runny eyes or nose</td>
</tr>
<tr>
<td>Chemical breath odor</td>
</tr>
<tr>
<td>Drunk, dazed, or dizzy appearance</td>
</tr>
<tr>
<td>Nausea, loss of appetite</td>
</tr>
<tr>
<td>Anxiety, excitability, irritability</td>
</tr>
</tbody>
</table>

From an intervention perspective, students who use inhalants are very difficult to identify and treat. Inhalant users suffer a high rate of relapse, may suffer severe physical consequences, and require inpatient detoxification treatment. TEAP specialists are discouraged from maintaining these students on center; refer them immediately to an appropriate medical/treatment facility.
• **Club drugs awareness**—Club drugs include MDMA (Ecstasy), Rohypnol, GHB, and Ketamine. These low-cost drugs are used by teens and young adults to increase stamina and experience intoxicating highs.

  - MDMA (Ecstasy) is a synthetic drug with both stimulant and hallucinogenic properties.
  - Rohypnol, GHB, and Ketamine are predominantly central nervous system depressants. Because they are often colorless, tasteless, and odorless, they can be added to beverages and ingested unknowingly. These drugs have been named the “date rape” drugs. Federal legislation, passed in 1996, increased the penalties for the use of any controlled substance to aid in sexual assault.

Because of the severe psychological difficulties and physical problems that can occur with the use of these drugs, as well as the documented use in date rape, information should be provided to all students regarding the importance of not experimenting with any of the club drugs. Information and updates may be found at [www.clubdrugs.org](http://www.clubdrugs.org).

• **Marijuana awareness**—A prevention program aimed at marijuana awareness should emphasize the following messages to students:

  - Using, holding, buying, or selling marijuana results in separation from Job Corps and decreases the chances of keeping a job in the future.
  - Using marijuana may make students feel like part of the crowd for a while, but having friends who could self-destruct at any moment can be extremely stressful. Resist peer pressure.
  - Using marijuana reduces the ability to do things that require coordination and concentration, like sports, dancing, acting, and studying.
  - Using marijuana promotes something that can cause cancer, causes forgetfulness, and makes it difficult to drive a car. Think about what it promotes to wear t-shirts, hats, pins, or jewelry depicting a pot leaf/joint/blunt.
  - Using marijuana decreases the ability to complete the Job Corps program and adversely affects family ties and social life.

Marijuana remains the most commonly used illicit drug in the United States. According to data from the 2000 National Household Survey on Drug Abuse, an estimated 14 million Americans were current illicit drug users. Of those, 76 percent had used marijuana.
- Using marijuana elevates risk by interfering with thinking and judgment; sexually transmitted diseases (including HIV/AIDS), violence, and car crashes are all possible consequences of impaired judgment that result from using marijuana.

- Smoking marijuana—contrary to what is heard in songs or seen on television or in the movies—is not cool; being healthy, aware, and in control is cool.

- Using marijuana results in an increased need for the drug; over time, more of the drug is required to get the same effect, causing more damage.

- Using marijuana will not help to escape from problems, it will only create more; do not believe people who minimize the risk of using marijuana or infer that it will make life better. Talk about problems.

- Assuming that "everybody's doing it" and it will increase happiness, popularity, and learning needed skills are all incorrect perceptions; friends, family, and other trusted adults can help to achieve these goals.

- Using marijuana can cause chronic lung disease in some marijuana users; there are more known cancer-causing agents in marijuana smoke than in cigarette smoke, and because marijuana smokers hold the smoke in their lungs as long as possible, one marijuana cigarette can be as damaging to the lungs as four tobacco cigarettes.

- Using even small doses of marijuana can impair memory function, distort perception, hamper judgment, and diminish motor skills.

**Prescription drug abuse awareness**—In the last few years, there has been an increase in the number of prescription drugs available on the street, and youth are also reporting easy access to a variety of prescription drugs. The misuse and abuse of non-prescribed prescription drugs is becoming more acceptable among youth who also often turn to these substances to cope with stressors. The TEAP specialist should consider facilitating awareness groups to help prevent the onset of prescription drug abuse. Many harmful side effects may occur when taking non-prescribed drugs, and regular use may lead to physical and psychological dependence. High doses of barbiturates, for example, can result in death due to respiratory arrest, and mixing prescription drugs with alcohol can be highly dangerous.

**Suggested Activities to Increase Awareness**

- Develop a display on the dangers of prescription drug misuse and abuse
- Organize an open forum to provide students with an opportunity to share their views on the prescription drug issue
- Discuss the issues involved in prescription drug misuse
- Invite the center physician, health and wellness manager, or a local pharmacist to discuss the issues relevant to youth and prescription drug abuse
lethal. Prescribed drugs encompass a wide range of categories including barbiturates (Seconal), benzodiazepine (Ativan), stimulants (Ritalin and amphetamines), opiates (codeine and morphine), and pain relievers (Oxycontin).

Students should be aware that the Controlled Drugs and Substances Act states that in some cases it is illegal to possess prescription drugs without a physician’s authorization. Obtaining prescription drugs containing a narcotic, without advising a physician that a similar prescription was received within the last 30 days, is referred to as double doctoring. A conviction for this illegal activity could result in imprisonment.

2.5.4 The Tobacco Use Prevention Program (TUPP)

We know that cigarette smoking is a cause of increased morbidity and mortality from heart disease, emphysema, and lung cancer. Studies have documented predictors of smoking behavior among young people who have not yet become regular smokers including peer influence (having friends or siblings who smoke), having less educated parents (increased risk for females), being more independent or rebellious than other young people, and being less concerned about the health consequences. Cigarette smoking in high school has been associated with significantly more absences, lower grade-point averages, and lower scores on the standard achievement tests. These associations suggest that smoking behavior may be part of lifestyle differences, and that smoking prevention efforts must address general values and lifestyles rather than solely focusing on the practice of smoking. Of course, the most effective treatment for cigarette smoking is to prevent the onset of the behavior; however, for most students who are already smokers and who have a desire to stop smoking, the TUPP should be highly visible and functional. The TUPP can be an important vehicle to help students stop smoking and reduce the incidence of smoking on campus.

As part of a centerwide prevention program, the TUPP can also serve to strengthen the program. The TEAP specialist and TUPP coordinator should work together to develop an integrated approach for the students they serve and consider hosting joint events.

A successful TUPP should have, at a minimum, five basic components:

- Planning
- Promotional activities
- Educational activities
- Environmental activities
- Activities that encourage cessation of tobacco use

Job Corps centers have many options in how they implement these five components. Below are suggestions for implementing each component.
**Planning**—Center-sponsored programs should have the support of the Center Director and involve all staff and students. Input from staff and students in the planning process can greatly improve the program’s success. Establish a planning committee with representatives from all facets of center life (e.g., residential life, health and wellness center, education/training, administration, etc.). The planning committee can help assess the extent of tobacco use on center through such means as:

- Conducting student/staff surveys on tobacco use and interest in stopping use
- Conducting student/staff surveys to identify potential barriers to promoting a tobacco-free environment
- Talking with center staff about problems they have encountered with tobacco use

Engaging assistance through community or national organizations (e.g., American Cancer Society) can greatly enhance the program. Such organizations have smoking cessation brochures, pamphlets, posters, exhibits, and videos to help promote the cessation of tobacco use. Some organizations have staff that can visit the center to deliver a presentation on tobacco cessation or talk to students individually or as a group about the harmful effects of tobacco use and the benefits of tobacco cessation.

The planning committee should develop an evaluation system to monitor the program’s impact on tobacco use and determine what parts of the program are working or not working. The four-step model of program assessment described in Section 3.0 can also be used to evaluate the TUPP.

**Promotional activities**—Promotional activities should be designed to make people aware of the TUPP, encourage participation, and build support for staff and students who stop or are trying to stop using tobacco. A good activity to promote the TUPP is to distribute periodic announcements about the program to students. Other activities include:

- Designate a day as the Great American Smokeout (GAS). Start promoting it 2 to 3 weeks in advance of the day.
- Hang posters and make information available on the hazards of tobacco use.
- Announce an incentive system (e.g., prizes, sweepstakes) for persons who participate in the program and stop using tobacco.
• **Educational activities**—Develop activities such as centerwide antismoking and tobacco-chewing campaigns that provide information about the benefits of not using tobacco, benefits of a tobacco-free environment, and the hazards of tobacco use. Of particular importance is educating pregnant students about the health risks posed to the fetus if they continue to use tobacco.

• **Environmental activities**—These activities focus on changing the physical environment to create incentives and support for being tobacco free, and create barriers that discourage tobacco use. Such activities include:
  - Establish tobacco-free areas on a centerwide basis. Designate as few smoking areas as possible for students and ensure that designated staff smoking areas are *separate* from those of students.
  - Ensure that your center is not selling tobacco products.

• **Activities that encourage cessation of tobacco use**—The TUPP planning committee should support activities such as peer support groups and/or stress management programs that encourage tobacco users to quit or reduce their on-center use of tobacco. Provide information on tobacco cessation products available to students (e.g., Nicorette gum, Nicoderm transdermal patches). Increasing after-hour recreational activities, as alternatives to smoke breaks will also serve to promote a healthy lifestyle.

### 2.6 ATTRACTING JOB CORPS STUDENTS TO VOLUNTARY PROGRAMS

Creating a highly effective program that will benefit the students and will help them complete their training is only one-half of what needs to be accomplished. How can students be attracted to the program? What incentives can be used to increase their desire to participate in the program? To address recruitment and attrition issues, look at the possible barriers to student involvement. The factors shown at right are typical barriers for most Job Corps students.

<table>
<thead>
<tr>
<th>Common Attendance Barriers</th>
</tr>
</thead>
<tbody>
<tr>
<td>• Time (schedule conflicts with other activities)</td>
</tr>
<tr>
<td>• Lack of interest in the program</td>
</tr>
<tr>
<td>• Mistrust</td>
</tr>
<tr>
<td>• Lack of program ownership</td>
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<tr>
<td>• Cultural differences between providers and students</td>
</tr>
<tr>
<td>• Stigma associated with the program</td>
</tr>
<tr>
<td>• Unattractive program design (e.g., too many lecture-style presentations)</td>
</tr>
<tr>
<td>• Not remembering group times</td>
</tr>
<tr>
<td>• Fear of group interaction and personal disclosure</td>
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</tbody>
</table>

Strategies for combating these common barriers and involving hard-to-reach students can be found in Appendix J.
### Exhibit 2-1
**TEAP Specialist’s Responsibilities**

<table>
<thead>
<tr>
<th>Functional Responsibility</th>
<th>Primary Function</th>
<th>Secondary Functions</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Direct Services</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Pre-Arrival</td>
<td>Correspond via pre-arrival phone calls or letters explaining the ZT policy.</td>
<td>Assist outreach and admissions staff with tours of the center for local applicants prior to admission.</td>
</tr>
<tr>
<td></td>
<td>Communicate consistently with admissions counselors to obtain relevant AOD-use information on prospective students.</td>
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</tr>
<tr>
<td>New Student Orientation</td>
<td>Explain the ZT policy on drugs and alcohol to new students including:</td>
<td>Assist in the collection of specimens for biochemical tests, not to exceed 10 percent of the TEAP specialist’s total weekly hours, and inform students when results will be available to them (See Section 4.0 for biochemical testing responsibilities and procedures).</td>
</tr>
<tr>
<td></td>
<td>• Biochemical testing procedures for drugs and alcohol</td>
<td></td>
</tr>
<tr>
<td></td>
<td>• Counseling, prevention services, and programs</td>
<td></td>
</tr>
<tr>
<td>Assessment</td>
<td>Conduct an assessment (e.g., MAST, SASSI), including review of counselor’s intake assessment, for students who test positive for drug use on entry.</td>
<td>Work with personal and career counseling staff to develop intake questions for program.</td>
</tr>
<tr>
<td>Probationary Period</td>
<td>Notify students (if designated to do so by the Center Director), within 24 hours of receipt of positive result, or as soon as possible thereafter, given staff and student availability.</td>
<td>Notify parents/guardians of minor students in accordance with state law of the state in which the center is located.</td>
</tr>
<tr>
<td></td>
<td>Inform students who test positive on entry of the consequences associated with continued use of drugs.</td>
<td></td>
</tr>
<tr>
<td>Counseling</td>
<td>Provide counseling, as stipulated by the center review board, for students who violate center rules regarding alcohol, drug, or inhalant use. Specific, documented counseling strategies should be developed for dealing with AOD use.</td>
<td></td>
</tr>
<tr>
<td>Functional Responsibility</td>
<td>Primary Function</td>
<td>Secondary Functions</td>
</tr>
<tr>
<td>---------------------------</td>
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</tr>
<tr>
<td>Intervention</td>
<td>Develop and implement a reasonable plan of assistance toward compliance with the ZT policy. This intervention plan may include:</td>
<td>Support TUPP by providing assistance to individual students when requested by the TUPP coordinator.</td>
</tr>
<tr>
<td></td>
<td>• Behavioral contract</td>
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<td></td>
<td>• Consequence plan for nonparticipation in the program (develop with CSO)</td>
<td></td>
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<tr>
<td></td>
<td>• Restriction plan for probationary period for students who test positive on entry (develop with CSO)</td>
<td></td>
</tr>
<tr>
<td></td>
<td>• Involvement in recreation and leisure time/wellness programs</td>
<td></td>
</tr>
<tr>
<td></td>
<td>• Individual counseling sessions</td>
<td></td>
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<tr>
<td></td>
<td>• Small group weekly counseling meetings</td>
<td></td>
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<tr>
<td></td>
<td>• Joint groups with CMHC when appropriate and 12-step introduction</td>
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</tr>
<tr>
<td></td>
<td>Refer any student who tests positive at the end of his/her probationary period, or at any time on suspicion when the student is positive on entry, to the CSO for separation from the program.</td>
<td></td>
</tr>
<tr>
<td>Referrals</td>
<td>Ensure that students separated from the program for alcohol/drug use are given a list of referrals to treatment facilities in their home area.</td>
<td></td>
</tr>
<tr>
<td>Indirect Services</td>
<td>Develop a program to include the five components identified in the PRH—assessment, intervention, counseling, relapse prevention, and prevention and education. See Section 2.0 for specific strategies.</td>
<td>Assist counseling staff in identifying and referring at-risk students to programs.</td>
</tr>
<tr>
<td>Program Development</td>
<td>Network with all center staff to support ZT activities, including assisting recreation department staff in developing leisure-time activities that reinforce an alcohol and drug free lifestyle.</td>
<td></td>
</tr>
<tr>
<td>Program Integration</td>
<td>Work with the CMHC, center physician, health and wellness staff, counselors, and other center staff to ensure that the prevention program and intervention services are fully understood and integrated on center.</td>
<td></td>
</tr>
<tr>
<td>Program Evaluation</td>
<td>Develop and implement a formal program assessment to evaluate the success of the program and determine the program needs. See Section 3.0 for a precise four-step guide to program assessment.</td>
<td></td>
</tr>
<tr>
<td>Functional Responsibility</td>
<td>Primary Function</td>
<td>Secondary Functions</td>
</tr>
<tr>
<td>---------------------------</td>
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</tr>
<tr>
<td>Documentation</td>
<td>Develop and update center operating procedures (COPs) to agree with the ZT policy on drugs and alcohol. COPs should be reviewed and updated as needed or at least annually. Maintain thorough documentation in the health record of referrals for testing on suspicion, all biochemical test results, notification(s), assistance, and final disposition of all students with positive biochemical test results, including referrals provided to students upon separation from the program.</td>
<td>Assist with compiling the quarterly alcohol testing summary for submission to the National Office with a copy to the Regional Office.</td>
</tr>
</tbody>
</table>
| Staff Training            | Provide staff training on:  
  - The ZT policy, as required by the PRH  
  - Alcohol testing devices and procedures (to designated staff)  
  - All AOD related COPs, health and nonhealth standing orders  
  The recognition and followup of signs and symptoms of alcohol, drug, and inhalant use. This training should review the center's protocol for testing students based on suspicion of use. | Support the health education program by ensuring the module is conducted within the ZT framework. Assistance in classroom instruction should not exceed 10 percent of the TEAP specialist's total weekly hours. |
| Community Linkages        | Establish community linkages for providing on- and off-center support groups, e.g., Alcoholics Anonymous (AA), Narcotics Anonymous (NA). | |

