THE USE OF PEER INFLUENCE TO COMBAT SOCIAL PROBLEMS: A CASE STUDY OF THE OAKLAND COMMUNITY COLLEGE CENTER FOR DRUG STUDIES

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ALVIN RAYMOND GOLDMAN
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presented by

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Major professor

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ABSTRACT

THE USE OF PEER INFLUENCE TO COMBAT SOCIAL PROBLEMS: A CASE STUDY OF THE OAKLAND COMMUNITY COLLEGE CENTER FOR DRUG STUDIES

By

Alvin R. Goldman

The Purpose

The purpose of this Case Study was to present a descriptive analysis of the peer influence programs of the Oakland Community College Center For Drug Studies. These programs operate primarily in two areas: (1) youth who are involved with substance abuse of a non-addictive nature, and (2) youth who have a wide variety of social problems. Case study methodology was used to determine whether the graduates, drop-outs and staff have benefited from their participation at the Center.

Methodology

Limited participant observation and nonstandardized, in-depth interviewing were the principal instruments used to gather data. Six exploratory questions provided the basis of the interviews. The sample of the population at the Center, which consisted of the staff and a cross-section of the

population at the Center, which consisted of the staff and a cross-section of the graduates and drop-outs, was given the opportunity to freely describe their perceptions of how the Center For Drug Studies operated and how the programs they were involved in effected them. All interview sessions were recorded on audio tapes and later transcribed.

Major Conclusions

The following conclusions were derived from the findings:

1. that both the organization of the Center and the support system within the Center For Drug Studies combine to provide for a successful experience for those individuals who follow the programs through to completion
2. attitude toward self-worth has shown positive improvement by all of the sample of graduates and the majority of the drop-outs
3. the program contains unique features that prove to be effective for peer oriented supportive programs which are created to work with substance abuse and social problems
4. the life styles of the people who successfully completed the structured program at the Center For Drug Studies showed a positive change

5. participation at the Center For Drug Studies had a positive effect upon the drop-outs in both curtailment of drug usage and social relationships despite the fact that they did not follow the program through to completion
6. flatly structured organizations, using informal peer influence, have a better chance of performing a positive service for drug and social related problems than do highly structured organizations.

The study provides recommendations from which further research can be generated on this and other peer oriented programs directed toward help with drug and social related problems among youth and adults:

1. A follow-up study should be made in 3 years of the graduates and drop-outs of the first year program at the Center For Drug Studies to determine if they had continued their commitment.
2. A continuous study should be conducted with all future graduates and drop-outs of the Center For Drug Studies.
3. This study should be replicated in other Centers that operate with similar models.

4. A similar study should be undertaken in those school districts whose staff have undergone training at the Center to discover whether concepts they learned here are being put into practice and to what degree has success been accomplished.

THE USE OF PEER INFLUENCE TO COMBAT SOCIAL PROBLEMS: A CASE STUDY OF THE OAKLAND COMMUNITY COLLEGE CENTER FOR DRUG STUDIES

By

Alvin Raymond Goldman

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1974

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CHAPTER I
INTRODUCTION

The Purpose of the Study

The author's purpose in this case study is to present a descriptive analysis of the Oakland Community College Center For Drug Studies and to determine through the use of the field techniques of observation and interview, which if any, components of the program of the Center have been effective. This case study will be decriptive in nature to determine whether the individuals, both staff and clients, who have been involved at the Center have benefited from their participation.

Exploratory Questions

The research will be guided by the following exploratory questions:

1. Is it the organization of the Center or the human support system within the Center that makes for a successful experience?
2. Has attitude toward self-worth shown positive improvement through participation in the program at the Center?
3. What facets of the program at the Center are unique?
4. Do the procedures used at the Center accomplish what the staff set out to do as defined in their stated goals?

5. Did those participants who reported a successful experience substantially change their life styles?
6. What do individuals who failed to complete the program cite as the reasons for their leaving the Center?

Background and Conceptual Framework

The development in recent years of the non-medical abuse of drugs and other substances led to the creation of many approaches to prevention and early intervention. While the resort to drugs among adults as a means of alleviating personal difficulties was hardly new, the role of drugs in stifling emotional and social growth among the young is a new phenomenon. The downward trend of school age usage has become a problem of growing proportions.

