

Evaluation Report on the Partnership Between:

River East Transcona School Division
&
The Addictions Foundation of Manitoba

AFM Youth Services
&
AFM Research & Quality Monitoring

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EXECUTIVE SUMMARY

Due to a growing concern about alcohol and drug use in school-aged adolescents, a comprehensive program including youth at-risk, affected individuals and community education was developed. A Community Addictions Worker was placed in the middle and senior high schools to work with students, parents, and school staff via one-to-one counselling, group counselling, and workshops. This partnership between the River East Transcona School Division (RETSD) and the Addictions Foundation of Manitoba (AFM) has been evaluated for the 2003/2004 school year. Based on the 57 identified students who completed both the pre and post-tests, three program objectives were met. The students are learning to follow a process of weighing the pros and cons of each situation and to ask for help when needed (better decision-making skills). Students are more aware that they can not control the drinking behaviour of their family members and that it is not their fault if someone in their family is having issues with their alcohol, other drugs or gambling (AODG) use. Students are also more aware of community supports. Although there were few parents seen by the Community Addictions Workers, the results suggest that they felt more knowledgeable and confident in dealing with their child who was experiencing AODG problems. The full-time Community Addictions Worker delivered many AODG educational workshops during the school year. The majority of workshop participants enjoyed the session with 80% indicating that they will use the information learned to make healthy choices. Individual interviews with school counsellors revealed that the presence of Community Addictions Workers has been very positive in their schools. Although a few suggestions have been made to increase the effectiveness of the program (i.e., more resources, regular time schedule and increased linkages with the parents), the counsellors recommended that the program be expanded and fully-funded.

River East Transcona School Division/ Addictions Foundation of Manitoba Partnership 2003-2004

INTRODUCTION

In response to a growing concern about the prevalence of alcohol and other drug use in school-aged adolescents, the *Drug and Alcohol Intervention Committee* of River East Transcona School Division (RETSD) initiated a partnership with the Addictions Foundation of Manitoba (AFM), to address the impact of substance use and gambling. Both students and parents may be either personally involved with or affected by alcohol, drugs, or gambling. Therefore, a comprehensive program that includes affected individuals, youth at risk, and general community education was developed. This evaluation is based on the Fall/Winter 2003-2004 school year of the RETSD and AFM partnership.

RiverEast

In September 2002, the River East area of RETSD proposed that a full-time AFM Community Addictions Worker provide prevention, education and counselling services in the middle and senior high schools of the River East area. The Community Addictions Worker began in December 2002. This position consists of working with students, parents, and school staff via one-to-one counselling, group counselling, and workshops. In particular, students in violation of the Division's Alcohol/Drug policy are given priority service. An evaluation at that time indicated a need to continue these services, therefore, resources were made available to continue the program for another year.

Transcona

In the fall of 2001, the Transcona area of the RETSD partnered with the AFM to provide a half-time staff position dedicated to prevention and education services to middle and senior high school students, staff, parents, and other members of the community of Transcona-Springfield¹ regarding the use of alcohol, other drugs, and gambling (AODG). The primary activity of the AFM staff was to deliver workshops to staff, parents and students, which facilitated awareness of AODG issues and identified resources in the community. An evaluation report was delivered to the Transcona-Springfield School Division in the summer 2002. The evaluation showed that these workshops were well received and were found to be informative by school staff, students, and parents. The two recommendations resulting from this first evaluation were to allow for more planning and preparation time to aid in the project's operation and to consider allocating additional resources to provide clinical services to students at risk for developing substance use and gambling problems. The present year of the RETSD and AFM partnership took into consideration and implemented these recommendations.

¹This is the first year of the RETSD. The RETSD was previously called the Transcona-Springfield School Division (TSSD). Realignment of the school division boundaries resulted in the Transcona area schools being combined with River East and the Springfield area schools being combined with the rural Agassiz School Division.

During the summer of 2002, the Transcona area of RETSD proposed that the project be continued on a 50-50 cost-shared basis between the school division and AFM. The Community Addictions Worker began in late October 2002. As a result, committed financial resources allowed the AFM to increase from a part-time to a full-time position from January to June 2003. By having a full-time AFM Community Addictions Worker in the Transcona area, at-risk students and their parents were able to receive one-to-one counselling, in addition to receiving educational workshops for over a six-month period. These services continued for the 2003/2004 school year.

The goals of the partnership were:

- To reduce harmful alcohol, other drug, and gambling-related behaviour
- To increase students' capacity to use positive coping skills, with regard to family-related alcohol, other drug and gambling behaviour.
- To increase parents', teachers', and counsellors' capacity to help adolescents reduce harmful alcohol, other drug, or gambling-related behaviour.

Project and Evaluation Development

The first planning meeting was held in early January 2003. This meeting included the AFM staff only (Laura Goossen, Youth Supervisor; Marion Mitchell, Community Addictions Worker; and David Patton and Jill Heater, research team). The purpose of this meeting was to review the activities of the Community Addictions Worker and to highlight the dimensions of the evaluation. The activities of the Community Addictions Worker and the components of the evaluation were adopted from an AFM program, also being piloted, in the St. James-Assiniboine School Division.

The second planning meeting was held shortly after the first meeting, in the later half of January 2003. This meeting was the first formal meeting with the AFM research team (Jill Heater and David Patton) and the steering committee members. The primary purpose of this meeting was to review the job description of the AFM Community Addictions Worker. This entailed identifying the needs of the schools in terms of alcohol, other drug use, and gambling related education, and then matching these needs with the activities of the Community Addictions Worker. Two accountability models were developed to clarify the activities of the worker, and to link them to the expected outcomes of the project. The activities of the Community Addictions Worker varied depending on the target group. The three target groups and their associated activities are as follows:

1. Identified students:

- One-to-one counselling
- Group counselling
- Awareness building and prevention education
- Coordinating/referring students to appropriate resources (i.e., school, AFM, outside agencies, etc.)

2. Parents of identified students:
 - One-to-one counselling
 - Facilitate Parent Intervention Program

3. Groups of students, parents, teachers, or counsellors:
 - Pulling together resource material
 - Providing educational workshops
 - Sharing best practices for intervention with students having difficulties with AODG issues
 - Identifying and linking staff, parents, and students with other resources in the community

At this second meeting, the research team reviewed the evaluation plan for the RETSD and AFM partnership. There are four components of the evaluation. Three of these components will evaluate the objectives to be achieved with each target group:

1. Pre- and Post-Test for Identified Students:
 1. Improved school performance
 2. Reduced harmful AOD² involvement
 3. Increased coping skills
 4. Increased decision-making skills
 5. Improved communication skills
 6. Increased knowledge about AOD and their risks
 7. Increased knowledge of family dynamics where there are dependent users
 8. Increased ability to identify relevant supports in community

2. Pre- and Post-Test for Parents of Identified Students:
 - Increased ability/confidence to intervene effectively with their child
 - Increased knowledge and awareness about adolescent AODG issues

3. Workshop Feedback
 - Increased knowledge and awareness of resources

The fourth component, an open-ended format, may be used to evaluate the RETSD/AFM partnership toward the end of the school year, using a focus group or individual interviews. The focus group is designed to ask the school counsellors several key questions about their perceptions of the project, its impact, and suggestions for improvement.

The third steering committee meeting was held in early March 2003. This meeting provided an update of the AFM Community Addictions worker's activities and reviewed the evaluation progress. The steering committee did not make any suggested changes to the project's functioning or to the evaluation plan.

² Although gambling is of concern within these age groups, the primary target of this project was focused on alcohol and other drug use. However, gambling was discussed in workshops and individual sessions.

The following is a list of steering committee members (some are still active in the committee while others are not):

- Norm Grywinski, Superintendent, Student Services
- Lauren Cartwright, Principal, River East Collegiate
- Garry Bowles, Principal, Miles Macdonell Collegiate
- Al Yoshino, Principal, Kildonan East Collegiate
- Debbie Reinhardt, Principal, Lord Wolseley School
- Kieran Hunter, Vice Principal, Munroe Junior High School
- Diane Phillips, Assistant Superintendent
- Jane Friesen, Area Services
- Laura Goossen, Supervisor, AFM Youth Services³
- Nikki Taylor, AFM Community Addictions Worker
- Marilyn Onisko, Middle Years Consultant
- Wendy Walder, Vice Principal, Transcona Collegiate
- Donna Harris, Student Services Assistant
- Lorraine Laporte, Counsellor, Arthur Day Middle School
- Cheryl Fiorentino, Counsellor, Murdoch MacKay Collegiate

PROJECT RESULTS

Evaluation results for each target group (identified students and parents) are presented separately. A summary of the workshops delivered and a focus group conducted with the school counsellors will follow.

Identified Students

Identified students were having problems with their own AODG or were affected by another's AODG (such as a parent, sibling, or friend). These students typically met with the Community Addictions Worker on an individual basis or occasionally in a group setting with other like students. As previously mentioned, the four primary activities used with this target group were one-to-one counselling, group counselling, awareness building and prevention education, and coordinating/referring students to appropriate resources. In order to evaluate the objectives of these activities, the students completed a pre-test at their first meeting with the AFM worker and a post-test at their termination meeting with the AFM worker (if possible). Both the pre-test and post-test consisted of 25 items that measured each of the 8 objectives. The Community Addictions Worker determined which objective(s) each student was striving to achieve during their sessions. An increase in knowledge from the pre- to post-test signifies that the particular objective was met.

There were a total of 57 identified students who completed both pre- and post-test measures. There were 140 students who completed pre-test measures and 57 students who completed post-test measures. The discrepancy in numbers of completed pre- and post-tests is due to either students terminating their visits with the Community Addictions Worker at an early date or because students were unable to be located to complete the

³ Laura Goossen is now the Director of the Winnipeg AFM region. The Supervisor of Youth Services is now Lori Middendorp.

post-test. In addition, during the school year one of the Community Addiction Workers changed jobs outside of AFM. This change required a period of adjustment for the students and may have led to some difficulties in data collection.