June 2002
## Exhibit 2-2
**TEAP Specialist’s Sample Work Week**

<table>
<thead>
<tr>
<th>Sunday</th>
<th>Monday</th>
<th>Tuesday</th>
<th>Wednesday</th>
<th>Thursday</th>
<th>Friday</th>
</tr>
</thead>
<tbody>
<tr>
<td>5:00 p.m. – 9:00 p.m.</td>
<td>9:00 a.m. – 12:00 noon</td>
<td>9:00 a.m. – 12:00 noon</td>
<td>1:00 p.m. – 4:00 p.m.</td>
<td>10:00 a.m. – 12:00 noon</td>
<td>6:00 p.m. - 10:00 p.m.</td>
</tr>
<tr>
<td><strong>Weekend staff training:</strong></td>
<td><strong>Monthly</strong></td>
<td><strong>Weekly</strong></td>
<td><strong>Weekly</strong></td>
<td><strong>Weekly</strong></td>
<td><strong>Weekly</strong></td>
</tr>
<tr>
<td>Identify suspicious behavior</td>
<td>Monthly</td>
<td>Monthly</td>
<td>Monthly</td>
<td>Monthly</td>
<td>Monthly</td>
</tr>
<tr>
<td>Document requests for testing</td>
<td>Monthly</td>
<td>Monthly</td>
<td>Monthly</td>
<td>Monthly</td>
<td>Monthly</td>
</tr>
<tr>
<td>Use of alcohol-testing supplies</td>
<td>Monthly</td>
<td>Monthly</td>
<td>Monthly</td>
<td>Monthly</td>
<td>Monthly</td>
</tr>
<tr>
<td>Support returning students</td>
<td>Monthly</td>
<td>Monthly</td>
<td>Monthly</td>
<td>Monthly</td>
<td>Monthly</td>
</tr>
<tr>
<td>Counsel students who encountered problems at home</td>
<td>Monthly</td>
<td>Monthly</td>
<td>Monthly</td>
<td>Monthly</td>
<td>Monthly</td>
</tr>
<tr>
<td>Remind students of upcoming week’s activities and meetings</td>
<td>Monthly</td>
<td>Monthly</td>
<td>Monthly</td>
<td>Monthly</td>
<td>Monthly</td>
</tr>
<tr>
<td>9:00 a.m. – 12:00 noon</td>
<td>Review weekend security/dorm logs to identify issues</td>
<td>Provide orientation to new students</td>
<td>Review suspicious drug-test results</td>
<td>Collect probationary drug-tests/suspicious request tests</td>
<td>Participate in off-center, AOD-free recreational activity</td>
</tr>
<tr>
<td>Meet with students involved in weekend issues</td>
<td>Assist with initial urine drug-screen collection</td>
<td>Send referrals for all positive results to the CSO</td>
<td>Conduct initial assessments/counseling sessions</td>
<td>Conduct student assessments</td>
<td></td>
</tr>
<tr>
<td>Review test request forms and collect suspicious drug screens</td>
<td><em>[12:00 noon –1:00 p.m.]</em> Luncheon group meeting with nonresidential students</td>
<td>Visit the wellness class if the segment is being taught</td>
<td>Conduct luncheon relapse prevention group for all interested students</td>
<td>Conduct luncheon relapse prevention group for all interested students</td>
<td></td>
</tr>
<tr>
<td>1:00 p.m. – 4:00 p.m.</td>
<td>Review drug-test results from last input</td>
<td>Conduct initial assessments of students</td>
<td>Conduct relapse prevention group for all interested students</td>
<td>1:00 p.m. – 3:00 p.m.</td>
<td>Provide input on students to the student probationary panel</td>
</tr>
<tr>
<td>Inform positive students/parents of minor students of results (parents of minors informed only with student’s consent and in accordance with state law)</td>
<td>Meet with CMHC regarding issues</td>
<td>Conduct individual counseling sessions</td>
<td>Document all student encounters in the health record</td>
<td>3:00 p.m. – 4:00 p.m.</td>
<td>Document all student encounters in the health record</td>
</tr>
<tr>
<td>Request social intake information from counselor</td>
<td>Document all encounters with students in the health record</td>
<td>Document all encounters in the health record</td>
<td>Visit with dorm residential advisors</td>
<td>4:00 p.m. – 5:00 p.m.</td>
<td>Meet with recreation staff to plan AOD-free activities</td>
</tr>
<tr>
<td>Make appointments for assessment of positive students</td>
<td>File all test results</td>
<td>7:00 p.m. – 10:00 p.m.</td>
<td>Support on-center AA/NA meetings</td>
<td>5:00 p.m. – 6:00 p.m.</td>
<td>Plan off-center recreation trips</td>
</tr>
<tr>
<td>Conduct assessments/counseling sessions (after class)</td>
<td>4:00 p.m. – 5:00 p.m.</td>
<td>7:00 p.m. – 10:00 p.m.</td>
<td></td>
<td></td>
<td>5:00 p.m. – 6:00 p.m.</td>
</tr>
</tbody>
</table>
3.0 FORMAL PROGRAM ASSESSMENT AND EVALUATION

This chapter discusses the need for a formal, precise program assessment and evaluation. As Job Corps centers develop their prevention programs, it is important to assess the effects of the programs and whether the prevention groups and activities make a difference, i.e., do the prevention programs increase skills necessary to promote an AOD-free lifestyle? This section defines key evaluation terms and discusses the four steps involved in formal program assessment.

The TEAP specialist and others involved in prevention programs should be familiar with a number of program assessment terms. These terms (placed in Job Corps context below) are the key components of evaluation as outlined in Prevention Plus III: Assessing Alcohol and Other Drug Prevention Programs at the School and Community Level — A Four-Step Guide to Useful Program Assessment.

<table>
<thead>
<tr>
<th>Job Corps Program Assessment Terminology</th>
</tr>
</thead>
<tbody>
<tr>
<td>Assessment Term</td>
</tr>
<tr>
<td>-----------------</td>
</tr>
</tbody>
</table>
| Goal            | Broad, general statements concerning what a program intends to accomplish | • Raise student awareness of the dangers associated with alcohol and drug use  
• Create and maintain an AOD-free student population |
| Objective       | Specific statements describing what will be accomplished, when it will be done, for whom, and how success will be measured | • Increase student knowledge of alcohol and drugs  
• Reduce the ZT separation rate by 30 percent |
| Target group    | Persons, organizations, communities, or other types of groups the prevention program is intended to affect | • All students  
• At-risk students  
• Students who abuse alcohol  
• Students who abuse drugs  
• Students who abuse inhalants  
• Students who smoke |
| Outcome         | Ways in which the participants of a prevention program could be expected to change at the conclusion of that program | • Was there an increase in knowledge or a predictable change in attitudes, beliefs, behaviors?  
• Did the ZT separation rate decrease? |
| Process Assessment | Description and documentation of what was actually done, how much, when, for whom, and by whom during the course of a program | • How many students tested positive on entry and, of those, how many completed the program?  
• Does the center program comply with PRH requirements |

### Job Corps Program Assessment Terminology

<table>
<thead>
<tr>
<th>Assessment Term</th>
<th>Definition</th>
<th>Job Corps Context</th>
</tr>
</thead>
<tbody>
<tr>
<td>Impact Assessment</td>
<td>Examination of the extent of broad, ultimate effects of prevention programs</td>
<td>• Decrease the rate of ZT separations</td>
</tr>
<tr>
<td></td>
<td></td>
<td>• Increase the percentage of students who successfully complete the probationary period</td>
</tr>
<tr>
<td>Outcome Assessment</td>
<td>A process for assessing the short-term effects of an intervention on an identified, defined population</td>
<td>• Did the program help students who tested positive on entry abstain from using drugs and remain at the center?</td>
</tr>
</tbody>
</table>

# 3.1 WHAT IS PROGRAM ASSESSMENT?

Program assessment is designed to verify, document, and quantify activities and their effects. Often, program staff believes that a program works—they know this through common sense, observations, or experience. Despite the fact that these anecdotal methods have some validity, a more structured approach will provide reliable information with which to make program modifications.

Before outlining the basic four-step model of program assessment, it is important to point out that specific programs should exist in response to some identified need. The beginning stage—determining what the problem is and how to plan prevention activities to address it—is best accomplished by conducting a needs assessment.

A needs assessment identifies the extent and type of existing problems on center, the services available, and the unmet needs. In even simpler terms, a needs assessment is a process to determine the existing need, defined as the gap between the problem and existing efforts, resources, and programs to deal with the need. Such an assessment, which is an important first stage in planning a program and preparing for a comprehensive program assessment, should provide answers to the following questions:

- What program components are in place and functioning well?
- What components need to be developed and implemented?
- What successful strategies are in place?
- What community resources are available to students?
- What are the general characteristics of the students involved in the program, for example, what is their background, what are their main problems and obstacles?

**Program Assessment Answers**

Three Basic Questions:

- What needs to be accomplished?
- What is being done to accomplish it?
- What has been accomplished?
The TEAP specialist should conduct informal discussion groups with staff and students to obtain the above information, identify the needs of the program, and determine how best to address student needs in the area of AOD intervention, education, and prevention. In addition, this assessment will help determine if the following program outcomes are being met:

1. Are students getting through the probationary period successfully? If yes or no, what factors assist or negatively impact students during this time?

2. Are students managing to abstain from using alcohol/drugs during their stay in Job Corps? If yes or no, why and how?

3. Is the program preventing students from beginning to use drugs while in Job Corps? If yes or no, why and how?

4. Are students developing enough skills to remain drug free once they leave the center? If yes or no, why and how?

3.2 PROGRAM ASSESSMENT FOUR-STEP MODEL

The four-step model identifies the logical connections between the conditions that contribute to the need for a prevention program, the activities designed to address these conditions, and the outcomes resulting from the implementation of those activities.

**Step 1—Identify goals and desired outcomes**

This step answers two questions: (1) what are the primary goals of the project, and (2) what is hoped to be accomplished, by describing the following:

- The primary goals of the program(s)—increasing knowledge about drugs, increasing student involvement in Job Corps, increasing barriers to drug use, or decreasing the number of students testing positive for alcohol and drug use. Properties of a well-formulated goal or desired outcome are:
  - Clearly defined and specific
  - Realistic and attainable
  - Measurable

- Target group(s) of the program—who needs to be reached (e.g., students, minorities, parents, teachers, general public)

- What outcomes are desired—what is hoped to be accomplished (e.g., decrease the ZT separation rate)
Step 2—Describe the activities that have taken place to accomplish the goals and objectives (*process assessment*)

Conducting a process assessment provides relevant information on why the program works or does not work; obtaining information on what is being done and who is being reached can provide knowledge about achieving outcomes or not achieving them. During this step, the assessment focuses on conducting monitoring activities and compiling programmatic data.

- Monitoring activities help organize program efforts, and
  - Help prevent parts of the planned program from being forgotten or neglected
  - Help the program use resources where they are needed
  - Provide information to help manage the program and change or add to activities

- Compiling information during this step provides program accountability data that is used to answer the following questions:
  - Is the center’s program in compliance with PRH requirements?\(^6\)
  - What are the intended activities that constitute the program?
  - How many activities are carried out with what target audiences?
  - Who is missing?
  - What topics are presented?
  - What activities or topics are not carried out?
  - What do the participants think of the program and its activities; is it interesting, useful, or a waste of time?

All of the information gathered in the process assessment can be used to improve (or discard) the activity in the future.

Step 3—Describe what changes have taken place (*outcome assessment*)

The bottom line of program assessment is often to determine the effects of a program. There are two types of assessment related to effects: an outcome assessment determines the short-term effects (discussed in this step), while an impact assessment addresses the long-term or ultimate effects (discussed in Step 4).

An outcome assessment is concerned with measuring the immediate effects of a program on the recipients. It attempts to determine the direct effects of the program, such as the degree to which the program increases knowledge of drugs and the

\(^6\) Exhibit 3-1, at the end of this section, provides a checklist that can be used to review and assess center compliance with PRH requirements.
perceived risk of drugs, or whether the program helps students who test positive on entry to abstain from using AOD and remain abstinent. Basically, this step involves looking at the desired outcomes stated in Step 1 and looking for evidence regarding the extent to which the outcomes are achieved. Evidence can include an increase in the number of students attending an activity, increased publicity about drug dangers, and a decrease in the number of students separated for alcohol and drug use.

Outcome measures should be closely linked to objectives. There are several potential sources of information for outcome assessment. Questionnaires are a commonly used measure of outcomes. The particular questions used to measure an outcome must be chosen with care. Some of the issues that should be considered when choosing a measure are described below.

- **Validity**—There are two types of validity, construct and predictive:
  - **Construct validity** is the extent to which a particular measure assesses the concept or outcome to be measured. For example, to what extent does the Brand X self-esteem measure actually assess self-esteem?
  - **Predictive validity** assesses the degree to which a particular measure can predict a future outcome. For example, does the Brand X self-esteem measure predict alcohol and drug use one year later?

- **Reliability**—Reliability refers to the stability of a measure. For example, John weighed himself on a scale and then weighed himself 5 minutes later and found that his weight was 8 pounds higher (and he had not changed anything about himself); that scale would be considered unreliable and useless. Similarly, if a measure is not reliable (not reasonably stable), it also would be useless.

For standardized instruments, the reliability coefficient is an index of stability and consistency. A reliability coefficient can range from 0 to 1.0. The higher the value of the reliability coefficient, the more stable the measure. Generally, a reliability coefficient between .6 and .9 is considered good. If a commonly used measure is available for an objective to be measured and it has acceptable reliability and validity, then it is usually better to use that measure than to make up one. However, be certain that the questionnaire is culturally appropriate and normed on the population being served. Other sources of data for outcome assessment include archival data and ratings by others.
**Step 4—Describe whether the goals and outcomes have been accomplished (impact assessment)**

Impact assessment is concerned with the ultimate effects desired by a program. In alcohol and other drug prevention programs, the ultimate effects (or the areas one would like to impact) include reduction in overall drug use (prevalence), reduction in rate of new students starting drug use (incidence), decrease in incident reports, and decrease in Job Corps disciplinary actions for alcohol or drug offenses. (These measures of impact are useful only if enforcement is stable or becomes more strict.) Also considered under impact assessment is the reduction in risk factors related to the level of alcohol or other drug use, such as work absences and Job Corps attrition rate. Evidence related to incidence and prevalence of drug use can be obtained from a use survey. Information about many of the other impact areas can be obtained from archival data from the Job Corps center. An informed consent may be needed from the students and their parents to access certain information.

### 3.3 ILLUSTRATION OF THE FOUR-STEP ASSESSMENT MODEL

Suppose the center implements a prevention program that focuses on teaching students how to resist external pressures (e.g., pressure from peers and the media) to use alcohol and drugs. Application of the assessment model to this example is shown below:

**Step 1—Identify goals**

The identified goal of the program is to enhance peer resistance skills, and therefore self-esteem, with the target group being all Job Corps students.

**Step 2—Process assessment**

The number and kind of sessions planned, the number of sessions actually held, and student attendance at each session would be recorded to document the implementation.

**Step 3—Outcome assessment**

A short-term direct outcome of the program might be an increase in self-esteem. A questionnaire measuring self-esteem would be given to each student before and after the program to measure change in this desired outcome.
Step 4—Impact assessment

A long-term effect of the program could be an overall reduction in the students’ use of alcohol and drugs and in the rate of ZT separations. Impact could be measured by administering a usage questionnaire and comparing usage the month before the program is initiated, the month the program is being conducted, and the month after the program concludes.

Worksheets to assist Job Corps staff in conducting program assessments are included in Appendix K.

3.4 OBSTACLES INTERFERING WITH PROGRAM ASSESSMENT AND EVALUATION

Identified below are some common fears and complaints about program assessment and evaluation.

