

ASSISTING STUDENTS WITH DRUG ABUSE PROBLEMS

Walla Walla College's Student Assistance Program

By WENDY HERNANDEZ

Seventh-day Adventists can no longer deny the fact that some of our academy and college students use alcohol and other drugs.

Increased acceptance of alcohol use by young people deeply concerns church members and administrators.¹

Student assistance programs have been developed in colleges and universities throughout North America in order to prevent and treat alcohol and drug abuse. Now in its fourth year, the Walla Walla College student assistance program provides a model for institutions that seek to promote total abstinence.

Prior to 1983, Walla Walla College, like most Seventh-day Adventist educational institutions, generally expelled students from school if they used alcohol or other drugs. In 1983 WWC's counseling center requested the dean of students to consider differentiating between students who were experimenting with alcohol or other drugs (a discipline problem) and those who were chemically dependent (a medical problem). The determination was made by referring students to a local agency for assessment and follow-up counseling as needed.

A few students benefited, but the logistics of transportation, scheduling, and communication made follow-up

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difficult. The shift from a disciplinary to a recovery emphasis, while helpful to those who received treatment, was seen by many students as a more permissive position. This did little to stem drug use and may have even encouraged students to be more open about their using drugs.

In the fall of 1986, Walla Walla College employed a half-time chemical dependency counselor to implement an on-campus student-assistance program. The counselor worked with the administration to develop a policy for all new and returning students. The policy stated the college's philosophy of caring, while clearly stating that drug use would not be tolerated.²

Prevention

A student who understands the dangers of drugs and has alternatives for recreation and problem solving will enjoy a more productive college experience. At Walla Walla College, frequent reminders of the benefits of a drug-free life-style come through assembly speakers, campus newspaper features, an awareness week featuring nationally recognized speakers Paul and Carol Cannon, and an active Collegiate Adventists for Better Living (CABL) organization.

Voluntary Referral

Any student who voluntarily refers himself, or is referred by a peer for help in overcoming an alcohol or drug problem can talk with the on-campus counselor without fear of discipline or loss of confidentiality. The counselor has the student's drug involvement evaluated and develops a plan for education or recovery.

Treatment

When college administrators become aware of a student's drug use, the student is asked to notify his or her parents and take three days off from classes and activities to go through the following steps:

1. A written assessment of the extent of alcohol/drug use, completed by the

on-campus drug counselor or a state-certified chemical dependency counselor.

2. A written contract of agreement to abide by the treatment recommendations of the counselor and the college. This contract must be signed by the student and his or her parents.

3. A signed release of confidentiality so that the person who referred the student (generally an administrator or residence hall dean) and the counselor can work together with the student.

Treatment recommendations are determined on a case-by-case basis, depending on the assessment outcome. Assessment categories and typical recommendations are as follows:

1. *Occasional or experimental use:* Since many Seventh-day Adventist young people seem woefully uninformed about alcohol and other drugs, education at this level is essential. The student attends a minimum of 10 hours of alcohol/drug information classes and counseling and attends at least one Alcoholics Anonymous meeting.

2. *Frequent use that has not developed to dependency:* In addition to the steps described above, the student also sees the chemical dependency counselor or is referred to the counseling center for help with other personal problems that may be contributing to the drug use.

3. *Chemical dependency:* The student is asked to withdraw from school for at least one quarter to seek inpatient treatment and establish a solid recovery record. Major medical health insurance, an optional policy for all students, provides up to \$4,500 toward treatment costs. When the student is readmitted to school, he and his parents are asked to sign a contract of commitment to an ongoing recovery program. This may involve individual and group counseling, Alcoholics Anonymous/Narcotics Anonymous attendance, aftercare meetings at the Walla Walla General Hospital Recovery Center, and registration for specific physical activity and spiritual growth classes. Missed appointments, which often signal relapse, are reported immediately to the administrator who referred the student so that early intervention can take place.

