DOCUMENT RESUME

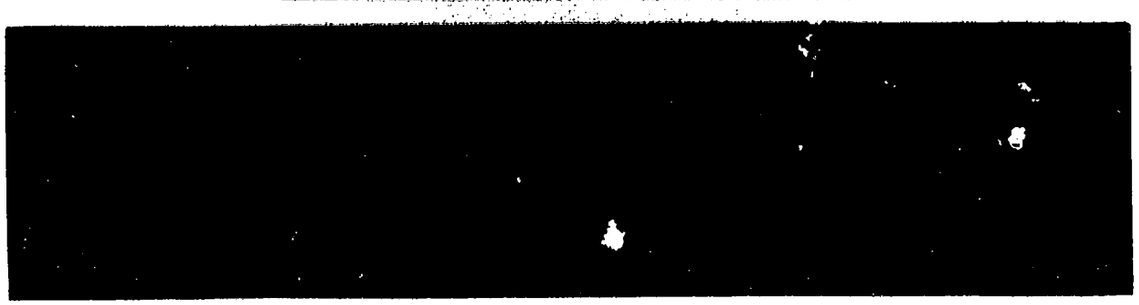
ED 338 989 CG 023 810

AUTHOR Mitchell, Stephanie
TITLE Portland Peers Project. 1989-91 Final Evaluation Report.
INSTITUTION Portland Public Schools, OR. Research and Evaluation Dept.
SPONS AGENCY Department of Education, Washington, DC.
PUB DATE Jun 91
CONTRACT S184-B-90185
NOTE 38p.
PUB TYPE Reports - Evaluative/Feasibility (142) -- Tests/Evaluation Instruments (160)

EDRS PRICE MF01/PC02 Plus Postage.
DESCRIPTORS Intermediate Grades; Junior High Schools; *Middle Schools; *Peer Counseling; *Peer Relationship; Prevention; Program Effectiveness; Program Evaluation; *Substance Abuse
IDENTIFIERS *Middle School Students; *Portland School District OR

ABSTRACT

This evaluation report describes a program designed to reduce substance abuse among students by establishing a comprehensive peer program in the middle schools (grades 6 through 8). The background of the project is reviewed, five important aspects of a peer helper program are listed, and three intervention strategies of peer assistance programs are discussed: peer management, peer tutoring, and peer helping. The program description focuses on three program features: (1) positive peer influence, peer helper activities, and communication strategies; (2) cross-age teaching activities on drug-specific and other topics to link middle school peer helpers to fourth and fifth grade students; and (3) increased parent involvement. Program goals, staff and resource support, student demographics, curriculum and curriculum materials, cross-grade facilitation, and parent involvement are discussed. A section describing the evaluation study discusses methodology and sampling techniques. An analysis of the findings focuses on program implementation, student attitudes, student achievement, attendance, referrals for assessment, staff perceptions, parent involvement and student perceptions. The conclusion states that the program demonstrated beyond question that the peer helper model offers a unique approach to alcohol and drug prevention in middle schools and has implications for curriculum and student services in general. Five recommendations are given, based on the findings of the evaluation study. Following the references, a set of risk factors for teenage drug abuse, the Peer Helpers Scale, and summaries of scores on the scale are appended. (NB)



PORTLAND PUBLIC SCHOOLS

PORTLAND PEERS PROJECT

FINAL EVALUATION REPORT

Stephanie Mitchell
Evaluation Specialist
Department of Research and Evaluation
Portland (OR) Public Schools

This work was supported by the U. S. Department of Education under grant number S184-B-90185. The views contained herein are those of the author and do not necessarily reflect the official position of the U. S. Department of Education.

Acknowledgement

The author gratefully acknowledges a number of dedicated people whose assistance with the evaluation process and report has been invaluable.

First, my sincere gratitude to the Portland Peers Project middle school principals, staffs, students, and parents who participated in the evaluation. Of special note are the exceptional alcohol and drug counselors who created the program described in this report and deserve our thanks.

A special thanks is extended to the exceptional staff of the Alcohol and Drug Program, Dr. Marilyn Richen, Coordinator, and Luke Saporito, Judy Boughton, Bonnie Brown, and Margie Kucinski, for their assistance, and review of evaluation strategies, data collection instruments, database retrieval, and evaluation reports.

I express appreciation to Dr. Walter E. Hathaway, Director of the Research and Evaluation Department and Dr. Jane Arends, Assistant Director for Program Evaluation for ongoing guidance in the evaluation.

I also express my appreciation to Wei Wei Lou, Therese White, and Shirley Spaeth of the Research and Evaluation Department for their patience, skill, and technical support in the production of this report.

Portland Peers Project
October 1, 1989 - March 31, 1991
EXECUTIVE SUMMARY

AUTHOR: Stephanie Mitchell

Program Description

This evaluation report describes a comprehensive peer helper program for students in grades six through eight, the Portland Peers Project in Portland, Oregon.

In 1989, Portland Public Schools' Alcohol and Drug Program received a grant from the U.S. Department of Education's Drug-Free Schools and Communities Program to establish the Portland Peers Project. The focus of the project was to reduce substance abuse among students by establishing a comprehensive peer program in the middle schools.

The Portland Peers Project utilized three peer assistance intervention strategies--peer management, peer tutoring, and peer helping. These proven strategies promoted student empowerment through involvement in meaningful activities, acquisition of information, and recognition of student responsibility. The grant allowed the Alcohol and Drug Program to implement some very important aspects of a peer helper program: 1) training of peer helpers and school coordinators, 2) positive prevention activities designed to empower students against substance use, 3) parent involvement to build home-school linkages, 4) systematic cross-age peer programming between middle school and elementary grade students, and 5) evaluation of the program's process and outcomes with peer helpers and comparison students.

Major Findings

In 1990-91, peers project students scored significantly higher than a comparison group on three dimensions of the Peer Helper Scale: knowledge about helping, helping behavior, and listening skills. In addition, the peers students scored significantly higher than the comparison group on a fourth dimension, trust building, in 1989-90.

Other student outcome indicators--grades and attendance--did not indicate any clear patterns of improvement by peer helpers as compared to in-school and in-district comparison groups. Student peer helper began the program with and maintained higher grade point averages and better attendance patterns than the comparison groups. Alcohol and drug progress reports found the vast majority of peer helpers were drug-free and functioning adequately in school.

Based on the results found in this study, the following recommendations were made:

1. Stronger links need to be established between initial training and follow-up activities provided to peer helpers during the year. Expansion of the training curriculum might include specific follow-up activities to be conducted at least monthly with peer helpers.

2. Cross-grade facilitation and peer assistance should be continued and expanded to support school-to-school and student-to-student networking in the elementary, middle, and secondary schools.

3. Special curriculum and materials need to be developed to reflect critical issues in preparing students to help peers, i.e., decision making and student empowerment.

4. Parent involvement activities should be coordinated, and possibly centralized, in the district office. The program might consider developing a parent handbook to orient families to the peer helper program.

5. Program continuity would be improved by regular meetings of school-based peer helper coordinators. Issues might include skill-building, follow-up training, articulation with feeder schools, and sharing sessions.

TABLE OF CONTENTS

LIST OF FIGURES

LIST OF TABLES

Introduction

Few issues in education are of greater concern to policymakers, educators, and the general public today than the incidence and consequences of substance abuse by youth in urban schools. Educators and others have long recognized the importance of peer influence on socialization in adolescence. In middle school and high school, peer interactions are perhaps the most powerful and persuasive influences on youth. This makes the peer group one of the most effective vehicles for communicating positive peer influence and preventing drug abuse in schools today.

To improve peer influence, many districts have adopted student assistance or peer helper programs. These programs offer a comprehensive approach to prevention that goes beyond traditional classroom strategies (deRosenroll and Dey, 1989; Mauss, et.al., 1988). Peer assistance programs offer strong positive influences on middle school students' educational and behavioral development, regardless of their gender, ethnicity, and prior experience with drugs (Benard, 1990; Greenwood, 1989).

Recent research by Cotton (1991) confirmed the power of peer programs to affect outcomes for students, particularly high risk members of racial and ethnic minority groups. Peer and cross-age tutoring and support programs have been found effective and relevant practices for educating urban minority students (Greenwood, Delquadri, and Hall, 1989). Yet, while educators generally agree on the importance of peer and parent factors in preventing student alcohol and drug use (Saporito, 1990), many researchers note that these factors have been often overlooked or underutilized in prevention programs (Benard, 1988) or inadequately evaluated (Resnick and Gibbs, 1986).

Background

This report discusses the evaluation of a comprehensive peer helper program with students in grades six through eight in Portland Public Schools. The evolution of the peer helper program began in 1984 with the introduction of limited technical assistance and funds to middle schools from the district office. In 1987, the district's Alcohol and Drug Program initiated formal support for school-based peer helper staff, collaborated with the Evaluation Department in the development of a Peer Helper Scale, and organized the first experimental and comparison study of peer helper students.