<table>
<thead>
<tr>
<th>Common Fears and Complaints about Program Assessment and Evaluation</th>
</tr>
</thead>
<tbody>
<tr>
<td>I just do not have the time to evaluate a program and run it, too.</td>
</tr>
<tr>
<td>I was never good at writing or math.</td>
</tr>
<tr>
<td>But it is so boring!</td>
</tr>
<tr>
<td>We do not have the expertise.</td>
</tr>
<tr>
<td></td>
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<tr>
<td></td>
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<tr>
<td></td>
</tr>
</tbody>
</table>
Exhibit 3-1

<table>
<thead>
<tr>
<th>Program Compliance Checklist</th>
</tr>
</thead>
<tbody>
<tr>
<td>The program includes the following programmatic components:</td>
</tr>
<tr>
<td>1. Assessment</td>
</tr>
<tr>
<td>2. Intervention</td>
</tr>
<tr>
<td>3. Counseling</td>
</tr>
<tr>
<td>4. Relapse prevention</td>
</tr>
<tr>
<td>5. Prevention and education</td>
</tr>
<tr>
<td>The program complies with ZT policy—prohibits student possession and use of illegal drugs and unauthorized prescription drugs on and off center; prohibits possession and use of alcohol on center.</td>
</tr>
<tr>
<td>Guidelines for drugs and alcohol testing are in compliance with ZT requirements.</td>
</tr>
<tr>
<td>ZT sanctions and separations for drug/alcohol use are in compliance with ZT requirements.</td>
</tr>
<tr>
<td>Students with positive drug-test results are informed of such results by the center physician or designee within 24 hours of receipt of positive result, or as soon as possible, given staff and student availability.</td>
</tr>
<tr>
<td>A mechanism is in place to refer students for counseling who question the validity of a confirmed positive drug test to the center physician or designee.</td>
</tr>
<tr>
<td>A procedure is in place for students who refuse to provide a specimen or have an unexcused absence from a follow up appointment for drug testing.</td>
</tr>
<tr>
<td>Referrals for support services are available for students separating from Job Corps with a drug/alcohol problem.</td>
</tr>
<tr>
<td>Random biochemical testing is not performed, with the exception of designated licensed student drivers.</td>
</tr>
<tr>
<td>Drug testing and followup procedures are under the supervision of the health and wellness staff and documented in the health record.</td>
</tr>
<tr>
<td>Drug testing is conducted only by the nationally contracted laboratory.</td>
</tr>
<tr>
<td>Chain-of-custody principles are followed for all urine specimens collected.</td>
</tr>
<tr>
<td>Only devices that measure just the presence or absence of alcohol in the breath or saliva are used.</td>
</tr>
<tr>
<td>Center staff adhere to need-to-know practices regarding biochemical test results.</td>
</tr>
<tr>
<td>Alcohol and drug counseling, follow up, and prevention services are provided to all students, and such services are documented in the students’ health records.</td>
</tr>
<tr>
<td>Staff are apprised of their responsibilities under the Privacy Act.</td>
</tr>
</tbody>
</table>
4.0 BIOCHEMICAL TESTING PROCEDURES

Biochemical testing in Job Corps includes testing for drugs (using urine screening) and testing for alcohol (using either breath or saliva testing methods). This section provides guidance on conducting and managing biochemical testing activities—from ensuring the integrity of the testing program to training staff in the use of alcohol testing devices.

4.1 THE INTEGRITY OF THE BIOCHEMICAL TESTING PROGRAM

It is the responsibility of the health and wellness manager (HWM) to ensure, through appropriate collection procedures, that biochemical test results are accurate, not to determine the severity of the identified problem. The HWM should ensure the integrity of the biochemical testing program by:

- Providing a private area for specimen collection
- Supervising the collection process and ensuring that there is strict adherence to the chain of custody
- Maintaining student confidentiality; informing only those staff members who have a need to know
- Assessing and determining whether a medical explanation can account for a positive result
- Reviewing and interpreting positive test results; the table at right summarizes substance retention times
- Consulting with toxicology professionals, such as staff at the nationally contracted laboratory, if required
- Referring all cases of a disputed test result to the center physician for appropriate action

<table>
<thead>
<tr>
<th>Drug</th>
<th>Retention Time</th>
</tr>
</thead>
<tbody>
<tr>
<td>Alcohol</td>
<td>6 – 10 hours</td>
</tr>
<tr>
<td>Amphetamines</td>
<td>1 – 2 days</td>
</tr>
<tr>
<td>Barbiturates</td>
<td>2 – 10 days</td>
</tr>
<tr>
<td>Benzodiazepines</td>
<td>1 – 6 days</td>
</tr>
<tr>
<td>Cocaine</td>
<td>1 – 4 days</td>
</tr>
<tr>
<td>Heroin</td>
<td>1 – 2 days</td>
</tr>
<tr>
<td>LSD</td>
<td>8 hours</td>
</tr>
<tr>
<td>Methamphetamine</td>
<td>1 – 2 days</td>
</tr>
<tr>
<td>PCP</td>
<td>2 – 8 days</td>
</tr>
<tr>
<td>THC</td>
<td>1 day – 5 weeks</td>
</tr>
</tbody>
</table>

Substring Abuse Report, December 15, 1996

4.2 ALCOHOL TESTING

Centers may use devices that measure only the presence or absence of alcohol in the breath or saliva or devices that measure the blood alcohol level (e.g., breathalyzer or alcohol test strips/tubes/swabs). If the test used measure the blood alcohol level, a
COP and standing order should be developed that states at what level medical intervention is indicated.

- **Saliva test**—Requires collecting a saliva sample from under the tongue. Test results are available within 2 minutes. Proper procedures must be followed when using the saliva test to eliminate the possibility of a false-positive test due to other fluids (e.g., mouthwash). This test process is noninvasive, easy to interpret, and convenient.

- **Breath test**—There are two basic types of devices that test for the presence of alcohol in breath:
  - **Breath tube**—Requires the individual to expel breath into a small hand-held disposable tube containing colored beads that change color if alcohol is present. The tube provides a semi-quantitative level of breath alcohol content (BAC). Test results are available in less than 30 seconds.
  - **Breathalyser**—Like the breath tube, this device requires the individual to expel breath into a plastic tube. The device, which is battery-operated, provides a digital BAC reading. Test results are available immediately. A major drawback to this device is that it requires calibration after each test to maintain the desired level of test accuracy. Also, it is sometimes difficult for the student to breathe deeply enough to get air from the lower part of the lungs, which is required for an accurate reading.

4.2.1 Staff Training Requirements for Alcohol Testing

Health and wellness staff is responsible for training designated center staff in using the center-selected method of alcohol testing, including documentation procedures. The extent of the training will depend on the method chosen. This training should be provided based on manufacturer-supplied documentation.

4.2.2 Location and Control of Alcohol Testing Supplies

Because alcohol testing is performed upon suspicion of use, supplies should be available to designated staff on an as-needed basis. It is suggested that the HWM, working with the Center Director, develop procedures for both determining where supplies will be maintained on center and issuing supplies to designated staff. The HWM is responsible for ordering and inventory of alcohol testing supplies, including inventory maintenance.
4.2.3 Department of Transportation (DOT) Requirements

As required by DOT, staff performing alcohol tests for students participating in a DOT program must be certified as a saliva test technician or breath alcohol technician.

4.3 DRUG TESTING

All drug testing should be performed by the nationally contracted laboratory. The laboratory is responsible for supplying the center with all testing supplies and materials and providing test results to the center in accordance with Department of Labor-specified parameters. Any problems with the contract laboratory should be brought to the attention of the Job Corps National Office.

4.3.1 Supervised Collection Procedures

Supervised collection ensures a monitored urine collection process. A designated staff member should observe the student at all times (except during actual urination). To provide for student privacy, yet ensure that the chain of custody is followed, collection staff should follow the procedures outlined below:

- Request that the student presenting for urine testing provide appropriate photo identification. If the student's identity cannot be adequately established, do not proceed with the collection.

- Ask the student to verify the identifying information placed on the specimen container label. Place the label on a container recommended by the nationally contracted reference laboratory.

- Ask the student to remove any unnecessary outer garments (e.g., coat, jacket) and personal items (e.g., purse, bookbag) that might conceal items or substances that could be used to adulterate the urine specimen. Allow the student to retain his or her wallet.

- Instruct the student to wash (with water only) his/her hands and clean under his/her nails. Provide the student with a paper towel to dry his/her hands. Do not allow the student to have access to water fountains, faucets, soap dispensers, cleaning agents, or any other materials that could be used to adulterate the specimen.

- Provide the student with a labeled specimen container and instruct the student to void 60 milliliters (ml). If there is reason to believe that the student may alter or substitute a specimen, collection should be under direct observation (see Section 4.3.2).
Only the student providing the specimen and the supervising staff member should be present in the area during the collection process.

- Ask the student after he/she has finished to hand the specimen to the staff member prior to flushing the toilet.
- Allow the student to wash his or her hands after the specimen container has been submitted to staff.
- Conduct the following tasks immediately upon receipt of the urine:
  - Measure the temperature of the specimen. The time from urination to temperature measurement is critical and should not exceed 2 minutes. The device used must accurately reflect the temperature of the specimen, yet not contaminate the specimen. It is suggested that a temperature strip attached to the outside of the container be used for this purpose.

    If the temperature of the specimen is outside the range of 90.5° to 99° F, there is reason to believe that the student may have altered or substituted the specimen. Collect another specimen using direct observation (see Section 4.3.2). Clearly mark the containers "unobserved" and "observed."

    - Inspect the specimen for any signs of contaminants. If there is reason to believe the specimen was altered, proceed as above.

- Keep the specimen in full view of the student prior to its being sealed. If the specimen is transferred to a second container, the student should observe the transfer and the placement of a tamper-proof seal over the top and down the sides of each container.

### 4.3.2 Direct-Observation Collection Procedures

Direct-observation collection ensures that every step of the urine collection process is closely monitored and witnessed by a designated staff member. To witness the process, the staff member should be able to view the urine passing from the student to the specimen container.

In the event direct observation of specimen collection is required, follow these procedures:

- Document the reason for the collection being

<table>
<thead>
<tr>
<th>Suspect Tampering if…</th>
</tr>
</thead>
<tbody>
<tr>
<td>• The student is not cooperative, either verbally or behaviorally</td>
</tr>
<tr>
<td>• The specimen is unusual in color or shows signs of contaminants</td>
</tr>
<tr>
<td>• The temperature of the specimen is outside the prescribed range</td>
</tr>
<tr>
<td>• The individual has previously tampered with a sample</td>
</tr>
<tr>
<td>• Facts and circumstances suggest that the individual has equipment or materials capable of tampering with or altering urine samples</td>
</tr>
</tbody>
</table>
directly observed in the student’s health record.

- Inform the student that collection will be done under direct observation and why this is being done.

- Allow only the student and the designated staff member in the restroom.

- The staff member should position himself or herself in such a manner that during collection he or she can witness the specimen pass directly from the student’s body into the specimen container. Only staff that is the same gender as the student can observe collection of the sample.

- Direct observation is highly confidential and no information should be released concerning the observation, other than the fact that it was performed.

- All procedures must be conducted in a clinically detached and objective manner.

4.3.3 Specimen Storage

Specimens should be sent to the designated lab for testing as soon as practical after collection. Follow storage instructions provided by the laboratory. Access to specimens should be limited to designated health and wellness staff.

4.3.4 Specimen Testing

All specimens should be tested at the lab contracted by the Department of Labor. These specimens should be tested for the drugs specified and at the testing levels designated by the nationally contracted laboratory. Urine drug testing should not be performed on center.

4.3.5 Student Refusal or Inability to Produce a Specimen

All students are required to provide a specimen on entry, near the end of the probationary period, if the initial test was positive, and as a result of referral for suspicious behavior. In instances where a student refuses or is unable to produce a specimen, health and wellness staff should follow these procedures:

- **Refusal to produce specimen**—If a student refuses to produce a specimen, documentation of this refusal should be placed in the student’s health record and the student should be referred to the CSO.

- **Unable to produce urine specimen**—If a student is unable to produce a urine specimen, health and wellness staff should:
- Offer the student a beverage (staff should not require a student to drink more than 16 ounces of liquid at any one time)

- Encourage the student to talk about the situation and counsel appropriately

- If the student does not produce a specimen, record the results of the collection effort as “unable” in the health record

- Refer the student to the CSO when he or she continues to state an inability to comply with the program requirements

4.3.6 Student Denial of Positive Results

If a student questions the validity of a positive test result, refer him or her to the center physician for an explanation of the test results. The physician should document this session in the student’s health record and, if appropriate, refer the student to the CSO.

4.4 ADULTERATION OF URINE

The primary problem encountered in urine testing for drugs occurs before the first analytical procedures are ever performed—the problem is adulteration. The most frequently asked questions are:

- How does someone adulterate a urine specimen?
- When does adulteration happen?
- Does adulteration really affect testing validity?
- How can adulteration be controlled?

4.4.1 How Does Someone Adulterate a Urine Specimen?

Individuals who use drugs are often well schooled in ways to interfere with testing procedures. While some of their methods are simply myths, others can, in fact, affect the validity of the tests. Individuals may try to adulterate specimens either by ingesting substances or by adding substances to their urine samples.

Adding substances to urine is the easiest and most common way to adulterate in a non-witnessed collection. It could, however, happen in a witnessed collection. The most common substances added are water, soap, detergent, salt, bleach, cleaning solvents, household liquid plumbing agents, and eye cleansers. On the other hand, drug users faced with testing may subject their bodies to almost anything in an attempt to pass a urine test, including ingesting substances. Commonly ingested substances include
water, vinegar, pickle juice, douche fluid, birth control pills, large doses of vitamin C or aspirin, and diuretics.

As an alternative to adulteration, drug users sometimes purchase "clean urine," which can be obtained in liquid or freeze-dried form.

4.4.2 When Does Adulteration Happen?

Adulteration can happen before, during, or after specimen collection. Adulteration by ingestion can easily take place prior to collection time. Adulteration by addition usually takes place after a sample is voided, particularly in a non-witnessed collection. However, adulteration can take place during a witnessed collection. This is often accomplished by placing the adulterant (such as soap or salt) under the fingernails and passing urine over the nails.

Drug users have been known to carry clean urine in body cavities and use a small tube to give the appearance of actual voiding. Although not common in an industrial or clinical setting, some athletes have gone to the extreme of having clean urine placed in their bladders.

4.4.3 Does Adulteration Really Affect Testing Validity?

While some adulterants can affect test results, most do not. However, those that cause a pH change affect test validity, unless corrected prior to testing. Detergents and soaps can affect testing if concentrated enough. Unfortunately, testing equipment cannot be calibrated to recognize these particular adulterants. Water can also cause negative test results; large quantities simply dilute the drug(s) below detectable levels.

All specimens suspected of adulteration should be sent to the laboratory marked that it may be adulterated. A second specimen should be collected under direct observation.

4.4.4 How Can Adulteration Be Controlled?

Supervision of the area and student are mandatory for control of adulteration and chain of custody. Numerous methods may be employed to control adulteration for both supervised and direct-observation collection. Adulteration will always be a problem for testing facilities. The following suggestions should assist centers in detecting and possibly preventing certain types of adulteration.

- Remove all cleaning products from the collection room area.
- Turn off additional water sources in the immediate collection area, if possible.
• Place a blue chemical in the toilet tank to color the water.

• Have the student wash (with water only) hands and clean under nails; hand the student a paper towel for hand drying before he/she provides the requested sample.

• Have the student remove outer garments (e.g., coats, sweaters, jackets).

• Prohibit bags, packages, or purses in the collection area.

• Have the student provide the specimen while in an examination gown, if urine collection is part of a medical exam.

• Have collection personnel stand close to the door and be aware of unusual sounds when conducting a routine supervised collection.

• Make sure the student hands the specimen directly and immediately to collection personnel.

• Perform visual and temperature checks on all samples. The sample temperature should fall between 90.5°F to 99°F; visually the sample should appear free of possible contaminants.

4.5 DOCUMENTATION, RELEASE OF INFORMATION, AND REPORTING REQUIREMENTS

Improper biochemical testing procedures and attendant counseling may be cause for potential medical-legal problems and questions. Careful documentation, appropriate information, and compliance with reporting is important.