Discipline

Any student who buys alcoholic beverages for a minor or sells illicit drugs is asked to withdraw from the college. A student who is in the drug abuse assistance program also risks expulsion by failing to keep appointments or comply with the recommendations of the dean of students, the dormitory dean, or the counselor.

The key to student cooperation is the initial contact between the Student Assistance counselor and the student. At this point, the young person is usually angry and defensive. After the counselor explains the laws of confidentiality, the purpose and goal of student assistance, and the nature of counselor-administration contact, student resistance frequently decreases.

Assessment can be difficult because Adventist young people often have developed a uniquely sophisticated pattern of deception to hide any drug use. To establish trust and break through this denial, the counselor schedules three one-hour sessions with the student over three days.

At an eight-hour training seminar each fall, student resident assistants learn referral skills and are encouraged to refer students quickly to the counselor so that the R.A. is not put in a position of trying to determine the seriousness of a student's drug prob-

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lem. These are considered "self-referrals" and do not subject the student to discipline or to the three-day deadline. If the student fails to cooperate or continues to use drugs, residence hall deans or other administrators are notified.

Statistics compiled between 1986 and 1989 indicate that assessment referrals have remained fairly constant. However, each year more students self-refer or are referred by peers. In addition, increasing numbers seek counseling to discuss related problems such as relationships with drug-abusing friends or parents.

Each year several students in the student assistance program withdraw from school, mostly for drug-related reasons such as low grades, failure to abide by dormitory guidelines, or a loss of academic goals. Some are referred to intensive inpatient or outpatient treatment programs.

The student assistance program at Walla Walla College seeks to work with each student who prematurely withdraws from college because of

drug-related problems. The SA administrators want these students to feel that the college is willing to work with them and to give them every opportunity to return to school.

As a result, rarely does a student or family express resentment or anger toward the college when the student leaves or is expelled. Students are always encouraged to return when they have received the necessary help to remain drug-free and to commit themselves to a recovery program, including active involvement with AA/NA.

Since recovery from chemical dependency is a lifetime endeavor, the long-term prognosis is impossible to predict. However, as of September 1989, seven students have returned to Walla Walla College from drug rehabilitation. Another seven are known to be involved in recovery programs but have not returned to college for a variety of reasons, and the outcome of eight others is unknown.

In response to the needs of each recovering student, a variety of individual and group counseling options are provided on campus. Alcoholics Anonymous and a professionally led recovery group meet weekly. Adult Children of Trauma groups are sponsored by student assistance and by the college church's counseling center.

One of the most difficult challenges facing the student assistance program is confronting parental denial and assisting the family in choosing an inpatient treatment program. Although family treatment and Al-Anon are essential for the young person's recovery, most parents are reluctant to join others who share this problem, especially when cigarette smoke and profanity abound in such meetings.

To discover that their son or daughter is chemically dependent strikes at the very core of most Seventh-day Adventist parents' sense of self-worth. Intensive treatment is expensive. Many parents, never dreaming that their child would even use drugs, have not purchased insurance coverage for treatment. Most denominational employee insurance demands a special request of the employer, usually a conference president or other supervisor, thus making the situation even more difficult for the family to face.

So at a very critical time for both student and family, professional help may be unavailable. Sometimes a family refuses to, or is unable to emotionally support their son or daughter through the demanding first stages in the recovery process. Then it may be best for the young person to return directly to college upon discharge from inpatient treatment. This further taxes the resources of student assis-

tance, administration, and residence hall deans.

Dealing With the "Geographic Cure"

Seventh-day Adventist schools often face the phenomenon of the "geographic cure." Parents ship their child off to a different school, hoping the environment will be more conducive to a drug-free life-style.

Students who are new to Walla Walla College but have had a drug problem at another institution are asked to follow the assessment and follow-up program. However, our colleges need to work together to curb these "geographic cures," since they are seldom successful and cause painful experiences for students, parents, and administrators, and may result in a proliferation of the problem.

