

Partners In Prevention Manual

West Chester University

Jim Brenner (jbrenner@wcupa.edu; x3357)
Lynne Hamelton (lhamelton@wcupa.edu; x2142)
Department of Health, College of Health Sciences

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Acknowledgements & Introduction

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Their insights were invaluable in developing an accurate and user-friendly document.

This manual is intended to be used as a support for those concerned about someone's risky use of alcohol and other drugs on campus. The intent is to provide a framework to identify, have a meaningful conversation with, and direct that person to helping resources on and off-campus. It is not meant to supplant clinical services provided by a professional. It is important that PIP members understand their role is to observe behaviors and to take action to get the student help. Making a diagnosis is not a part of PIP.

The information and suggestions can be used by both the novice and those with more knowledge and expertise. Trainees should use what they are comfortable with and what works for them.

Mission Statement

The Partners in Prevention Program's mission is to provide the WCU community with the strategies needed to identify and refer to a helping source students whose alcohol and/or drug use is negatively impacting their academic achievement and potential success in life.

Sample Syllabus Insert

In West Chester University's Plan for Excellence, one of the Student Success Transformation goals is to "improve retention, graduation and time-to-degree rates by assisting students during key transitional periods in their academic careers." I believe that many students do and will struggle with alcohol and other drug issues that can compromise their success. I recently participated in a faculty and staff training program called "Partners in Prevention." This program was designed to help faculty/staff recognize the signs and symptoms of addiction and guide students to assistance.



**SECTION 1:
THE SCOPE OF THE PROBLEM**

Troublesome Use on Campus

Every day college students across the country make choices to use alcohol and other drugs for social/recreational purposes or to help cope with the stress and problems in their lives. The choice to use alcohol and other drugs often hides or leads to other problems. These statistics will help you to understand the scope of the problem on college campuses across the country, as well as here at WCU.

Alcohol

- Approximately 70% of college students have used alcohol at least once in the past 30 days. WCU _____
- Approximately 80-90% of college students have used alcohol at least once in the past year. WCU _____
- More than 40% of college students can be classified as “binge drinkers,” or having consumed 5 or more drinks per occasion at least once in the past 2 weeks. WCU _____
- Approximately 20% of college students can be classified as “frequent binge drinkers,” or having consumed 5 or more drinks per occasion 3 or more times in the past 2 weeks. WCU _____
- 25% of college students report academic consequences as a result of their drinking.
- Approximately 33% of college students report missing a class as a result of their alcohol consumption. WCU _____
- Approximately 23% of college students report performing poorly on a test or assignment due to their alcohol use. WCU _____
- 50-60% of college students report having their studying or sleep interrupted due to other students’ drinking.
- Drinking reduces the number of hours spent studying per day among college students. Each additional drink per occasion is associated with fifteen minutes less studying per day.
- Binge drinking is associated with lower grades among college students. Approximately 5 drinks per occasion are associated with a GPA lowered by half a grade.
- Each additional drink consumed by college students per occasion increased the probability of missing a class by 8 percent and getting behind in school by 5 percent.

Other Drugs

- Approximately 20% of college students report using marijuana at least once in the past 2 weeks. WCU _____
- Approximately 34% of college students report using marijuana at least once in the past year. WCU _____
- Marijuana use can impair memory and learning skills. Cognitive deficits can persist for hours to days after acute intoxication.
- 5-10% (and higher percentages) of college students report Ecstasy use within the past year.
- Ritalin (methylphenidate) for either recreation or academic performance enhancement. No good data on this yet, but some institutions have found their prevalence to be between 20% and 35%.

This data was compiled from the following sources:

- Core Institute (2000). 1999 Statistics on Alcohol and Other Drug Use on American Campuses. Retrived February 25, 2003 from http://www.siu.edu/departments/coreisnt/public_html/recent.html.
- Johnston, L.D., O’Malley, P.M., & Bachman, J.G. (2001). *Monitoring the future: National survey results on drug use, 1975-2000. Volume II: College students and adults ages 19-40.* (NIH Publication No. 01-4925). Bethesda, MD: National Institute on Drug Abuse.
- Wechsler, H., Lee, J., Kuo, M., & Lee, H. (2000). College binge drinking in the 1990s: A continuing problem. *Journal of American College Health, 48(10)*, 199-210.
- Williams, J., Powell, L., & Wechsler, H. (2002). Does Alcohol Consumption Reduce Human Capital Accumulation? Evidence from the College Alcohol Study. Research Paper Series, No. 18. Chicago, IL: University of Chicago. http://www.impacteen.org/generalarea_PDFs/capitalaccumulationfeb2002_final.pdf

Consequences of alcohol and other drug use

Each year it is estimated that student drinking is responsible for...

Death: 1,400 college students between the ages of 18 and 24 die each year from alcohol-related unintentional injuries, including motor vehicle crashes (Hingson et al., 2002).

Injury: 500,000 students between the ages of 18 and 24 are unintentionally injured under the influence of alcohol (Hingson et al., 2002).

Assault: More than 600,000 students between the ages of 18 and 24 are assaulted by another student who has been drinking (Hingson et al., 2002).

