# Name of Program/Strategy: Residential Student Assistance Program (RSAP)

## Report Contents



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### 1. Overview and description

The Residential Student Assistance Program (RSAP) is designed to prevent and reduce alcohol and other drug (AOD) use among high-risk multi-problem youth ages 12 to 18 years who have been placed voluntarily or involuntarily in a residential child care facility (e.g., foster care facility, treatment center for adolescents with mental health problems, juvenile correctional facility). Based on the Employee Assistance Program (EAP) model, the intervention focuses on wellness and addresses factors that hinder adolescents from being free from AOD use, such as emotional problems and mental disabilities, parental abuse and neglect, and parental substance abuse. The program is delivered in residential facilities by masters-level counselors who use a combination of strategies, including assessment of each youth entering the facility, an eight-session prevention education series, group and/or individual counseling for youth who have chemically dependent parents and/or are using substances, and referral to substance abuse treatment programs. These services are delivered over 20-24 weeks and are fully integrated into the adolescent's overall experience at the residential facility. The counselors also conduct facility-wide awareness activities, provide training and consultation on AOD prevention to facility staff, and lead a task



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force for staff and one for residents, both of which aim to change the facility's culture and norms around substance use and facilitate referrals to the program.

## 2. Implementation considerations (if available)

## 3. Descriptive information

| | |
|---|---|
| **Areas of Interest** | Substance abuse prevention<br>Substance abuse treatment |
| **Outcomes** | 1: AOD use |
| **Outcome Categories** | Alcohol<br>Drugs |
| **Ages** | 13-17 (Adolescent)<br>18-25 (Young adult) |
| **Gender** | Male<br>Female |
| **Races/Ethnicities** | Black or African American<br>Hispanic or Latino<br>White<br>Race/ethnicity unspecified |
| **Settings** | Residential<br>Correctional<br>Other community settings |
| **Geographic Locations** | Urban<br>Suburban |
| **Implementation History** | Since RSAP was first implemented in 1988, 25 sites in 8 States have used the program, reaching an estimated 15,000 youth. Three evaluations of the program have been conducted. |
| **NIH Funding/CER Studies** | Partially/fully funded by National Institutes of Health: No<br>Evaluated in comparative effectiveness research studies: No |
| **Adaptations** | No population- or culture-specific adaptations were identified by the applicant. |
| **Adverse Effects** | No adverse effects, concerns, or unintended consequences were identified by the applicant. |
| **IOM Prevention Categories** | Selective<br>Indicated |



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## 4. Outcomes

### Outcome 1: AOD use

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|---|---|
| **Description of Measures** | AOD use in the past 30 days was measured using a revised version of the Monitoring the Future (MTF) questionnaire, a tool administered to 8th-, 10th-, and 12th-grade students nationwide. The seven frequency categories were collapsed into five: 0 times, 1-2 times, 3-8 times, 9-29 times, and daily. Using these AOD use data, scores on two indices were computed:<br>The quantity-frequency index was based on the mean number of days a drug was used, summed across 12 types of drugs: alcohol, marijuana, hallucinogens, crack, cocaine, heroin, inhalants, quaaludes, barbiturates, tranquilizers, amphetamines, and other opiates. For example, a youth who used alcohol on 3-8 days (mean of 5.5 days) and marijuana on 1-2 days (mean of 1.5 days) would have a score of 7.0.<br>The number-of-drugs index was based on how many types of drugs were used of the 12 listed above.<br>Scores on the quantity-frequency index and number-of-drugs index were then used to determine the proportion of nonusers at pretest who remained nonusers at posttest and the proportion of users at pretest who decreased use at posttest.<br>In addition, to determine dosage effects on AOD use, counselor logbooks were used to determine the number of hours each RSAP participant was exposed to the program. Dosage included the number of hourly sessions received during the assessment (up to 3), number of hourly group counseling sessions attended (up to 10), and number of hourly individual counseling sessions attended. Youth were classified into groups receiving low dosage (1-4 hours), medium dosage (5-11 hours), and high dosage (12-30 hours). Youth from the low-dosage group received an individual assessment in which the counselor determined the appropriate counseling group and/or they received individual counseling. Youth from the medium-dosage group received an individual assessment and group counseling sessions. Youth from the high-dosage group received an individual assessment and group and individual counseling sessions. |
| **Key Findings** | Youth who participated in RSAP had a significant reduction in AOD use from pretest to posttest as measured by the quantity-frequency index ($p < .001$) and the number-of-drugs index ($p < .001$), whereas |