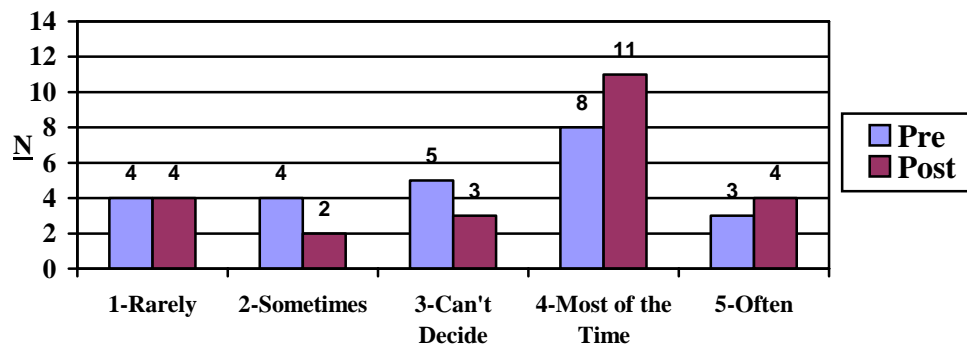
The change in students' responses from the pre- to the post-test is summarized for each objective. The mean scores⁴ on the pre- and post-tests are reported by objective, in addition to the change in scores (except for the *improved school performance/attendance* factor where each item is described). A statistically significant change in score from pre- to post-test was determined by paired-samples t-tests.

Improved School Performance/Attendance

There were two items used to measure school performance and attendance (see Appendix C). A score of 1 is *rarely*, 2 is *sometimes*, 3 is *can't decide*, 4 is *most of the time* and 5 is *often*. There were 24 students who were specifically working on the objectives to *improve school performance and attendance*. At baseline, the majority of students stated that they attended school often ($\underline{M} = 4.42$) and were not sure if they had completed their homework assignments ($\underline{M} = 3.08$). The post-test scores showed a slight decrease in school attendance ($\underline{M} = 3.71$) from pre-test numbers. This is a statistically significant difference from the pre-test school attendance scores, $t(23) = 2.60$, meaning that self-reported school attendance did change over time. Most students who completed the post tests did so in June (end of school). Although from inspection of the post-tests it would seem that the students are more likely to be completing their homework ($\underline{M} = 3.38$ at post-test vs. $M = 3.08$ at pre-test), this finding was not statistically significant.

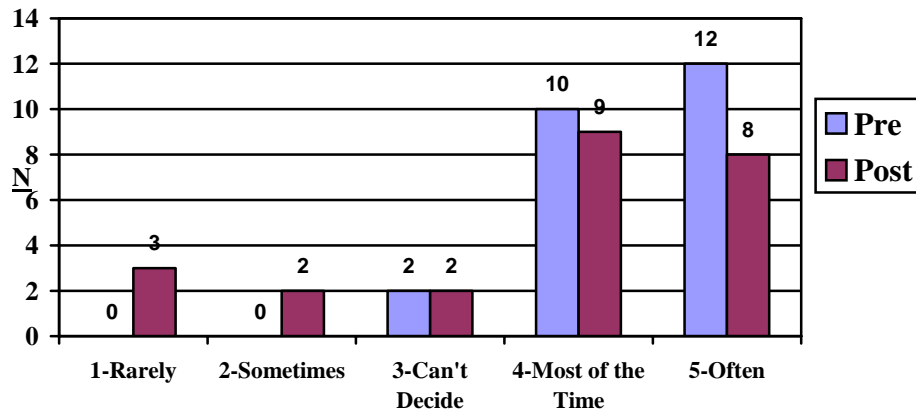
It is possible that the objective of improved school attendance and homework completion was not met because of factors other than from the meetings with the Community Addictions Worker. As the school year progresses it is likely that students' school attendance and homework completion declines as a result of flagging motivation, in particular with the population who saw the Community Addictions Worker. Figures 1a and 1b show the frequency distribution of scores on these measures at the pre-test and post-test.

Figure 1a. Frequency of Homework Completion



⁴ The mean score for each objective was calculated by first summing the items within each objective and then by dividing this sum by the total number of items within the objective. The potential range of mean scores was 0 to 5.

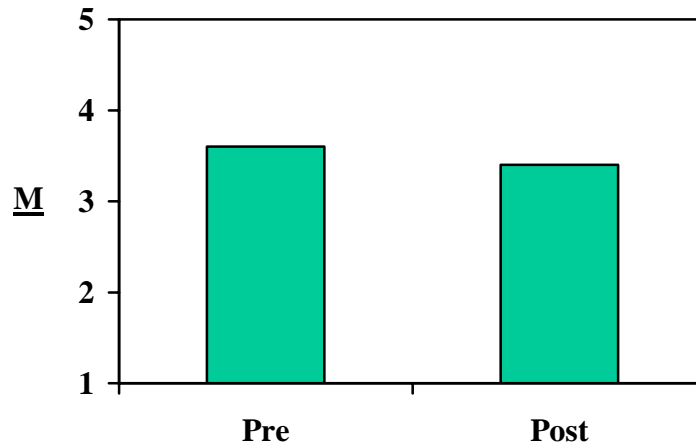
Figure 1b. Frequency of School Attendance



Reduced Harmful AODG Involvement

There were three items used to measure reduced harmful AODG involvement (see Appendix C). A high score (5) indicates less harmful AODG involvement. There were 21 students who had the objective to decrease harmful AODG involvement. At baseline, the mean pre-test score on this objective was 3.6. At the time of the preliminary evaluation, students typically indicated that they had little harmful AODG involvement. The mean post-test score was 3.4. Although there is a slight decrease in mean scores from pre- to post-test (which is in the opposite direction expected), this difference is not a statistically significant decrease. Students whose objective it was to reduce involvement with AODG factors may have not been successful because it is a difficult objective to meet with a limited amount of one-to-one sessions. Figure 2 shows the mean change from pre- to post-test.

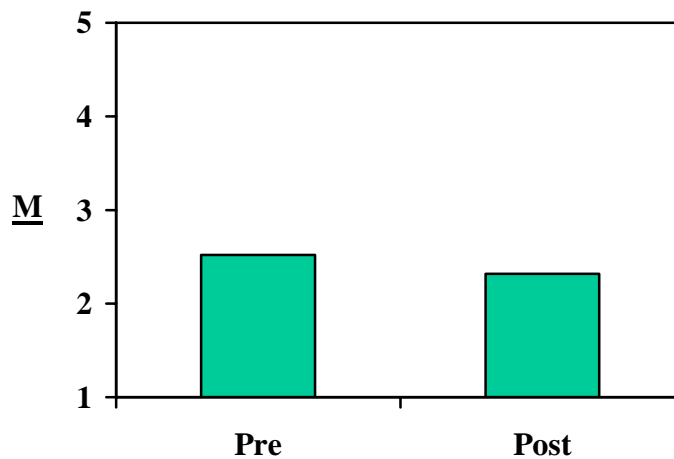
**Figure 2. Harmful AODG Involvement
Goal: Closer to "5"**



Increased Coping Skills

There were four items used to measure coping skills (see Appendix C; items 2, 3, and 4 were reversed for scoring purposes). A low score (1) indicates better coping skills. There were 25 students whose objective was to increase their coping skills. The mean pre-test score of this objective was 2.52. At the time of the pre-test, students reported that they generally used adequate coping skills to deal with stress. There was a slight increase in mean scores on the post-test ($\underline{M} = 2.32$), although this was not a statistically significant increase. Figure 3 shows the mean change in students' coping skills from pre- to post-test. Students may have had only a slight increase because they thought that they already had reasonably good coping skills before meeting with the Community Addictions Worker.

Figure 3. Coping Skills
Goal: Closer to "1"



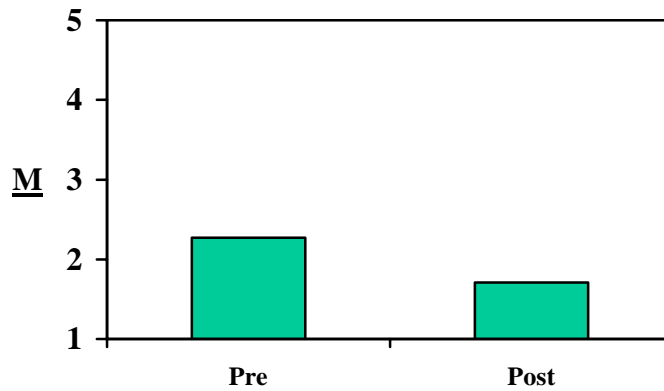
Increased Decision-Making Skills

There were four items used to measure decision-making skills (see Appendix C; item 2 was reversed for scoring purposes). A low score (1) indicates good decision-making skills. There were 53 students who had the objective of increasing their decision-making skills. The mean pre-test score of this objective was 2.27. Students had average decision-making skills at the time of the preliminary evaluation. Their decision-making did increase significantly at post-test ($\underline{M} = 1.71$), $t(52) = 6.9$, $p < .01$. Figure 4 shows the average score on students' decision-making skills over time.

"Knowing I don't need drugs or alcohol to have a good time. Many other things I can be doing".

RETSID Identified Student

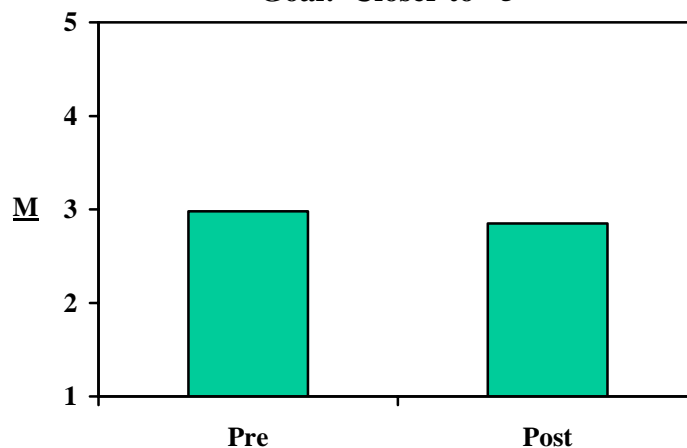
Figure 4. Decision-Making Skills
Goal: Closer to "1"



Improved Communication Skills

There were three items used to measure communication skills (see Appendix C; all three items were reversed for scoring purposes). A high score (5) indicates good communication skills. There were 23 students who had the objective of improving their communication skills. The mean pre-test score of this objective was 2.98. Students had above average communication skills at the time of the preliminary evaluation. By the post-test, students' communication scores slightly decreased ($M = 2.85$). This difference was not statistically significant. Figure 5 shows the mean change in communication skills over time.