Sexual Abuse: More than 70,000 students between the ages of 18 and 24 are victims of alcohol-related sexual assault or date rape (Hingson et al., 2002).

Unsafe Sex: 400,000 students between the ages of 18 and 24 had unprotected sex and more than 100,000 students between the ages of 18 and 24 report having been too intoxicated to know if they consented to having sex (Hingson et al., 2002).

Academic Problems: About 25 percent of college students report academic consequences of their drinking including missing class, falling behind, doing poorly on exams or papers, and receiving lower grades overall (Engs et al., 1996; Presley et al., 1996a, 1996b; Wechsler et al., 2002). Students with no Friday classes drank approx. twice as much on Thursdays as students with early Friday classes (Wood et al., 2007).

Health Problems/Suicide Attempts: More than 150,000 students develop an alcohol-related health problem (Hingson et al., 2002) and between 1.2 and 1.5 percent of students indicate that they tried to commit suicide within the past year due to drinking or drug use (Presley et al., 1998).

Drunk Driving: 2.1 million students between the ages of 18 and 24 drove under the influence of alcohol last year (Hingson et al., 2002). More than 60 percent of college men and almost 50 percent of college women who engage in frequent high-risk drinking report that they drink and drive.

Crime: Alcohol has been linked to one-half of all campus crime (Wechsler, 2002)

Alcohol Abuse and Dependence: 31 percent of college students met criteria for a diagnosis of alcohol abuse and 6 percent for a diagnosis of alcohol dependence in the past 12 months, according to questionnaire-based self-reports about their drinking (Knight et al., 2002).

National Institute on Alcohol Abuse and Alcoholism . (2004). **Alcohol facts**. Retrieved on October 26, 2004 from <http://www.collegedrinkingprevention.gov/facts/snapshot.aspx>.

Drinking and Academic Performance (GPA)



A student = 3.3 drinks per week

B student = 4.8 drinks per week

C student = 6.1 drinks per week

D student = 9.0 drinks per week

**SECTION 2:
IDENTIFYING RISKY USE**

Possible Signs* of Troublesome Use

* Many signs can be indicative of other conditions.

Alcohol

- Odor on the breath.
- Intoxication.
- Difficulty focusing: glazed appearance of the eyes.
- Uncharacteristically passive behavior; or combative and argumentative behavior.
- Gradual (or sudden in adolescents) deterioration in personal appearance and hygiene.
- Gradual development of dysfunction, especially in job performance or school work.
- Absenteeism (particularly on Monday).
- Unexplained bruises and accidents.
- Irritability.
- Flushed skin.
- Loss of memory (blackouts).
- Availability and consumption of alcohol becomes the focus of social or professional activities.
- Changes in peer-group associations and friendships.
- Impaired interpersonal relationships (troubled marriage, unexplainable termination of deep relationships, alienation from close family members).

Marijuana

- Rapid, loud talking and bursts of laughter in early stages of intoxication.
- Sleepy or stuporous in the later stages.
- Forgetfulness in conversation.
- Inflammation in whites of eyes; pupils unlikely to be dilated.
- Odor similar to burnt rope on clothing or breath.
- Tendency to drive slowly - below speed limit.
- Distorted sense of time passage - tendency to overestimate time intervals.
- Use or possession of paraphernalia including roach clip, packs of rolling papers, pipes or bongs.
- Marijuana users are difficult to recognize unless they are under the influence of the drug at the time of observation. Casual users may show none of the general symptoms. Marijuana does have a distinct odor and may be the same color or a bit greener than tobacco.

Stimulants

- Dilated pupils (when large amounts are taken).
- Dry mouth and nose, bad breath, frequent lip licking.
- Excessive activity, difficulty sitting still, lack of interest in food or sleep.
- Irritable, argumentative, nervous.
- Talkative, but conversation often lacks continuity; changes subjects rapidly.
- Runny nose, cold or chronic sinus/nasal problems, nose bleeds.
- Use or possession of paraphernalia including small spoons, razor blades, mirror, little bottles of white powder and plastic, glass or metal straws.

Depressants

- Symptoms of alcohol intoxication with no alcohol odor on breath (remember that depressants are frequently used with alcohol).
- Lack of facial expression or animation.
- Flat affect.
- Flaccid appearance.
- Slurred speech.
- Note: There are few readily apparent symptoms. Abuse may be indicated by activities such as frequent visits to different physicians for prescriptions to treat "nervousness", "anxiety", "stress", etc.

Narcotics

- Lethargy, drowsiness.
- Constricted pupils fail to respond to light.
- Redness and raw nostrils from inhaling heroin in power form.
- Scars (tracks) on inner arms or other parts of body, from needle injections.
- Use or possession of paraphernalia, including syringes, bent spoons, bottle caps, eye droppers, rubber tubing, cotton and needles.
- Slurred speech.
- While there may be no readily apparent symptoms of analgesic abuse, it may be indicated by frequent visits to different physicians or dentists for prescriptions to treat pain of non-specific origin.
- In cases where patient has chronic pain and abuse of medication is suspected, it may be indicated by amounts and frequency taken.