When the SA program at WWC began, many people expressed concern that drug-using students would be enrolled by well-meaning parents and others so that they could receive help. When this seems to be the case, the dean of students and the student assistance counselor meet with the potential student and his or her parents to ascertain motivation, commitment to recovery, and to seek their signature on a contract, which, if broken, will result in a referral for

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intensive treatment. Walla Walla College administrators are frequently asked about constituent reaction to the student assistance program. Early in the program, they wondered if parents would think the college had accepted drugs on campus or that the problem was so great that young people enrolled at WWC were likely to be introduced to drugs.

Actually, the reverse has been true. When the concept of student assistance is explained to alumni or constituents, they have expressed relief and appreciation. Many Seventh-day Adventists have been touched by a troubled young person who was

unable to receive help in the past. One mother stated, "If the college my brother attended had had a program like this 20 years ago, he might be alive today."

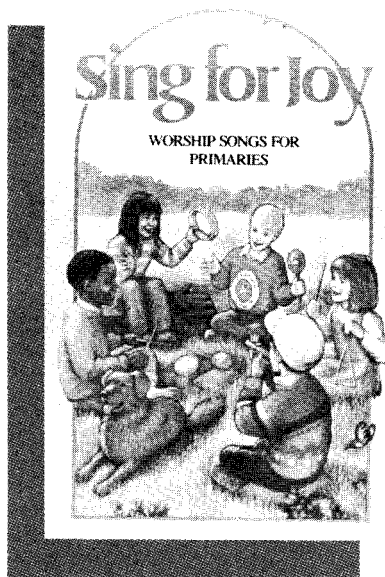
Many challenges lie ahead for the student assistance program at Walla Walla College and other colleges, both private and parochial. Financial pressures force administrators to scrutinize programs that are not self-supporting or that do not pay for themselves in increased enrollment, something which student assistance cannot promise to do. Additional prevention/awareness activities are needed. However, because these programs educate students to use services, there is an increased need for more counseling time.

As the old taboos against admitting to drug problems dissolve, more and more students can be expected to seek help. A campus student assistance program may reach only a few students each year, but it sets an example of caring that is felt by many. Especially significant is the fact that students and families experience a revival of spiritual and educational goals through recovery programs.

Ellen White describes drug abusers ("The intemperate") as "a class that demand help," and admonishes,

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Dr. Roger L. Dudley is Director of the Institute of Church Ministry at Andrews University, Berrien Springs, Michigan. At the time the article was written Dr. Janet Leigh Kangas was a Research Assistant at ICM. She is currently Editor of Mission, a publication of the Church Ministries Department of the General Conference of SDA, Silver Spring, Maryland.

NOTES AND REFERENCES

¹ Five percent had attended one year; 6 percent, two years; 6 percent, three years; 6 percent, four years; 5 percent, five years; 6 percent, six years; 9 percent, seven years.

² Dann Spader, "Tired of Band-Aid Approaches to Youth Work?" *Moody Monthly* (January 1984), p. 55.

³ Merton P. Strommen, Milo L. Brekke, Ralph C. Underwager, and Arthur L. Johnson, *A Study of Generations* (Minneapolis: Augsburg Publishing House, 1972), p. 295.

⁴ See Roger L. Dudley, *Why Teenagers Reject Religion and What to Do About It* (Washington, D.C.: Review and Herald Publishing Assn., 1978), chapter 3.

⁵ Kevin Treston, Raymond G. Whiteman, and Jerry G. Florent, "Catholic School Religious Training Versus Adolescent Background and Orientation: Two Comparative Studies," *Notre Dame Journal of Education*, 6 (Spring 1975), pp. 59-64.

⁶ Elisau N. Menegusso, "An Investigation of the Relationship Between Religiosity, Amount of Exposure to Seventh-day Adventist Education, and Other Selected Variables," Ed.D. dissertation, Andrews University, Berrien Springs, Michigan, 1980.

⁷ Joel N. Noble, "Certain Religious and Educational Attitudes of Senior High School Students in Seventh-day Adventist Schools in the Pacific Northwest," Ph.D. dissertation, University of Oregon, 1971.