Figure 5. Communication Skills
Goal: Closer to "5"

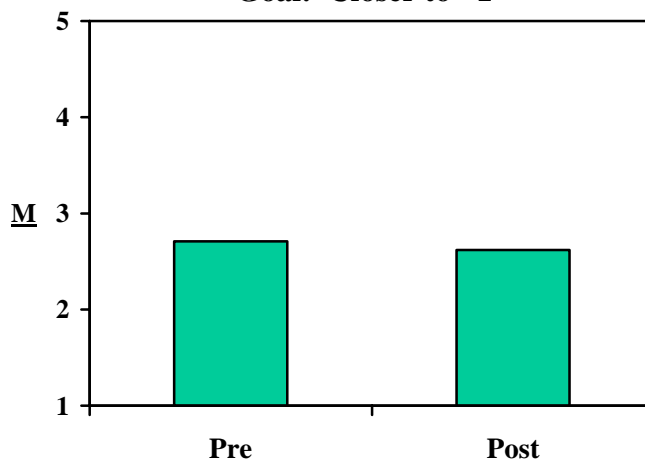


Increased Knowledge about Alcohol/other Drugs and Gambling and Risks

There were four items used to measure knowledge about alcohol/other drugs and gambling and their risks (see Appendix C; items 1 and 2 were reversed for scoring purposes). A low score indicates good knowledge of AODG issues and their risks.

There were 55 students who had the objective of increasing their AODG knowledge. The mean pre-test score of these four items was 2.71. Students had good baseline knowledge about AODG issues and their risks. Students' mean post-test score was 2.62. This slight increase is not statistically significant. Figure 6 shows the mean change in knowledge from pre- to post-test.

Figure 6. Knowledge about Alcohol/other Drugs and Gambling, and their Risks
Goal: Closer to "1"



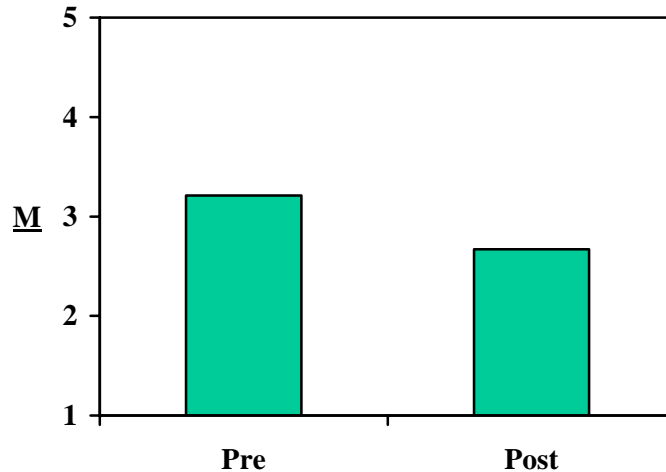
Increased Knowledge re: Dynamics of Families Where There are Users

There were three items used to measure the knowledge of the dynamics of families with users (see Appendix C; items 1 and 2 were reversed for scoring purposes). A low score (1) indicates good knowledge of the dynamics of families where there are users. There were 11 students who had this objective. The mean pre-test score of this objective was 3.21. Students had above average knowledge of the dynamics of families where there were users. The mean post-test score was 2.67. This was a statistically significant change from the pre-test. Students are more aware of the dynamics within families where there are AODG issues. Figure 7 shows the mean change in knowledge of dynamics where families are users.

“The most important things I have learned are the damaging effects of drugs and alcohol and the fact that drugs and alcohol don’t make problems go away. I have gained a positive attitude, motivation and the ability to want to learn in class”.

RETSD Identified Student

**Figure 7. Knowledge of Dynamics Where Families are Users
Goal: Closer to "1"**



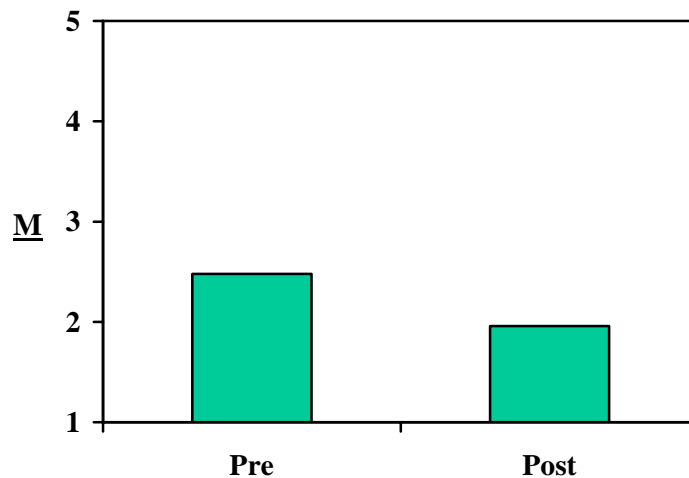
Increased Ability to Identify Relevant Supports in the Community

There were two items used to measure the ability to identify relevant supports in the community (see Appendix C; both items were reversed for scoring purposes). A low score (1) indicates a good ability to identify relevant supports in the community. There were 26 students who had the objective of increasing their ability to identify relevant supports in the community. The mean pre-test score of these two items was 2.48. Students were somewhat able to identify relevant supports in their community. The mean post-test was 1.96. This is statistically higher than at pre-test, $t(25) = 3.2$, $p < .01$. Students were better able to identify community supports since seeing the Community Addictions Worker.

“Knowing there’s help out there and places and people who tend to care”

RETSID Identified Student

**Figure 8. Ability to Identify Relevant Supports
in Community
Goal: Closer to "1"**



Summary for Identified Students

Overall, the results show how difficult it is to produce change in the population of students who are having trouble with AODG. For example, important program goals such as improving communication, increasing knowledge of AODG issues and improving coping skills were not met. Achieving these goals may require more resources or may indicate that these students are not yet ready to change. These results may also reflect that some of these students may have made a poor decision in violating school policy but may not need to alter their behaviour significantly. Anticipated changes in school attendance and completing homework were also not achieved. At the post-test, more students stated that they rarely attended school. As the post-test questions were usually asked of the students at the end of the school year, the results may be more a function of time (mid-end June) rather than the program.

There were three positive trends in the data worth noting. Students did state that they were more able to identify supports in the community, which would be useful should they require further support in the future. They also tended to feel that they know more about the dynamics of families that use alcohol and other drugs. Most importantly, students' decision-making skills increased. As these students will be (or are) making decisions over their AODG use, they will be more prepared to make a healthier choice.

"I have gained more knowledge to make decisions, and I have realized too much drinking is not good for me and the people around me".

RETSD Identified Student

Parents of Identified Students

A second goal of the program was to work with some of the parents of identified students to inform them about some of the issues related to adolescent AODG and to help them intervene more effectively with their child.

Some of the parents of identified students had their own problems around AODG issues or were affected by another's AODG issues (also seen by the Community Addictions Worker). These parents met with the AFM worker for one-to-one counselling to discuss adolescent AODG awareness, prevention, and intervention strategies. In order to evaluate the services delivered to the parents of identified students, these parents completed a pre-test measure at their first meeting with the AFM worker and a post-test measure at the termination meeting with the AFM worker (see Appendix D for pre- and post-Parents of Identified Students measures). An increase from pre-test to post-test suggests that the objectives were met.

Only 5 parents (out of a possible 30) completed both pre and post tests. Therefore, although the descriptive data looks promising, caution must be taken when generalizing these results for program implications. As was mentioned in the individual interviews with the school counsellors, there were few parents seen by the Community Addictions Worker because of time constraints and logistical challenges in reaching parents whose children are seen by the Community Addictions Worker.

Overall, data on the few parents that were seen suggest that they felt more knowledgeable and more confident in dealing with their child who was experiencing AODG problems. Although the numbers are low and it is difficult to generalize, these findings are important as primary caregivers could be the most important support for adolescents experiencing harm from their AODG involvement. Some of the parents' qualitative comments on post-test are highlighted below.

“My son learned the truth about drug use and how it can affect himself and others around him. My son learnt a lot of important facts about drug and alcohol use”

“I feel a benefit because the AFM counsellor has more answers and has dealt with these situations and has helped with examples and given pointers on what the parent can do to help our child”

“I would like to see more parental involvement. This follow-up should not have been done when exams are being written”

“She (Community Addictions Worker) had no time – her workload was too busy. Perhaps 2-3 counsellors in the division would be beneficial and more appropriate to spend more time with the person”

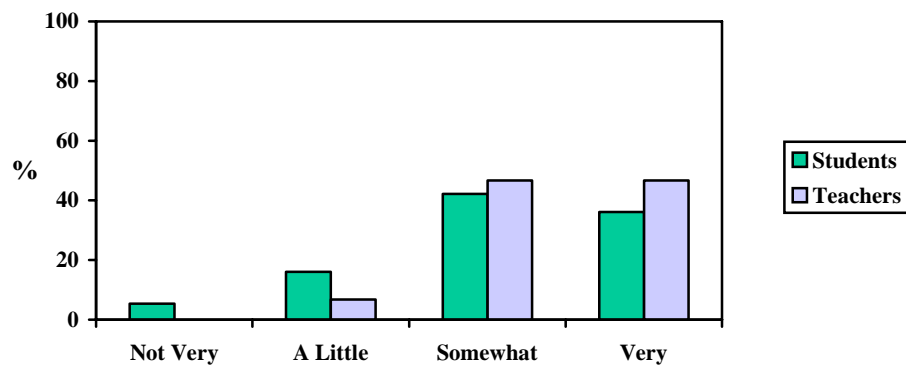
Workshop Feedback

Approximately 25-30 workshops were presented over the school year, primarily to middle and senior high school students, and a few to school counsellors⁵ and teachers in the Transcona school area. The majority of workshops were delivered to students in their classrooms, but there were some that were delivered in larger group settings such as in the school's theatre. Typically, workshops were focused on the topic of alcohol and other drug use awareness. However, there were some workshops delivered on the use of steroids, drinking and driving and gambling. The students' perceptions and feedback on the workshops were gathered after the workshops, using a Workshop Feedback Form (see Appendix F). This form asked questions designed to determine whether the goals of the workshop were met. Audience feedback on the alcohol and other drug awareness workshops are presented. There was no data collected from other workshops. Results from students and teachers are summarized by the questions from the Workshop Feedback Form.