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| | |
|---|---|
| | youth from the comparison group, which did not participate in RSAP, did not have a significant change in scores on either index.<br>Mean scores on the quantity-frequency index did not differ significantly between the RSAP and comparison groups at pretest (11.32 vs. 12.32, respectively) but did at posttest (3.76 vs. 11.77, respectively; $p < .001$). RSAP participants showed significant reduction in AOD use on the quantity- frequency index relative to the comparison group, a finding associated with a medium effect size (Hedges' $g = 0.51$).<br>Among RSAP participants, the group receiving a low dosage of the intervention was compared with the group receiving a medium or high dosage. At posttest, the medium- to high-dosage group had a significant reduction in AOD use on the quantity-frequency index ($p = .001$) and number-of-drugs index ($p = .035$) compared with the low-dosage group. In addition, among participants receiving a medium to high dosage of RSAP, 71% of nonusers remained nonusers, and 68% of users decreased their AOD use after the intervention. These medium- to high-dosage participants were more likely to remain nonusers or decrease their AOD use compared with those who received a low dosage ($p< .01$), a finding associated with a small effect size (odds ratio = 1.8).<br>On the basis of pretest scores on the quantity-frequency index and number-of-drugs index, RSAP participants who reported AOD use were categorized into two groups: experimental users and users/abusers. From pre- to posttest, 56% of experimental users decreased their AOD use, compared with 81% of users/abusers. The effect size was medium (Cohen's $d = 0.55$). This finding suggests RSAP was more successful in decreasing AOD use among youth who engaged in heavier use of drugs than among experimental drug users. |
| **Studies Measuring Outcome** | Study 1 |
| **Study Designs** | Quasi-experimental |
| **Quality of Research Rating** | 3.0 (0.0-4.0 scale) |

## 5. Cost effectiveness report (Washington State Institute of Public Policy – if available)

## 6. Washington State results (from Performance Based Prevention System (PBPS) – if available)



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## 7. Who is using this program/strategy

| Washington Counties | Oregon Counties |
|---|---|
| Ferry/Stevens, King | |

## 8. Study populations

The studies reviewed for this intervention included the following populations, as reported by the study authors.

| Study | Age | Gender | Race/Ethnicity |
|---|---|---|---|
| **Study 1** | 13-17 (Adolescent)<br>18-25 (Young adult) | 83% Male<br>17% Female | 59% Black or African American<br>26% Hispanic or Latino<br>9% White<br>6% Race/ethnicity unspecified |

## 9. Quality of studies

The documents below were reviewed for Quality of Research. Other materials may be available. For more information, contact the developer(s).

**Study 1**

Morehouse, E., & Tobler, N. S. (2000). Preventing and reducing substance use among institutionalized adolescents. Adolescence, 35(137),1-28.

**Supplementary Materials**

Morehouse, E. (1998). Lessons learned: Collecting child and adolescent outcomes data. Behavioral Healthcare Tomorrow, 7(5), 45-46, 54.

**Quality of Research Ratings by Criteria (0.0-4.0 scale)**

External reviewers independently evaluate the Quality of Research for an intervention's reported results using six criteria:

1. Reliability of measures

2. Validity of measures

3. Intervention fidelity

4. Missing data and attrition

5. Potential confounding variables

6. Appropriateness of analysis

For more information about these criteria and the meaning of the ratings, see Quality of Research.

| **Outcome** | Reliability of Measures | Validity of Measures | Fidelity | Missing Data/Attrition | Confounding Variables | Data Analysis | Overall Rating |
|---|---|---|---|---|---|---|---|
| **1: AOD use** | 3.0 | 3.0 | 3.0 | 2.5 | 2.8 | 3.5 | 3.0 |

**Study Strengths**

The intervention was implemented with attention to process documentation, which afforded the ability to assess outcomes by level of participation (i.e., dosage). Considerable attention was focused on key differences across the six implementation sites, variables that are typically ignored in similar studies. The Community Oriented Program Evaluation Scales (COPES) were used to measure resident and staff perception of the site environment. At each facility, the counselor met weekly with the liaison from that facility, a high-level administrator, to discuss implementation problems and barriers as well as policies and procedures. These efforts contributed to implementation fidelity. No significant baseline differences in demographics or pretest scores were identified between the intervention and comparison groups, minimizing some potential sources of bias. The study used appropriate analyses for the data collected.