4.5.1 Documentation in the Health Record

Document the results of all biochemical tests performed, negative and positive, in the health record. In addition, note testing referrals with suspicious behaviors and include the TEAP specialist’s notes in the health record.

4.5.2 Release of Information to Student’s Parents or Legal Guardian

In the case of a minor (age 16 or 17), the center is responsible for notifying the parents or legal guardian regarding the student's status in the program in accordance with state law. This notification can take place by phone, preferably a speakerphone with the student present. It is suggested that the TEAP specialist be the person to contact the student's parents or guardian. When state laws do not allow disclosure, students should be encouraged to inform parents of their status. Contact with the parents or
guardian can provide the TEAP specialist with important information regarding intervention/relapse prevention plans for the student. If parents or guardians request health information, they must provide, in writing, the name of the qualified health professional designated to receive the information (see PRH-6, Appendix 601, regarding student rights to privacy and disclosure of information).

4.5.3 Quarterly Reporting Procedures

Centers must submit a quarterly report on center alcohol testing. This report must be submitted by the tenth day following the end of each quarter (i.e., January 10, April 10, July 10, and October 10) to the National Office with a copy to the Regional Office.

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7 Informing parents is a counseling issue. The person(s) involved in the informing process should explain to the student to understand why parents need to know as part of the process of moving to an alcohol and drug-free lifestyle. The people closest to a drug user need to know in order to help and especially to eliminate enabling/codependent behaviors.
APPENDIX A
STATE CREDENTIALING BOARDS
From NAADAC Certification Commission, July 1, 2001
Future updated information may be found at: [http://naadac.org/certbd.htm](http://naadac.org/certbd.htm)

<table>
<thead>
<tr>
<th>State</th>
<th>Board Name</th>
<th>Address</th>
<th>Phone</th>
</tr>
</thead>
<tbody>
<tr>
<td>Alabama</td>
<td>Alcohol, Drug Abuse Association</td>
<td>P.O. Box 20851</td>
<td>(205) 823-1073</td>
</tr>
<tr>
<td>Alaska</td>
<td>Alcohol and Drug Abuse Counselor Certification</td>
<td>4111 Minnesota Drive</td>
<td>(907) 258-6021</td>
</tr>
<tr>
<td>Arkansas</td>
<td>Substance Abuse Certification Board</td>
<td>P.O. Box 9363</td>
<td>(501) 372-2708</td>
</tr>
<tr>
<td>Arizona</td>
<td>Board for Certification of Addiction Counselors</td>
<td>P.O. Box 11467</td>
<td>(602) 251-8548</td>
</tr>
<tr>
<td>California</td>
<td>Alcohol and Drug Counselors Certification Board</td>
<td>3400 Bradshaw Road, Suite A-5</td>
<td>(916) 368-9412</td>
</tr>
<tr>
<td>Colorado</td>
<td>Alcohol and Drug Abuse Division</td>
<td>4300 Cherry Creek Drive South Building A2</td>
<td>(303) 692-2930</td>
</tr>
<tr>
<td>Connecticut</td>
<td>Alcoholism and Drug Abuse Counselor Certification Board</td>
<td>124 Hebron Avenue</td>
<td>(860) 566-8728</td>
</tr>
<tr>
<td>DC</td>
<td>Certification Board for Professional Alcohol</td>
<td>1244 19th Street, NW</td>
<td>(202) 637-0124</td>
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<tr>
<td>Delaware</td>
<td>Alcohol and Drug Counselor Certification Board, Inc</td>
<td>P.O. Box 154, 1712 Marsh Road</td>
<td>(302) 995-8610</td>
</tr>
<tr>
<td>Florida</td>
<td>Certification Board for Addiction Professionals</td>
<td>1715 South Gadsden Street</td>
<td>(850) 222-6314</td>
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<tr>
<td>Georgia</td>
<td>Addiction Counselors Association</td>
<td>2300 Peachford Road, Suite 2175</td>
<td>(770) 986-9510</td>
</tr>
<tr>
<td>Hawaii</td>
<td>Department of Health</td>
<td>1270 Queen Emma Street, Room 706</td>
<td>(808) 692-7517</td>
</tr>
<tr>
<td>Idaho</td>
<td>Board of Alcohol Drug Counselors Certification, Inc</td>
<td>2419 West State Street, Suite 5</td>
<td>(208) 345-3072</td>
</tr>
<tr>
<td>Illinois</td>
<td>Alcohol and Other Drug Abuse Professionals Certification Association</td>
<td>1305 Wabash Avenue, Suite L</td>
<td>(217) 698-8110</td>
</tr>
<tr>
<td>State</td>
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<tr>
<td>Indiana</td>
<td>Indiana Counselors Association on Alcohol and Drug Abuse (ICAADA)</td>
<td>(317) 923-8800</td>
<td></td>
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<tr>
<td>Iowa</td>
<td>Iowa Board of Substance Abuse Certification</td>
<td>(515) 334-9024</td>
<td></td>
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<tr>
<td>Kansas</td>
<td>Kansas Alcohol and Drug Addiction Counselors Association</td>
<td>(913) 235-2400</td>
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<tr>
<td>Kentucky</td>
<td>Kentucky Certification Board of Chemical Dependency Professionals, Inc.</td>
<td>(606) 269-2252</td>
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<tr>
<td>Louisiana</td>
<td>Louisiana State Board of Certification for Substance Abuse Counselors</td>
<td>(318) 262-5870</td>
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<tr>
<td>Maine</td>
<td>Maine Department of Professional and Financial Regulation, Division of Licensing and Enforcement</td>
<td>(207) 624-8603</td>
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<tr>
<td>Massachusetts</td>
<td>Massachusetts Committee for Voluntary Certification of Alcoholism Counselors, Inc.</td>
<td>(508) 842-8707</td>
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<tr>
<td>Michigan</td>
<td>Michigan Department of Public Health Certification Program</td>
<td>(616) 387-3341</td>
<td></td>
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<tr>
<td>Minnesota</td>
<td>Institute of Chemical Dependency Professionals Of Minnesota</td>
<td>(612) 455-4120</td>
<td></td>
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<tr>
<td>Nebraska</td>
<td>Nebraska Department of Public Institutions</td>
<td>(402) 471-2851</td>
<td></td>
</tr>
<tr>
<td>New Hampshire</td>
<td>New Hampshire Office of Alcohol and Drug Abuse Prevention Certification Review Board</td>
<td>(603) 271-6112</td>
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<tr>
<td>Wyoming</td>
<td>Department of Alcohol and Drug Abuse Counseling</td>
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<td>Nebraska Department of Public Institutions</td>
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<tr>
<td>New Hampshire</td>
<td>New Hampshire Office of Alcohol and Drug Abuse Prevention Certification Review Board</td>
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</tbody>
</table>
Alcohol and Other Drugs of Abuse Counselor Certification Board of New Jersey, Inc.
90 Monmouth Street, Suite 1
Red Bank, NJ 07701
(732) 741-3835

New Mexico Alcoholism and Drug Abuse Counselors Certification Board
7711 Zuni Road, SE
Albuquerque, NM 87108
(505) 265-6811

New Mexico Alcoholism and Drug Abuse Counselors Certification Board
7711 Zuni Road, SE
Albuquerque, NM 87108
(505) 265-6811

Office of Alcoholism and Substance Abuse Services
1450 Western Avenue
Albany, NY 12203-3526
(518) 473-3460

North Carolina Substance Abuse Professional Certification Board
P.O. Box 10126
Raleigh, NC 27605
(919) 832-0975

North Dakota Board of Addiction Counseling Examiners
1120 College Drive, Suite 205
Bismarck, ND 58501
(701) 255-1439

Ohio Credentialing Board
Chemical Dependency Professionals, Inc.
740 Lakeview Plaza, Suite K
Worthington, OH 43085-4784
(614) 847-0330

Oklahoma Drug and Alcohol Professional Counselors Association
9301 South I-35
Moore, OK 73160
(405) 793-1545

Addiction Counselor Certification Board of Oregon
4506 SE Belmont
Portland, OR 97215
(503) 231-8164

Pennsylvania Chemical Abuse Certification Board
264 South Progress Avenue
Harrisburg, PA 17109
(717) 540-4455

Rhode Island Board for the Certification of Chemical Dependency Professionals
345 Waterman Avenue
Smithfield, RI 02917
(401) 233-2215

South Carolina Department of Alcohol and Other Drugs of Abuse Services Certification Board
3700 Forest Drive, Suite 300
Columbia, SC 29204
(803) 734-9592

South Dakota Chemical Dependency Counselors Certification Board
P.O. Box 1797
Sioux Falls, SD 1797
(605) 332-2645

Tennessee Alcohol and Drug Association Certification Department
545 Mainstream Drive, Suite 404
Nashville, TN 37228
(615) 837-9377

TAADAC/TCBADC Department of Certification
1033 La Posada Drive, Suite 220
Austin, TX 78752
(512) 454-8626

Utah Association of Alcoholism and Drug Abuse Counselors
Utah Certification Board
2880 South Main Street, Suite 214
Salt Lake City, UT 84115
(801) 467-8392

Vermont Alcohol and Drug Abuse Counselors Association Certification Board
P.O. Box 562
Newport, VT 05855
(802) 334-2066
Virginia Board of Professional Counselors  
6606 West Broad Street, 4th Floor  
Richmond, VA 23230  
(804) 662-9912

Substance Abuse Certification Alliance of Virginia  
2926 West Marshall Street  
Richmond, VA 23230  
(804) 355-8482

Chemical Dependency Counselor Certification Board  
P.O. Box 1210  
Davenport, WA 99122  
(509) 725-0033

West Virginia Certification Board for Addiction Professionals  
P.O. Box 6761  
Wheeling, WV 26003  
(304) 233-3094

Wisconsin Certification Board  
1233 North Mayfair Road, Suite 207  
Wauwatosa, WI 53226  
(414) 774-7729

Wyoming Association of Addiction Specialists Certification Committee  
1236 South Elm  
Casper, WY 82601  
(307) 266-2580

Bureau of Naval Personnel, DAPMA  
Building 11  
Naval Training Center  
32110 Perry Road, Suite 110  
San Diego, CA 92133-1521  
(619) 524-1011

Puyallup Tribal Health Authority  
2209 East 32nd Street, Building #3  
Tacoma, WA 98404  
(253) 272-8717

HQ AETC/SGPCM  
63 Main Circle, Suite 3  
Randolph AFB, TX 78150-4549  
(210) 652-5748

NAADAC  
3717 Columbia Pike, Suite 300  
Arlington, VA 22204  
(703) 920-4644
APPENDIX B
WEBSITES FOR ALCOHOL, TOBACCO, AND OTHER DRUG INFORMATION
## WEBSITES FOR ALCOHOL, TOBACCO, AND OTHER DRUG INFORMATION

<table>
<thead>
<tr>
<th>Organization/Agency</th>
<th>Website Address</th>
</tr>
</thead>
<tbody>
<tr>
<td>American Council for Drug Education</td>
<td><a href="http://www.acde.org">www.acde.org</a></td>
</tr>
<tr>
<td>Connecticut Clearinghouse</td>
<td><a href="http://www.ctclearinghouse.org">www.ctclearinghouse.org</a></td>
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<tr>
<td>Florida Alcohol and Drug Abuse Association</td>
<td><a href="http://www.fadaa.org">www.fadaa.org</a></td>
</tr>
<tr>
<td>Indiana Prevention Resource Center Infosite</td>
<td><a href="http://www.drugs.indiana.edu">www.drugs.indiana.edu</a></td>
</tr>
<tr>
<td>Join Together</td>
<td><a href="http://www.jointogether.org">www.jointogether.org</a></td>
</tr>
<tr>
<td>Mothers Against Drunk Driving</td>
<td><a href="http://www.madd.org">www.madd.org</a></td>
</tr>
<tr>
<td>Minnesota Prevention Resource Center</td>
<td><a href="http://www.miph.org/mprc">www.miph.org/mprc</a></td>
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<tr>
<td>National Clearinghouse for Alcohol and Drug Information</td>
<td><a href="http://www.health.org">www.health.org</a></td>
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<tr>
<td>National Council on Alcoholism and Drug Dependence</td>
<td><a href="http://www.ncadd.org">www.ncadd.org</a></td>
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<tr>
<td>National Institute on Alcohol Abuse and Alcoholism</td>
<td><a href="http://www.niaaa.nih.gov">www.niaaa.nih.gov</a></td>
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<tr>
<td>National Institute on Drug Abuse</td>
<td><a href="http://www.nida.nih.gov">www.nida.nih.gov</a></td>
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<tr>
<td>Ohio Prevention and Education Resource Center</td>
<td><a href="http://www.uc.edu/www/operc">www.uc.edu/www/operc</a></td>
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<tr>
<td>Partnership for a Drug-Free America</td>
<td><a href="http://www.drugfreeamerica.org">www.drugfreeamerica.org</a></td>
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<tr>
<td>U.S. Department of Education</td>
<td></td>
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<tr>
<td>Wisconsin Clearinghouse for Prevention Resources</td>
<td><a href="http://www.uhs.wisc.edu/wch">www.uhs.wisc.edu/wch</a></td>
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APPENDIX C
ROLES AND RESPONSIBILITIES IN SUPPORT OF CENTER PROGRAM
<table>
<thead>
<tr>
<th>Position</th>
<th>Suggested Role</th>
</tr>
</thead>
</table>
| Basic Academic and Vocational Training Staff | • Provide instruction on alcohol and drug use when possible in all educational and vocational activities  
• Provide specific information on AOD use as it relates to vocational offerings (e.g., safety risks, effects of alcohol and drug use on a particular trade) |
| Center Director                              | • Review and approve ZT policy plans and initiatives, related COPs and health and nonhealth standing orders  
• Coordinate and implement all program components  
• Establish priorities for staff training on AOD issues  
• Help identify and obtain outside resources to support program activities  
• Meet with the TEAP specialist and CMHC regularly for ZT updates  
• Serve as the chief role model for students as well as staff |
| Center Mental Health Consultant              | • Consult with TEAP specialist regarding program elements  
• Support TEAP specialist’s efforts  
• Meet with TEAP specialist regularly to discuss case management, dual diagnosis, and related issues |
| Center Standards Officer                     | • Fulfill responsibilities defined in PRH Chapter 3 |
| Counselors                                   | • Convene peer support groups for discussions on stress, peer resistance, and AOD use  
• Make referrals to the health and wellness center or the TEAP specialist when there is a need for specialized counseling |
| Driver’s Education Instructor                | • Provide specific information about AOD use, impaired driving, the law, and safety risks in the driver's education program; the instructor should include ideas and materials developed by Student's Against Drunk Driving and Alcoholics Anonymous |
| Wellness Education Program Instructor        | • Deliver the wellness education program (WEP) module; the module can be enriched by using speakers and films  
• Collect and catalog resource materials and develop information exchange networks |
| Manager of Academic and Vocational Training  | • Provide centerwide educational activities  
• Provide the required educational segment in WEP  
• Encourage awareness of alcohol and drug use issues in classes and shops |
| Career Preparation Services Coordinator      | • Provide new students with clear definitions of ZT policies and prevention and educational activities, both verbally and through the student handbook  
• Introduce new students to sessions on social skills, cultural diversity relations, and peer resistance |
| Human Resource Manager                       | • Provide orientation for all new staff regarding the ZT policy  
• Maintain documentation of staff development for the program  
• Provide employee assistance for staff experiencing problems related to drug use |
<table>
<thead>
<tr>
<th>Role and Responsibility</th>
<th>Suggested Role</th>
</tr>
</thead>
</table>
| Recreational and Leisure-Time Activities Staff and Residential Advisors | • Provide appropriate alternative activities  
• Support students who serve as peer counselors  
• Provide special social skills training sessions for students as requested to support programming |
| Residential Living Manager and Counseling Supervisor | • Support efforts to educate students on the importance of being substance free during leisure hours  
• Ensure that residential living staff are able to recognize AOD-related behavior and are able to provide the appropriate initial interventions, including knowing how and when to request a biochemical test  
• Encourage awareness of AOD-use issues in the social skills training curriculum |
| Career Transition Staff | • Include discussion of the concepts fit for work, the myth of the leisure-time user, and ZT policy in the workplace when counseling students ready for career transition  
• Teach students how and when to seek out the employee assistance program in their future workplaces |
| Safety and Security Manager | • Fulfill responsibilities defined in PRH Chapter 3 |
| Students | • Participate in formal and informal peer discussions of stress management, peer resistance, and AOD use  
• Serve as peer counselors providing support to fellow students  
• Be aware of peers in trouble, serve as role models, and encourage troubled peers to seek help  
• Develop student groups to assist the TEAP specialist in implementing relevant prevention programs |
| TUPP Coordinator | • Assist in getting students at high risk into prevention programs |
APPENDIX D
JOB CORPS SOCIAL INTAKE FORM
SOCIAL INTAKE FORM