In 1989, the Alcohol and Drug Program received a grant from the U.S. Department of Education's Drug-Free Schools and Communities Program to establish the Portland Peers Project. The focus of the project was to reduce substance abuse among students by establishing a comprehensive peer program in

the middle schools. This grant allowed the Alcohol and Drug Program to implement some very important aspects of a peer helper program: 1) training of the school-based peer helper coordinators, 2) evaluation of program process and outcomes with peer helper and comparison students, 3) home-school linkages for parent involvement, 4) systematic cross-age peer programming, and 5) prevention activities designed to involve and empower students with a sense of ownership and responsibility against substance use.

The Research and Evaluation Department prepared two evaluation products during the grant period. The first, an interim formative evaluation in August 1990, described the first half of the project's implementation period. This second report, a final summative evaluation, investigated project effectiveness on student and project outcomes. These reports also disseminated evaluation findings to the Board of Education, the Director of Grants Management, and the Coordinator of the Alcohol and Drug Program as an aid in decision making about the project.

Figure 1 illustrates three intervention strategies of peer assistance programs: 1) peer management, 2) peer tutoring, and 3) peer helping/modeling. These strategies have proven to be effective with both general and at-risk student populations (Mitchell and Saporito, 1991; Benard, 1990). The strategies promote student empowerment through involvement in meaningful activities, acquisition of information and skills, and recognition of student responsibilities.

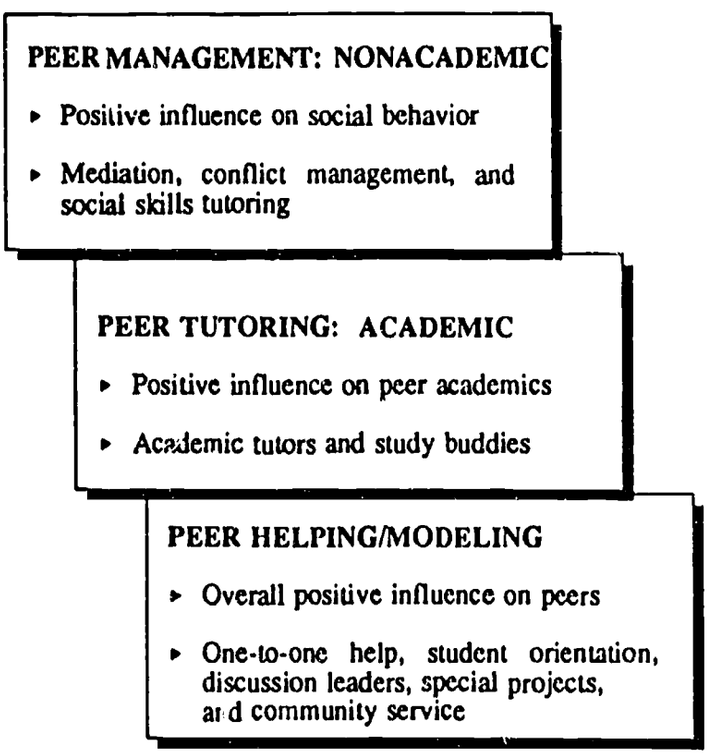


Figure 1. Three Strategies of Peer Helper Interventions

Program Description

The Portland Peers model established a multifaceted peer program with the goal of expanding students' roles in communicating the dangers of substance abuse to peers and enlisting parents in efforts to support this message. The project increased drug prevention efforts by organizing and mobilizing staff in the middle schools. The program had three features: (1) positive peer influence, peer helper activities, and communication strategies; (2) cross-age teaching activities on drug-specific and other topics to link middle school peer helpers to fourth and fifth grade students; and (3) increased parent involvement.

Program Goals

The major goal of the Portland Peers Project was to develop a peer helper program designed to promote drug-free schools. Specifically, the program had four goals:

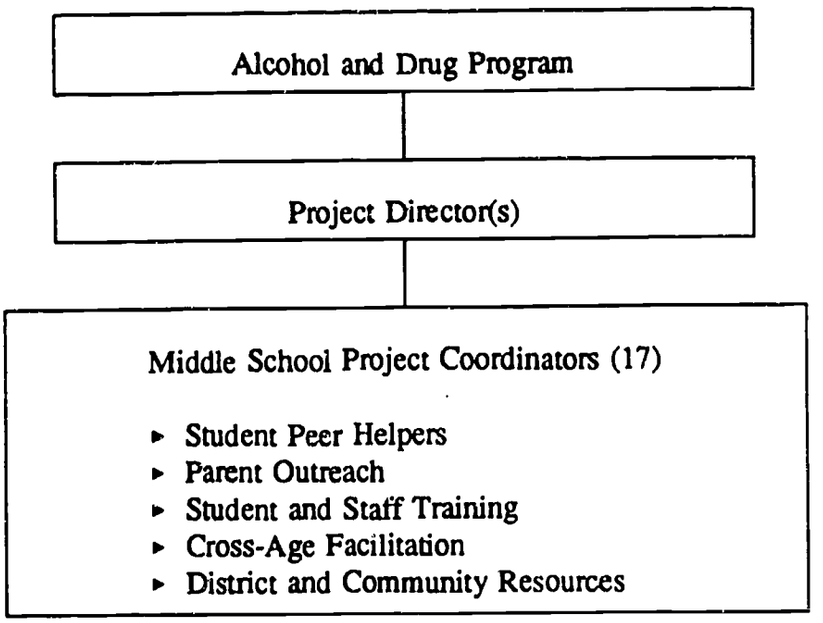
- Establishing a coordinated peer support system in middle schools
- Identifying students and staff perceived as natural peer helpers
- Training peer helpers in substance abuse prevention, communication, helping skills, information referral, trust building, and decision making
- Providing information and support to problems faced by students

Staff and Resource Support

Figure 2 displays an organizational chart of the Portland Peers Project. In 1989-90, two Alcohol and Drug Specialists co-directed the program (1.50 FTE total). In 1990-91, one of the directors moved to full-time when the other returned to a school counselor position. The grant provided extended responsibility pay for 17 middle school alcohol/drug counselors and peers' retreat expenses. The Alcohol and Drug Program provided resource support for the district and school-level aspects of the project, especially in the tracking and monitoring of student peer helpers via the Student Referral Database.

The Portland Peers Project promoted the establishment of a comprehensive anti-drug peer program in the middle schools by: (1) utilizing teams comprised of district-level alcohol and drug specialists, school staff, and students, (2) training the school teams to select prevention strategies which targeted more than one population (e.g., enlisting students and parents), and (3) addressing more than one factor influencing youth drug use (e.g., raising awareness of the harmful effects of drugs, increasing involvement in healthy and legal alternatives). By utilizing multiple peer influences, communication strategies, and cross-age peer teaching, the project addressed a number of substance abuse correlates, such as academic failure, lack of bonding to school, alienation, impaired confidence and self-esteem.

Figure 2. Organizational Chart
Portland Peers Project, 1989-90 and 1990-91



◂---- Portland Peers Project Evaluation ----▸
◂---- Alcohol and Drug Student Referral Database ----▸

Student Demographics

A total of 772 students in grades six, seven, and eight were trained in the Portland Peers Project during two academic years, 1989-90 and 1990-91. During the first year of the project, 389 students were trained; 383 were trained in the second school year. Each middle school trained approximately 25 students in the peer helper model. Throughout the project, school staff endeavored to select and maintain peer helpers who were representative of the gender, ethnic, and social groups in their school.

In addition, the project trained 174 staff members in the 17 middle schools in the program model during the funding period. The student attrition rate was ten percent during the Portland Peers Project; 81 students moved or left the program over the term of the project.

Table 1 presents the distribution of peer helper program students by grade and by gender. As planned, schools selected more sixth and seventh graders because eighth graders would only have one year in the program. Female students (54%) outnumbered male students (46%) in the peers program. This distribution differs significantly from the district's enrollment by gender in the middle schools which is 49.1% female and 50.9% male.

Table 1
Distribution of Program Students
By Grade and Gender

Grade/Group	Male	Female	Total
Grade 6	122	149	271
Grade 7	140	167	307
Grade 8	94	100	194
Total	356	416	772

Figure 3 compares the enrollment rate of minority middle school students in the program and the district. Minority student representation was slightly higher in the program (33.3%) than in the district overall (27.4%). This reflected the strong emphasis by schools to select students from the racial, ethnic, and social groups represented in their schools. The project enrolled 2.1% American Indian vs 2.1% districtwide, 20.3% African American vs 15.3% districtwide, 6.8% Asian American vs 7.4% districtwide, 3.7% Hispanic American vs 2.6% districtwide, and 67.3% European American vs 72.6% districtwide.