Inhalants

- Substance odor on breath and clothes.
- Runny nose.
- Watering eyes.
- Drowsiness or unconsciousness.
- Poor muscle control.
- Prefers group activity to being alone.
- Presence of bags or rags containing dry plastic cement or other solvent at home, in locker at school or at work.
- Discarded whipped cream, spray paint or similar chargers (users of nitrous oxide).
- Small bottles labeled "incense" (users of butyl nitrite).

Hallucinogens

- Extremely dilated pupils.
- Warm skin, excessive perspiration and body odor.
- Distorted sense of sight, hearing, touch; distorted image of self and time perception.
- Mood and behavior changes, the extent depending on emotional state of the user and environmental conditions
- Unpredictable flashback episodes even long after withdrawal (although these are rare).

PCP

- Unpredictable behavior; mood may swing from passiveness to violence for no apparent reason.
- Symptoms of intoxication.
- Disorientation; agitation and violence if exposed to excessive sensory stimulation.
- Fear, terror.
- Rigid muscles.
- Strange gait.
- Deadened sensory perception (may experience severe injuries while appearing not to notice).
- Pupils may appear dilated.
- Mask like facial appearance.
- Floating pupils, appear to follow a moving object.
- Comatose (unresponsive) if large amount consumed. Eyes may be open or closed.
- Note: PCP has stimulant, depressant, hallucinogenic and analgesic effects. Which of these will be most pronounced is unpredictable and depends on users personality, psychological state and the setting at time of use.

Ecstasy

- Blurred vision.
- Rapid eye movement.
- Chills or sweating.
- High body temperature.
- Dry mouth (thirsty).
- Confusion.
- Paranoia or severe anxiety.
- Trance-like state.
- Transfixed on sights /sounds.
- Unconscious clenching of teeth.
- Grinding teeth.
- Very empathetic or affectionate.

GHB

- Lack of facial expression or animation.
- Flat affect.
- Lethargy, drowsiness.
- Slurred speech.
- Disinhibition.
- Loss of memory.

Addiction

The word alcoholism/addiction prompts an image of the stumbling drunk, the person who is down and out on his/her luck, or homeless. The college student does not fit this profile, yet when college students engage in addictive behaviors, they experience the same consequences of any other addict. Most college students who experiment with alcohol and/or drugs will not develop problems that interfere with their ability to function. Some students will become addicted. It is important to get students help early, when they begin to display behaviors that may indicate they have a potential problem.

Social Drinking to Alcoholism: Crossing the Thin Line

Have you ever wondered how much is too much drinking? Social drinking is an accepted part of life, and it's hard to know when the thin line to alcoholism is crossed. There are many factors—genetic, psychological, social, and environmental—that play a role in alcohol addiction. If you have wondered about what the right amount of drinking is, looking at drinking patterns is important.

Defining Social Drinking

What we call “social drinking” changes depending on fads and fashions. Generally, social drinkers use alcohol to relax and increase good feelings. It's easy for them to limit drinking. Many people say they are social drinkers, and yet cannot imagine dinner or a bad day without alcohol. Some of these people are alcoholics. Some examples of social drinking: Matt and Dan generally have beer around the apartment. Between the two of them it takes a week to get through a six pack. Lindsay enjoys a glass or two of wine when she has friends over. Bill tends to drink more frequently during Spring Break but rarely drinks during the rest of the year.

What is a safe level of drinking?

According to the National Institute on Alcohol Abuse and Alcoholism (NIAAA), moderate alcohol use is defined as up to two drinks per day for men and one drink per day for women and older people. A drink equals 12 ounces of beer, 5 ounces of wine, or 1.5 ounces of 80-proof distilled spirits.

Some people should not drink alcohol at all. These include:

- Women who are pregnant or trying to become pregnant
- People who drive or engage in other activities that require alertness and skill (such as using high-speed machinery)
- People taking certain over-the-counter or prescription medications
- People with medical conditions that can be made worse by drinking
- Recovering alcoholics
- People younger than 21

Men may be at risk for alcohol-related problems if their alcohol consumption exceeds 14 standard drinks per week or 4 drinks per day, and women may be at risk if they have more than 7 standard drinks per week or 3 drinks per day.

SOURCE: National Institute on Alcohol Abuse and Alcoholism. *Helping Patients Who Drink Too Much: A Clinician's Guide*. NIH Pub No. 05–3769. Bethesda, MD: the Institute, 2005.

Crossing The Line

It's often difficult for people to tell when they're crossing the line into dependency. Generally, you are crossing the line if you:

- use alcohol to help you get through painful situations or feelings
- defend or hide your drinking
- often can't remember what happened after drinking a little too much; "Blackouts"
- resent other people's advice who want you to drink less
- often drink to intoxication while alone
- have problems you've had trouble solving due to your drinking
- able to drink same as or more than other people without visible effects
- have thought about cutting down or quitting and have been unable to do so
- have more problems because of alcohol use (legal, discipline, family, relationships, health, financial, academic)
- Trying to cut down or to quit using some substances, and failing at it
- Doing things while "under the influence" that cause regret afterwards
- Not being able to enjoy an event without the substance
- Using much more than other people at social gatherings
- Neglecting responsibilities in order to use the substance
- Being willing to do almost anything to get the substance

“What causes a problem is a problem when it causes problems.”