Most of the programs that were instituted by school districts and communities to stop the rising use of substance among youth have proven to be totally inadequate. Instead of providing a comprehensive program design, these programs used fear tactics, drug/chemical information, adult "experts," and large assemblies to convince large groups of school age children that any or all drug usage was both unlawful and physically harmful to them. Instead of stopping drug usage, these tactics proved to be no deterrant to the increased experimentation with drugs and other substances by youth.[1]

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[1] L. Annette Abrams, "Introduction and Overview," Accountability In Drug Education (Washington, D.C.: The Drug Abuse Council, Inc., 1973), pp. 5-7.

The failure of these programs forced educators and community leaders to search for other approaches that could be instituted. The evidence presented by etiological studies of drug usage began to point out that in order for the problems of abuse to be solved, a totally new series of approaches had to be developed. These approaches do not deal with specific drugs or chemicals. Instead they concentrate upon the whole quality of social life, involving the whole community and the families of the clients where it is appropriate.

These approaches have taken several forms, with either a medical, mental-health, vocational, or educational emphasis. Each approach is usually designed, implemented and supervised to reflect the views of its creator or director, so that no two organizations are totally alike. However, the organizations involved in working with drug users have several common components in their structure:

1. Client rehabilitation
2. An attempt to retain close ties after a person leaves the influence of the formal organization.
3. Extensive record keeping
4. Ceremomies
5. Clear definition of the problems created by drug usage
6. Lower echelon staff perform the therapy or training of the participants.
7. The use of publicity in the surrounding community.

The newer type of drug prevention programs are aimed at a wide segment of youth. They draw in the heavy drug user, the occasional user, the experimenter and a large number of young people who feel alienated from their families, religion, peers, and the educational system. They have manifested their alienation in a variety of ways, ranging from active delinquency to non-achievement and withdrawal from family and friends.

Youth and young adults have turned to these newer programs to find constructive alternatives to the problems that have been facing them. They have found no answers to their problems in their normal surroundings. Thus, they seek the companionship and human interactions that the promises of drug usage did not produce. The leading idea in these new approaches is that the workers tend to work with their clients' feelings and emotions, rather than with drug misuse per se. They attempt to develop self-support systems through the use of group pressure, and suggested alternatives that attempt to help clarify the value system which the client has developed for himself.

The Oakland Community College Center for Drug Studies is one organization that has been developed to attempt to help these youth cope with some of the problems that led them to become alienated and/or turn to drug usage.

The Center for Drug Studies, in most respects, has similarities with other drug abatement programs that far exceed any unique qualities it may have. This researcher does not claim that the selected organization is "representative," but feels that it contains the specific phenomena which will aid in the understanding of the development of such programs.

This area of study, primarily a substance abatement program, will not be examined by the theory-hypothesis-statistics type of research design. Rather, the researcher will attempt to develop a description of the findings from his own observations and solicited from staff members, graduates and drop-outs from the Center.

Specifically, this study, through the use of Case Study Methodology, will involve the examination of the feelings and reactions of the respondents as they attempt to describe how they were influenced by the program at the Center.

This research is a case study of the organization, program and effects upon the participants at the Oakland Community College Center for Drug Studies, extending from December, 1971, through July, 1972, the last half of the third year of the operation of the Center. During this period of time, the researcher spent his time alternately between observation, interviewing at the Center and attempting to locate and interview drop-outs at their homes.

The case study included the observation of staff meetings, large orientation sessions, occasional small group sessions, and formal and informal interviews of staff, visiting graduates and program participants.

A case study is an exhaustive in-depth account of all the pertinent aspects of an individual, a group, a situation, or an institution. Several authors have defined case study methodology and its usefulness as a research tool. As a method of research, the case study has certain basic characteristics which distinguish it from other methods or techniques. John W. M. Rothney states:

> "One commonly finds the case study listed as one among many techniques which may be employed in the study of persons. It is not just one of the techniques. It is rather, the procedure under which all other methods should be subsumed. Such procedures as testing, interviewing, reporting of behavior descriptions, and analysis of personal documents should be listed under the heading of techniques that may be employed in the collection of data for a case study, rather than listing the case study as one of the methods in such an array. This is not a distinction without a difference. No one recommends that any of the methods noted above should be used in isolation, and in taking that position they indicate that information obtained from several sources should be collated so that a synthetic conception of the person can be achieved. That in essence, is what is done in a good case study."[2]

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[2] John W. M. Rothney, Methods of Studying the Individual Child (Waltham, Mass. : Blaisdell Publishing Co., 1968), pp. vii-viii.