I. DEMOGRAPHIC INFORMATION

Name: ___________________________  SSN: _______________________
Address: _________________________  DOE: _______________________
City: _____________________________  DOB: _______  Age: _______
State: __________  Zip Code: _______________________
Phone: ___________________________

II. FAMILY BACKGROUND

Mother/Guardian: ___________________  Father/Guardian: ___________________
Address: _________________________  Address: _________________________
City: _____________________________  City: _____________________________
State: _______  Zip Code: _________  State: _______  Zip Code: _________
Phone: ___________________________  Phone: _________________________

Siblings:  Yes ___  No ___  If yes, how many: _________________________
Children:  Yes ___  No ___  If yes, how many: _________________________
Name: _____________________________  Age: _________________________
Name: _____________________________  Age: _________________________
Name: _____________________________  Age: _________________________
Name: _____________________________  Age: _________________________

Has the Job Corps child allotment been explained to you?  Yes ___  No ___

Who is the day care provider for your child(ren)? _________________________
Who raised you? _________________________
Whom have you lived with for the past year? _________________________
How long have you lived there? __________  Do you like living there? __________
If a minor, do you live with your parent?  Yes ___  No ___
If no, the reason is: ___________________________________________________
Do you have a caseworker?   Yes ___       No ___

If yes, caseworker’s name is: __________________________ Phone: __________________________

Describe your relationship with the following people (e.g., excellent, good, fair, poor, none):

Mother/guardian: __________________________________________

Father/guardian: __________________________________________

Siblings: __________________________________________________

Significant other/spouse: ______________________________________

Friends: ____________________________________________________

Others (e.g., teachers, bosses, etc.): __________________________

III. LEGAL ISSUES

Have you ever been in trouble with the police?   Yes ___       No ___

If yes, for: ________________________________________________

Are you presently awaiting charges, court, or sentencing   Yes ___       No ___

If yes, for: ________________________________________________

Are you currently on probation   Yes ___       No ___

If yes, probation officer’s name: _____________________________ Phone: __________________________

Address: __________________________________________________

City: __________________________ State: __________ Zip Code: __________

IV. EDUCATIONAL BACKGROUND

Did you receive any special education or resource classes?   Yes ___       No ___

If yes, in what areas? _________________________________________

Why did you leave school? _____________________________________

Were you ever suspended or expelled?   Yes ___       No ___

If yes, how many times and reason(s): __________________________
V. WELLNESS SUPPORT

Job Corps wants to support you in your career progression. Often, personal issues can interfere with your career progression. Job Corps offers a full program of support. **Information will be confidential and shared only with staff/agencies with a need to know as required by Job Corps or community laws.**

___ Have you ever been in counseling before? Yes ___ No ___ Was it helpful? Yes ___ No ___

___ Depression (feeling sad, hopeless, crying, sleep or appetite problems, low energy, withdrawn)

Previous treatment/counseling at ________________ Date: ________________

___ Auditory or visual hallucinations (hearing voices or seeing things)

___ Suicide thoughts ___ Gestures ___ Attempts ___

When? ________________ Plan ________________

Previous treatment/counseling at ________________ Date: ________________

___ Anger issues (easily irritated, bad temper, violent outbursts, punches people/things)

___ Anxiety (feeling stressed out, fearful, panics, always worried)

___ Poor self-esteem (feeling worthless, cannot do anything right, puts self down)

___ Sexual abuse (rape, incest, molestation) When (age): ________________

Previous treatment/counseling at ________________ Date: ________________

___ Physical abuse (hit by family member, significant other)

___ Relationship issues

Family ______ Partner ______
Friends ______ Gang ______ Substance use of family or partner ______

___ Grief issues (dealing with the loss of family or friend)

___ Parenting issues (overwhelmed by child-rearing responsibility, fearful of abusing child)

___ Attention deficit hyperactivity disorder (trouble concentrating, over-energized, cannot complete tasks)
VI. WELLNESS ALCOHOL AND DRUG USE INVENTORY

I understand this information is confidential and will only be shared with Job Corps staff with a need to know.

Have you ever experimented with or used alcohol or other drugs? Yes ________ No ________

Please provide your age when you first used and how many times you have used in the past 30 days:

<table>
<thead>
<tr>
<th>Substance Used</th>
<th>Age Started</th>
<th>Frequency of Use</th>
<th># of Times Used in Last 30 Days</th>
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<tr>
<td>Alcohol</td>
<td></td>
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<tr>
<td>Alcohol to point of intoxication (drunk)</td>
<td></td>
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<tr>
<td>Cigarettes or chewing tobacco</td>
<td></td>
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<tr>
<td>Marijuana (maryjane, bud, chronic, hydro)</td>
<td></td>
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<tr>
<td>Cocaine (coke)</td>
<td></td>
<td></td>
<td></td>
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<tr>
<td>Crack</td>
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<td></td>
<td></td>
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<tr>
<td>Amphetamines (meth, speed, tweek, glass, crank)</td>
<td></td>
<td></td>
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<tr>
<td>PCP (sherm, angel dust)</td>
<td></td>
<td></td>
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<tr>
<td>LSD (acid)</td>
<td></td>
<td></td>
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<tr>
<td>Heroin or opium</td>
<td></td>
<td></td>
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<tr>
<td>Ecstasy (E, X, XTC)</td>
<td></td>
<td></td>
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<tr>
<td>Barbiturates, benzos (Klonopin, Ativan, Valium) or other sedatives (somas)</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Methadone</td>
<td></td>
<td></td>
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<tr>
<td>Opiates (codeine, morphine, percocet)</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Inhalants (paint, glue, gas, whippets, etc.)</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Polydrug use (more than one at a time)</td>
<td></td>
<td></td>
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</tr>
</tbody>
</table>

Have you ever used a needle to shoot any of these drugs? Yes ________ No ________

Do you worry about how substance use may affect your future or health? Yes ________ No ________

Have you ever tried to stop using all substances? Yes ________ No ________

If Yes: Why did you stop? _______________________________________________________

When did you stop and for how long? ____________________________________________

Reasons for restarting: ________________________________________________________

June 2002
In your lifetime, how many times have you experienced the following because of your substance abuse:

<table>
<thead>
<tr>
<th>Experience</th>
<th># of Times</th>
<th>Comments</th>
</tr>
</thead>
<tbody>
<tr>
<td>Lost time or forgot about events when drinking</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Had the shakes after drinking</td>
<td></td>
<td></td>
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<tr>
<td>Overdosed on drugs</td>
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<tr>
<td>Been arrested for possession of alcohol, DUI, or public intoxication</td>
<td></td>
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<tr>
<td>Been arrested for possession of drugs or paraphernalia</td>
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<tr>
<td>Lost a job</td>
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<tr>
<td>Lost friends or partners</td>
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<tr>
<td>Accidental injury (cut self, fracture, sprain)</td>
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<tr>
<td>Arguments or fights over your use</td>
<td></td>
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</tbody>
</table>

Have you ever been treated for alcohol or drug abuse? Yes _____ No _____

If yes: Where: ___________________________ Date: ___________________________

Do you feel that any family members, your partner, or friends have problems with drugs or alcohol that affects you? Yes _____ No _____

DO YOU WANT ASSISTANCE IN DEALING WITH ANY OF THESE ISSUES?

Yes _______ No (but I understand that I may seek help at any time) _______

Student Signature ___________________________ Date ___________________________

Staff Signature ___________________________ Date ___________________________

Reviewed by:
Counseling Manager: ___________________________ Date ___________________________

Center Mental Health Consultant: ___________________________ Date ___________________________

ITEMS FOR INTERVENTION PLAN:

______ TEAP REFERRAL

______ MENTAL HEALTH REFERRAL Assigned to: ___________________________

______ SPECIAL GROUPS Group(s): ___________________________
COMMENTS REGARDING STUDENT’S MOTIVATION AND NEEDS:
All worksheets (except for the first one, Initial Drug/Alcohol Abuse/Dependency Assessment) are intended for students to complete. Depending on the reading level of the student, it may be necessary for the TEAP specialist to assist in completing these worksheets. The Initial Drug/Alcohol Abuse/Dependency Assessment is a worksheet for the TEAP specialist to complete with the student in a one-on-one situation.
INITIAL DRUG/ALCOHOL ABUSE/DEPENDENCY ASSESSMENT
(Student Schedule)

Student Name: ___________________________ Date: ________________

SCHOOL HISTORY

Current grade level: _______ School attended: ______________________

Are you working up to your ability?

What have your grades been like over the past 3 months?

How about last year?

Are/were you involved in any school-sponsored sports or activities? If yes, please describe activity and approximate date of last participation:

Have you failed any classes in the past 3 years? If yes, please give dates and details:

Has a teacher ever asked you to leave a class? If yes, for what reason?

Have you been suspended or expelled from school? If yes, give dates and details:

How often have you been tardy in the last 3 months?

How often have you cut class in the last 3 months?

When was the last time you were under the influence of a drug/alcohol at school?

How often did you use a drug before or during a school day?
SOCIAL/RECREATION

How do you usually spend your free time?

________________________________________________________________________

Do you have or have you held a job?
If lost or quit, why?

________________________________________________________________________

Describe your two or three closest friends.

________________________________________________________________________

________________________________________________________________________

Are any of these friends new to you in the last year?

________________________________________________________________________

Do most of your friends use drugs/drink more, less, or about the same as you do?

________________________________________________________________________

Have any of your current or former friends ever made any comments about your drinking or using drugs?

________________________________________________________________________
HOME/FAMILY RELATIONSHIPS

How would you describe the level of trust and communication between you and your parents right now?

______________________________________________________________________________________________________________________________________________________________

What are the activities that you share as a family?

______________________________________________________________________________________________________________________________________________________________

Which of your parents do you get along with the best?

______________________________________________________________________________________________________________________________________________________________

What issues create the greatest conflict between you and your parents?

______________________________________________________________________________________________________________________________________________________________

What kind of limits and responsibilities do you have at home?

______________________________________________________________________________________________________________________________________________________________

Do you follow through on these consistently?

______________________________________________________________________________________________________________________________________________________________

What was your parent's reaction when they first learned of your drug/alcohol use?

______________________________________________________________________________________________________________________________________________________________

As far as you know, does or has anyone in your family (mother, father, aunt, grandfather, brother, etc.) ever experienced a problem with using drugs or drinking?

______________________________________________________________________________________________________________________________________________________________

Do you think your drug/alcohol use has created problems between you and other members of your family?

______________________________________________________________________________________________________________________________________________________________
**DRUG/ALCOHOL USE HISTORY**

How old were you the first time you ever drank or used drugs, and what drug/alcohol was involved?

---

Do you remember the experience as a positive or negative one and why?

---

Please list each of the drugs/alcohol you have used (even if you only used it once). Include the date of your first and last use, as well as the frequency or pattern of use (e.g., once a day, twice a week, four times in my whole life, etc).

<table>
<thead>
<tr>
<th>Drug/Alcohol</th>
<th>Dates of First Use/Last Use</th>
<th>Pattern of Use</th>
</tr>
</thead>
<tbody>
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</tbody>
</table>

Have you ever experienced a blackout (a time when you had a loss of memory)?

---

Have you ever lost consciousness while under the influence of alcohol or other drugs?
If yes, how often?

---

Have you ever experienced a flashback (a time when you remembered and experienced the physical symptoms of getting high although you were not using drugs)?
If yes, please give details.
Have you ever needed any kind of help or assistance while drunk or high?
If yes, please describe:

Have you ever experienced any emotional or physical discomfort after not drinking or using drugs for a while?
If yes, please describe:

Have you ever had any legal consequences resulting from your drinking/using drugs
If yes, please describe:

How much money do you spend on drugs or alcohol in an average month?

Have you ever cut down or stopped using drugs for a while?
If yes, for what reason

Have you ever gotten drunk or high after telling yourself or someone that you care about that you would not?

Have you ever sold drugs?

Have you ever stolen alcohol or other drugs?

Describe any uncomfortable feelings you may have tried to eliminate with drugs.

Do you believe your drug/alcohol use has created problems for you?
DRUG/ALCOHOL USE ASSESSMENT (Student)

Student Name: ____________________________  Date Begun: ______________

This exercise is designed to help you identify the unmanageability in your life that is related to your drug/alcohol use. As you reflect on each area of your life, try to recall specific incidents that involved drug/alcohol use, some kind of negative effect from your use, and any emotions you may have been experiencing at the time. Vague or general examples are not going to be helpful.

<table>
<thead>
<tr>
<th>What Happened</th>
<th>Consequence</th>
<th>How I Felt as a Result</th>
</tr>
</thead>
</table>

**School**

1.  
2.  
3.  
4.  

**Family Relationships**

1.  
2.  
3.  
4.  

<table>
<thead>
<tr>
<th>What Happened</th>
<th>Consequence</th>
<th>How I Felt as a Result</th>
</tr>
</thead>
</table>

**Motivation**

1.
2.
3.
4.

**Legal Issues**

1.
2.
3.
4.

**Friendships/Social Life**

1.
2.
3.
4.
<table>
<thead>
<tr>
<th>What Happened</th>
<th>Consequence</th>
<th>How I Felt as a Result</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Employment</strong></td>
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<tr>
<td>1.</td>
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<tr>
<td><strong>Finances</strong></td>
<td></td>
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<tr>
<td>1.</td>
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<td>4.</td>
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<tr>
<td><strong>Physical Health</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>1.</td>
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<td>2.</td>
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<td>3.</td>
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<td>4.</td>
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</tbody>
</table>
FEELINGS ASSESSMENT

Student Name: __________________________ Date Begun: ________________

Each of us experience feelings that we label as either bad or good. Feelings such as loneliness, frustration, hurt, and rejection are feelings that cause us pain. Everyone has lousy feelings, repeatedly—even people who appear to be happy. Unpleasant feelings are just that—unpleasant. What is important about these feelings is what we do, or do not do about them.

Chances are good that, on occasion, you may have used drugs/alcohol in the past to avoid having unpleasant feelings. Since becoming clean and sober you are no longer “medicating” your feelings—covering them up with drugs and alcohol. The purpose of this assessment is to help you explore how you deal with your emotions today. You will be helped to find ways to identify and express your feelings honestly and respectfully, rather than in ways that are hurtful to yourself or others.

Take a moment and try to identify the last time you experienced each of the emotions listed below before proceeding with the rest of the assessment

- Fear
- Peace
- Sadness
- Joy
- Guilt
- Confidence
- Anger
- Hurt
- Loneliness
- Anxiety

The Relationship Between Drugs/Alcohol Use and My Feelings

The following exercise is meant to help you identify how you may have used drugs/ alcohol to avoid unpleasant feelings. As you think about examples, try to identify feelings that may have motivated you to use drugs/alcohol. Whenever possible, try to make each example specific (e.g., it happened at a specific time, in a specific place, and with particular people).
Circumstance -
What Led Up To My Feeling this Way  Feeling  My Drugs/Alcohol Response

Example:
Dad would not let me have the car to pick up my friends.
I felt angry and embarrassed. I had already told my friends I would drive that night. I had a shouting match with my dad. He grounded me, but I left anyway. I found my friends and got high.

1.

2.

3.

How I Express My Feelings Now

This part of the assessment will help you explore how you are expressing your feelings today. Some of these ways may be more satisfactory than others. By looking at some recent examples, and talking them over with your group or counselor, you may find some new and more effective alternatives.

Take the next week to look at how you respond to negative feelings now. Write down a couple of examples each day. At the end of the week, write down some examples of your responses to positive feelings, too. Again, be sure you are specific.