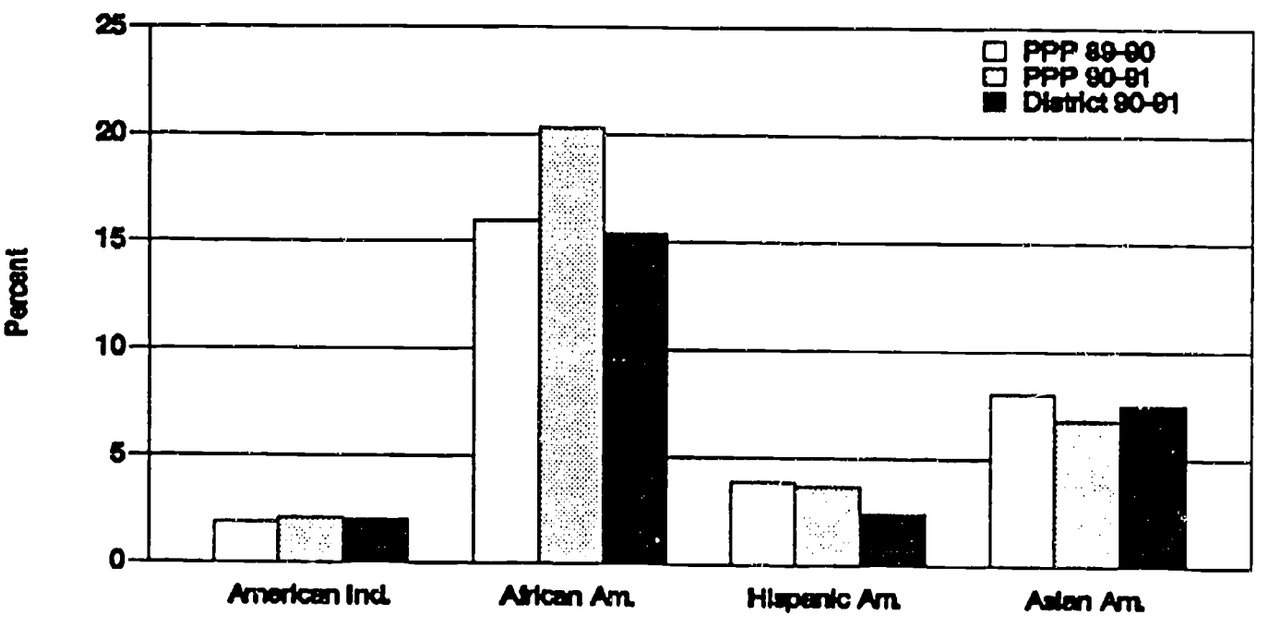


Figure 3. Minority Enrollment Rates of Peers Program and District

Curriculum and Curriculum Materials

The project provided special training to approximately 25 students and five staff in each middle school. The first step was the peer nomination process in each school. Students and staff identified individuals who were viewed as influential, helpful, and representative of ethnic groups in the school. This process identified students who were the natural support system in the school. These students were invited to attend a two and one-half day training retreat outside of school to develop helping skills, learn how to assess situations, determine criteria for referral to adult and community resources, and recognize their limits in helping relationships. After training, peer helpers returned to their school and identified possible roles or functions for themselves in the school. Examples of peer activities included orienting new students to the school, providing one-to-one help, peer tutoring, conflict management, and community service. Peer helpers met weekly or at least bi-monthly with the school's coordinator to receive follow-up training, exchange support with helping skills, and to discuss personal concerns. As part of the model, schools developed annual action plans to address problems the students had identified in their community.

Project directors Luke Saporito and Judy Boughton coordinated the development of the project's main products, a *Peer Helper Training Curriculum* and *Peer Helper Manual.* The curriculum outlined training activities for peer helpers in alcohol and drug use prevention, communication, trust building, decision making, limit setting, and how to help peers with day-to-day interactions and crisis situations. The peer helper program manual described the content and process of a peer helper program. It included program goals and rationale, selection criteria for peer helpers, expectations and qualities of peer helpers and school coordinators, referral to other resources, and information concerning training and evaluation.

Cross-Grade Facilitation

A major interest of the Portland Peers Project was to institute a cross-grade facilitation program. In this effort, middle school students visited with fifth grade students to provide information, build trust, answer questions, and discuss concerns about entering middle school. Cross-grade activities also provided an avenue of articulation between elementary and middle school.

The project developed an active cross-age peer facilitation program. Each spring, four to six middle school peer helpers and their school counselor visited several grade five classes to discuss the elementary students' concerns about their imminent move to middle school. At least one of the middle school peer helpers had attended the elementary school visited. School counselors met with the peer helpers prior to the visit to prepare them for the activity, i.e., orientation to middle school, friendship

skills, refusal skills skit, etc. Some cross-grade facilitations were formal lessons, others were informal discussions and skits with lots of time for questions and answers to help ease the elementary students transition to middle school. Table 3 details the number of cross-age facilitation activities by school.

Parent Involvement

Research has indicated that parental abuse of alcohol and other drugs places a child at greater risk of using drugs. There is increasing evidence that we are raising a generation in which children of substance abusers will be more numerous than ever before. Based on this assumption, a major emphasis of the project was to create more and better programs for parent involvement as a good prevention strategy for all students and to develop supportive community networks. Yet, despite the focus in this area, parent involvement was the only component of the peers program that did not fully achieve its' goal.

The Evaluation Study

The purpose of the study was to document the effectiveness of the peer training model, to explore the impact of the model on students' achievement, attendance, and attitudes towards drugs, and to collect information on the peers project's contribution to increased tracking of student referrals for assessment. Specifically, the analyses attempted to answer these questions:

1. What peer strategies and interventions were attained by middle school students?
2. What effect did the project have on students' attitudes about drugs, student achievement, and attendance patterns?
3. What effect did the project have on the number of students referred for assessment?
4. To what extent did the project develop a comprehensive anti-drug peer training program for middle students, including cross-age facilitation and parent involvement?

Methods

Quantitative and qualitative data collection methods were used to ensure that all project objectives and purposes were appropriately and adequately assessed. Data collection methods were selected that were most appropriate to answer the evaluation questions. Methods included biannual administration of the Portland Peer Helper Scale; a parent questionnaire; an initial assessment of student drug use; interviews with project and school staff and students; direct observation of a sample of program activities; and review of the student database on referrals for assessment. Student outcomes indicators included an analysis of grade point average and attendance patterns of peer helpers and two comparison groups (an in-school comparison group matched to the peer helpers on five variables and a random baseline group from grades six through eight throughout the district).

Samples

Overall, 772 students in grades six, seven, and eight from 17 middle schools were trained as peer helpers by the Portland Peers Project during 1989-90 and 1990-91. The 1990-91 sample for data analysis included 316 peer helpers. Comparisons were also made to two non-peer helper groups of students; a matched comparison group in each school (n=295) and a random district baseline group (n=1214).

In each sample, the analysis used only students who had valid achievement and attendance data *in the same school* and *in each term* of the study. Results from these clear and intact sample groups provided the soundest information for assessing student achievement and attendance outcomes in an academic year. These groups formed the basis for the derivation of the three cohorts--the peer helper students, the in-school comparison and the district baseline group.

The sample size of the study groups can be found in Table 2. Data are presented according to sample groups and middle schools in the district, specifically by gender and ethnicity. The peer helper sample group was approximately 45% male and 55% female. This predominantly female distribution of students in the peers program was not representative of district middle schools. Diverse ethnic groups were well represented in the samples of this study.

Table 2
Sample Groups Size by Gender and Ethnicity, 1990-91

Sample Groups	Peer Helpers		Matched Comparison		District Baseline		All Middle Schools	
	N	%	N	%	N	%	N	%
Gender								
Male	143	45.3	132	44.7	620	51.1	5889	50.9
Female	173	54.7	163	55.3	594	48.9	5687	49.1
Total	316	100	295	100	1214	100	11576	100
Ethnicity								
White	226	71.5	211	71.5	870	71.7	8301	71.7
Black	48	15.2	51	17.3	196	16.1	1883	16.3
Asian	24	7.6	23	7.8	85	7.0	823	7.1
Hispanic	14	4.4	5	1.7	36	3.0	312	2.7
Am. Indian	4	1.3	5	1.7	27	2.2	257	2.2

Analysis of the Findings

This report presents an analysis of the findings related to the evaluation questions and describes the demographics of Portland Peers Project students, especially during the 1990-91 school year. Results include information on students' achievement/grades, attitude, attendance, referrals for alcohol and drug assessment, as well as information about staff, student, and parent perceptions of the program. Data concerning the project's assessment of student drug use and parent survey were discussed in the interim evaluation report (Mitchell, 1990).

Program Implementation: The Role of Peer Helpers

The Portland Peers Project's development of a comprehensive anti-drug peer program was evidenced in the implementation of the program in all 17 middle schools. Figure 4 provides a description of the overall components of the Portland Peers Project. Following the peer helper training in the fall, each school team identified specific areas of emphasis based on the needs of their community. The program components included: (1) academic tutoring, (2) one-to-one helping, (3) orienting new students to the school, (4) study buddies, (5) social skills tutoring, (6) conflict management, (7) assisting with special projects, (8) leading discussion and advisory groups, (9) community service, and (10) cross-grade facilitation with elementary students.