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"Never give them occasion to say, 'no man cares for my soul.'" □

Wendy Hernandez is Director of the Student Assistance Program at Walla Walla College, College Place, Washington. She is a state certified chemical dependency counselor and registered nurse, with a degree in social work.

NOTES AND REFERENCES

¹ D. C. McBride, P. B. Mutch, R. L. Dudley, A. G. Julian, and W. H. Beaven, "Adventists, Drugs, and a Changing Church," *Adventist Review*, 66:22 (June 1, 1989), pp. 12-14.

² As used in the document, the word *drug* meant any mind-altering chemical, including alcohol.

³ Ellen G. White, *The Ministry of Healing* (Mountain View, Calif.: Pacific Press Publishing Assn., 1969), p. 172.

COMPETENCY TESTING

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test construction, selection, and implementation, for faculty and administrator time, and for designing and operating remedial programs.⁹

Organizational Framework

Finally, competency testing would need some type of organizational framework in order for the system to function properly. It is doubtful that any denominational board at a national level could dictate what assessment programs would be implemented at every college or university.

Many states mandate or require that specific requirements be met, such as exit examinations for teachers, AIDS education programs, or district policy statements regarding religion within public schools. After mandating such requests, the state provides economic assistance, training seminars, and model programs. This approach is successful because the necessary change can be accomplished without major inconvenience to the institution. Something similar could be done within the denomination in regard to assessment programs for college students.

The above problems and preconditions are not insurmountable obstacles to implementation of a testing program. However difficult they may be to solve, they should not be used as excuses for failure to develop assessment programs.

Making Assessment Work

Assuming that all the preconditions for assessment are met, there are still some fundamental principles that must be followed. These relate to the academic purpose and philosophy of the institution, the involvement of the faculty in assessment, and the benefits to be gained by students, faculty, and the institution.

Assessment must be directly tied to the guiding purpose of the institution.¹⁰ This requires developing a written philosophy that gives direction to the development of academics, states long- and short-term goals, and outlines instructional methodology.

Faculty must not only believe that requiring competencies is essential, but must also assume ownership and responsibility for the program.¹¹ This requires that they perceive assessment as positive, not punitive. For example, assessment testing should not be used

for teacher evaluations because it creates a negative reaction among faculty, causes conflicts between faculty and administration, and increases the probability that teachers will teach to the test. Using the tests for teacher evaluations may also be illegal in many localities.

A successful assessment program effectively redirects faculty and administrative energy toward teaching and learning. As a result, they view effective teaching as a priority, giving more attention to analyzing the curriculum, examining course goals and objectives, and reorganizing teaching assignments.

Students, as well as faculty, must perceive benefits to be gained from assessment.¹² The results coming in from colleges that have utilized such programs indicate that their students are indeed learning more. Northeast Missouri College students showed impressive improvements in mathematics test scores after the school recognized deficiency in the area and incorporated mathematics across the teaching curriculum.

Several Florida colleges reported increases in student reading performance after they implemented an assessment program. Such results suggest that the learning process itself may be enhanced through assessment. Interviews with students there indicated growth in independent inquiry and greater interest in learning, which was ascribed to the special character of the school's competency assessment-based curriculum.¹³ Such evidence indicates that assessment could promote better academic standards, create an advantage in obtaining job prospects, provide better opportunities for students to enter more selective graduate programs, as well as increase their accomplishment and self-esteem.

Conclusion

Since better test results seem to build confidence in faculty, enhance recruitment efforts, and attract better students, successful assessment programs have increased the respect shown to institutions by their constituency.

Because of issues of accountability, cost, and quality, the demand for assessment will not quickly fade. The difference between a first-rate and a third-rate education is real and has lifelong effects.¹⁴ Therefore, it is essential that each institution pursue the changes itself, rather than wait for such programs to be imposed by outside agencies.

Incorporating assessment into denominational higher education