Circumstance  Feeling  My Response Now

Example:
My parents told me I could not use the car for the evening. I felt angry and hurt. They were not letting me earn back their trust. I realized I felt hurt and did not know if my parents trusted me. I told them what I felt and thought. We worked out a compromise.

1.

2.

3.
RELAPSE PREVENTION ASSESSMENT
(Based on Preventing Adolescent Relapse by Tammy Bell)

Student Name: ___________________________ Date Begun: ____________

Relapse is a process that starts long before the actual return to drug/alcohol use begins. Listed below are symptoms that begin to occur as a person's recovery decays and they move closer and closer to using drugs/alcohol. Working with your TEAP specialist, you can develop a list, drawn from the warning signs below, that reflect what the process of relapse might look like if it began to occur in your life. After developing this list, involve your TEAP specialist, counselor, family, and other people you trust to help you develop a strategy for interrupting relapse before actual drug/alcohol use happens.

RELAPSE WARNING SIGNS

Phase One—Denial Returns
1. Impatience and frustration
2. Denying you have a problem—"Everything is okay"

Phase Two—Avoidance and Defensive Behavior
3. Believing "I'll never drink or use drugs again"
4. Worrying about others instead of self
5. Resentment toward people who drink or use other drugs
6. Beginning to avoid family gatherings
7. Dwelling on treatment experiences
8. Little aftercare involvement

Phase Three—Crisis Building
9. Concentration and memory problems
10. Rigid or impaired judgment
11. Procrastination
12. Believing that people expect too much
13. Misuse of the 12-step program
14. Strained relationships with family

Phase Four—Immobilization
15. Daydreaming and spacing out
16. Unpredictable mood swings
17. Problems at school reappear

Phase Five—Confusion and Overreaction
18. Periods of confusion
19. Home-life problems intensify
20. Loss of confidence in counselors and 12-step programs

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21. Overreaction to criticism
22. Confrontation and criticism from recovery peers

**Phase Six—Depression**

23. Experiencing boredom
24. Becoming edgy and irritable
25. Becoming lazy and uncooperative
26. Periods of deep depression
27. Decline in health and physical appearance
28. Beginning to think sobriety is boring or miserable
29. Returning to drug/alcohol use with friends

**Phase Seven—Behavioral Loss of Control**

30. Justifying and rationalizing unhealthy behavior
31. Displaying inappropriate behavior and responses
32. Hostile behavior at home
33. Aggressive behavior at school
34. Acting without thinking becomes more frequent

**Phase Eight—Recognition of Loss of Control**

35. Feeling self-pity, wanting people to feel sorry for you
36. Dwelling on past highs, telling war stories
37. Beginning to think about a return to using/drinking

**Phase Nine—Option Reduction**

38. Withdrawal from all forms of help
39. Major negative changes in attitudes, behavior, and feeling

**Phase Ten—Return to Drug/Alcohol Use**
For each symptom that you identified, list below two examples of how this symptom might show up in your behavior, then, working with those you trust, develop and list some effective methods for interrupting this behavior and re-establishing your positive momentum toward recovery.
<table>
<thead>
<tr>
<th>Symptom</th>
<th>Method to Interrupt It</th>
</tr>
</thead>
<tbody>
<tr>
<td>1.</td>
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<td>2.</td>
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<td>3.</td>
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<td>4.</td>
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</tr>
</tbody>
</table>
BEHAVIORAL CHANGE ASSESSMENT

Student Name: _____________________________  Date Begun: ______________

When you do something often enough, it becomes habit. The behavior becomes automatic and done without thinking. When you were using drugs, some of the things you did were hurtful to yourself and others. Now that you are clean and sober, you are capable of behaving in ways that are more responsible; of letting go of those destructive behaviors. The purpose of this exercise is to identify those unhealthy behaviors you still retain and plan ways to change them. Since you may not be fully aware of some of these behaviors, ask your friends, parents, and other people you trust to help you identify some of them. Then you can work with your group or counselor to plan ways to work on these behavior changes.

<table>
<thead>
<tr>
<th>Behavior</th>
<th>Why It Needs Change</th>
<th>How Can I?</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Example:</strong> When my parents asked me to do something I do not want to do, I either procrastinate or get defiant and argumentative.</td>
<td>I sometimes lose privileges and it creates stress between my parents and me.</td>
<td>Do it immediately, do not procrastinate or say I will do it later. Do not argue unless I think it is really unfair.</td>
</tr>
</tbody>
</table>

1.

2.

3.
RECOVERY PLAN

Student Name: _______________________________  Date Begun: ______________

As you prepare to leave Job Corps, it becomes very important to identify those behaviors that you will need to continue practicing in order to strengthen your recovery. It may also be necessary to identify those areas of your life where you still have to change certain behaviors. Your parents may also need to be involved in these decisions if you plan to share a home with them.

The following exercise asks you to outline important behaviors you will need to continue working on and to identify a plan for making these changes.

<table>
<thead>
<tr>
<th>Behavior I Will Work On</th>
<th>How I Will Make These Changes</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Example:</strong> Staying clean and sober</td>
<td>1. Attend a 12-step group twice a week.</td>
</tr>
<tr>
<td></td>
<td>2. Continue to develop friendships with other sober peers I have met.</td>
</tr>
<tr>
<td></td>
<td>3. Avoid situations where drugs and alcohol may look attractive to me.</td>
</tr>
</tbody>
</table>

1.

2.

3.
Relapse Intervention Procedure

In the event I should return to the use of drugs/alcohol, I __________________________ have decided to take the following steps to regain recovery, and I will request that my parents see they are carried out.

1.

2.

3.

Student Signature: ________________________________ Date: ____________

Parent Signature: ________________________________ Date: ____________

TEAP Specialist Signature: __________________________ Date: ____________
APPENDIX F
INTRODUCTION TO THE SELF-HELP PROCESS
INTRODUCTION TO THE SELF-HELP PROCESS

Goals—To make students aware of self-help resources on center, locally, and nationwide and to support alcohol- and drug-free Job Corps centers.

Objective—To prepare students to access and use self-help programs both as a part of the intervention component on center and when they leave Job Corps.

Format—Four 1-hour sessions that can be attended in any order, with at least one session offered each week. The TEAP specialist facilitates each session. Attendance is voluntary but may be part of the student's behavioral agreement/intervention plan. Attending any one of the sessions a second time may also be required by the TEAP specialist and is allowable, given space, if requested by the student.

Scheduling—There will be variation across centers as to the scheduling of these self-help groups. It is recommended that they be scheduled after the normal training day. These groups are part of the instructional support the TEAP specialist should provide to intervention students and it is appropriate that students and staff view them that way.

Topics

1. Pursuit of a self-image as an alcohol- and drug-free person
2. The 12 steps— a successful self-help concept
3. Self-help from a group: confidentiality and trust issues
4. Self-help groups and available resources

1. Pursuit of a Self-Image as an Alcohol- and Drug-Free Person

The whole concept of pursuing an alcohol- and drug-free lifestyle in Job Corps (and after) may create discussion on the pros and cons of this lifestyle. Many students will not be using alcohol and drugs to the point of requiring lifetime abstinence as part of their recovery process.

The TEAP specialist should encourage students to discuss both pros and cons of this concept. After students discuss their distaste of or even anger with this whole concept, the TEAP specialist should focus on the myths that emerge, the inaccurate information offered, and the sense that somehow a part of being an adult will be closed to them if they pursue an alcohol- and drug-free lifestyle.

The goal of this group is to expose students to the concept. The Job Corps requirement to be alcohol- and drug-free while in the program has to do with respecting and obeying the law, developing a healthy body, and providing an atmosphere of learning new ways of coping and skill building. There is the hope, of course, that if not now, sometime in
the future, the students will recall the group session and reconsider an alcohol- and drug-free lifestyle for themselves.

Activities

A. Have the group brainstorm and list reasons that support being an alcohol- and drug-free person. Be sure they include in the list:

- Live longer and look younger
- Never have a problem on the job due to using alcohol or drugs
- Save money for other things
- Always know what you did or said after a party
- Never have that terrible morning-after feeling
- Have a family who is proud of you
- Know your children will be less likely to drink or use drugs
- Never have to stop use
- Not be involved with other people who use alcohol and drugs
- Never have to tell lies or steal to buy alcohol or drugs

B. Have the group brainstorm and list any reasons why they do not want to be an alcohol- and drug-free person. Ask if they would like to include in the list:

- Using alcohol and other drugs tastes good and feels good
- Living for now, not for the future
- Thinking their alcohol/drug use is under control—it will never cause them to lose a job
- Thinking other adults use alcohol and drugs and they do not have any problems
- Having a family who does not care
- Having their children drink or use drugs does not bother them
- Feeling that only nerds are alcohol and drug free

C. Have the group discuss the following items:

- “While in Job Corps I cannot use alcohol and drugs but that is not how I want to live the rest of my life."

- "The reason that drugs and alcohol (for those younger than 21) are illegal is that the adults want to control everything and have all the fun."

- "All adults drink. Many adults use drugs."

- "Some adults do not drink or use drugs but that is only because of their religion."
D. Have the group name an individual who has led an alcohol/drug-free life or has become alcohol/drug free and talk about him or her and how his or her life is now.

2. The 12 Steps—A Successful Self-Help Concept

The 12-step concept is primarily associated with Alcoholics Anonymous (AA); however, the same basic steps are the foundation for many other self-help groups. AA was founded over 50 years ago and is often considered most appropriate for persons who are at least into their 20s, who truly have a problem with alcohol, and who want support to become/remain alcohol free.

Persons who have a drug problem and want to become/remain drug free have a similar group—Narcotics Anonymous (NA). However, as the patterns of use have blurred, younger people often use both alcohol and drugs, and attend either an AA or NA group. The emphasis is on the 12-step process and gaining control of one's life, not the substance of choice.

Following are the concepts that underpin the philosophy of the 12 steps. It is recommended that the TEAP specialist take time to briefly discuss these concepts before giving the students the 12-step handout.

A. Powerlessness

When drinking or using drugs, most students feel in control. It is only when someone else tells the student that his or her life is out of control that the student's problems begin to be recognized.

Possibly the hardest thing for a student using drugs or alcohol to do is admit that part of his or her life is out of control. The conflict in the student's head is denying the problem and facing the loss of control. It is the first step toward accepting the reality that many things are beyond control—using alcohol and drugs just makes it more difficult to maintain control.

B. Following the Set of 12 Steps

The 12 steps build on each other. The student must get a firm foothold on a step before moving to the next step. This does not mean that a step is never reviewed again. In fact, going back over steps that have been accepted and worked on will strengthen the student over time. Although all 12 steps should be introduced, if a student attends AA/NA while in Job Corps, he or she may only actually work on Step 1 and possibly Step 2. All of the steps should be presented, however, for the students' information. (See Exhibit 1 at the end of this appendix for a detailed list of the 12 steps.)
C. One Day at a Time

Just as the course is one step at a time, the program is one day at a time. Trying to decide about a whole lifetime is noble, but doing something just one day at a time is more manageable.

D. A Power Greater than Oneself

Many students will readily accept the idea of a higher power, God, Allah, karma, etc. Others will use this as a point of discussion that distracts from the emphasis of the concept. It does not matter what a student calls his or her higher power; rather, what matters is the reality that he or she is not in control of parts of his or her life and there is a force beyond the self.

E. A Moral Inventory

Students who use alcohol and drugs often do things that are wrong. Sometimes the behavior is illegal—stealing; sometimes it is immoral—telling lies; and sometimes the behavior is embarrassing—pursuing someone who does not want to be around a person who drinks alcohol or uses drugs. While making a moral inventory, the student should look at the things done wrong and resolve to change the way he or she lives. The TEAP specialist should emphasize that in the moral inventory process the student should also list the things he or she has done right and resolve to keep up the good work and do more of the same.

F. Shortcomings

Shortcomings are most easily understood as incomplete, good qualities that need to be strengthened and faults/bad habits that need to be eliminated. Everyone has shortcomings. It is easiest to work on one shortcoming at a time. The goal is not to be a flawless, perfect human being, but to improve and grow a little everyday.

G. The Serenity Prayer

"God grant me the serenity to accept the things I cannot change, the courage to change the things I can, and the wisdom to know the difference."

Give the handout on the 12 steps to the students and, if there is time, discuss any questions they may have about the steps that were not already touched on in the concepts portion of the group session (See Exhibit 1).

Anyone who has tried to "go it alone" knows that "it" goes better when you have a little help from friends. Studying, dieting, shopping, or even hanging out on the corner seems to go better when done with at least one more person.

Becoming and remaining alcohol- and drug-free is no exception. Although a student has to do it for himself/herself, it seems easier to have the support of people who understand the problem—especially if they have had the same problem.

The student must learn several concepts in relation to group process and how these differ from the way he or she may be currently functioning.

A. Secrets

A secret held between two students is information told by one student to a second that the second student must never tell to a third. True secrets are usually not discussed because the more they are talked about, the more likely the information will go beyond the single student who knows the secret.

B. Confidentiality

When a group of students share information with each other but not with anyone outside of the group, the information is being treated with confidentiality. The students participating in a group should feel free to say anything in the group and never hear it back from a person outside of the group. Sometimes a student will discuss sensitive information that may sound like a secret, but in telling this information to the group, he or she expects confidentiality and is therefore willing to talk about the information and ask for help. It takes time to develop confidence and trust in a group. Confidentiality is feeling comfortable enough within a group to tell sensitive information or ask for help, and ultimately believing that the group will respond to you while maintaining confidentiality.

C. Misguided Loyalty and Looking the Other Way

Sometimes a student discusses information about something that he or she is doing or has done that is wrong or that he or she is in some kind of trouble. Sometimes this information may be very obvious in his or her behavior. When this happens, a friend or parent should address the behavior and identify it as wrong and guide the student to help. The behavior must change but the student will need support.

Two things can get in the way of confronting this behavior. First, misguided loyalty may occur when the information should be passed on to a third person but is not because it
is a secret. This is a conflict between loyalty to the student’s wishes and what is best for him or her. Second, looking the other way may occur when the friend or parent ignores the facts and pretends that help is not needed.

Deciding when it is appropriate to keep a secret or confront the problem are both difficult decisions. As students become adults, these are two very important decision-making skills to learn.

D. Trust

Trusting a parent or friend may help a student to share his or her problems. He or she must trust a parent or friend to:

- Keep his or her best interests in mind
- Give him or her good suggestions or advice
- Confront the student when he or she needs to be confronted
- Keep information confidential unless the parent/friend has permission to share it

When the student trusts a person or a group with information, he or she cannot control the information—nor should he or she have to worry about controlling it.

E. Exercise—Trust Walk

How is trust gained and how does it feel when you have it? One way to communicate the answer to this question is to have the students participate in an activity and go on a "trust walk." Divide the group into pairs. Provide clean handkerchiefs as blindfolds. Blindfold one student and have the other lead him or her around the group meeting room or health and wellness center. The leader is responsible for the safety of the blindfolded person. After approximately 10 minutes, the pair should switch roles for another 10 minutes. The students should think about the following points while on the walk and then return to the group room to discuss them. These include:

- When leading, pay attention to how it feels to be responsible for another person's safety and how you help the blindfolded person.
- While blindfolded, pay attention to how it feels to be unable to watch out for yourself and to depend on another person. What could the leader have done to be more helpful?
- How is going on a walk blindfolded like telling a problem to someone and asking for help?
4. Self-Help Groups and Available Resources

While the 12-step AA and NA groups were discussed at length earlier, it is important that the student knows that there are other groups, some 12-step in format, that are available.

A list of nationally available groups, annotated with a few characteristics that distinguish them, is presented in Exhibit 2. Teach the student to look for the phone numbers in the phone book and how to contact the local hospital or community mental health services. Prepare a handout with the type of information that would be most helpful to the student given his/her local area.