Was the Workshop Helpful?

The majority of students found the alcohol and other drug use awareness workshop either somewhat helpful (42.2%) or very helpful (36.1%). There were 16.1% of students who found the workshop a little helpful and only 5.3% found the workshop not very helpful. Half of the teachers who attended the workshops found them very helpful, 46.7% found the workshop to somewhat helpful, and 6.7% found them a little helpful. Figure 9 compares how helpful the audience found the workshop. Overall, both students and teachers reported that these sessions helped with their understanding of drug and alcohol issues.

Figure 9. Was the Workshop Helpful?



⁵ Most of the audience members were students and teachers. Therefore, the results from the counselors are not reported.

How Much New Information Did You Learn?

The majority of students learned either *some* new information from the workshop (42.6%) or *a lot* of new information from the workshop (30.6%). There were 17.4% of students who learned *a little* and 9.1% who did *not* learn *much* new information. Exactly half of the teachers (50%) learned *some* new information, but there were 28.6% who learned only *a little* new information. Figure 10 summarizes this information.

Figure 10. How Much New Information Did You Learn?

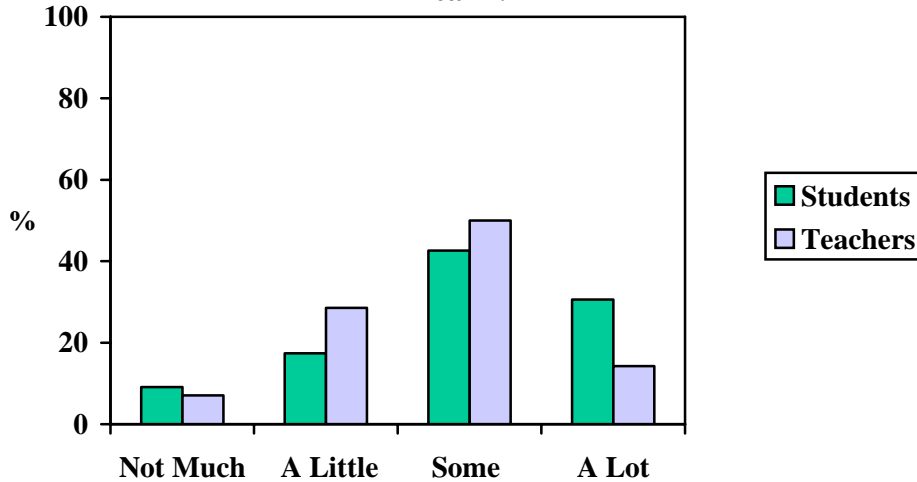
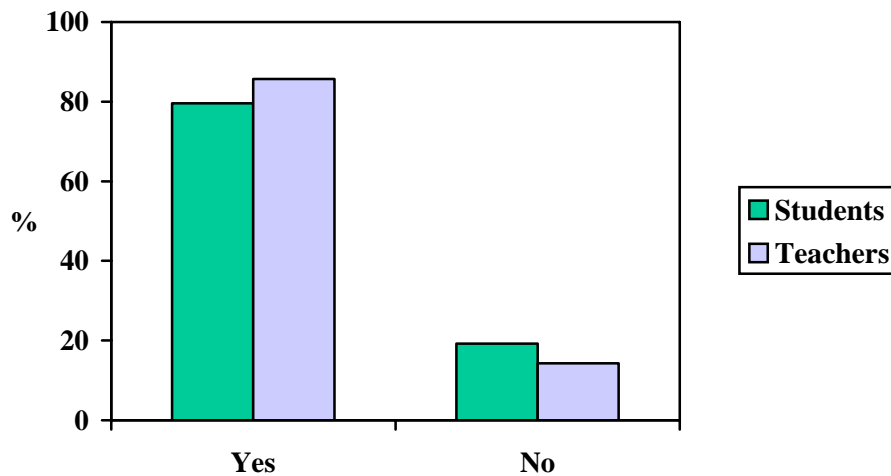


Figure 11. Will You Be Able to Use the Information to Make Healthy Choices?



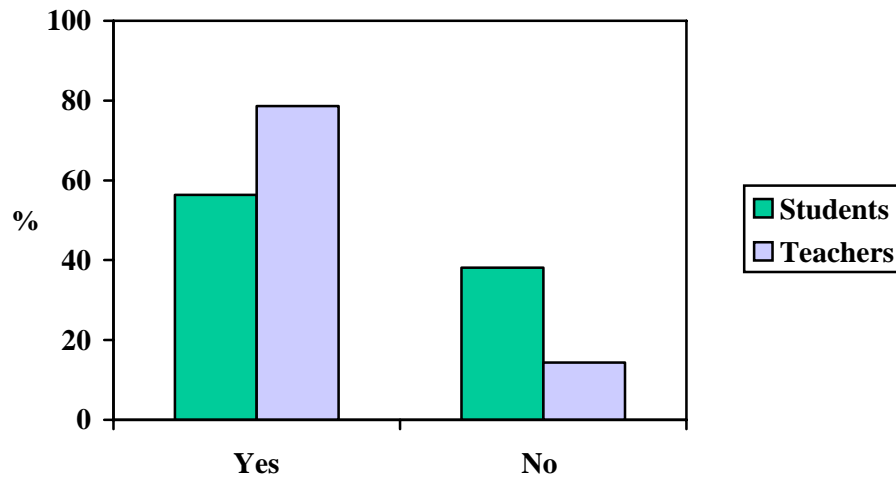
Will You Be Able To Use the Information to Make Healthy Choices?

Most students (79.6%) reported that they would be able to use the workshop information to make healthy choices. Almost all (85.7%) of the school teachers mentioned that they would use the information from the workshops to make healthy choices. Figure 11 illustrates that the majority of students and teachers will use the workshop information to make healthy choices.

Do You Have a Better Idea of the Resources in Your Community?

Over half of the students (56.4%) had a better idea of resources in their community after the workshop. The majority of teachers (78.6%) had a better idea of the community resources after the workshop. Figure 12 shows the majority of students and teachers having a better idea of community resources after receiving the workshop.

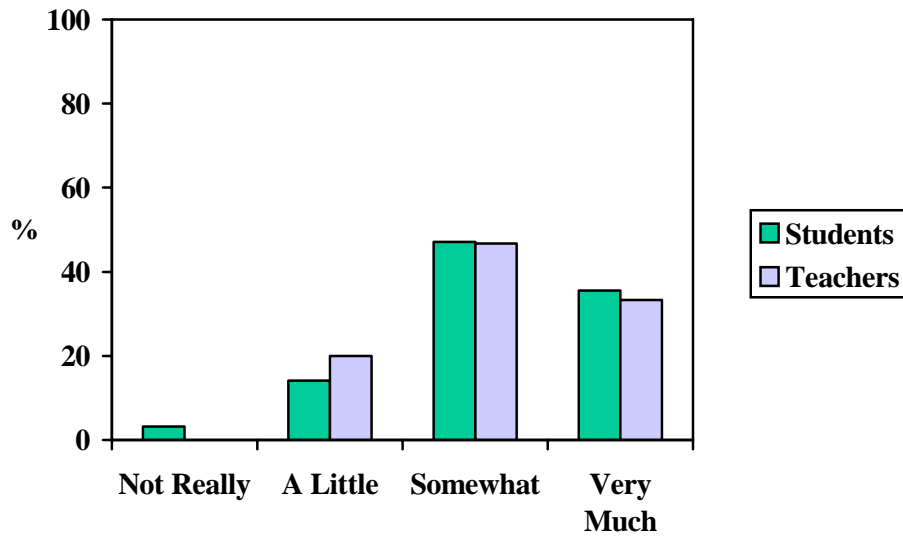
Figure 12. Do You Have a Better Idea of Resources in Your Community?



Did the Workshop Meet Your Expectations?

The majority of students' expectations of the workshop were met either *very much* (35.6%) or *somewhat* (47.1%). There were 14.1% who thought that the workshop met their expectations *a little* and 3.2% who did *not really* think that the workshop met their expectations. Almost half of the teachers' expectations were met *somewhat*, 33.3% *very much*, and 20% *a little*. Figure 13 shows the distribution of workshop expectations being met by students and teachers.

Figure 13. Did the Workshop Meet Your Expectations?



Summary of Workshops

Clearly, the workshops were well received by the teachers and students. Most of the students reported that they learned new information, will be able to use this to make healthy choices and learned about available resources. In terms of building the capacity of the community to respond to AODG issues, the program appears to have been successful.

Individual Interviews with Guidance Counsellors

In order to get a more complete picture of the impact of the program individual interviews were held with the River East Transcona guidance counsellors at the end of the school year. The interviews were designed to ask the counsellors several key questions about their perceptions of the project, such as its impact, strengths and weaknesses, and suggestions for improvement. The summary of the interview results are presented based on the responses to the nine questions that were asked.