**Study Weaknesses**

The reliability and validity of the Monitoring the Future questionnaire are well established, but the two indices derived from the questionnaire for this study (the quantity-frequency index and the number-of-drugs index) may not have those same psychometric properties. Attrition was relatively high, and differential attrition could not be assessed because cross-sectional comparison groups were used (i.e., a different comparison group sample was used at each data collection period). Use of the cross-sectional design also contributed to the potential for confounding variables. Some threats to internal validity, such as statistical regression and self-selection of participants, were not adequately addressed.

## 10. Readiness for Dissemination

The documents below were reviewed for Readiness for Dissemination. Other materials may be available. For more information, contact the developer(s).



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**Dissemination Materials**

Program Web site, http://www.sascorp.org/residesap.htm

Student Assistance Services Corp. (n.d.). Residential Student Assistance Program: Implementation manual. Tarrytown, NY: Author. Student Assistance Services Corp. (n.d.). Residential Student Assistance Program: Preventing and reducing substance abuse in residential facilities [VHS]. Ardsley, NY: Author.

Student Assistance Services Corp. (n.d.). Residential Student Assistance Program: Resource manual. Tarrytown, NY: Author.

Student Assistance Services Corp. (n.d.). Student Assistance Services Corporation: Process evaluation data collection log. Tarrytown, NY: Author.

**Readiness for Dissemination Ratings by Criteria (0.0-4.0 scale)**

External reviewers independently evaluate the intervention's Readiness for Dissemination using three criteria:

1. Availability of implementation materials
2. Availability of training and support resources
3. Availability of quality assurance procedures

For more information about these criteria and the meaning of the ratings, see Readiness for Dissemination.

| Implementation Materials | Training and Support Resources | Quality Assurance Procedures | Overall Rating |
|---|---|---|---|
| 3.3 | 3.0 | 3.5 | 3.3 |

**Dissemination Strengths**

The implementation manual is comprehensive, clear, and well organized. The resource manual contains various forms, process outlines, and sample program policies as well as templates (e.g., confidentiality forms, assessments, agreements, reports) to aid implementation. The available training appears to be very comprehensive. Information on training opportunities is readily available on the program Web site. The video provides good information for prospective implementers and can be used as a training tool. The implementation checklists are easy to follow, and the Process Evaluation Data Collection Log provides a practical mechanism for documenting important process activities.

**Dissemination Weaknesses**

The implementation materials include a combination of older photocopied pages and newer materials,



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giving the materials a less than unified appearance. Although the program developer makes information on training and technical assistance available upon request, this type of information is not easy to discern from primary program materials or other information on the program Web site.

## 11. Costs (if available)

The information below was provided by the developer and may have changed since the time of review. For detailed information on implementation costs (e.g., staffing, space, equipment, materials shipping and handling), contact the developer.

| Item Description | Cost | Required by Program Developer |
|---|---|---|
| Implementation manual (includes implementation checklists) | $150 each | Yes |
| 3-day training in Tarrytown, NY (includes implementation manual and resource manual) | $350 per person | No |
| On-site training (includes implementation manual and resource manual) | $4,200 for up to 30 participants, plus travel expenses | No |
| Scheduled telephone conference calls | $150 per hour | No |
| On-site consultation | $200 per hour plus travel expenses | No |
| Process evaluation data collection log | $50 each | No |

## 12. Contacts for more information

**For information on implementation:**

Ellen Morehouse, LCSW, CASAC, CPP, (914) 332-1300, sascorp@aol.com

**For information on research:**

Bonnie Fenster, Ph.D., (914) 332-1300, bonnie.fenster@sascorp.org

**Learn More by Visiting:** http://www.sascorp.org/residesap.htm



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