If You're Concerned About Someone Else

One way to evaluate someone else's drinking is to look at your own behavior. Do you make excuses for the drinker? Have you ever been asked to lie about his or her drinking? Ask yourself why, how often, and in what situations he or she drinks. If you're still concerned about your own drinking or someone else's, speak to someone in the counseling or wellness centers, or an alcohol rehabilitation program. They can help you evaluate whether someone you care for is crossing the thin line to alcoholism.

Problems Caused By Dependency

Chemically dependent people often act unwisely or inappropriately while under the influence of their drug. They may act in ways that will embarrass them later, such as by telling inappropriate jokes at a party. They may endanger their health and lives, and the lives of others, by having unsafe sex, or by driving while intoxicated. They may drop out or be expelled from school, lose their jobs or families as people around them are hurt by their actions – socially, emotionally, or physically. The longer one uses, the more likely one will experience increased problems in life.

Addictive Behaviors: When You Want To Say No, But Can't

People can be addicted to alcohol and other drugs, food, other people, work, and even exercise. An addiction takes over your life, preventing a healthy balance of activities, goals, and relationships. Understanding about the nature of addiction can help you solve problems related to addiction.

Defining Addiction

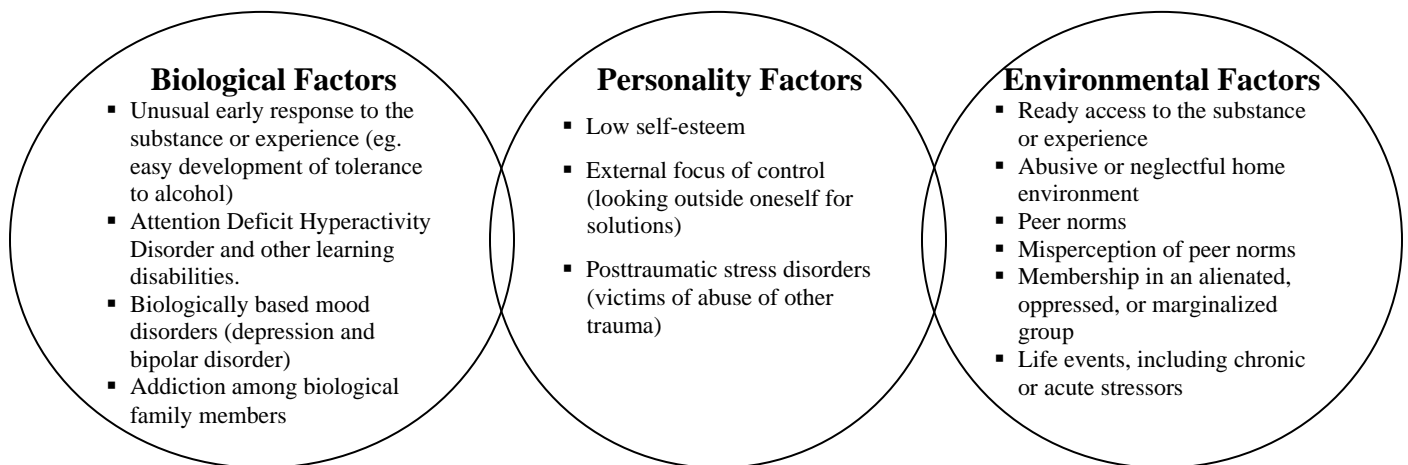
Many addiction treatment professionals describe an addiction as a physical and psychological dependence on a substance or behavior. It begins by using something to feel good. The addiction seems to “help” the person avoid painful feelings. Over time, the person feels less pleasure and more addicted. Eventually, the addiction leads to a feeling of “I don’t care, as long as I can...” even when the effects are devastating to the addicted person or others.

Addictive Profile

People with certain histories and personality traits tend to appear more prone to addictive disorders. Some factors that can place a person at risk for addiction are:

- as a child, having addicted parents or other adults
- as a child, having too much, too little, or uncertain love, discipline, or safety
- a tendency to find others who are also addictive
- feelings of insecurity, loneliness or being different
- difficulty using positive emotions such as love, joy, and intimacy in times of trouble

Risk Factors for Addiction



Allyn and Bacon, 2001

Children of Alcoholics

Alcohol dependence in the home has long-lasting effects. Children of alcoholics often learn to cope with unhappy childhoods in ways that cause problems for them much later in life. Learning about how alcoholism affected your past can help you make sure your future is better.

Childhood Characteristics, Beliefs, & Patterns

Children of alcoholics often act in one of the following ways:

- become super-responsible, like a miniature adult
- become a trouble-maker
- become able to adjust to any change, without noise or fuss
- become a family clown or peacemaker, smoothing over troubles

Children of alcoholics often believe that they are all alone, that no other families have these problems, or that it is up to them to cure the parent. A child may take the blame for the parent's alcoholism—or the parent may blame the child. As a result, many children of alcoholics not only feel unloved, but unlovable. Some of them suffer physical or sexual abuse, which reinforced the feeling. And because life at home is full of disappointments, broken promises, and lies, the child learns not to trust, not to get too close to anyone, and not to communicate in health ways.