Carter Good states the following in reference to the nature of the case study method:

> "The case consists of the data relating to some phase of the life history of the unit or relating to the entire life process, whether the unit is an individual, a family, a social group, an institution, or a community. The complex situation and combination of factors involved in the given behavior are examined to determine the existing status and to identify the causal factors operating."[3]

Van Dalen further explored the use of the case study in seeking comprehensive information on a subject:

> "In a case study, an educator makes an intensive investigation of a social unit-a person, family, group, social institution, or community. He gathers pertinent data about the present status, past experiences, and environmental forces that contribute to the individuality and behavior of the unit. After analyzing the sequences and interrelationships of these factors, he constructs a comprehensive, intergrated picture of the social unit as it functions in society."[4]

The case study may be historical and/or descriptive in nature. It may trace the development of a particular "case" from its origin to the present; or it may be descriptive of the present status of a situation. The case study is widely used by guidance counselors, court workers, social workers, medical doctors and psychiatrists. In these areas, it is

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[3]Carter V. Good and Douglas E. Scates, Methods of Research (New York: Appleton-Century-Crofts, Inc., 1954), p. 726.

[4]Deobold B. Van Dalen, Understanding Educational Research (New York: McGraw-Hill Book Company, 1965), p. 218.

used with a deviate phenomenon; a diagnosis is made and a remedial program is formulated with the purpose of changing the obnoxious or deviate behavior back to the range of preferred or accepted behavior.

The case study has been a useful tool in the past for giving the researcher insight into a particular problem being investigated; however, it also provides a backlog of information from which others may draw when they are confronted with similar circumstances. However, there should be a definite plan of attack when doing a case study. The cycle of complementary steps is:

1. Recognition and determination of the status of the phenomenon to be investigated.
2. Collection of data relating to the factors or circumstances associated with the phenomenon.
3. Diagnosis or identification of causal factors as a basis for remedial or developmental treatment.
4. Application of remedial measures.
5. Subsequent follow-up.[5]

All methods of research have limitations; however, the case study method of research is particularily open for criticism because of the likelihood of subjective judgement of the examiner.

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[5]Carter V. Good, Introduction to Educational Research, New York: Appleton-Century-Crofts, 1963, p. 392.

While carrying on this method of research, the researcher will find many places where personal biases enter and where personal judgements must be made with no scientific information to back up this judgement. The conclusion rests heavily on these judgements; therefore, a false hypothesis could be made on these value judgements and personal biases.

As stated by Van Dalen, the case study method of research is exhaustive. The completeness of the study has a direct bearing on results. If an incomplete investigation is conducted, a bad hypothesis could result that would hurt more than help the individual.

One of the most disappointing aspects of the case study is that the findings of one study may not be applied to another.[6] Although many case studies will help one to classify the behavior, it is not possible to use one hypothesis over and over again from other case studies.

In summary, the case study is used to describe the current status of a particular occurence. This description is viewed as the forerunner to later research projects that will look for causal relationships or seek to determine the effects of controls or modification in current practices.

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[6] *op. cit.* , p. 199.

Justification of the Study

The increase of drug usage among teen-age youth has generated anxiety and consternation among parents, educators and community leaders. School personnel have attempted to design programs to educate students as to the problems that arise from drug usage, but remain divided over the type of approach that will reach all students who might become involved with drugs. Community agencies and law enforcement agencies have created programs and passed legislation to attempt to define and control the problem.

> The result was a helter-skelter public persuasion campaign. Agencies were created. Laws were toughened. Narcotic squads were formed. Commissions, committees, and task forces were set up. Conferences were held, speeches made, films produced, and pamphlets published. But, despite the massive harangue about drug use, America still has a drug problem... and there doen't seem to be a shred of evidence that the situation is improving.[7]

There is a lack of definitive knowledge concerning broad based volunteer programs which include both drug users and non-drug users among their clientele. The use of drugs and other substances by high school students and younger children is a relatively new phenomenon. Drug usage may offer youth a somewhat meaningful and genuine peer involved experience, something which they feel they have been unable to obtain

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[7]Richard J. Baker, "Drug Education: Is it Doing Any Good?", Ohio Schools, L (November, 1972), 12.

from current involvement with society. It is possible that organizations, such as the Center For Drug Studies, might offer alternatives that will reinvolve youth with society.