1. Overall, how do you think the project went?

For the most part, the guidance counsellors felt that the project went well. The Community Addiction Workers provide services that are fundamental and crucial to the school, the students and the parents. Over the past few years, the AFM Community Addiction Workers in the River East Transcona School Division have worked hard to build and maintain a trusting relationship with the students by making them feel comfortable talking about their AODG problems (and in some cases affected issues) and by strengthening specific skills (i.e., coping, decision making) so that they are more equipped to deal with difficult situations in their future. The Community Addiction Workers are not only a wonderful resource for the students and parents, but they provide a critical service to staff and counsellors who may feel anxious over dealing with various AODG issues of their students. The opportunity for staff to “bounce ideas” off of the experts (the Community Addiction Workers) was a very positive thing for the guidance counsellors.

“She built up such a relationship with the kids and they fully trust her; it is amazing. Another positive thing is the opportunity for us to bounce ideas off of her”

However, one of the major problems with the project is that the Community Addiction Workers are being stretched to their limits (not enough time and too few workers). Their caseloads are very high, and they also try to conduct classroom presentations each term, which reduces the time they can spend with students in trouble. Although the counsellors felt frustration over not being able to access their Community Addiction Worker immediately (as often the worker would be at another school), they did note that their messages were returned as promptly as possible. In addition, one of the Community Addiction Workers who had been around for over a year changed jobs and a different worker was introduced to the schools. Although this was beyond anyone’s control, the counsellors for those particular schools expressed their disappointment in how the switching of Community Addiction Workers (from a familiar face to a brand new person) was very difficult for the students and themselves. Some counsellors also expressed concern over being able to regularly communicate about individual students to the Community Addiction Worker.

“Overall the project went okay but having the Community Addictions Workers switch (one moved into a new job and a new worker replaced her) sort of ‘disjointed’ the program. A lot of the students really warmed up to <name> and then a new person came in”

2. What types of things could have been added?

Even though the school counsellors were generally pleased with the AFM services in their schools, there were three things that counsellor felt needed improvement: 1) to have more time, 2) to have a communications plan about the program (with services in place to deal with the possible demands that this exposure may bring), and 3) to have a better way to link with the parents. All school counsellors mentioned that their schools would like more time from the Community Addictions Worker. As mentioned above, most counsellors felt frustrated over the lack of regular time being spent at their schools. A variety of avenues for communicating the program information were suggested. For example, information in the school newsletter about the program or additional business cards to hand out to students, parents, and staff so that they can have the Community Addictions Worker's name and telephone number on hand.

3. Are some things that could have been left out?

Overall, school counsellors said there was nothing to be left out of the project; all components of the Community Addictions Worker's services were necessary. However, one counsellor mentioned later in the interview that she would like to have someone from gambling speak to her students at least once during the year.

4. What do you think were the most useful pieces?

The school counsellors generally felt that the one-to-one time spent with the students was most useful because the Community Addictions Worker had the expertise on addictions and was able to relieve the school counsellors of the students with AODG related concerns. The school counsellors could then spend their time with students with non-AODG related concerns. Another useful piece of the project was the workshops and presentations given by the Community Addictions Worker to staff and students. The workshops have been very successful and it is hoped that they continue.

"<name>'s rapport with the students was one of the most useful pieces. Kids really like to have a safe place to come to when they are having issues and <name>'s personality provides for that. The best part is the 1 to 1 counselling"

5. Do you think students have learned healthier coping skills?

Most of the counselors could think of at least one student who has been coping much better with their AODG issues since the Community Addiction Worker has been in the school. For example,

"There was one student who was able to cope better with his affected issues. The services provided gave him the confidence to confront his using parents"

“One kid in particular has been having issues for quite some time (grade 8). He has cut down on his usage (it used to be a daily thing) and now he only uses on the weekends. He has a rough home life but things are improving for him; you can just see it”

Although the counselors have no scientific way to confirm their students’ success stories, anecdotal stories are a complement to the statistical tests which show that three objectives of the program were met this year.

6. Do you think there is a better way to link the CAW with parents?

Parental linkages with the Community Addiction Worker were identified as a weaker part of the project. The counsellors expressed concern over the balance between linking with the parents enough so that they were involved in the program but making sure that this linkage was not deterring students from feeling comfortable coming to the program and/or staying in the program. They suggested sending information home to the parents via a newsletter highlighting the Community Addiction Workers. It was also suggested that an e-mail account be set up so that parents could readily contact the Community Addictions Worker if they had any issues with their child’s AODG use. As some parents do not want their identity revealed, a confidential e-mail account would allow parents to get advice from the Community Addictions Worker quickly and effectively. The low number of parent post-tests (n=5) confirms that this is an area that needs some improvement. A comprehensive rehabilitation plan for the identified student should involve at least one parental/guardian figure.

“Parent involvement is like a double-edged sword. We want to link with the parents but we also don’t want to have this as a deterrent for kids coming forward to get help”

“I think as a school we could try to promote the AFM worker and her services to the parents (putting a blurb out in our quarterly newsletter, the school website, business cards)”

7. Do you feel more confident addressing this issue with your students?

Most of the counselors have more confidence addressing AODG issues with their students. Not only do the counselors feel more comfortable talking to their students, but many felt that the Community Addiction Worker was a person that they could approach for advice and brainstorming.

“Absolutely, I am much more confident addressing these issues with my students because I know there is an expert that they can go to. I feel more comfortable and relieved just knowing that <name> is here. The students also feel more comfortable talking to <name> because she is seen as an ‘outside’ person”

8. What could have been done better?

Throughout the individual interviews, any of the suggestions made to help improve the AFM services mainly centered on more time being allocated to having the Community

Addiction Workers at the school. More time would allow for 1) more workshops to be delivered to school staff, which would provide staff with more AODG knowledge, and 2) more students to receive more help regarding their AODG issues. Continuously, the counsellors expressed frustration over the lack of time allocated to the schools.

9. If resources were available would you recommend that this program continue?

School counsellors definitely felt that this program should continue. They believed that having a Community Addictions Worker in the schools should be part of students' education. By having an onsite counsellor trained in the addictions field, students would be easily able to access help, which in turn may help keep them in school. Should this program continue, however, the counsellors recommend that more time be allotted to each school. In fact, counsellor and parental feedback both suggest that the program, while excellent in its quality, is in jeopardy due to not enough staff and time constraints. Most feel that the program is "being stretched to its maximum".

SUMMARY OF THE 2003-2004 RETSD EVALUATION

The feedback from students, parents, teachers, and school counsellors was generally positive. The schools and parents definitely want to see this project continue.

Identified Students. Adding a counselling program was the main addition to the River East Transcona School Division/AFM partnership. Based on the evaluation from the partnership in 2001-2002 and 2002-2003, it was recommended that the AFM services in the schools be expanded to serve students who were having problems with their own AODG or were affected by another's AODG (such as a parent, sibling, or friend). One of the highest priorities of the Community Addictions Worker was to meet with identified students. For the 2003-2004 evaluation period, 140 students filled in pre-tests. At the end of the school year 57 of the 140 also completed the post-tests.

The evaluation of the identified students was conducted using pre and post measures completed by the student. The questions on the measures were designed to assess whether certain objectives (as determined by the Community Addictions Worker) had been met, using statistical analyses. Unlike the 2002-2003 year where only one objective was met, three objectives were met for the 2003-2004 evaluation period (increased decision-making skills, increased knowledge of family dynamics and increased ability to identify community supports). Better decision-making skills mean that the students are learning to follow a process of weighing the pros and cons of each situation and to ask for help when needed. As they will be continually faced with decisions about their AODG use, good decision-making skills will be very valuable to have. Increased knowledge of family dynamics is another positive effect of the program. Students are more aware that they can not control the drinking behaviour of their family members and that it is not their fault if someone in their family is having issues with AODG. Students are also more likely to be able to identify community supports which will eventually be useful should they continue to use harmfully and reduce their involvement with school.

Although five of the objectives were not met using statistical analyses, there are several possible explanations for why these objectives had not statistically improved. To begin, some of the pre-test scores were high to start with, leaving little room for improvement. For instance, the pre-test scores of reduction in harmful AODG involvement were well above average. Many of the other scores were in the middle ("can't decide") and this did not change at the post-test. This does not mean the students are not learning the material but that they are undecided about certain things. The second possible reason why the objectives may not have been met could be because there was not enough time spent with the identified students to have an impact on improvement. The third possible reason is that the items on the pre- and post-tests do not match closely enough with the content of activities used by the Community Addictions Worker. This will be explored in the post evaluation phase of the project by receiving the goals of the program with the Community Addictions Worker to help determine whether the measure is sensitive enough. If another evaluation is complete, it is suggested that standardized measures of coping and decision-making (for example) are used instead. The type of measure would need to have confirmed validity and reliability as the survey currently being used has not been empirically tested.

Parents of Identified Students. As was the case in the 2002-2003 year, there were few parents seen by the Community Addictions Worker ($N = 30$). Only 5 parents filled in post tests. This small amount of parent data made it impossible to conduct statistical tests. However, the data from the pre- and post-tests showed that the two objectives had been met. Parents' ability/confidence to intervene effectively with their child and knowledge and awareness about adolescent AODG issues increased somewhat after working with the Community Addictions Worker. The increase in the two objectives suggests that working with the Community Addictions Worker is beneficial for parents of identified youth.

The low number of parents who worked with the Community Addictions Worker is likely due to the fact that time with parents was given a lower priority than time with identified students. Also, it was mentioned in the focus groups that parental linkages with the program were lacking. Increased communication with the parents through newsletters and personal connections with the Community Addictions Worker early in the school year was suggested by the counsellors during individual interviews.