Problems In Adult Life

Adult children of alcoholics retain their childhood patterns. The super-responsible child may grow into an adult who demands perfectionism. The child who was the family's scapegoat may have legal or financial problems throughout life. The child who used to adjust to anything may be passive and withdrawn as an adult. And the family clown may grow up to be entertaining, but irresponsible.

An adult child of an alcoholic may be anxious, may try to control events and relationships, may have trouble being intimate, may be chronically depressed, or have stress-related health problems. Tragically, many children of alcoholics either become chemically dependent themselves or marry alcoholics.

How To Help Or Get Help

If you know a child living in an alcoholic home, try doing these things:

- gently encourage the child to talk about life and listen well
- invite the child to an outing or offer a quiet place to do homework
- encourage the child to think of people who would be understanding and helpful in hard times—perhaps a teacher, friend, relative, or neighbor
- if the parent drinks and drives, give the child your phone number and offer to come pick him or her up
- suggest checking the library for books about alcoholism or attending Alateen
- tell the child that he or she cannot cause, control or cure the parent's drinking
- tell the child that alcoholism is a disease and it's okay to love the parent and hate the disease

If you grew up with an alcoholic parent:

- find out more about alcoholism and its effects on family members of alcoholics
- contact Al-Anon or other support groups
- talk about your feelings and experiences with friends, relatives, people in 12-step programs, or health professionals
- remember, you didn't cause your parent's drinking and no one but the parent had any chance of controlling or curing it

Alcoholism: Adult Children of Alcoholics

The “average alcoholic” is not a skid-row “bum”—he or she is a man or woman with a family, job, and responsibilities. And 50-60% of those people have, or had, at least one alcoholic parent. Many of us are affected by alcoholism, but people with alcoholic parents may have an even greater need for understanding the effects of alcohol dependence. Understanding how this disease has affected their upbringing can help many adult children of alcoholics gain control over their lives.

Learned Behavior

The alcoholic home is often chaotic, disruptive, and lacking in consistency. Children in alcoholic homes may feel the lack of an “anchor”—a consistent base of support. Children from an alcoholic family may also learn not to trust, since confidence, reliance, and faith are often lacking in alcoholic homes. They may be unable to depend on their parents and rarely bring friends home, never trusting the situation they will find. Children of alcoholics also learn a well-developed denial system about what is happening at home. They try to bring stability to the home but may deny their own anxieties and fears while attempting to act in a “normal” manner.

Role-Playing

In the alcoholic home, children tend to take on various roles—usually as a “defense” mechanism against the disease that is threatening their family. One role is *responsible child* who takes care of other members of the family while growing up. As an adult, he or she continues to assume leadership roles and often pursues a very isolated lifestyle.

Another is the role of the *adjuster*. He or she follows directions, adjusts to circumstances, copes more easily. As adults, adjusters find it easier to shrug off things and withdraw. They become adept at being flexible and spontaneous and may lack a sense of direction and responsibility. They may find mates who are in constant uproar, since this state of constant agitation perpetuates their childhoods.

A third common pattern of a child with a chaotic home life is that of the *placater*, the family comforter. This child tries to make others feel better as if he is responsible for the pain the family is experiencing. In adult life, this person often tries to “take care” of others, either personally or professionally. In many cases, the adult child of an alcoholic exhibits more than one of these behavior patterns.

Getting Help

Self-help groups exist that provide opportunities for adults to understand alcoholism and how it has affected their lives, and to discover that they are not alone.

*Note: Dysfunction in a family can be caused by a number of issues, such as mental illness, chronic unemployment, etc. This dysfunction can be pervasive and repeated through generations.

SECTION 3: WHAT TO DO...

WHAT TO DO

Recognizing that there is a problem is the first step towards recovering from chemical dependency. If you think you might have a problem of this type, here are some steps you can take:

- Acknowledge the problem openly
- Limit time spent with people who encourage drug use, or who believe that dependency is a problem of weak will
- Seek professional help for doctors or therapists who deal with chemical dependency and recovery
- Seek out the support of people who are recovering themselves through support groups and 12-step programs

Care-frontation

Below you will find a 4-step plan for intervention with a student that you suspect may have an alcohol or other drug problem.

Step 1: Record Any Observable Data

The best strategy for approaching a student who is believed to be experiencing an alcohol or other drug problem is to use “observed behavioral data” rather than opinion and conjecture. By becoming familiar with some of the behavioral indicators listed below you can become more likely to “see” students who need help.

Observations of Concern

Academic Performance – Drop in grades; requests a last minute extension; or to reschedule a test time.