Although it may not be possible at every center, the TEAP specialist should consider taking students to an open meeting in the community near the center. An alternative is to have a person from a local group come and talk to the students during this session of the self-help groups.
### Twelve Steps

1. We admitted we were powerless over alcohol that our lives had become unmanageable.

2. We came to believe that a higher power greater than ourselves could restore us to sanity.

3. We made a decision to turn our will and our lives over to the care of the higher power, as we understood it.

4. We made a searching and fearless moral inventory of ourselves.

5. We admitted to the higher power, to ourselves, and to another human being the exact nature of our wrongs.

6. We were entirely ready to have the higher power remove all these defects of character.

7. We humbly asked the higher power to remove our shortcomings.

8. We made a list of all persons we had harmed, and became willing to make amends to them all.

9. We made direct amends to such people wherever possible, except when to do so would injure them or others.

10. We continue to take a personal inventory and, when we are wrong, promptly admit it.

11. We seek through prayer and meditation to improve our conscious contact with the higher power, as we understand it.

12. Having had a spiritual awakening as the result of these steps, we try to carry this message to alcoholics and to practice these principles in all our affairs.
Exhibit 2

<table>
<thead>
<tr>
<th>Program</th>
<th>Self-Help Groups for Recovery</th>
</tr>
</thead>
<tbody>
<tr>
<td>Rational Recovery (RR)</td>
<td>For people who find the very spiritual aspect of the 12-step program impossible to embrace, RR is a very good alternative. People in RR focus on the voice inside their head that often argues in favor of using alcohol and/or drugs. The voice is termed “The Beast.” The Beast says “why not take the edge off” and the rational voice, encouraged by RR, learns to say “because I am not so deficient that I need to take off the edge.” Twelve-step meetings can be very large, but RR meetings are usually kept to a smaller group of people. One is encouraged to go to a 12-step meeting daily, at least in the beginning (90 meetings in 90 days). RR meetings are held once or twice per week. Twelve-step meetings do not have a professional leader; RR meetings have a coordinator. Both types of groups are free.</td>
</tr>
<tr>
<td>Women for Sobriety (WFS)</td>
<td>For females who would prefer to work on their problems with only women, WFS draws on the best of the 12-step concepts while using some of the RR concepts. A member of WFS can also be a member of another group. The philosophy of WFS is to forget the past, plan for tomorrow, and live for today. Membership in WFS requires a desire to stop drinking or using drugs and a sincere desire for a new life.</td>
</tr>
<tr>
<td>Adult Children of Alcoholics (ACOA)</td>
<td>A group to assist adults to resolve the trauma of growing up in a dysfunctional family. Although alcoholic is in the title, all types of dysfunctional family issues are discussed.</td>
</tr>
<tr>
<td>Al-Anon</td>
<td>Usually for the spouses of alcoholics or concerned individuals.</td>
</tr>
<tr>
<td>Narcanon</td>
<td>Usually for spouses of drug addicts or concerned individuals.</td>
</tr>
<tr>
<td>Families Anonymous</td>
<td>For families coping with a parent or a child who has a problem and who may even be in a recovery program.</td>
</tr>
<tr>
<td>AlaTeen</td>
<td>For teenagers coping with alcoholic or drug-using parents or siblings.</td>
</tr>
</tbody>
</table>

There are several 12 step-style groups for persons trying to cope with drinking, drug using, or recovering friends or family members.
APPENDIX G
DRUG CHARACTERISTICS

This appendix outlines a guide to commonly used substances. The chart is provided for use on center. It is recommended that it be pulled out and posted so that all relevant staff has access to it. Street names and prices were obtained from the Community Epidemiologic Work Group, Drug Enforcement Administration, Institute for Community Health Outreach, Haight-Ashbury Free Medical Clinics’ outreach program, and the Western States Information Network. These may vary by region.
<table>
<thead>
<tr>
<th>Drug</th>
<th>Names</th>
<th>Description and Dose</th>
<th>How Used</th>
<th>Onset of Action</th>
<th>Signs and Symptoms</th>
</tr>
</thead>
<tbody>
<tr>
<td>Alcohol</td>
<td>Ethyl alcohol, ethanol, beer, malt liquor, wine, wine coolers, and distilled liquor</td>
<td>Color, taste, smell, dose, packaging vary by type and brand</td>
<td>Orally</td>
<td>Within minutes</td>
<td>Less alert, impaired judgment, less inhibited, slowed reaction time, impaired motor function, less cautious, delays in reaction, impaired sensory perceptions, staggering, significantly impaired sensory perceptions, consciousness but stuporous</td>
</tr>
<tr>
<td>Barbiturates</td>
<td>Barbital (Veronal), Phenobarbital (Luminal), Amobarbital (Amytal), Entobarbital (Nembutal), Secobarbital (Seconal)</td>
<td>Primarily tablets</td>
<td>Orally</td>
<td>15 minutes for short acting and 19 to 34 hours for long acting</td>
<td>Pupils in mid position and fixed, decreased blood pressure, depressed respirations, depressed tendon reflexes, drowsiness, nystagmus, confusion, staggered gait, slurred speech, some loss of inhibition, euphoria, intellectual impairment, behavioral stimulation, personality change, emotional lability, impaired motor coordination</td>
</tr>
</tbody>
</table>
### Matrix of Drug Characteristics

<table>
<thead>
<tr>
<th>Drug</th>
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</thead>
<tbody>
<tr>
<td>Benzo-diazepines</td>
<td>Alprazolam (Xanax), chlordiazepoxide (Librium), clonazepam (Klonopin), clorazepate (Tranxene), diazepam (Valium), flurazepam (Dalmane), lorazepam (Ativan), oxazepam (Serax), Rohypnol (Flunitrazepam)</td>
<td>Tablets with colors and other identifying features that vary by type, dose level, and manufacturer</td>
<td>Orally in conjunction with alcohol or other drugs</td>
<td>Within 30 minutes for some and as much as 6 hours for others</td>
<td>Pupils in mid position and fixed, decreased blood pressure, depressed respirations, depressed tendon reflexes, drowsiness, nystagmus, confusion, staggered gait, and slurred speech</td>
</tr>
<tr>
<td></td>
<td>Rophynol is called date rape drug, Roophy, circle, Mexican Valium, rib, roach-2, roofies, roopies rope,ropies, ruffles, R-2, and roaches</td>
<td>White tablets scored on onside with Roche and 1 or 2 on the other</td>
<td></td>
<td>Within 30 minutes, peak within 2 hours</td>
<td></td>
</tr>
<tr>
<td>Cannabinoids</td>
<td>Pot, weed, grass, herb, reefer, buds, skunk, dank, wack, broccoli, stress, KGB (for Killer Green Buds), sinse (for Sinsemilla), chronic, boobama, blunt, Phillips Blunt, Colombian, Acapulco gold, Thai sticks, Panama red, Mexican red hair, and Maui wowi</td>
<td>Resembles herbs such as oregano ranging in color from greenish-brown to golden-brown</td>
<td>Marijuana is smoked; hashish is smoked or taken orally; hash oil and pure THC are taken orally</td>
<td>45 to 90 minutes after oral use and within 15 minutes after smoking</td>
<td>Rapid mood changes, red eyes, increased heart rate, unchanged pupil size, elevated blood pressure, decreased standing blood pressure, slightly staggered gait, euphoria and a sense of well being, strong imagery, sensory awareness and sensitivity, increased appetite, dry mouth and throat, anxiety/mild panic attack, sedation, impaired short-term memory and “tracking” ability, altered sense of time, fantasy-like state</td>
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<tbody>
<tr>
<td>Cocaine</td>
<td>Blow, girl, nose candy, snow, white, cane, powder, yawda, lines, toot, coca, heaven dust, perica, greengold, La Blanca Dama, and flake</td>
<td>Cocaine hydrochloride is a white crystalline powder</td>
<td>Snort, swallow, inject, smoke</td>
<td>30 minutes after oral use</td>
<td></td>
</tr>
<tr>
<td></td>
<td>Crack-cocaine is called rock, cookies, ice cream, coke, and poison</td>
<td>Crack is a rock-hard substance that resembles jagged sugar cubes</td>
<td>Crack is smoked</td>
<td>15 minutes after snorting</td>
<td></td>
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<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td>7 to 10 seconds after IV use</td>
<td>Dilated pupils, hyperactive tendon reflexes, pale, sweaty skin, tremors, rapid breathing, rapid pulse rate, elevated blood pressure, tense muscles, increased body temperature, impulsivity, runny nose (&quot;snorters&quot;), hyperactivity, talkative, intense euphoria (particularly when smoked or injected intravenously), some indifference to pain and fatigue, and mental alertness (particularly in the early stages of use), suppressed appetite, and dry mouth</td>
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<tr>
<td></td>
<td></td>
<td></td>
<td>Immediately after smoking</td>
<td></td>
<td></td>
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<tr>
<td>Drug</td>
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<td>How Used</td>
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</tr>
<tr>
<td>Inhalants</td>
<td>Solvents (chemicals such as toluene, acetone, lacquer, paint thinners, gasoline, methylene chloride); aerosols (fluorocarbons such as propellants and freon); anesthetics (gases such as ether, chloroform, and nitrous oxide (laughing gas)); nitrites (amyl nitrite and n-Butyl nitrate)</td>
<td>Containers vary widely</td>
<td>Vapors inhaled deep into the lungs</td>
<td>Within seconds</td>
<td>Glassy, bloodshot eyes, giddiness and excessive laughing, inability to remember, aggressive behavior, solvent-like odors and residue on the breath and/or skin, an irritant rash around the nose and mouth, dark, purplish skin tone, dry mouth and throat, numbness; “floating” sensation, delusions and hallucinations, nausea, headaches, sharp, piercing chest pain, peripheral neuropathy, ataxia, and gait disturbances</td>
</tr>
<tr>
<td></td>
<td>Amyl nitrate is called poppers, snappers, and locker room</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>n-Butyl nitrate is called rush, bolt, discorama, oz, satan’s scent, climax, and locker room</td>
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<tr>
<td>LSD (d-lysergic acid diethylamide)</td>
<td>Acid, microdots, purple haze, yellow sunshine, green star, wedges, paper acid, blotter, and window panes</td>
<td>An odorless, colorless, tasteless compound usually liquefied and dropped on a sugar cube or piece of paper</td>
<td>Orally, and sometimes absorbed through the skin</td>
<td>Dizziness, hot and cold spells, and dry mouth occur within the first 20 minutes</td>
<td>Dilated pupils, increased temperature, blood pressure, heart rate, and salivation, tremors, large, rapid mood changes, hyperactive tendon reflexes, dizziness, weakness, nausea, creeping or tingling sensations on the skin, blurred vision, perceptions of altered shapes and colors, visual hallucinations, mixed senses (e.g., seeing sounds, hearing sights) distorted time sense, difficulty thinking, depersonalization, a dreamlike feeling, euphoria</td>
</tr>
<tr>
<td>MDMA</td>
<td>Ecstasy, XTC, and adam</td>
<td>White powder</td>
<td>Orally, sometimes snorted, but rarely injected</td>
<td>Altered sensations, perceptions, and mood occur within the next 30 to 40 minutes</td>
<td>Intoxication is in full bloom within an hour</td>
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<td></td>
<td>A euphoric rush similar to cocaine along with some of the mind-altering qualities of hallucinogens</td>
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<tr>
<td>Methamphetamine</td>
<td>Shabu, speed, crystal, crystal meth, meth, crank, go, go-fast, water, bennies, black beauties, and cartwheels</td>
<td>Methamphetamine is a volatile, oily, liquid derivative of amphetamine, it is used in a crystalline hydrochloride (powder) form. Pure &quot;ice&quot; is a crystalline form of methamphetamine that is odorless and almost transparent with light yellowish cast; ice is translucent and milky white, similar to rock candy.</td>
<td>Users inject IV, snort, smoke in pipes, inhale vapors from heated aluminum foil (&quot;chasing the dragon&quot;), or mix it in soft drinks</td>
<td>Within seconds after IV use and within 30 minutes after oral use</td>
<td>Dilated pupils, shallow respirations, elevated blood pressure, increased heart rate, hyperactive tendon reflexes, elevated temperature, cardiac arrhythmias, sweating, tremors, hyperacute or confused sensorium, paranoia, impulsivity, hyperactivity, pale, sweaty skin, impulsivity, hyperactivity, tinnitus, intense euphoria (particularly when smoked or injected intravenously), some indifference to pain and fatigue, mental alertness (particularly in the early stages of use), suppressed appetite, dry mouth, occasional hallucinations</td>
</tr>
<tr>
<td>Methaqualone</td>
<td>Quaaludes, ludes, sopes, soapers, and sopor</td>
<td>Tablets</td>
<td>Orally</td>
<td></td>
<td>Pupils in mid position and fixed, decreased blood pressure, depressed respirations, depressed tendon reflexes, drowsiness, nystagmus, confusion, staggered gait, slurred speech, impaired motor coordination</td>
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<tbody>
<tr>
<td>Opiates</td>
<td>Heroin is called boy, brown, Mexican brown, Mexican mud, chiva, doojee, horse, scag, smash, stuff, tar, black tar, china white, hop, dog food, polvo, estuffa, caballo, hombre, H, junk, thing, Mexican gum or gum</td>
<td>Tar heroin is a dark, sticky, crude form of heroin containing impurities and plant products of the opium poppy</td>
<td>Injected, orally, smoked, or snorted</td>
<td>15 to 30 minutes after oral use and within seconds after IV use</td>
<td>Constricted pupils, vomiting, decreased respirations, staggered gait, nodding, droopy eyelids, “track” marks, constipation, decreased blood pressure, decreased temperature, diminished reflexes, intense euphoria, reduced pain, cough suppression, nausea, urinary urgency</td>
</tr>
<tr>
<td></td>
<td>Morphine is called Cube, First Line, Miss Emma, Morf, Morpho, Morphy, Mud</td>
<td></td>
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<td></td>
</tr>
<tr>
<td></td>
<td>Hydromorphone (Dilaudid) is called Ds, dillies, drug store heroin, Propoxyphene (Darvon-N and Darvocet-N)</td>
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<td></td>
<td>Pentazocine (Talwin) is called Ts</td>
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<tr>
<td></td>
<td>Oxycodone (Percodan and Percocet), Hydrocodone (Vicodin), Meperidine (Demerol and Pethadol), Codeine, Methadone (Dolophine, Methadone, and Methadose), Meth, are other opiates</td>
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<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Drug</td>
<td>Names</td>
<td>Description and Dose</td>
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<tr>
<td>PCP</td>
<td>Angel dust, DOA (for dead on arrival), killer weed (when combined with marijuana), peace pill, juice, dusters, hog, and cyclone</td>
<td>Sold in liquid, tablet, capsule, or powder form, or sprayed on marijuana or parsley</td>
<td>Smoked, orally, or snorted</td>
<td>Injected 2 to 5 minutes after smoking, and 30 to 45 minutes after oral use</td>
<td>Droopy eyes, involuntary eye movements, flushed skin, sweating, confused, drunken behavior, uncoordinated movements, repetitive motor behavior, cyclic coma, hyperactivity, drooling, blank stare, mute, double vision, “whooshing” sound in the ear, dizziness, numbness and analgesia in some parts of the body, fear of dying or death, feelings of loneliness and isolation, altered body image, feelings of unreality, disorganized thought, anxiety or panic reaction, illusions, visual hallucinations, time and visual distortions</td>
</tr>
<tr>
<td></td>
<td>A PCP cigarette is called sherm, kool, lovely, and stick</td>
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</tbody>
</table>
APPENDIX H
PEER RESISTANCE TRAINING MODULE
PEER RESISTANCE TRAINING MODULE

Design role-playing scenarios to stimulate thinking about peer pressure and its potentially negative effects. By staging or observing these "slices of center life," students gain skills in identifying and resisting negative peer pressure. These scenarios are examples, which may replace or supplement others developed on center. Rehearsing how to say no helps—it takes practice, patience, and will power. Students cannot start too soon, try too hard, or have too much help when it comes to resisting peer pressure.

A. SCENARIOS

Divide participants into groups of appropriate sizes. If possible, assign a student aide to each group who has had previous exposure to the exercise. Provide each group with a scenario. After reading their scenario, members of the group plan their dialogue—discussing but not deciding what one might say and how the other(s) might respond. After a set time, present the scenes and process them in turn.