Table 3 summarizes the roles of peer helpers in the various program components during 1990-91. Students primarily served as one-to-one helpers (n=401). Many students also assisted with special school projects (n=353), helped orient new students to the middle school (n=321), aided with conflict management (n=199), and helped lead advisory/discussion groups (n=197). Sixteen middle schools (94%) made cross-grade facilitation visits to 53 elementary schools.

Student Attitudes

The *Portland Peer Helpers Scale* (PHS) was administered twice a year to measure student attitudes about peer helping. The PHS measured five dimensions: 1) knowledge about helping, 2) helping skills, 3) listening skills, 4) trust building, and 5) student empowerment and decision making. The questionnaire was adapted from the Student Attitude Index (Instructional Objectives Exchange, 1983). The Peer Helper Scale contained 25 items with high internal reliability ranging from .75 to .92. Items used a four-point scale ranging from strongly agree to strongly disagree. Students responded to statements based on their current attitude about providing help to their peers. The PHS was administered in the fall and the spring to peer helper and comparison group of students in the middle schools.

FIGURE 4. COMPONENT DESCRIPTIONS

WHAT ARE THE COMPONENTS OF A PEER HELPER PROGRAM?

The Portland Peers Project implemented the following activities in middle schools:

Academic Tutors. Structured learning activities where a student peer helper is assigned to formally tutor a student needing assistance in a particular subject area.

One-to-One Helpers. Student peer helpers are trained in decision making, listening skills, trust building, and helping skills with peers in day-to-day interactions and crisis situations. After the training, peer helpers return to school and are absorbed into the student body to help other students.

Study Buddies. Informal learning activities where a student peer helper provides study help and support to friends. Study buddies assist new students to develop ongoing support and ties to the school.

New Student Orientation. Student peer helpers are trained and utilized to help orient new students to the middle school. Helpers give orientation tours of the new school, introduce new students to teachers and students, answer questions about procedures in the school, etc.

Social Skills Tutors. Some schools train and utilize peer helpers to serve as role models to students with social skills and behavior problems through individual or small group meetings.

Discussion and Advisory Group Leaders. Activities in which peer helpers serve as school leaders and positive role models. Students may assist with classroom presenters, group facilitation, and drug and alcohol awareness activities.

Special Projects. Helping with student alcohol and other drug prevention projects, leading "Just Say No" assemblies and marches, school climate activities, serving as student assistants of school alcohol and drug use surveys, and other special tasks related to school and peer support.

Mediation/Conflict Management. Helping to intervene and resolve peer conflict situations, offering peer support and referral to a counselor or social agency, and serving as peer mediators, especially during the lunch hour.

Community Service. Student peer helpers provide outreach services to the community through visits to schools for disabled children, visits to senior centers, and serving as community resource volunteers for neighborhood projects.

Cross-Age Facilitation. Approximately 90% of the schools planned and conducted cross-age interactions between elementary and middle school students. Peer helpers visited fifth grade classes in the spring to introduce the younger students to the middle school experience and deliver a refusal skills message.

Table 3
Roles of Peer Helpers in the Portland Peers Project
1990-91

Middle Schools	One to One Helpers	Special Projects, i.e. school climate	New Student Orientation	Mediation/ Conflict Management	Discussion Groups	Community Service	Study Buddies	Academic Tutors	Social Skill Tutors	Cross-age Facilitation (# of schools)
School A	16	11	17	0	40	0	12	0	3	2
School B	11	12	35	10	12	0	11	0	11	7
School C	24	16	6	24	16	6	4	0	8	1
School D	30	32	20	0	0	32	0	20	0	2
School E	35	40	16	12	52	10	2	6	10	0
School F	40	30	0	0	0	0	0	0	0	3
School G	9	10	5	5	0	0	14	0	0	4
School H	30	15	40	30	2	0	10	4	0	4
School I	25	0	20	12	2	4	16	10	0	5
School J	46	34	46	21	12	15	3	0	13	3
School K	14	13	0	13	50	0	0	0	8	2
School L	0	25	15	5	0	19	0	10	0	4
School M	25	0	25	25	0	0	0	3	5	4
School N	25	30	46	10	6	0	0	5	6	4
School O	16	15	10	10	0	10	0	16	10	2
School P	35	45	15	12	0	0	0	0	0	4
School Q	20	25	5	10	5	12	8	0	0	2
TOTAL	401	353	321	199	197	108	80	74	74	53

Figure 5 summarizes the overall Peer Helper Scale pre and post results with peer helpers in 1989-90 and 1990-91 and with a comparison group in 1989-90. A paired t-test analysis was conducted to determine whether there was a significant difference in the mean scores. A statistically significant difference was found between the mean scores for peer helpers (21.2) and comparison students (20.5) in spring 1990. This pattern was maintained by the peer helper group in 1990-91. Analysis of mean subscale scores revealed significant differences for peer helpers on all subscales, except student empowerment, in the first year of the program. In 1990-91, peer helpers again achieved meaningful gains on the knowledge, helping, and listening skills subscales. Results of the PHS indicate that peer helper students in the Portland Peers Project showed more improvement in their ability to help peers with problems than the comparison group of students.

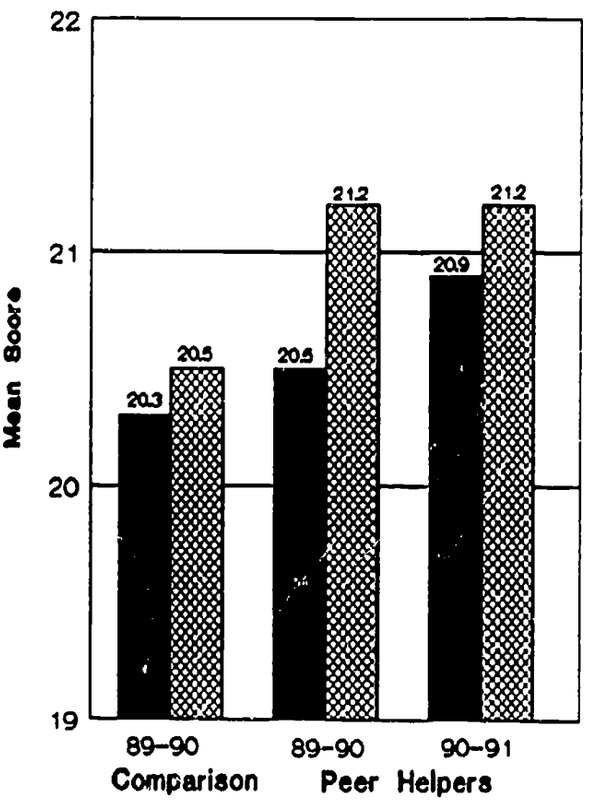


Figure 5. Peer Helper Scale Mean Pre-Post Scores

Table 4 compares the Peer Helper Scale pre and post responses by subscale. Analysis of the posttest scores of peer helper students found they were significant ($p<.05$) on five subscales in 1989-90: 1) knowledge about helping peers, 2) helping skills and behaviors, 3) listening skills, 4) trust building and 5) student empowerment. Analysis of 1990-91 data found significant mean gains on three subscales. Thus, students who participated in the project significantly increased their ability to help other students with problems. The Peer Helper Scale mean scores for the middle schools are provided in appendix C.

Table 4
Mean, Standard Deviation, and Difference on Peer Helper Subscales By Year

Group	N	Pretest Mean	Pretest SD	Posttest Mean	Posttest SD	Difference Mean
Knowledge						
89-90	341	19.99	2.3	20.88	2.1	.89 *
90-91	315	20.18	2.5	20.92	2.1	.74 *
Helping						
89-90	344	21.27	2.0	21.90	1.9	.64 *
90-91	317	21.74	2.1	22.08	2.0	.34 *
Listening						
89-90	339	20.00	1.8	20.79	1.8	.79 *
90-91	316	20.26	1.8	20.65	2.0	.39 *
Trust						
89-90	339	21.14	1.8	21.57	1.8	.43 *
90-91	319	21.67	1.9	21.66	2.0	-.01
Empowerment						
89-90	347	20	2.0	20.90	1.9	.63 *
90-91	320	20.7	2.0	20.88	1.9	.11

* $p < .05$

Student Achievement

Students' grade point averages (GPA) were used as a measure of student achievement. Table 5 summarizes the mean grade point averages of peer helper students and two comparison groups (an in-school comparison group matched to the peer helpers and a random district baseline group). Peer helpers were good students, about a "B" average, with a mean grade point average at or above 3.00. Peer helper students had slightly higher grade point averages than the matched comparison group in their school and significantly higher GPAs than the district baseline during 1989-90 and 1990-91.