Class Attendance – High Absenteeism, repeated tardiness

Behavior –

Defiance of rules	Denial of responsibility for actions
Physical aggressiveness towards others	Appears disoriented
Verbal abuse towards others	Seems depressed
Sudden outbursts of anger	Defensive
Obscene language or gestures	Withdrawn, difficulty relating to others
Attention-getting behavior	Talks freely about drug abuse
Pessimistic about self and goals	Expresses a desire to die
Hyperactivity, nervousness	Uses death themes in poems, drawings, and writings
Daredevil behaviors	Sighs or cries often
Self-abusive behaviors	Obsessed with the occult and/or supernatural
Change in friends	Sleeping in class
Seeks constant adult contact	Apathy
Lying	

Physical Appearance –

Deteriorating personal appearance
Unsteady on feet
Smelling of alcohol or marijuana
Glassy, bloodshot eyes

Additional Indicators –

Problems at home
Suicide threats or past attempts
Intense relationships
Dramatic mood swings

Slurred speech
Fatigue or listlessness
Abnormal weight loss
Unexplained bruises, areas of soreness, or
puncture marks

Expresses desire to punish or gain revenge
Extreme impulsiveness and immaturity

Step 2: Have a “Carefrontation”

- Arrange to talk with the student; chose a place where the student’s privacy is respected and you feel safe.
- Express your concern and caring. Tell the student that you are concerned for and care about him or her.
- Assure the student that this conversation will be completely confidential.
- Using the behavioral data that you’ve collected, tell the student what your concerns are.
- Present your concerns in a calm, non-judgmental manner.
- If the student becomes confrontational, drop the issue.

Below is some additional information that may help you have a successful carefrontation:

Approaching Someone About A Suspected Problem & Communicating Concern

© Chapman, 2002. Used with permission of author.

The purpose of this handout is not to transform you into a counselor, but to assist you in being helpful in a time of need.

Avoid Crisis Management

1. Educate yourself about alcohol or other drug abuse and local resources before you need to use them.
2. Know your feelings and attitudes toward people with an alcohol or other drug problem. What are your motives for confronting? Do you want to preach, punish or criticize?
3. Observe and document. Prepare in advance a list of specific problems that have occurred because of this person's drinking or drug use. Include specific times, places, and behaviors.
4. Choose a location and time where you can talk in private without interruptions or embarrassment, for either of you. Remember: you can't reason with an intoxicated person.
5. Explore whether you are the only or best person to approach this individual.

Raising the Issue – Conducting a “Care-Frontation”

You have documented behaviors, chosen an opportunity, and are ready to share your concern for the person and relate your observations. A simple model for talking to a student about a sensitive topic consists of the following elements: "I care," "I see," "I feel," LISTEN, "I want," "I will."

LISTEN: It is important to give the student a chance to speak or ask questions and for you to show that you are concerned and willing to listen.

"I want you to talk with someone about how you've been acting when you drink alcohol. I really care about you, and I will help you find someone who can help you."

To summarize the model:

I care.... describe relationship feelings

I see.... specific, observable behaviors

I feel.... how these behaviors affect you

LISTEN.... If he/she gets angry or provokes you, remind yourself to remain calm and focused on your task. Remain factual and non-judgmental.

I want.... it may be necessary to set some limits or firm resolution

I will.... indicate your support, what you are willing to do/not do to help

Try to get the person to agree to some form of positive action. Encourage a referral to a professional when needed. Be optimistic, yet realistic (Care-Frontations do not always work in the moment). Always be open to further involvement—never close the door.

**For more information on Screening and Brief Intervention, please see:
<http://www.niaaa.nih.gov/Publications/AlcoholAlerts/>
for Alcohol Alerts on these topics.**

Step 3: Direct Student to Resources

If the student is amenable, direct him or her to on-campus or off-campus services. Have the student call from your office to set up first appointment. Depending on your relationship with the student and other factors, you may choose to support the student by offering to accompany him or her to the support services.

On Campus Support Services

Wellness Center & Office of Alcohol, Tobacco, and Other Drugs (ATOD)

2nd Floor Wayne Hall

610-436-3276

- Individual and Group Alcohol Education Programs
- Individual Drug and Alcohol Evaluation
- Tobacco Cessation Support

Center for Counseling and Psychological Services

2nd Floor Lawrence Center

610-436-2301

- Certified Addictions Counselor
- Individual Counseling
- Group Counseling
- Psychiatric Services

Student Health Center

2nd Floor Wayne Hall

610-436-2509

- Medical Services
- Medication for Tobacco Cessation
- Sexual Health Services Including Emergency Contraception

Off Campus Support Services

Rehab After Work

491 John Young Way Ste. 300

Exton, PA 19341 (and other locations around Philadelphia)

1-800-238-HELP

Gaudenzia House

West Chester Plaza

110 Westtown Road Suite 115 (corner of Market and Westtown)

West Chester, PA 19380 (and other locations around Philadelphia)

610-429-1414

Chester County Council on Addictive Diseases (COAD)

930 East Lancaster Avenue

Exton, PA 19341

610-363-6164

When to Refer a Student to Counseling?

Based extensively on a publication by Paradise Valley Community College
<http://www.pvc.maricopa.edu/counseling/refer.html>

Aside from the signs or symptoms that may suggest the need for counseling, there are other guidelines that may help you define the limits of your involvement with a particular student's problem.

A referral is usually indicated...

- When a student asks for help.
- When a student presents a problem or requests information that is outside your range of expertise.
- Someone with whom you've gone as far as you can, but whom you feel still needs help.
- When you know the student on other than a professional basis that will interfere with your ability to be a nonjudgmental listener.
- If a student is reluctant to discuss a problem with you for some reason.
- If the student has physical symptoms; headaches, dizziness, stomach pains, and insomnia can be physical manifestations of psychological states.