It would seem that the primary purpose for the existence of this type of organization is that this type of behavior cannot be tolerated by society.

As stated, the justification for this study is based upon the issue of drug rehabilitation and the lack of definitive knowledge concerning the subject. In total, the complexity of the subject goes beyond the parameters of this inquiry which concentrates upon the people who were affected by one organization; the staff, the graduates, and drop-outs, for the purpose of adding to the present knowledge of rehabilitation programs.

The analysis of one organization in the field of drug abatement and rehabilitation therefore can serve as a basis for the investigation of other organizations with similar goals. The choice of this organization was obvious to the researcher, since it is the only one in existance in this geographic area that combines the formats of both the drop-in-center and the structured institution.

The program offered by the Center does not play upon the fears of the individual that he will be stigmatized in his own social world as having had to turn to professional aid. The individual can work with his peers to mutually

solve problems that may be common to the entire group. He remains an individual, with his own problems and his own solutions, but group reinforcement is now transferred from drug taking to helping to cope with problems without drugs. Goffman describes this action in the following way:

> Without something to belong to, we have no stable self, and yet total commitment and attachment to any social unit implies some sort of selflessness. Our sense of being a person can come from being drawn into a wider social unit; our sense of self-hood can arise through the little ways in which we resist the pull.[8]

It is believed by the researcher that the Center For Drug Studies provides the conditions under which the activities of a volunteer led drug abatement program can be studied. A study of the Oakland Community College Center For Drug Studies should provide an opportunity to increase our understanding of such organizations.

General Background

Prior to 1950, attempts to solve the problems that arose because of drug abuse were primarily through law enforcement and legal procedures. During the late 1950's and 1960's, studies were undertaken to examine drug usage, primarily on college campuses. One of these was Drugs On The College Campus, by Helen H. Nowlis, part of a study conducted by the

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[8]Erving Goffman, Asylums (Garden City: Doubleday and Company, Inc., 1961), p. 320.

National Association of Student Personnel Administrators. The study primarily focused on what types of substances were being used on college campuses, and also the frequency or index of drug use.[9]

Further studies of drug usage, indicated that drug abuse moved into other societal areas, including secondary schools and upper elementary grades. At that point, several rehabilitation organizations were established nationally and on various state and county levels.

Generally, four types of programs have been developed to help addicts and drug users break their dependency of drugs and to help them change their life styles. These programs can be categorized as total institutional care; clinics for addicts; drop-in-centers and structured counseling; and rehabilitation programs for non-addicts, users, and experimenters.

Goffman defines total institutions as follows:

> A total institution may be defined as a place of residence and work where a number of like situated individuals, cut off together lead an enclosed, formally administered round of life.[10]

Total drug abuse treatment institutions range from

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[9]Helen H. Nowlis. Drugs On The College Campus (Garden City: Doubleday and Company, Inc., 1969).

[10]Goffman, op. cit. , p. xiii.

hospitals, which offer intensive medical, therapeutic and rehabilitative care, to programs such as offered by Odessey House, and Synanon. These three programs are therapeutic communities established to work primarily with heroin addicts.

The second prevelant type of organization designed to help only the addict is the drug withdrawal clinic. Drugs are used to replace the need for heroin with another drug that will enable the addict to perform in normal society, or slowly block the need or "craving" that is common with hard-core heroin addiction.

The withdrawal clinics are either administered by local communities at hospitals, or through private physicians. In either case, the addict does not place himself into a totally closed community, but must learn to survive in the general social situation and climate that helped lead him to drug usage.

A third form of help available to users of drugs and other non-prescriptive substances is found in the form of drop-in-centers provided by local communities, youth groups, or ex-drug users. These organizations run their programs in varying forms, ranging from a place for youth to gather to receive referral information for health, drug or social problems, to centers that provide a defined program, with scheduled medical, social and legal advice provided on the premises.