Table 5
Mean Cumulative Grade Point Average By Group and Year

Group	N	Qtr.1 89-90	Qtr.4 89-90	Qtr.2 90-91
Peer Helper	316	3.1	3.2	3.0
Matched Comparison	295	2.9	3.0	2.8
District Baseline	1490	2.7	2.8	2.6

Analysis of peer helpers' grade point averages found a moderate increase in the number of students achieving higher grade point averages at the end of two academic years. As shown in Table 6, the number of peer helper students in the lowest GPA category decreased (GPA less than 1.0) and the number of students in the highest grade point average category increased (GPA greater than 3.0) over the two years of the program. This may indicate that students benefit from at least two years in the program.

Table 6
Distribution of Peer Helper Students
By Grade Point Average Category and Year (n=363)

GPA Category	1989-90		1990-91	
	Qtr.1	Qtr.3	Qtr.1	Qtr.3
GPA .1 - 1.0	4	4	3	1
GPA 1.1 - 2.0	27	37	35	32
GPA 2.1 - 3.0	109	101	102	95
GPA 3.0 - 4.0	223	221	223	235

Student Attendance

Table 7 displays attendance patterns of Portland Peers Project students and two comparison groups during three quarters in 1989-90 and 1990-91. The data summarize the mean number of school days missed per quarter by students. Student absentee rates in the schools were average during the time frame of this study and comparable to previous years. During the three school quarters, peer helper students were absent fewer days per quarter than the matched comparison group in their school and the district baseline for middle school students. While research has linked high absentee rates to potential substance abuse concerns, the attendance patterns of student peer helpers do not suggest potential drug use problems.

Table 7
Mean Absent Days By Group and Year

Group	N	Qtr.1 89-90	Qtr.4 89-90	Qtr.2 90-91
Peer Helper	316	11.6	20.0	20.2
Matched Comparison	295	13.2	22.5	21.4
District Baseline	1490	15.3	23.8	23.2

Referrals for Assessment

Students perceived by District staff to be using alcohol or other drugs or at-risk to becoming involved with chemicals may be referred for assessment to community substance abuse treatment programs. The Portland Schools views early assessment as a path to treatment. A heightened consciousness of the need for early intervention in the disease cycle has been an integral aspect of the Alcohol and Drug Program's training of administrators, teachers, and other district staff.

The following tables are from the Alcohol and Drug Programs' Student Referral Database. Table 8 presents the number of peer helper and comparison students referred for assessment during the past three academic years. Data are presented for 1988-89, the year before the program began, and two program years, 1989-90 and 1990-91. In 1989-90, school counselors made a concerted effort to select at-risk, as well as able, students for the peer helper program. Because project students were closely tracked, referrals for assessment increased among peer helpers (n=5) more than among the comparison group (n=2). In 1990-91, counselors were more selective in choosing peer helpers and as a result, fewer high-risk students were selected as peer helpers. Thus, the number of peer helpers referred for assessment decreased, while referrals increased among the comparison group.

Table 8
Referrals for Assessment By Group, 1988-1991

	Number of Referrals for Assessment		
School	1988-89	1989-90	1990-91*
Peer Helpers	0	5	1
Comparison	2	2	5
Total	2	7	6

* Referral dates are 7/1/90 - 3/15/91

Table 9 summarizes longitudinal information on student referrals for alcohol and drug assessment and progress report categories in middle schools during the past three years. Progress reports ask school staff to indicate students' drug-free status and functional performance in school; assessment reports indicate students referred for alcohol and drug assessment and treatment. This table points out the dramatic increase in the number of alcohol and drug progress reports received for peer helpers in 1990-91 (n=187) compared to previous years. This was because the project emphasized closer tracking of peer

helpers than in the past. Interestingly, even this increased monitoring did not find more peer helpers referred for drug assessment. In 1990-91, only ten percent of peer helpers needed services of children of alcoholics (COA), chemical insight, or recovery support groups. Thus, the project's tracking confirmed that the vast majority of peer helpers were drug-free and functioning adequately in school.

Table 9
Summary of Student Referrals for Portland Peers Project, 7/1/88 - 3/15/91

Year/ Group	Alcohol/Drug Progress Reports					Alcohol/Drug Assessment			
	Rpt Rcvd	COA	Insight	Recovery	Other	Left Dist	# of Rfrl	Rprt Rcvd	Remnd Trmt
1990-91*									
PHelper	187	7	6	0	5	0	3	3	0
Comparison	53	6	4	0	4	0	6	2	1
1989-90									
PHelper	27	10	8	0	5	2	5	1	0
Comparison	20	6	9	0	1	0	2	2	0
1988-89									
PHelper	6	3	2	0	2	0	0	0	0
Comparison	5	4	1	0	0	1	2	1	0

* Referral dates are 7/1/90 - 3/15/91

Staff Perceptions

School counselors and teachers are very supportive of the peers program and want it continued. Interviews with project staff and counselors found them enthusiastic about the peer helper model. The staff recognized the importance of a comprehensive approach to drug prevention that goes beyond the traditional classroom strategies. Over 75% of the schools thought the program was very effective in a poll of school alcohol and drug contact people. In addition, about 90% of the school counselors think the peers program should be continued without change.

The middle school counselors and alcohol and drug contacts also had several suggestions concerning the project's efforts to improve the communication and parent involvement components of the peer helper program:

- Initiate development of a parent brochure/handbook to orient parents to the peer helper program and explain the expectations and responsibilities of student peer helpers.

- Shift the planning and development of parent outreach activities to district-level staff. Schools feel they would benefit from a centrally-coordinated resource bank of parent involvement topics, consultants, and materials. This may improve the continuity and consistency of parent involvement activities.

- Establish parent support groups to help reduce risks associated with alcohol/drug use. Groups would meet monthly to bring together parents with similar concerns. Parents would generate topics; one month it might be following-through on consequences, the next it may be dealing with unsupervised viewing of R-rated videos at friends' homes.

- Offer more parent involvement options, i.e., parent classes, on-site parent resource center, and neighborhood or grade level networks to help parents intervene positively with their children and the school about issues of mutual concern.

Involving Parents in the Program

As noted earlier, the peers program aimed to more actively involve parents in the peer helper program and in the *Preparing for the Drug (Free) Years* training. In practice, the project turned responsibility for planning and delivery of parent activities over to each school. Interviews with parents and school staff indicated a lack of clear understanding as to whether it was a district-level or a school-level responsibility for developing the parent involvement component in the schools. The result was that very few schools developed active parent programs.

The major parent involvement activity for 76% of the middle schools (n=13) was a parent orientation night to the peer helper program. After this effort, most schools maintained only informal and irregular communication with parents. Four schools involved parents on peer helper advisory groups, while five schools conducted parent training sessions with information on topics such as adolescent sexuality and alcohol and drug awareness, and one school developed a parents' guide to the peer helper program.

One reason for the weakness in the parent involvement component may be that developing close communications between parent and school is a time-consuming task. Another reason for this slippage from the project's original parent involvement goal may be the mismatch between the proposed parent involvement model and the reality of general parent satisfaction with the peer helper program which was indicated in the parent survey in spring 1990. For a detailed description of the parent survey, readers are referred to the interim evaluation report on the Portland Peers Project.

Student Perceptions

The following three accounts, based on interviews with students, contain common themes in several students' experiences as peer helpers.

Peer helper students, from stable and at-risk backgrounds, become empowered learners and leaders.

CASE 1: KEISHA

Keisha is an African American eighth grader at a school with a large minority population. She is a gifted student, a vibrant leader of other students, and very enthused about the peer helper program. She says *I think it's wonderful! It's what every school should have. I love helping the younger kids get acquainted with our school, developing confidence to attain my goals, and helping with school and community projects.*

Peer helpers promote acceptance, understanding, and respect for cultural diversity.

CASE 2: PETER

Peter is a white student in a racially mixed school. Both his parents are alcoholics and he has been in foster care several times, although he is presently back with his parents. He has attended six different schools in the past five years. He likes the seventh grade and says he's learned a lot about people in the peer helper program. Mainly, Peter says, he's learned that people are *the same, and in some ways...different. Some kids changed a little this year and became more accepting. There seems to be a good spirit with peer helpers that can spread to other kids!*

Peer helpers learn collaboration and conflict resolution to reduce alcohol and drug use among youth.

CASE 3: MARIA

Maria, age 13, speaks candidly about her neighborhood as "crack alley." Her parents are divorced and she has little contact with her father. Because of her mother's drug problem, she lives with her grandmother. Although Maria is apparently drug-free, she was selected to be a peer helper because of her at-risk status. After the peer helper training, the school counselor arranged for Maria to help younger students with simple math activities which she is comfortable in performing. Maria is happy and values school more because *other kids talk to me about their problems and I think I can help them. I learned I have some responsibility for helping other kids stay drug-free. We support each other.*

Students' perceptions of themselves and of how others view them clearly play an important role in their opinion of the quality of the peer helper experience. Students interviewed in this study gauged their performance not only in terms of their own personal characteristics and growth, but also in terms of the supportiveness of the school staff and the peer helpers with whom they worked. Students indicated that the peers training program enhanced and empowered their own beliefs about their abilities.