Workshop Feedback. There were numerous workshops delivered. These workshops were typically on alcohol and other drug awareness and presented primarily to students (some were on gambling). There were few teachers and counsellors who received workshops. The feedback reported on the workshops was very positive. More than half of the workshop audience found the workshop to be at least somewhat helpful, learned at least some new information, would be able to use the information to make healthy choices, and had a better idea of resources in the community. The teacher and counsellor feedback was also positive. It was mentioned in the focus group that teachers and school counsellors would like more workshops regarding AODG issues. Some highlights from the workshops included:

- 78% found the information somewhat helpful/very helpful
- 80% said they will use the information to make healthy choices

Individual Interviews with School Counsellors. In order to get a more complete picture of the impact of the program individual interviews were held with the River East Transcona guidance school counsellors at the end of the school year. The interviews were designed to ask the counsellors several key questions about their perceptions of the project, such as its impact, strengths and weaknesses, and suggestions for improvement. The feedback from the individuals was mostly positive:

- *“She built up such a relationship with the kids and they fully trust her; it is amazing. Another positive thing is the opportunity for us to bounce ideas off of her”*
- *“<name>'s rapport with the students was one of the most useful pieces. Kids really like to have a safe place to come to when they are having issues and <name>'s personality provides for that. The best part is the 1 to 1 counselling”*
- *“It is pretty obvious that some of the kids have learned healthier coping skills. One kid in particular has been having issues for quite some time. He has cut down on his usage and now he only uses on the weekend. He has a rough home life but things are improving for him; you can just see it”*

- *“Yes I am more confident (addressing these issues). It is great to have someone to bounce things off of. She is not only here for the students but for us!”*

There were also a few concerns mentioned by the school counsellors:

- *“The only problem I have with the program is that <name>’s hours were not as regular as they were last year”*
- *“Adding to the service? More time and more people. The program is being stretched to the max”*
- *“Better way to link the AFM worker to the parent. The parent evening was not as successful as we had hoped it would be this year”*
- *“Need more time for the counsellor to be in the school, you should never have a program run too thin (all or nothing), and I see that this is happening; not a benefit to anyone”*

Overall, the counsellor felt that there was not enough time for each school, there was a lack of parental linkages, and a general lack of communication. However, the school counsellors definitely want to see this project continue but in order for the program to be more effective it would need to be expanded.

RECOMMENDATIONS

1. Due to the increasing number of cases of identified students, it is recommended that more resources are necessary to allow for more time in each school. (MORE RESOURCES)
2. Counsellors indicated that lack of regularly scheduled hours with the Community Addictions Workers was a concern. It is suggested that a regular time schedule is set at each school. (REGULAR TIME SCHEDULE)
3. Discussions with counsellors suggest that there are communication gaps with parents. It is recommended that a process to link with parents be developed and implemented (i.e. more evening parent sessions, displays of the program at parent-teacher conferences, information about the program in the school newsletter). (INCREASED LINKAGES WITH PARENTS)
4. Teachers and counsellors were in support of the program and recommended that this program be available to all students. It is recommended that the program be expanded to all schools in the RETSD. (EXPAND THE PROGRAM)

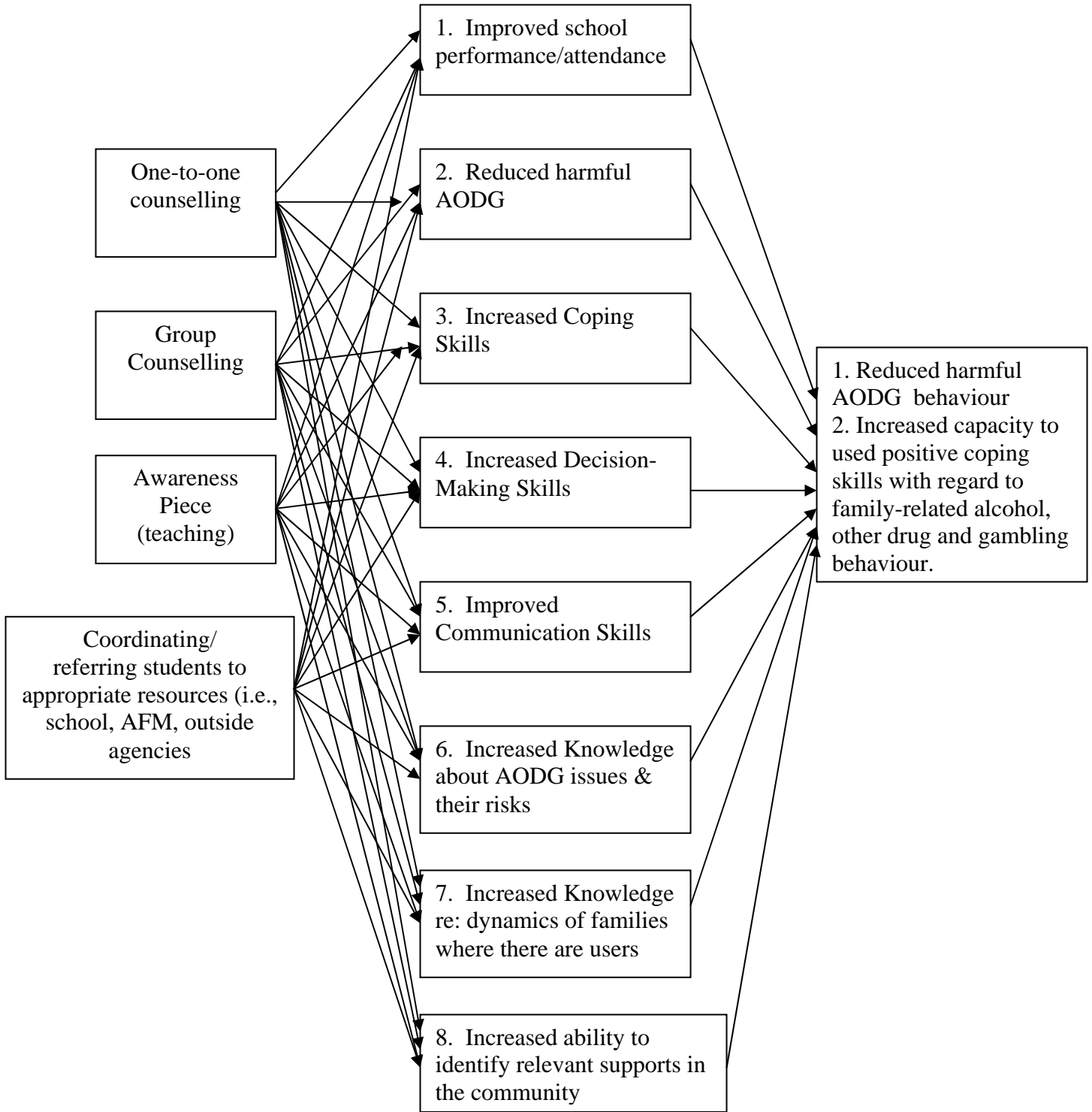
Appendix A
Accountability Models

Identified Students

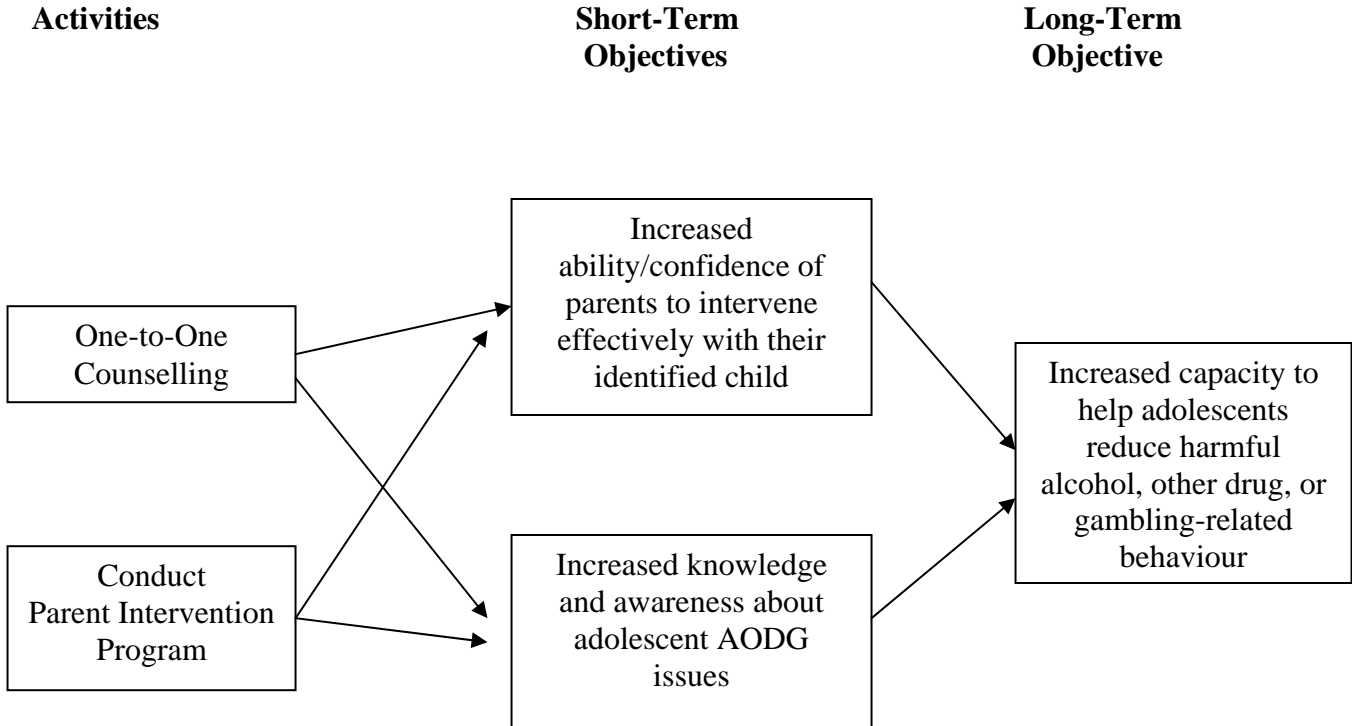
Activities

Short-Term Objectives

Long-Term Objectives



Parents of Identified Students



Appendix B

AFM Services Evaluation: River East Transcona Identified Students (Pre & Post)

AFM Services Evaluation: River East Transcona Identified Students (Pre)

Thank you very much for taking the time to fill out this evaluation form. Using these forms helps us to continually improve our services and our programs.

Instructions

For each statement given, please indicate whether you agree or disagree with that statement by circling a number from 1 to 5. In some cases, a question is asked. In this case please circle a number from 1 to 5 that best answers the question.