Scenario #1

Joe, a new student, has been on center for about 3 weeks. Brandon has been on center for about 3 months. Both are in the carpentry trade. Joe is aware that Brandon sometimes comes to shop high, although the instructor does not seem to notice. Brandon approaches Joe in shop one day while the instructor is occupied with someone else and asks him if he wants "a hit off this joint." Joe says, "No, thanks," but Brandon does not leave. Next Brandon wants to borrow Joe's hammer.

Scenario #2

Both Gregory and Maria have been on center for about 2 months. They met during orientation, have dated quite a bit, and are now considered a steady couple. One day, Maria approaches Gregory and asks for advice on a class assignment. Gregory has been having a hard day and snaps, "What do you think I am—the class encyclopedia?" Maria tries to soothe him, saying, "Come on, let's go get a soda and talk." Gregory responds that he does not want to miss class, that things are bad enough already.

Scenario #3

Kevin and Ann Marie, both in Job Corps for 8 months, have been friends ever since they arrived and both are close to completing their trades. On a hot summer day, Kevin approaches Ann Marie after class, saying, "You're looking good today; thirsty?" Ann Marie says, "Yes." Kevin continues, "You're sure in luck, I have a six pack." He suggests that they go to the ball field to celebrate the good score he got on his GED.
Ann Marie says she would rather go over to the canteen for a soft drink, but Kevin persists.

**B. PROCESSING A SCENARIO**

Each of these role-play scenarios highlights the temptations and pressures that may lead a student to use alcohol or drugs, lend tools, cut class, or otherwise break the rules.

Ask the students playing the roles to discuss the following questions:

- How did you feel when you said (or heard) the "no" in response to your invitation?
- Was there any point at which you thought you had your role-play partner ready to say "yes?" If so, what response would have stopped you from exerting further pressure?
- Was there any point at which you wanted to say "yes?" If so, what finally prompted you to say "no?"

Ask the students observing the role play to discuss these questions:

- What did you see or hear that seemed to work, i.e., that seemed to cut off the pressure?
- What did you see or hear that did not work, i.e., that seemed to intensify the pressure?
- Would you have said or done anything differently?
- How can you prepare yourself to respond to these kinds of situations on center?
- Is it acceptable to say no? If not, why not?
- Brainstorm ways to say no—Below are some suggestions to get the list started:
  - No, thanks, I'm driving.
  - No, I don't ride with a person who has been drinking.
  - No, thanks, I don't want to get into trouble with my parents (teachers, friends, grandparents, etc.).
- No, thanks, if I get high I could get separated from Job Corps.
- No, thanks, I don't like the taste.
- No, thanks, I've got to study later.
- No, thanks, I want to keep a clear head.
- No, thanks, I usually end up embarrassing myself.
- No, thanks, getting high makes me tired.
- No, thanks, I'm on a diet.
- No, thanks, I'm in training.
- No, thanks, and please don't ask again.
- No, thanks.

**Summary Points**

- You have to **choose to refuse**.
- It will not always be easy, but you get better at it each time you do it.
- Do not be flattered by an offer to use alcohol or drugs or break a center rule because person who invited you is cool—that person is only a so called friend.
- Not everyone uses alcohol or drugs or breaks the rules; follow rules, it is the best choice.
APPENDIX I
AOD-FREE ALTERNATIVES
AOD-FREE ALTERNATIVES

Developing an interest in AOD-free activities should begin in the family at an early age. An important part of reducing the demand for alcohol and drugs is working with the students to develop these interests while in Job Corps.

The following is a list of alternatives to often-cited needs filled by alcohol and drugs.

<table>
<thead>
<tr>
<th>Areas of Human Need</th>
<th>Specific Needs</th>
<th>AOD-free Alternatives for Satisfying Needs</th>
</tr>
</thead>
<tbody>
<tr>
<td>Physical</td>
<td>• Physical relaxation</td>
<td>• Relaxation exercises</td>
</tr>
<tr>
<td></td>
<td>• Increased physical energy, avoidance of fatigue</td>
<td>• Dance and movement training</td>
</tr>
<tr>
<td></td>
<td></td>
<td>• Dietary and nutritional training</td>
</tr>
<tr>
<td></td>
<td></td>
<td>• Physical recreation; competitive athletics, especially for fun; individual physical conditioning, jogging, hiking, certain outdoor work</td>
</tr>
<tr>
<td></td>
<td></td>
<td>• Training and experience in the martial arts (e.g., karate, judo)</td>
</tr>
<tr>
<td>Mental/Intellectual</td>
<td>• Reduction of boredom</td>
<td>• Hobbies and games</td>
</tr>
<tr>
<td></td>
<td>• Arousal and satisfaction of curiosity</td>
<td>• Reading and discussion groups</td>
</tr>
<tr>
<td></td>
<td>• Problem solving</td>
<td>• Training in problem solving and decision making</td>
</tr>
<tr>
<td></td>
<td>• Avoidance of mental fatigue</td>
<td>• Concentration and attention exercises</td>
</tr>
<tr>
<td>Creative</td>
<td>• Increase in creative ability</td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td>• Attendance at artistic performances (e.g., music, art, and drama)</td>
</tr>
<tr>
<td></td>
<td></td>
<td>• Participation in artistic programs (e.g., in art, music, or drama on center or in community)</td>
</tr>
<tr>
<td></td>
<td></td>
<td>• Crafts, sewing, cooking, gardening, handiwork, photography, and other hobbies</td>
</tr>
<tr>
<td>Emotional</td>
<td>• Psychological escape or release</td>
<td>• Individual or group counseling</td>
</tr>
<tr>
<td></td>
<td>• Reduction of normal tension, anxiety, stress</td>
<td>• Instruction in the psychology of personal and adolescent development</td>
</tr>
<tr>
<td></td>
<td>• Mood alteration</td>
<td>• Effective lifestyle education, including techniques like values clarification</td>
</tr>
<tr>
<td></td>
<td>• Psychological/emotional insight</td>
<td>• Emotional awareness exercises (e.g., learning about body language)</td>
</tr>
<tr>
<td></td>
<td>• Freedom from decision making pressures</td>
<td></td>
</tr>
<tr>
<td></td>
<td>• Privacy; solitude</td>
<td></td>
</tr>
<tr>
<td></td>
<td>• Rebellion; assertion of independence, or defiance of authority</td>
<td></td>
</tr>
<tr>
<td></td>
<td>• Increase in self-esteem</td>
<td></td>
</tr>
</tbody>
</table>
### Areas of Human Need

<table>
<thead>
<tr>
<th>Areas of Human Need</th>
<th>Specific Needs</th>
<th>AOD-free Alternatives for Satisfying Needs</th>
</tr>
</thead>
<tbody>
<tr>
<td>Interpersonal</td>
<td>• Gain in peer recognition</td>
<td>• Creation of alternate peer groups</td>
</tr>
<tr>
<td></td>
<td>• Gain in peer acceptance</td>
<td>• Interpersonal workshops to develop caring, personal responsibility, confidence, resistance to peer</td>
</tr>
<tr>
<td></td>
<td>• Reduction of social anxiety</td>
<td>pressure, trust, and respect for others</td>
</tr>
<tr>
<td></td>
<td>• Reduction in barriers to communication; solution to interpersonal problems</td>
<td>• Individual counseling for interpersonal troubles</td>
</tr>
<tr>
<td></td>
<td>• Sense of community or belonging</td>
<td>• Emotional support through on-center big brothers and sisters programs</td>
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<tr>
<td></td>
<td></td>
<td>• Opportunity for premarital and marital counseling/education</td>
</tr>
<tr>
<td></td>
<td></td>
<td>• Positive group activities (e.g., volunteering in support of worthy causes, student government, work</td>
</tr>
<tr>
<td></td>
<td></td>
<td>in community assistance projects)</td>
</tr>
<tr>
<td>Philosophical</td>
<td>• Purpose and meaning in life</td>
<td>• Workshops on values and meaning of life</td>
</tr>
<tr>
<td></td>
<td>• Personal identity</td>
<td>• Values clarification procedures; identify clarification procedures</td>
</tr>
<tr>
<td></td>
<td>• Values and philosophical structure</td>
<td>• Recognition of achievements by center staff and peers</td>
</tr>
<tr>
<td></td>
<td></td>
<td>• Counseling directed toward meaning and values clarification</td>
</tr>
<tr>
<td></td>
<td></td>
<td>• Participation in religious activities</td>
</tr>
<tr>
<td>Miscellaneous</td>
<td>• Risk taking, danger</td>
<td>• Survival training</td>
</tr>
<tr>
<td></td>
<td>• Adventure, exploration</td>
<td>• Exploration of new physical environments (e.g., hiking, exploring, camping in wilderness areas)</td>
</tr>
<tr>
<td></td>
<td>• Freedom from &quot;vacuum phenomenon,&quot; (“What else is there to do?”)</td>
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</tbody>
</table>

APPENDIX J
STRATEGIES FOR ADDRESSING BARRIERS TO STUDENT INVOLVEMENT
STRATEGIES FOR ADDRESSING BARRIERS TO STUDENT INVOLVEMENT IN TEAP

**Time**

- Hold the prevention program groups and/or activities prior to or after a regularly scheduled meeting that students attend after the workday.

- Videotape sessions so that students can access information on their own.

**Lack of Interest**

- Promote and market the program early (e.g., during student orientation). Hold a contest to attract attention to the program. Have students complete a questionnaire on information to show them how much they can learn from the program.

- Use other Job Corps opportunities to speak about the benefits of a prevention program and encourage students to assist in its development or enhancement.

- Be available; the most effective method is personal contact with the students. Sponsor an AOD-free recruitment party.

- Be prepared; some students will not attend until a crisis occurs.

**Mistrust**

TEAP specialists must create opportunities where a relationship of mutual trust and respect with students can be established. This requires a great investment of time and effort. For example, spending time in the dining hall, participating in student driven activities on center, or walking around the center during free time to talk with students.

**Lack of Program Ownership**

Involving student in program leadership, peer counseling opportunities, modifications, resource development, and participant recruitment, can foster a sense of student ownership of the program. A student advisory group, which is representative of the ethnic makeup of the Job Corps center, is helpful.

**Cultural Differences between Providers and Students**

Some student may not attend prevention groups because of discomfort due to cultural differences between themselves and the program providers.
Stigma Associated with Program

Very often students feel embarrassed regarding their membership in the program. They believe that belonging to the "club" is nothing to brag about. Discuss this issue at the meetings and elicit suggestions from students about how to deal with this situation. Try to get students to feel proud about belonging to a group where they are dealing with their problems and working to gain control of their lives.

Negative Peer Pressure

Students will sometimes make fun of students in the program, not only for having the alcohol or drug use problem, but also for trying to comply with center rules. In other words, those students may think that there is nothing wrong with using alcohol or drugs and that the students do not need the program. Counterbalance this peer pressure by presenting factual information and reinforcing their attempts to abstain and stay abstinent.

Unattractive Program Format

Students will become bored and stop attending programs that feel too much like they are attending class (i.e., too many lecture-style presentations, too structured, too serious). Try to present information in a relaxed atmosphere that promotes student participation and interaction. Plan some fun activity during the meeting. If possible, serve light refreshments.

Forgetting Group Times

Consider having a group member write notes on each prevention group or develop a weekly newsletter and send it to all members just before the next meeting. This reminds the students of the group meeting and the topics to be covered. Develop a system to contact students who do not attend; be sure to contact them within the first day or two of their absence and express how much they were missed. It is important to declare how much the TEAP specialist and the group members care about students participating and to determine and resolve their barriers to effective time management.

Fear of Group Interaction and Personal Disclosure

Some hard-to-reach students may be uncomfortable with personal disclosure and intimacy in groups. TEAP specialists must be sensitive to these feelings and not demand too much too soon. Students also feel uncomfortable if they do not understand how to complete homework assignments and group exercises. Humor and fun activities lighten the mood and make the group more enjoyable.
APPENDIX K
PROGRAM ASSESSMENT WORKSHEETS

STEP 1: IDENTIFY GOALS AND DESIRED OUTCOMES

Program Type

Part A: Make a list of the primary goals of the program.
Ask yourself "What were we trying to accomplish?" List those that apply to your program

Part B: What groups did you want to involve?
Ask yourself: "Whom were we trying to reach?" List those that apply to your program

<table>
<thead>
<tr>
<th>Target Group</th>
<th>How many did you want to involve?</th>
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Part C: What outcomes were desired?
Ask yourself: "As a result of this program, how would we like the participants to change? What would they learn; what attitudes, feelings, or behavior would be different?" List the outcomes.
## STEP 2: PROCESS ASSESSMENT WORKSHEET

### Program Type

**Part A: What activities were planned?**

Include a brief description of the components of the program. Ask yourself: "What did we actually do to prepare for this and implement it?" Form a chronology of events constituting this program and a quantity indicator for each.

<table>
<thead>
<tr>
<th>Activity</th>
<th>Date</th>
<th>Quantity Planned</th>
<th>Actual Quantity</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
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</tbody>
</table>

### Quantity Totals

<table>
<thead>
<tr>
<th>Number of sessions (s)</th>
<th>Length of Time for Each (hour)</th>
<th>Total Hours of Activity (students x hours)</th>
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<tbody>
<tr>
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</tbody>
</table>

### Material Totals

<table>
<thead>
<tr>
<th>What written materials were available?</th>
<th>Total distributed</th>
</tr>
</thead>
<tbody>
<tr>
<td>(Books, pamphlets, etc)</td>
<td></td>
</tr>
<tr>
<td>(Other)</td>
<td></td>
</tr>
</tbody>
</table>

Total other services delivered

---

June 2002
What topics or activities were planned but not covered?

What happened to prevent them from being accomplished?

<table>
<thead>
<tr>
<th>Activity</th>
<th>Problem</th>
</tr>
</thead>
<tbody>
<tr>
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</tr>
</tbody>
</table>

Part B: When was the program actually implemented (dates of activities, length of time for each) and who were the participants?

<table>
<thead>
<tr>
<th>Date</th>
<th>Length (Time) of the Activity</th>
<th>Percentage of Time Goal</th>
<th>Attendance</th>
<th>Attendance Goal</th>
</tr>
</thead>
<tbody>
<tr>
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</tbody>
</table>

Who was missing that you had hoped to participate in the program?

What explanations can be offered for the discrepancy between the projected and the actual participation?
Part C: How did participants evaluate the activities?

Part D: What feedback can be used to improve the program for the future?
### STEP 3: OUTCOME ASSESSMENT WORKSHEET

Program Type

<table>
<thead>
<tr>
<th>1</th>
<th>2</th>
<th>3</th>
<th>4</th>
</tr>
</thead>
<tbody>
<tr>
<td>Desired Outcomes</td>
<td>Measure/Indicator</td>
<td>Observed Scores</td>
<td>Amount of Change</td>
</tr>
<tr>
<td>List the desired outcomes from Step 1-Part C</td>
<td>Indicate the type of evidence you have for each outcome</td>
<td>Project Group</td>
<td>Before versus after the project</td>
</tr>
<tr>
<td></td>
<td></td>
<td>None</td>
<td>Before</td>
</tr>
</tbody>
</table>
### STEP 4: IMPACT ASSESSMENT

#### Student AOD Use and Risk Indicators

<table>
<thead>
<tr>
<th>1</th>
<th>2</th>
<th>3 Miscellaneous</th>
<th>4 Miscellaneous</th>
</tr>
</thead>
<tbody>
<tr>
<td>Impact (Examples)</td>
<td>Measure or Evidence</td>
<td>Program Group Before</td>
<td>Program Group After</td>
</tr>
<tr>
<td>Reduction in student AOD use</td>
<td>Drug-use survey</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Delay of onset of student AOD use</td>
<td>Drug-use survey</td>
<td></td>
<td></td>
</tr>
<tr>
<td>AOD-related traffic crashes involving student drivers</td>
<td>Number in 12-month period</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Decrease in DUI arrests among student</td>
<td>Number of DUI arrests 12 months before and 12 months after activities</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Decrease in student AOD related arrests</td>
<td>Number of arrests 12 months before and 12 months after</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Decrease in student AOD related hospital emergencies</td>
<td>Number of drug-related hospital emergencies</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Change in number of student disciplinary actions for AOD offenses</td>
<td>Number in school</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Change in number of student admissions for AOD treatment</td>
<td>Number of admissions in region in 12-month period</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>