How To Refer a Student for Counseling:

When you believe that a student might benefit from meeting with a counselor:

- Speak directly to the student in a straightforward, matter-of-fact fashion showing simple and concrete concern. For example, "I have read 2 reports filed by your professors that suggest your grades have been low and your attendance has been sporadic. I am concerned that something seems to be threatening your success in these courses." "What do you think is going on to cause this?" "Are you having difficulty in your other classes?"
- Make it clear that this recommendation represents your best judgment based on your observation of the student's behavior. For example, "Although I may not be a counselor, my experience has taught me that when a student's grades are slipping and attendance is spotty, doing well in that course becomes more difficult as time passes."
- Be specific regarding the behaviors that have raised your concerns and avoid making generalizations or attributing anything negative to the individual's personality or character. For example, "Your math professor mentioned that you have missed 10 classes so far this semester, the last 6 in the 2 weeks since you returned from break."
- The option must be left open for the student to accept or refuse counseling. For example, "Although the choice is yours, I suggest that speaking with 'Dr. X' in the 'Y Program' on campus may be helpful; what do you think?"
- Give the student room to consider alternatives by suggesting that perhaps you can talk about it later after the individual has had some time to think it over. For example, "It seems that you are not too anxious to talk about this right now; I understand. How about thinking about this a bit and we can discuss this further ___."
- If the student emphatically says "No," then respect the decision. For example, "As I said, the decision about seeing someone is yours to make. If you should change your mind, know that I am here to help you make the contact."
- Above all, do not rush. Unless it is a matter of clear urgency, go slowly.

Signals Indicating Need for Intervention and Possible Counseling Referral

- Abrupt changes in academic performance/class participation.

- Expression/communication of uncertainty with regard to goals and direction.
- Communication experiences of personal loss.
- Inability to modify tardiness in attendance/with assignments.
- Communication of personal concerns interfering with performance.
- Communication of lack of ability, negative self-put downs.
- "Worn Out" classroom appearance/behavior.
- Abrupt/somewhat abusive interactions with others.
- Isolation/lack of interaction with others.
- Emotional outbursts.
- Difficulties that can be documented & are related to substance use or physical abuse. For example, the smell of alcohol on a student, repeated nodding-off in class, repeat physical injuries, pronounced change in personality, etc.
- Communicating unrealistic goals.

Why Students Don't Seek Help

- Don't want to appear weak
- Believe they can solve it themselves
- Fear of public exposure
- Don't see the problem
- Too proud
- Don't know how to ask

Local 12-Step Meetings

Meeting locations and times can change frequently. Please visit the listed websites or call the location phone numbers for updated information. There are many more local meetings than are listed here.

Alcoholic Anonymous

- *AA meeting times and locations can be found at www.aachesco.org*
- 307 Clubhouse, 822 East Washington Street, West Chester, PA
610-696-9557
Multiple meetings every day.
- West Chester Young People, Salvation Army, Walnut and Market Streets
610-696-8746
Monday 8 pm
- Holy Trinity Church, High and Union Street
610-696-4640
Tuesday 8 pm
Wednesday 7:30 pm
- United Methodist Church, High and Barnard Street
610-692-2990
Thursday @ 8 pm (Rm 12 downstairs)

Alanon Family Meetings

- *Alanon meeting times and locations can be found at www.pa-al-anon.org*
- 307 Clubhouse, 822 East Washington Street, West Chester, PA
610-696-9557
Sunday 5 pm
- Holy Trinity Church, High and Union Street
610-696-4640
Tuesday 8 pm (Beginner's meeting from 7:15-8)
- Calvary Lutheran Church, Rosedale Ave. & New St.
610-696-2475
Thursday 10 am

Narcotics Anonymous Meetings

- *Narcotics Anonymous meeting times and locations can be found at www.naworks.org*
- St. Agnes Church, 233 W. Gay Street
610-692-2990
Thursdays 7 pm
- 307 Clubhouse, 822 East Washington Street, West Chester, PA
610-696-9557
Fridays 11 pm
- Salvation Army, Market and Walnut Streets
610-696-8746
Saturdays 7 pm
Wednesdays 7 pm

Step 4: Don't Give Up

- Follow up with student
- Ask if he or she was able to find some help
- Encourage positive changes you observe
- Be willing to initiate a second carefrontation if behavior does not improve or gets worse