1. When I've had a bad day, I get rid of stress by using alcohol or other drugs.

Strongly Agree	Agree	Can't Decide	Disagree	Strongly Disagree
1	2	3	4	5

2. I have recently done something while under the influence of alcohol or other drugs that I regret.

Strongly Agree	Agree	Can't Decide	Disagree	Strongly Disagree
1	2	3	4	5

3. "Role-Playing" makes talking to other people even harder.

Strongly Agree	Agree	Can't Decide	Disagree	Strongly Disagree
1	2	3	4	5

4. It's dangerous to drive a vehicle under the influence of marijuana.

Strongly Agree	Agree	Can't Decide	Disagree	Strongly Disagree
1	2	3	4	5

5. How often are you attending your scheduled classes?

Rarely		Can't Decide		Often
1	2	3	4	5

6. When I have a big decision to make, I usually get advice from someone I trust before I make it.

Strongly Agree	Agree	Can't Decide	Disagree	Strongly Disagree
1	2	3	4	5

7. Children often think it's their fault if their parent uses alcohol or other drugs.

Strongly Agree	Agree	Can't Decide	Disagree	Strongly Disagree
1	2	3	4	5

8. It takes longer for your body to get rid of alcohol than it does for marijuana.

Strongly Agree	Agree	Can't Decide	Disagree	Strongly Disagree
1	2	3	4	5

9. AFM counselors teach communication skills.

Strongly Agree	Agree	Can't Decide	Disagree	Strongly Disagree
1	2	3	4	5

10. I usually make decisions about things on my own, even if my friends disagree.

Strongly Agree	Agree	Can't Decide	Disagree	Strongly Disagree
1	2	3	4	5

11. When something goes wrong in my life, I know I can get through it okay.

Strongly Agree	Agree	Can't Decide	Disagree	Strongly Disagree
1	2	3	4	5

12. I have problems in my life because of my alcohol or other drug use.

Strongly Agree	Agree	Can't Decide	Disagree	Strongly Disagree
1	2	3	4	5

13. How often are you completing your homework assignments?

Rarely		Can't Decide		Often
1	2	3	4	5

14. A “blackout” is when you fall asleep after drinking too much.

Strongly Agree	Agree	Can't Decide	Disagree	Strongly Disagree
1	2	3	4	5

15. When I have a big decision to make, I think about all the possible options carefully, before I make it.

Strongly Agree	Agree	Can't Decide	Disagree	Strongly Disagree
1	2	3	4	5

16. I can stop my mom or dad from using alcohol or other drugs.

Strongly Agree	Agree	Can't Decide	Disagree	Strongly Disagree
1	2	3	4	5

17. When something is bothering me I talk to someone I trust.

Strongly Agree	Agree	Can't Decide	Disagree	Strongly Disagree
1	2	3	4	5

18. There are counselors who I could talk to if I have a problem that DOES NOT involve alcohol or other drugs.

Strongly Agree	Agree	Can't Decide	Disagree	Strongly Disagree
1	2	3	4	5

19. I get into fights when I am under the influence of alcohol or other drugs.

Strongly Agree	Agree	Can't Decide	Disagree	Strongly Disagree
1	2	3	4	5

20. One in 20 or 25 teenagers in Canada is dealing with a parent's alcohol or other drug problem.

Strongly Agree	Agree	Can't Decide	Disagree	Strongly Disagree
1	2	3	4	5

21. When your body is "metabolizing" a drug, it means that your body is getting rid of it.

Strongly Agree	Agree	Can't Decide	Disagree	Strongly Disagree
1	2	3	4	5

22. I have trouble telling people when I need or want something.

Strongly Agree	Agree	Can't Decide	Disagree	Strongly Disagree
1	2	3	4	5

23. "Passive Communication" is saying what you want in a way that is respectful.

Strongly Agree	Agree	Can't Decide	Disagree	Strongly Disagree
1	2	3	4	5

24. Usually, weighing the "Pros and Cons" should be a part of decision-making.

Strongly Agree	Agree	Can't Decide	Disagree	Strongly Disagree
1	2	3	4	5

25. "Positive Self-Talk" is a strategy for coping with stress.

Strongly Agree	Agree	Can't Decide	Disagree	Strongly Disagree
1	2	3	4	5

Thank you very much for helping us by filling out this form

AFM Services Evaluation: River East Transcona Identified Students (Post)

Thank you very much for taking the time to fill out this evaluation form. Using these forms helps us to continually improve our services and our programs.

Instructions

For each statement given, please indicate whether you agree or disagree with that statement by circling a number from 1 to 5. In some cases, a question is asked. In this case, please circle the number from 1 to 5 that best answers the question.

1. When something is bothering me I talk to someone I trust.

Strongly Agree	Agree	Can't Decide	Disagree	Strongly Disagree
1	2	3	4	5

2. One in 20 or 25 teenagers in Canada is dealing with a parent's alcohol or other drug problem.

Strongly Agree	Agree	Can't Decide	Disagree	Strongly Disagree
1	2	3	4	5

3. There are counselors who I could talk to if I have a problem that DOES NOT involve alcohol or other drugs.

Strongly Agree	Agree	Can't Decide	Disagree	Strongly Disagree
1	2	3	4	5

4. I usually make decisions about things on my own, even if my friends disagree.

Strongly Agree	Agree	Can't Decide	Disagree	Strongly Disagree
1	2	3	4	5

5. When I've had a bad day, I get rid of stress by using alcohol or other drugs.

Strongly Agree	Agree	Can't Decide	Disagree	Strongly Disagree
1	2	3	4	5

6. How often are you attending your scheduled classes?

Rarely		Can't Decide		Often
1	2	3	4	5

7. When I have a big decision to make, I think about all the possible options carefully, before I make it.

Strongly Agree	Agree	Can't Decide	Disagree	Strongly Disagree
1	2	3	4	5

8. I get into fights when I am under the influence of alcohol or other drugs.

Strongly Agree	Agree	Can't Decide	Disagree	Strongly Disagree
1	2	3	4	5

9. "Passive Communication" is saying what you want in a way that is respectful.

Strongly Agree	Agree	Can't Decide	Disagree	Strongly Disagree
1	2	3	4	5

10. "Role-Playing" makes talking to other people even harder.

Strongly Agree	Agree	Can't Decide	Disagree	Strongly Disagree
1	2	3	4	5

11. Children often think it's their fault if their parent uses alcohol or other drugs.

Strongly Agree	Agree	Can't Decide	Disagree	Strongly Disagree
1	2	3	4	5

12. How often are you completing your homework assignments?

Rarely		Can't Decide		Often
1	2	3	4	5

13. I have recently done something while under the influence of alcohol or other drugs that I regret.

Rarely		Can't Decide		Often
1	2	3	4	5

14. I can stop my mom or dad from using alcohol or other drugs.

Strongly Agree	Agree	Can't Decide	Disagree	Strongly Disagree
1	2	3	4	5

15. "Positive Self-Talk" is a strategy for coping with stress.

Strongly Agree	Agree	Can't Decide	Disagree	Strongly Disagree
1	2	3	4	5

16. It's dangerous to drive a vehicle under the influence of marijuana.

Strongly Agree	Agree	Can't Decide	Disagree	Strongly Disagree
1	2	3	4	5

17. When I have a big decision to make, I usually get advice from someone I trust before I make it.

Strongly Agree	Agree	Can't Decide	Disagree	Strongly Disagree
1	2	3	4	5

18. A "blackout" is when you fall asleep after drinking too much.

Strongly Agree	Agree	Can't Decide	Disagree	Strongly Disagree
1	2	3	4	5

19. I have problems in my life because of my alcohol or other drug use.

Strongly Agree	Agree	Can't Decide	Disagree	Strongly Disagree
1	2	3	4	5

20. I have trouble telling people when I need or want something.

Strongly Agree	Agree	Can't Decide	Disagree	Strongly Disagree
1	2	3	4	5

21. AFM counselors teach communication skills.

Strongly Agree	Agree	Can't Decide	Disagree	Strongly Disagree
1	2	3	4	5

22. When your body is “metabolizing” a drug, it means that your body is getting rid of it.

Strongly Agree	Agree	Can't Decide	Disagree	Strongly Disagree
1	2	3	4	5

23. When something goes wrong in my life, I know I can get through it okay.

Strongly Agree	Agree	Can't Decide	Disagree	Strongly Disagree
1	2	3	4	5

24. Usually, weighing the “Pros and Cons” should be a part of decision-making.

Strongly Agree	Agree	Can't Decide	Disagree	Strongly Disagree
1	2	3	4	5

25. It takes longer for your body to get rid of alcohol than it does for marijuana.

Strongly Agree	Agree	Can't Decide	Disagree	Strongly Disagree
1	2	3	4	5

26. What are the MOST IMPORTANT things you feel you have gained from working with the AFM school counsellor? (Feel free to write on the back of this page if you need more room)

27. What are some things that could have been done BETTER? (Feel free to write on the back of the page if you need more room)

Thank you very much for helping us by filling out this form

For Office Use Only
Post-Test
Client Code: _____
Objectives Attempted (refer to model for objective names):
1 2 3 4 5 6 7 8

Appendix C

Program Evaluation Data Code-list For Identified Students

**River East Transcona: I.D. Students
Program Evaluation Data Code-list:**

Improved School Performance/Attendance

1. Pre.5, Post.6:
 - How often are you attending your scheduled classes?
 - Often (5)
2. Pre.13, Post.12:
 - How often are you completing your homework assignments?
 - Often (5)

Reduced Harmful AOD Involvement

1. Pre.19, Post.8:
 - I sometimes get into fights when I am under the influence of alcohol/other drugs.
 - Disagree (5)
2. Pre.2, Post.13:
 - I have recently done something while under the influence of alcohol/other drugs that I regret.
 - Disagree (5)
3. Pre.12, Post.19:
 - I have problems in my life because of my alcohol or other drug use.
 - Disagree (5)