Conclusions

The Portland Peers Project was instrumental in organizing and institutionalizing a comprehensive anti-drug peer program at the middle school level in the Portland Public Schools. The program established linkages between peer leaders from the middle schools and students at the elementary schools. During 1989-1990 and 1990-1991, the program demonstrated beyond question that the peer helper model offers a unique approach to alcohol and drug prevention in middle schools and has implications for curriculum and student services in general. The project provided support and an outlet for expressing the confused emotions middle school students experience daily. Student peer helpers received specialized training to determine situations that necessitate referral to an adult. While they were not intended to substitute for adult counseling of students with serious emotional problems, the peer helpers did offer help to students with day-to-day and crisis-level problems. Peer helper programs can provide a vital link between school and student support services.

The program effectiveness of the Portland Peers Project was evidenced by the extraordinarily enthusiastic acceptance of the peer helper model in the schools. All the project staff felt the program was an impressive enhancement to expressed needs in the district, especially by expanding the students' roles in communicating the dangers of substance abuse to their peers. The findings of the study concluded that the middle schools successfully, and to a high degree, effectively utilized a multi-level comprehensive peers mobilization approach to youth drug prevention. Significant outcomes from the program included:

- All 17 middle schools established peer helper programs to some degree.
- Approximately 55% of the school action plans were directly related to problems identified by students during the peer helper training.
- Students provided a variety of peer helper services, including orientation guides, drug-free schools lobbyists, conflict managers, peer counselors, academic tutors, buddies to handicapped students, and special project assistants.
- The peer helper strategies selected most often by the schools were "one-to-one helpers" and "cross-age facilitation."
- Two-thirds of the schools used between six and eight different prevention strategies.
- The project achieved its expected effect of increasing middle school students helping skills, as measured by the Portland Peer Helper Scale. Students significantly improved their skills in five areas: knowledge, helping, listening, trust, and student empowerment. Program students were more skilled than comparison students after participating in the program.
- A parent survey in spring 1990 found that parents desire more communication about the role of peer helpers.

Review of the student achievement patterns of the three cohorts in this study indicated that there were no meaningful differences over time. The peer helper cohort showed higher grade point averages than comparison students and exhibited a slight improvement in grades over time. The two comparison groups did not exhibit changes in achievement over time. These results do not support the contention that peer assistance contributes to improved student achievement.

Patterns of school attendance, again, demonstrated no significant changes over time. Peer helpers missed fewer classes than the matched comparison group. Similarly, the matched comparison group had better attendance than the average attendance in middle schools districtwide. The peer helper cohort evidenced a considerably higher attendance rate than the district average. As above, the evidence does not support the contention that peer assistance contributes to improved attendance.

The project's main problem appeared to be the lack of follow through in the proposed plan to involve parents in the peer helper program and in the Preparing for the Drug (Free) Years training. One explanation for this slippage seemed to lie in a lack of understanding as to whose responsibility it was for developing parent components--the district's or the schools'. This finding suggests that if parent involvement is considered a valued program component, the district should assume the responsibility for planning and coordinating parent outreach activities. A committee composed of district-level alcohol and drug staff, school-based peer helper coordinators, and parents could identify appropriate parent education and involvement topics, consultants, and materials for use in the schools. This would improve the continuity and consistency of parent involvement in the peer helper program.

One of the most exciting aspects of the evaluation of the peers program was the exploration of the possibilities for connecting youth to engaging and meaningful activities. A critical element in the success of the Portland Peers Project approach was the process of enabling and empowering students. The program strengthened students' accountability and responsibility for themselves and others. This sense of connectedness and productivity may be a key to developing strong, self-actualizing adolescents. While peer helpers are neither therapists or disciplinarians, they are trained to work in their schools to reduce risk factors associated with drug use, such as low bonding to school or a favorable attitude toward drugs. An added benefit is an increase in the incidence of resiliency factors, such as improving grades, increasing attendance, and abstention from substance use. The evidence of this study supports the association of peer programs and empowerment to drug prevention.

Recommendations

Based on the findings of the evaluation study, it is recommended that the Portland Peers program model be continued, as planned, and that the program:

1. Develop methods of follow-up support for peer helpers. Establish stronger links between initial peer helper training and follow-up support provided to students throughout the year. For example, expand the District's Peer Helper Manual to include specific curriculum and follow-up activities to be conducted at least monthly with student peer helpers in the schools.

2. Continue and expand cross-age school-to-school networking to establish and maintain relationships with elementary and secondary feeder schools for cross-grade facilitation and peer assistance.

3. Extend development of curriculum and curriculum materials to reflect critical issues in preparing students to help peers, for example, curriculum to support decision making and student empowerment. Continue to collect, inventory, and disseminate information and materials related to the operation of effective peer helper programs in middle schools.

4. Extend, and possibly centralize, parent involvement activities. Consider developing a parent handbook to orient families to the peer helper program. Consider reassigning the development of parent outreach activities to a district-level staff, i.e., selection of parent education and involvement topics, consultants, and materials.

5. Consider establishing regular meetings of school peer helper coordinators on issues such as, skill-building, follow-up training, and support for peer helpers, articulation with high schools, and sharing sessions on peer assistance concepts.

References

Benard, Bonnie. (1990). *The Case for Peers.* San Francisco, CA: Far West Laboratory.

Benard, Bonnie. (1988, January). Peer programs: the lodestone for prevention. *Prevention Forum.*

Clark, M. L. and Ayers, Maria. (1988). The Role of Reciprocity and Proximity in Junior High School Friendships. *Journal of Youth and Adolescence, 17,*(5): 403-411.

Cotton, Kathleen. (1991). *Educating Urban Minority Youth: Research on Effective Practices.* Portland, OR: Northwest Regional Educational Laboratory, School Improvement Research Series Five.

Deck, Dennis and Nickel, Philip. (1989, March). *Substance Use among Public School Students in Washington.* Portland, OR: Northwest Regional Educational Laboratory Program Report.

deRosenroll, David A. and Cal Dey. (1990). A centralized approach to training peer counselors: three years of progress. *The School Counselor, 37*: 304-312.

Greenwood, Charles, Delquadri, Joseph, and Hall, R. Vance. (1989). Longitudinal effects of classwide peer tutoring. *Journal of Educational Psychology, 81*(3), 371-383.

Hooper, Susan. (1988, April). *Alcohol and Drugs in the Public Schools: Implications for School Leaders.* Alexandria, VA: National School Boards Association.

Mitchell, Stephanie. (1990, August). *1989-90 Interim Evaluation of Portland Peers Project,* Portland, OR: Portland Public Schools, Research and Evaluation Department.

Mitchell, Stephanie and Saporito, Luke. (1991, June). Peer helper evaluation: Elements of success. *Peer Facilitator Quarterly.* Glendale, CA: National Peer Helpers Association, *8,*(4), 14-17.

Mauss, A.L., Hopkins, R.H., Weisheit, R.A., and Kearney, K.A. (1988). The problematic prospects for prevention in the classroom: should alcohol education programs be expected to reduce drinking by youth. *Journal of Studies on Alcohol, 49.*

Prendergast, Michael L. and Austin, Gregory A. (1989). *Substance Abuse Among Black Youth.* Prevention Research Update No. 4. Portland, OR: Northwest Regional Educational Laboratory, Western Center Drug-Free Schools and Communities.

Resnick, Henry S. and Gibbs, J. (1986). Types of peer program approaches. *Adolescent Peer Pressure Theory, Correlates, and Program Implication for Drug Abuse Prevention.* Rockville, MD: National Institute on Drug Abuse.

Saporito, Luke. (1990). *Peer Helper Manual.* Portland, OR: Portland Public Schools, Student Services.

APPENDIX A

RISK FACTORS FOR TEENAGE DRUG ABUSE

1. FAMILY HISTORY OF ALCOHOLISM

When children are born to or raised by an alcoholic parent, their risk of abusing drugs is increased. For boys, this increased risk is a result of both genetic and environmental factors. Sons of alcoholic fathers are up to four times more likely to abuse alcohol than boys without an alcoholic father, even if not raised by that father. For both boys and girls, alcoholic parents provide a powerful role model for drinking that influences children's behavior.

2. FAMILY MANAGEMENT PROBLEMS

Poor family management practices increase the risk that children will abuse drugs. Research has shown that in families where expectations are unclear or inconsistent, where there is poor monitoring of children's whereabouts and behavior, where children are seldom praised for doing well, and where punishment is inconsistent or excessive, there is greater risk that children will develop drug abuse problems.

