

# Student Assistance Program Guidebook

## Student Assistance Service Delivery Service Framework

### OVERVIEW

The goal of this guidebook is to present a practical reference for schools that provide SAP services and to complement Student Assistance Development Training in establishing a Student Assistance Program in the school. Developing and implementing a Student Assistance framework is not a one-shot strategy that offers a quick-fix for student and staff problems. The SAP framework is composed of policies, procedures, practices and strategies that reflect a strong evidence base. Successful SAPs build a solid foundation through best practices tailored to the needs and resources in each school.

Student Assistance serves a complementary function to Response to Intervention (RtI) strategies, and is a valuable component of a comprehensive system of learning supports. It is important to note that Student Assistance services, however, are not organized and delivered through a teaching model found in RtI program designs. Student Assistance has historically provided support services to students and staff through building bridges to existing in-school and community resources as well as creating resources where none exist.

### DEFINITION

A Student Assistance Program (SAP) is a K-12 school-based, evidence-informed framework for prevention, early intervention, referral and support for students with identified needs that may prevent them from fully benefitting from their educational experience. SAPs focus on building supports for students dealing with non-academic barriers to learning including behavioral health, family and relationship issues as well as other life needs.

Student Assistance Programs originated as a substance abuse prevention and intervention model that has been used for almost 50 years. During that time, the model has changed to provide prevention, early intervention and support services for non-academic issues including mental health, family and other relationship issues, bullying and other school violence issues, and basic life needs, while remaining the primary resource for dealing with substance abuse prevention and early intervention concerns. SAP services vary due to needs and resources available in the schools and communities in which they are applied. Over the years, a number of research studies have shown SAP as an effective approach in the delivery of services that reduce truancy and behavior problems while improving academics and bonding to school as well as increasing referrals to community services at rates higher than reported nationally.

*Student Assistance has never been intended as an academic remediation model or a pre-referral mechanism for special education assessment.* Nor has SAP been an academic intervention focused assistance program. For those whose SAP paradigm is centered on a problem-solving approach for academic issues, the implementation of RtI appears to negate the need for SAP services in the building. This approach leaves many students dealing with non-academic barriers to learning without the supports that allow them to focus attention on what is happening in the classroom and take full advantage of their educational opportunity.

## WHO DOES STUDENT ASSISTANCE SERVE?

Students who are dealing with non-academic barriers to learning are the primary target population for SAP services. These barriers include school adjustment and attendance problems, dropouts, depression or suicide issues, self-injury, stress and anxiety related issues, physical and sexual abuse, substance abuse, family dissolution, displacement and relationship difficulties, delinquency, involvement with the juvenile justice system, violence and more.

One in 10 children in Illinois suffers from a mental illness severe enough to cause some level of impairment; yet, in any given year only about 20 percent of these children receive mental health services.

The purpose of the school is to teach a child, not to teach a subject. Student needs arising from home situations, relationship issues, mental health concerns and substance use must be addressed as part of the whole child. To focus on the child as a learner without addressing the child's social emotional needs reduces the potential outcomes for the curriculum and the student.

Barriers to learning exist in large segments of the student population. The school's role has changed over the past 50 years from a singular focus on education to becoming a primary source of meeting basic safety, physical and emotional needs in order to successfully address learning needs.



Schools often find it necessary to provide for students' health needs, provide meals other than lunch, work with student's hygiene, provide appropriate clothing, as well as address mental health and substance use issues.



“Schools most often focus on the cognitive level of Maslow’s Hierarchy of Needs in the educational process. When families, neighborhoods and schools are safe and healthy, have abundance and students feel accepted by adults and students in culture and gender as well as social acceptance, the cognitive level can have greater outcomes. When conditions exist that demand greater attention on lower levels of deficiency management and fulfillment, student focus at the cognitive level is significantly diminished. Educators cannot assume that children have their physiological, safety, belonging and esteem needs met, and that they are ready to learn simply because they are in school.”<sup>i</sup>

Among all high school students, 11.9 percent have a substance use disorder. Adolescent substance use serves as a significant barrier to successful academic performance, educational attainment and career advancement. . . . In part, these impairments in learning and academic performance are attributable to the direct effects of addictive substances on the parts of the brain responsible for attention, thinking, reasoning and remembering. Impaired academic performance and educational attainment also are due to teen substance users’ associations with peers who may consider academics a lower priority.<sup>ii</sup>

One in 10 children in Illinois suffers from a mental illness severe enough to cause some level of impairment; yet, in any given year only about 20 percent of these children receive mental health services.<sup>iii</sup> . . . Many mental health problems are largely preventable or can be minimized with prevention and early intervention efforts.<sup>iv</sup>

Children exposed to family violence are more likely to develop social, emotional, psychological and/or behavioral problems than those who are not. Recent research indicates that children who witness domestic violence show more anxiety, low self-esteem, depression, anger and temperament problems than children who do not witness violence in the home. The trauma they experience can show up in emotional, behavioral, social and physical disturbances that affect their development educationally and can continue into adulthood.<sup>v</sup>