Increased Coping Skills

1. Pre.1, Post.5:
 - When I've had a bad day, I get rid of stress by using alcohol or other drugs.
 - Disagree (5)
2. Pre.17, Post.1:
 - When something is bothering me I talk to someone I trust.
 - Agree (1)
3. Pre.11, Post.23:
 - When something goes wrong in my life, I know I can get through it okay.
 - Agree (1)
4. Pre.25, Post.15:
 - "Positive Self-Talk" is a strategy for coping with stress.
 - Agree (1)

Increased Decision-Making Skills

1. Pre.15, Post.7:
 - When I have a big decision to make, I think about all the possible options carefully, before I make it.
 - Agree (1)
2. Pre.10, Post.4:
 - I usually make decisions about things on my own, even if my friends disagree.
 - Agree (1)
3. Pre.6, Post.17:
 - When I have a big decision to make, I usually get advice from someone I trust before I make it.
 - Agree (1)
4. Pre.24, Post.24:
 - Usually, weighing the “Pros and Cons” should be a part of decision-making
 - Agree (1)

Improved Communication Skills

1. Pre.23, Post.9:
 - “Passive Communication” is saying what you want in a way that is respectful
 - Disagree (5)
2. Pre.3, Post.10:
 - “Role-Playing” makes talking to other people even harder.
 - Disagree (5)
3. Pre.22, Post.20:
 - I have trouble telling people when I need or want something.
 - Disagree (5)

Increased Knowledge about Alcohol/other Drugs and Gambling, and their Risks:

1. Pre.4, Post.16:
 - It’s dangerous to drive a vehicle under the influence of marijuana
 - Agree (1)
2. Pre.21, Post.22
 - When your body is “metabolizing” a drug, it means that your body is getting rid of it.
 - Agree (1)

3. Pre.14, Post.18:
 - A “blackout” is when you fall asleep after drinking too much.
 - Disagree (5)
4. Pre.8, Post.25:
 - It takes longer for your body to get rid of alcohol than it does for marijuana.
 - Disagree (5)

Increased Knowledge re: Dynamics of Families where there are Dependent Users

1. Pre.20, Post.2:
 - One in 20 or 25 teenagers in Canada is dealing with a parent’s alcohol or other drug problem.
 - Agree (1)
2. Pre.7, Post.11:
 - Children often think it’s their fault if their parent uses alcohol or other drugs.
 - Agree (1)
3. Pre.16, Post.14:
 - I can stop my mom or dad from using alcohol or other drugs
 - Disagree (5)

Increased Ability to Identify Relevant Supports in Community

1. Pre.9, Post.21:
 - AFM counselors teach communication skills.
 - Agree (1)
2. Pre.18, Post.3:
 - There are counselors who I could talk to if I have a problem that DOES NOT involve alcohol or other drugs.
 - Agree (1)

Appendix D

AFM Services Evaluation: Parents of River East Transcona Identified Students (Pre & Post)

**AFM Services Evaluation: Parents of River East Transcona Identified Students
(Pre)**

Thank you very much for taking the time to fill out this evaluation form. Using these forms helps us to continually improve our services and our programs.

Instructions

For each statement given, please indicate whether you agree or disagree with that statement by circling a number from 1 to 5.

1. Most adolescents, at some time during their teenage years, will experiment with alcohol or other drugs.

Strongly Agree	Agree	Can't Decide	Disagree	Strongly Disagree
1	2	3	4	5

2. I can control my son or daughter's use of alcohol or other drugs.

Strongly Agree	Agree	Can't Decide	Disagree	Strongly Disagree
1	2	3	4	5

3. "Enabling Behaviour" is a way of helping my son or daughter to stop using alcohol or other drugs.

Strongly Agree	Agree	Can't Decide	Disagree	Strongly Disagree
1	2	3	4	5

4. Alcohol can be as harmful to a person as ecstasy.

Strongly Agree	Agree	Can't Decide	Disagree	Strongly Disagree
1	2	3	4	5

5. Protecting my son or daughter from the consequences of their use of alcohol or other drugs will help them to stop using.

Strongly Agree	Agree	Can't Decide	Disagree	Strongly Disagree
1	2	3	4	5

6. My son or daughter needs to know ahead of time what the consequences will be for breaking a rule.

Strongly Agree	Agree	Can't Decide	Disagree	Strongly Disagree
1	2	3	4	5

7. In our community, my son or daughter can get drugs if they want to.

Strongly Agree	Agree	Can't Decide	Disagree	Strongly Disagree
1	2	3	4	5

8. It is best to avoid talking to my child about the positives related to using alcohol and other drugs.

Strongly Agree	Agree	Can't Decide	Disagree	Strongly Disagree
1	2	3	4	5

9. I talk to my child about alcohol and other drugs.

Strongly Agree	Agree	Can't Decide	Disagree	Strongly Disagree
1	2	3	4	5

10. The Parents' Intervention Program provides education and support to parents who are concerned about their child's use.

Strongly Agree	Agree	Can't Decide	Disagree	Strongly Disagree
1	2	3	4	5

11. What is your gender?

Male Female

Thank you very much for helping us by filling out this form

For Office Use Only

Pre-Test

Client Code (of the associated Client)_____

Prior Involvement (Number of Months involved before Pre-Test)_____

**AFM Services Evaluation: Parents of River East Transcona Identified Students
(Post)**

Thank you very much for taking the time to fill out this evaluation form. Using these forms helps us to continually improve our services and our programs.

Instructions

For each statement given, please indicate whether you agree or disagree with that statement by circling a number from 1 to 5.

1. I talk to my child about alcohol and other drugs.

Strongly Agree	Agree	Can't Decide	Disagree	Strongly Disagree
1	2	3	4	5

2. Most adolescents, at some time during their teenage years, will experiment with alcohol or other drugs.

Strongly Agree	Agree	Can't Decide	Disagree	Strongly Disagree
1	2	3	4	5

3. In our community, my son or daughter can get drugs if they want to.

Strongly Agree	Agree	Can't Decide	Disagree	Strongly Disagree
1	2	3	4	5

4. It is best to avoid talking to my child about the positives related to using alcohol and other drugs.

Strongly Agree	Agree	Can't Decide	Disagree	Strongly Disagree
1	2	3	4	5

5. My son or daughter needs to know ahead of time what the consequences will be for breaking a rule.

Strongly Agree	Agree	Can't Decide	Disagree	Strongly Disagree
1	2	3	4	5

6. The Parents' Intervention Program provides education and support to parents who are concerned about their child's use.

Strongly Agree	Agree	Can't Decide	Disagree	Strongly Disagree
1	2	3	4	5

7. "Enabling Behaviour" is a way of helping my son or daughter to stop using alcohol or other drugs.

Strongly Agree	Agree	Can't Decide	Disagree	Strongly Disagree
1	2	3	4	5

8. Alcohol can be as harmful to a person as ecstasy.

Strongly Agree	Agree	Can't Decide	Disagree	Strongly Disagree
1	2	3	4	5

9. I can control my son or daughter's use of alcohol or other drugs.

Strongly Agree	Agree	Can't Decide	Disagree	Strongly Disagree
1	2	3	4	5

10. Protecting my son or daughter from the consequences of their use of alcohol or other drugs will help them to stop using.

Strongly Agree	Agree	Can't Decide	Disagree	Strongly Disagree
1	2	3	4	5

11. What is your gender?

Male Female

12. What are the MOST IMPORTANT things you feel you have gained from working with the AFM school counsellor? (Feel free to write on the back of this page if you need more room)

13. What are some things that could have been done BETTER? (Feel free to write on the back of the page if you need more room)

Thank you very much for helping us by filling out this form

For Office Use Only

Post-Test

Client Code (of the associated client)_____

Appendix E

Program Evaluation Data Code-list For Parents of Identified Students

**River East Transcona: Parents of I.D. Students
Program Evaluation Data Code-list:**

Increased Ability/Confidence of Parents to Intervene Effectively with their Identified Child

1. Pre.2, Post.9:
 - I can control my son or daughter's use of alcohol or other drugs.
 - Strongly disagree (5)
2. Pre.3, Post.7:
 - "Enabling Behaviour" is a way of helping my son or daughter to stop using alcohol or other drugs.
 - Strongly agree (1)
3. Pre.5, Post.10:
 - Protecting my son or daughter from the consequences of their use of alcohol or other drugs will help them to stop using.
 - Strongly disagree (5)
4. Pre.6, Post.5:
 - My son or daughter needs to know ahead of time what the consequences will be for breaking a rule.
 - Strongly agree (1)
5. Pre.8, Post.4:
 - It is best to avoid talking to my child about the positives related to using alcohol and other drugs.
 - Strongly disagree (5)
6. Pre.9, Post.1:
 - I talk to my child about alcohol and other drugs.
 - Strongly agree (1)

Increased knowledge and awareness about adolescent AODG issues

1. Pre.1, Post.2:
 - Most adolescents, at sometime during their teenage years, will experiment with alcohol or other drugs.
 - Strongly agree (1)
2. Pre.4, Post.8:
 - Alcohol can be as harmful to a person as ecstasy.
 - Strongly agree (1)
3. Pre.7, Post.3:
 - In our community, my son or daughter can get drugs if they want to.
 - Strongly agree (1)

4. Pre.10, Post.6:

- The Parents' Intervention Program provides education and support to parents who are concerned about their child's use.
- Strongly agree (1)

Appendix F
Workshop Feedback Form

Workshop Feedback Form

Location _____ Topic _____

Please circle the answers that best reflect your thoughts about this session/workshop.

You are a: counsellor teacher student

Did you find the information in these sessions helpful/relevant?

Not Very A little Somewhat Very

How much new information did you learn about youth, alcohol, other drugs or gambling?

Not much A little Some A lot

Will you be able to use any of the information to help students make healthy choices about drugs?

Not really (no) I think so (yes)

Do you have a better idea of resources that are available in your community than you had before these sessions?

Yes No

Did the sessions meet your expectations?

Not really A little Somewhat Very much

If not, why? _____

What information could be added to help make these sessions more useful to you?

Are there other topics related to alcohol, other drugs or gambling that you would like to see covered by sessions like this in the future?