Children who grow up in homes where rules are not clearly stated and enforced have difficulty knowing what is expected of them. If they are not consistently recognized for their positive efforts and for doing well, then children fail to learn that their good behavior makes a difference. Similarly, if they are not consistently and appropriately disciplined for breaking family rules, they don't experience the security of knowing right from wrong and are less likely to develop their own good judgment.

Bonding to families and attachment to parents have been shown to be negatively related to drug use. In order to make good decisions about their behavior, children need clear guidelines for acceptable and unacceptable behavior from their family. They need to be taught basic skills, and they need to be provided with consistent support and recognition for acceptable behaviors as well as consistent but appropriate punishment for unacceptable behaviors. They also need to know that their parents care enough to monitor their behavior so that rewards and consequences are applied fairly.

3. PARENTAL DRUG USE AND POSITIVE ATTITUDES TOWARDS USE

If family members use illegal drugs around children, if there is heavy recreational drinking in the home, or is adults in the family involve their children in their drinking or other drug use, such as asking a child to get a beer or light a cigarette, the children have an increased risk of developing problems with alcohol or other drugs.

Parents' attitudes about teenagers' use of alcohol seem to influence their children's use of other drugs as well. A survey of ninth grade children in King County, Washington showed that those children whose parents approved of teenage drinking under parental supervision were more likely to have used and to be using marijuana in ninth grade than were children of parents who disapproved of supervised teenage drinking at home. Parental approval of children's moderate drinking, even under parental supervision, appeared to increase the risk of children's use of marijuana.

4. EARLY CONDUCT PROBLEMS

A relationship has been found between male aggressiveness in kindergarten through second grade and delinquency and teenage drug abuse. The risk is especially significant when this aggressiveness is coupled with shyness and withdrawal. About 40% of boys with serious aggressive behavior problems in early elementary grades will develop delinquency and drug problems as teenagers.

5. **ACADEMIC FAILURE (beginning in mid to late elementary school)**
Children who do poorly in school beginning in approximately the fourth grade have an increased risk of abusing drugs. Children who fail in school for whatever reason---boredom, lack of ability, a mismatch with a poorly skilled teacher---are more likely to experiment early with drugs and to become regular users of drugs in adolescence.

6. **LITTLE COMMITMENT TO SCHOOL**
Children who are not bonded to school for whatever reason are more likely to engage in drug use. The annual surveys of high school seniors by Johnston, Bachman and O'Malley show that the use of strong drugs like cocaine, stimulants, and hallucinogens remains significantly lower among high school students who expect to go to college. Drug users are more likely to be absent from school, to cut classes, and to perform poorly than non-users. Factors such as how much students like school, time spent on homework, and perception of the relevance of coursework are also related to levels of drug use.

7. **ANTISOCIAL BEHAVIOR IN EARLY ADOLESCENCE**
This risk factor includes a wide variety of antisocial behaviors including school misbehavior and a low sense of social responsibility. Fighting, skipping school, and general aggressiveness have been shown to be related to drug abuse.

8. **FRIENDS WHO USE DRUGS**
Association with drug-using friends during adolescence is among the strongest predictors of adolescent drug use. The evidence is clear that initiation into drug use happens most frequently through the influence of close friends rather than from drug offers from strangers. This means that even children who grow up without other risk factors but who associate with children who use drugs are at an increased risk for drug use and developing problems with drugs. This risk factor underscores the power of peer influence on teenagers.

9. **ALIENATION, REBELLIOUSNESS, LACK OF SOCIAL BONDING**
In middle or junior high school, those students who rebel against authority, particularly their parents and school officials, and who do not attend church tend to be at higher risk for drug abuse than those who are bonded to the primary social groups of family, school, church, and community.

10. **FAVORABLE ATTITUDES TOWARD DRUG USE**
Children in late elementary school often have very strong negative feelings against drugs. Yet by the time these children enter junior high school, they may begin associating with peers who use drugs, and their attitudes can quickly change. This shift in attitude often comes just before children begin to experiment with alcohol or other drugs. Research has shown that initiation into the use of substances is preceded by values favorable to substance use.

11. **EARLY DRUG USE**
Early onset of drug use predicts subsequent misuse of drugs. The earlier the onset of any drug use, the greater is the probability of the individual's involvement in other drug use, the frequency of use, and their involvement in deviant activities such as crime and selling drugs. Children who begin to use drugs before age 15 are twice as likely to develop problems with drugs than are children who wait until they are older. Waiting until age 19 to try alcohol or other drugs dramatically decreases the risk of drug problems.

12. COMMUNITY LAWS AND NORMS FAVORABLE TOWARD DRUG USE

Communities with laws favorable to drug use, such as low drinking ages and low taxes on alcohol, have higher rates of alcohol-related traffic fatalities and deaths due to cirrhosis of the liver. The availability of alcohol and illegal drugs is associated with use. Research has shown that greater drug availability in schools increases the use of drugs beyond other risk characteristics of individuals. Community attitudes favorable toward teenage drug use increase the risk of drug abuse.

13. AVAILABILITY OF DRUGS

The availability of drugs in dependent, in part, on the laws and norms of society. Nevertheless, as suggested by Watts and Rabow (1983), availability is a separable factor. Whether particular substances are legal or proscribed by law, their availability may very with other factors. When alcohol is more available, the prevalence of drinking, the amount of alcohol consumed, and the heavy use of alcohol all increase (Gorsuch & Butler, 1976). Similarly, the availability of illegal drugs in associated with use.

14. EXTREME ECONOMIC DEPRIVATION

Poverty in and of itself is not a risk factor. However, children from families who experience social isolation, extreme poverty, and poor living conditions are at elevated risk of chronic drug abuse.

15. LOW NEIGHBORHOOD ATTACHMENT AND COMMUNITY DISORGANIZATION

Neighborhoods with a high population density, high rates of crime and lack of natural surveillance of public places have high rates of juvenile delinquency as well. Research has also found that attachment to neighborhood is a factor in inhibiting crime.

Studies have shown that neighborhood disorganization is a factor in the breakdown of the ability of traditional social units, such as families, to provide pro-social values to youth. When this occurs, there is an increase in delinquency in these communities.

It is likely that disorganized communities have less ability to limit drug use among adolescents as well.

16. TRANSITIONS AND MOBILITY

Transitions, such as those between elementary and middle or junior high school, and residential moves, are associated with increased rates of antisocial adolescent behavior--including rates of drug initiation and frequency of use.

Knowing these risk factors can help us to prevent drug abuse before it occurs. By addressing factors associated with higher risk and increasing factors associated with low risk, we can decrease the chances that our children will develop problems with drugs.

These factors are summarized from research by the Social Development Research Group at the University of Washington School of Social Work.

APPENDIX B

PORTLAND PUBLIC SCHOOLS

PEER HELPERS SCALE

Name_____

School_____

Grade_____Date_____

DIRECTIONS: Here are some sentences about helping peers. We would like to know your reaction. Please tell us if you Strongly Agree, Agree, Disagree, or Strongly Disagree. Circle one response for each sentence.

		Strongly Agree	Agree	Disagree	Strongly Disagree
1.	I understand the feelings of friends and students.	SA	A	D	SD
2.	I listen carefully to what friends and students say.	SA	A	D	SD
3.	I am a person who others really trust.	SA	A	D	SD
4.	I talk more than I listen.	SA	A	D	SD
5.	I have a hard time being honest with students and adults.	SA	A	D	SD
6.	Friends and students listen to and trust my advice.	SA	A	D	SD
7.	I do NOT feel I have the skills to help others.	SA	A	D	SD
8.	When someone is angry, sad, or unkind, I want to change the subject.	SA	A	D	SD
9.	I can give helpful information to students with school problems.	SA	A	D	SD
10.	I have a hard time trusting adults.	SA	A	D	SD
11.	I can give helpful information to students with family problems.	SA	A	D	SD
12.	When people ask me for advice, I tell them what to do.	SA	A	D	SD
13.	I know what to do if a friend talks about suicide.	SA	A	D	SD
14.	I know I can be a good peer helper to all kinds of people.	SA	A	D	SD
15.	I am NOT able to help friends with decisions.	SA	A	D	SD
16.	When a friend has a problem, I know who can help handle it.	SA	A	D	SD
17.	I can give help with drug, alcohol, and tobacco information.	SA	A	D	SD
18.	I get tense when I hear problems of other students because I know I will NOT be able to help.	SA	A	D	SD
19.	It is difficult for me to discuss certain topics with students.	SA	A	D	SD
20.	I listen to a student's problem before I give advice.	SA	A	D	SD
21.	When I make a decision, I worry if I made the right choice.	SA	A	D	SD
22.	I know three people or places that can help a friend with a problem.	SA	A	D	SD
23.	I share my experiences & ideas in helping others make decisions.	SA	A	D	SD
24.	Friends and students trust me to keep secrets.	SA	A	D	SD
25.	I can usually find a quiet time and place to talk with a student.	SA	A	D	SD