Additional Resources

Websites

- **About.com Alcoholism & Substance Abuse** - substanceabuse.about.com
Broad range of information, Alcohol and Drug Abuse screening quizzes, recovery stories, current news
- **Alcohol Screening** - www.alcoholscreening.org
AlcoholScreening.org is a service of Join Together as part of its Demand Treatment! initiative. Join Together, a project of the Boston University School of Public Health, is supported by the Robert Wood Johnson Foundation. Page contains alcohol screening, information, and how to find help.
- **American Society of Addiction Medicine** - www.asam.org
Website for the non profit group, mostly information about ASAM, their research, and the work of different committees.
- **College Drinking: Changing the Culture** - www.collegedrinkingprevention.gov
Geared for college students, parents, and college administration. Information: statistics, research, recommendations for prevention.
- **Guide to Community Preventive Services** - www.thecommunityguide.org
Site contains a broad range of health topics, including mental health, obesity, nutrition, oral health, etc.
- **Daily Dose of Drug and Alcohol News** - www.dailydose.net
Current news stories about drugs and alcohol.
- **HadEnough.org** — binge drinking blows - hadenough.org
Website is geared towards college students. Created by a division of The United Methodist Church. Includes information on binge drinking and how those who don't drink can take action. The goals of the site are to reduce heavy drinking and improve quality of life on campus.
- **Impacteen.org** - www.impacteen.org
Research on drug and alcohol use and prevention in teenagers.
- **Join Together Online** - www.jointogether.org
Website for an organization trying to “advance effective alcohol and drug policy, prevention, and treatment.” Contains information on their work and current events.
- **The Marin Institute** - www.marininstitute.org
Alcohol industry watchdog group. Includes a section on campus drinking and their work on college campuses.
- **Misuse and Abuse of Drugs and Alcohol** - www.substancemisuse.net
Research, personal stories, and education.
- **Mothers Against Drunk Driving** - www.madd.org
Information about MADD, statistics, laws, research, and a victim's services site.

- **The National Center On Addiction and Substance Abuse at Columbia University** - www.casacolumbia.org
Research and prevention initiatives for all kinds of substance abuse.
- **The National Clearinghouse for Alcohol and Drug Information** - ncadi.samhsa.gov
Information on drugs and alcohol, includes a section for college students. Downloadable brochures and handouts.
- **National Council on Alcoholism and Drug Dependence** - www.ncadd.org
Information about alcoholism and drug abuse.
- **National Institutes of Health National Institute on Alcohol Abuse and Alcoholism** - www.niaaa.nih.gov
Clearinghouse of information, research, resources, and events.
- **Outside the Classroom** - www.outsidetheclassroom.com
Makers of AlcoholEdu and online program used by some universities.
- **3rd Millennium Classrooms** - www.3rdmilclassrooms.com
Makers of AlcoholWise, an online alcohol education program required of WCU 1st year students.
- **Research Institute on Addictions** - University of Buffalo - www.ria.buffalo.edu
Information about the RIA, their projects, and their clinical research center.
- **Partnership for a Drug-Free America** – www.drugfree.org
Information for parents and teens about different drugs, drug abuse issues, recovery stories, research, and current events.
- **Pride Surveys** – www.pridesurveys.com
Information on a survey product that can be purchased to use in schools.
- **National Institute on Drug Abuse** – www.nida.nih.gov
Information about drugs for parents, teachers, teens, and young adults. Information on NIDA research projects.
- **Substance Abuse and Mental Health Services Administration (SAMHSA)** – www.samhsa.gov
Information about Mental Health and Substance abuse. Gives statistics from research projects, current events, and current projects.
- **Monitoring the Future** – www.monitoringthefuture.org
Organization does research on drug and alcohol use among youth. Gives information for past and current research projects. Based out of University of Michigan
- **U.S. Department of Education Higher Education Center For Alcohol and Other Drug Abuse and Violence Prevention** – www.higheredcenter.org
Information about prevention on college campuses, statistics, and facts from their research studies.
- **CORE Institute** - www.siu.edu/~coreinst
Research and assessment of college alcohol use and prevention programs.

Books & Articles

- *A Blueprint for Implementing Evidence-Based Alcohol Prevention Policy and Programs in the Collegiate Environment.* Center for Prevention Research and Development, Institute of Government and Public Affairs, University of Illinois. Available at www.illinoishec.org/frames/pages/documents/Blueprint.pdf
- *A Call to Action: Changing the Culture of Drinking at U.S. Colleges.* Task Force of the National Advisory Council on Alcohol Abuse and Alcoholism, National Institutes of Health, U.S. Department of Health and Human Services. (2002). Available at www.collegedrinkingprevention.gov/NIAAACollegeMaterials/TaskForce/TaskForce_TO C.aspx
- DeJong, W., & Langford, L. M. (2002). A typology for campus-based alcohol prevention: Moving toward environmental management strategies. *Journal of Studies on Alcohol*, 63(2), 140–147.
- Dimeff, L. A. et al. (1999) *Brief Alcohol Screening and Intervention for College Students (BASICS): A Harm Reduction Approach.* The Guilford Press.
- *Employing Evidence-Based Practices: A Guide For Prevention Practitioners In Higher Education.* Center for Prevention Research and Development, Institute of Government and Public Affairs, University of Illinois. Available at www.illinoishec.org/frames/pages/documents/EvidenceBooklet.pdf
- *Reducing Alcohol Problems on Campus: A Guide to Planning and Evaluation.* Saltz, R.F. & DeJong, W. Task Force of the National Advisory Council on Alcohol Abuse and Alcoholism, National Institutes of Health, U.S. Department of Health and Human Services. (2002). Available at www.collegedrinkingprevention.gov/NIAAACollegeMaterials/planEvalHandbook.aspx
- Walters, S. T. & Baer, J. S. (2005) *Talking with College Students about Alcohol: Motivational Strategies for Reducing Abuse.* The Guilford Press.