APPENDIX C1
Summary of 1989-90 Peer Helper Scale by School

Portland Peers Project
Summary of 1989-90 Peer Helper Scale by School

	PRE	KN	HE	LI	TR	DM	POST	KN	HE	LI	TR	DM	Change	KN	HE	LI	TR	DM
School 1	PPP	18.81	21.14	20.13	21.21	20.43		21.24	22.05	20.35	21.52	21.45		2.43	.91	.23	.31	1.02
	Control	18.32	20.96	19.75	21.00	20.44		20.13	22.09	20.32	21.77	20.96		1.81	1.14	.57	.77	.52
School 2	PPP	19.04	21.87	19.39	21.35	20.04		21.17	22.09	20.83	21.44	20.91		2.13	.22	1.44	.09	.87
	Control	20.29	20.76	19.95	21.05	20.91		20.33	21.52	20.10	21.62	21.05		.05	.76	.14	.57	.14
School 3	PPP	20.14	21.27	20.63	21.3	20.00		21.25	21.81	21.06	22.00	21.31		1.12	.55	.44	.64	1.31
	Control	20.53	20.90	20.06	22.39	20.47		20.95	21.32	20.11	22.21	21.00		.42	.42	.05	-.18	.53
School 4	PPP	20.10	21.60	19.85	21.30	20.15		20.85	21.95	19.95	21.30	20.25		.75	.35	.10	.00	.10
	Control	19.81	20.57	19.29	20.86	20.29		21.00	21.95	19.86	21.24	21.43		1.19	1.38	.57	.38	1.14
School 5	PPP	20.54	21.29	20.96	20.92	20.25		20.17	21.29	20.74	21.25	20.38		-.38	.00	-.22	.33	.13
	Control	21.22	20.61	19.57	21.61	20.35		21.09	20.78	19.17	21.09	21.04		-.13	.17	-.39	-.52	.70
School 6	PPP	20.56	20.12	19.12	20.67	19.96		21.08	21.69	20.85	21.31	20.85		.52	1.57	1.73	.64	.88
	Control	18.96	19.74	18.82	20.26	19.15		18.46	19.75	18.92	20.33	19.68		-.50	.01	.11	.07	.53
School 7	PPP	19.19	21.32	19.96	21.07	20.00		20.26	21.08	20.19	20.96	20.67		1.07	-.24	.23	-.11	.67
	Control	19.00	20.48	19.40	20.50	19.38		19.05	21.10	19.35	20.91	19.91		.05	.62	-.05	.41	.52
School 8	PPP	20.06	20.84	19.71	20.24	19.28		21.05	21.84	20.47	20.74	20.47		.99	1.00	.77	.50	1.20
	Control	20.31	21.11	19.89	20.68	19.82		20.58	21.32	20.11	20.90	20.68		.27	.21	.22	.21	.86
School 9	PPP	20.38	20.86	20.25	21.05	20.21		20.81	21.33	20.33	21.00	20.91		.43	.48	.08	-.05	.69
	Control	19.91	20.14	18.95	19.57	19.57		20.57	21.10	19.57	20.19	19.71		.67	.95	.62	.62	.14
School 10	PPP	20.46	21.93	21.43	21.93	21.40		20.93	22.07	20.93	22.40	22.20		.47	.13	-.50	.47	.80
	Control	20.44	20.94	20.50	21.78	20.28		19.83	21.78	20.89	22.67	21.00		-.61	.84	.39	.89	.72
School 11	PPP	19.72	21.11	19.42	21.71	20.90		21.11	22.90	21.53	22.61	21.00		1.39	1.78	2.11	.91	.11
	Control	19.93	21.63	19.38	21.67	21.00		20.81	22.44	20.25	20.94	21.13		.88	.81	.88	-.73	.13
School 12	PPP	20.35	21.21	20.25	20.95	20.13		19.58	21.67	21.13	21.33	20.42		-.77	.46	.88	.38	.29
	Control	19.40	19.69	19.31	20.29	19.12		19.83	20.65	19.65	21.11	20.33		.43	.96	.33	.82	1.22
School 13	PPP	19.58	21.40	20.84	21.24	20.04		21.12	22.73	22.00	21.84	20.32		1.54	1.33	1.16	.60	.28
	Control	20.17	21.83	20.74	21.88	20.54		20.70	22.92	20.63	21.71	21.13		.52	1.08	-.11	-.17	.59
School 14	PPP	19.25	21.05	19.08	20.83	19.46		20.92	21.04	20.29	21.75	20.29		1.67	.00	1.21	.92	.83
	Control	19.65	19.30	18.95	19.90	19.25		18.65	17.80	18.74	18.81	18.11		-1.00	-1.50	-.21	-1.09	-1.15
School 15	PPP	20.70	21.90	20.00	21.40	20.60		21.60	22.60	19.90	22.70	21.30		.90	.70	-.10	1.30	.70
	Control	19.00	19.30	17.30	19.50	19.60		15.10	17.00	17.50	18.20	17.60		-3.90	-2.30	.20	-1.30	-2.00
School 16	PPP	19.82	21.56	20.00	22.12	21.88		21.77	22.71	21.59	22.29	22.24		1.94	1.14	1.59	.18	.36
	Control	21.06	22.11	20.00	21.67	21.05		21.21	22.26	20.50	21.47	22.11		.16	.16	.50	-.19	1.05
School 17	PPP	20.96	21.23	19.85	20.77	20.52		20.67	22.04	20.74	21.56	20.96		-.29	.81	.90	.79	.44
	Control	21.74	21.75	21.00	21.74	20.30		20.73	20.95	21.27	21.14	20.46		-1.01	-.80	.27	-.59	.16
MEAN*	PPP	19.99	21.27	20.00	21.14	20.27		20.88	21.90	20.79	21.57	20.90		.89	.64	.79	.43	.63
	Control	20.06	20.73	19.70	21.03	20.10		20.06	21.10	19.89	21.06	20.53		.00	.37	.20	.02	.43

* This is the mean of clear and intact student groups.

Portland Peers Project
Summary of 1990-91 Peer Helper Scale by School

	PRE KN	HE	LI	TR	DM	POST KN	HE	LI	TR	DM	Change KN	HE	LI	TR	DM
School A	20.83	21.79	20.36	21.76	21.64	21.20	22.08	20.39	21.72	21.08	.37	.29	.03	-.04	-.56
School B	19.72	22.00	20.06	22.06	20.22	20.17	22.39	20.28	22.06	20.67	.45	.39	.22	.00	.45
School C	20.40	22.67	21.21	21.89	21.16	21.63	22.68	21.00	22.00	21.21	1.23	.01	-.21	.11	.05
School D	18.50	21.38	19.42	21.42	20.00	20.62	21.62	19.83	21.92	20.31	2.12	.24	.41	.50	.31
School E	19.79	21.61	20.87	21.32	20.85	20.81	22.65	21.54	21.81	21.96	1.02	1.04	.67	.49	1.11
School F	20.86	21.50	19.44	21.92	21.00	21.08	21.74	20.70	21.61	20.08	.22	.24	1.26	-.31	-.92
School G	21.21	22.00	18.93	21.79	21.07	21.07	22.50	20.15	21.71	21.23	-.14	.50	1.22	-.08	.16
School H	19.35	21.65	20.16	22.00	20.57	20.40	22.14	21.05	21.90	21.10	1.05	.49	.89	-.10	.53
School I	19.71	22.50	21.29	21.14	19.80	20.14	20.86	21.29	20.43	19.71	.43	-1.64	.00	-.71	-.09
School J	19.96	21.46	20.80	22.12	21.04	20.08	21.92	20.68	21.12	20.48	.12	.46	-.12	-1.00	-.56
School K	19.82	21.68	19.94	21.17	20.29	20.21	21.68	20.16	20.11	20.32	.39	.00	.22	-1.06	.03
School L	20.13	21.43	19.93	22.00	20.27	23.13	22.33	20.47	22.20	21.64	3.00	.90	.54	.20	1.37
School M	19.56	21.41	19.94	21.61	20.22	20.78	22.17	20.78	21.94	20.56	1.22	.76	.84	.33	.34
School N	20.69	21.86	20.53	21.57	20.69	21.16	22.00	20.95	22.05	20.84	.47	.14	.42	.48	.15
School O	20.42	21.92	20.49	21.15	20.84	21.18	22.00	20.69	21.58	21.05	.76	.08	.20	.43	.21
School P	20.69	20.82	19.23	21.83	21.15	20.31	21.92	19.69	21.17	20.46	-.38	1.10	.46	-.66	-.69
MEAN*	20.10	21.73	20.16	21.67	20.68	20.87	22.04	20.60	21.58	20.79	.77	.31	.44	-.09	.12

* This is the mean of clear and intact student groups.

APPENDIX C2
Summary of 1990-91 Peer Helper Scale by School