A fourth type of organization has evolved during the past three years to help the non-addict who needs more than a casual meeting place for help with his problems. The program design is multi-faceted, but uses the same type of approach as drop-in-centers to recruit many of its participants. But, these organizations use ties with local courts, police departments, and school systems, to provide a place where youth can be referred for help instead of receiving jail sentences, probation, or removal from school. They also provide drug research, community awareness programs and courses dealing with drug problems, in order to provide a comprehensive approach to drug abuse in a community. Each participant is required to spend only specific periods of time per week in the formal programs.

This type of organization relies upon structured steps to be followed by its participants; and is not designed to work with confirmed addicts. It attempts to help the non-addict seek alternate means of relating to society without the use of drugs.

This researcher has discovered common themes that run through the related literature concerning programs which are designed to work primarily with drug users. These commonalities are not unique segments of any one organizational structure, but show the borrowing of some of the ideas

and concepts of another group in order to provide its own blend of help:

1. They claim to be concerned with the rehabilitation of their "clientele" so that they can re-enter society and maintain the standards of society of their own accord.
2. Each program is structured to include procedures for people to use for re-establishing contact if they find themselves again "sick," or in "trouble" with drugs, since all types of drug programs consider drug usage as a symptom of other problems.
3. All established programs follow the typical institutional approach of retaining records of their "clientele" long after a person leaves the program to be used as part of a statistical analysis in annual reports to financial backers of the program, as referral materials for further study, or to be filed for the duration of the life of the institution.
4. Many of the drug rehabilitation groups that go beyond the drop-in-center concept introduce some type of ceremony, created by the staff members, to their structure. These ceremonies can take the form of graduations, talent shows, skits, or entertainment.

5. Staff members and programs participants intentionally gives the recruit a clear picture of the problem that he has created for himself by the use of drugs. Each recruit is expected to make a commitment to stop drug usage and to remove himself from his friends and, if possible, the immediate environment that helped lead him to drugs.
6. Staff structure places the lowest level of staff in the position to perform the therapy or training which is considered the basic part of the program. The upper levels of staff are then free to coordinate activities and perform the functions necessary to keep the program acceptable in the community.
7. One last commonality of drug programs is the need to publicize the institution in the surrounding community through a variety of means as a possible source for revenue.

Specific Background

In 1969, the County Board of Supervisors, of Oakland County, Michigan, established a commission to study the problem of the rise of drug abuse among youth within the county. The commission's report was published in What Can You

Do About The Use of Drugs in Your Community?[11] The County Commissioners then allocated $250,000 to create a Department of Drug Abuse Control for the county, so that new community programs that were being developed could be aided and coordinated.

The Oakland Community College Center For Drug Studies began as a direct result of the Commission's analysis of drug abuse problems within the County. It was established, on the Auburn Hills Campus of Oakland Community College, by Dean of Students, Dr. Arthur W. Jalkanen, who had served as chairman of the County Drug Abuse Commission. The organization of the Center was to be based upon five components:

1. Creation of a model drug abatement program at the Auburn Hills Campus of Oakland Community College.
2. Program presentations on a County-wide basis. This phase was designed so that school and community leaders could receive in-service training both in their own communities and at the Center For Drug Studies.
3. A series of short courses were to be designed to help train people who were to become involved in drug abuse programs.

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[11] What Can You Do About The Use of Drugs in Your Community?, (Pontiac: Oakland County Board of Commissioners, 1970).

4. Research and development activities.
5. It was to serve as a demonstration facility for the County.

This was the original concept of a model drug abatement program which included a loosely structured "rap-house" drop-in-center. After one year of operation, the organization was restructured, so that emphasis was now placed on helping both drug abusing individuals and youth with social problems. The drop-in-center concept was changed to a structured, step by step program, as described in Chapter 4.

Delimitation of the Study

This study will be limited to gathering data from graduates, drop-outs and staff from the Oakland Community College Center For Drug Studies.

The study has been delimited to this organization and population frame for several reasons.

1. The Oakland Community College Center For Drug Studies is representative of the organizations providing programs in drug and social rehabilitation.
2. The time requirements for studying the entire drug rehabilitation picture would be prohibitive.

3. It is felt by this researcher that an adequate representative sample can be gathered from this organization for the purpose of gathering data.
4. The delimitation of this study also enables the researcher to conduct in detail this project without exhorbitant expenditure.

Chapter One has described the purpose of this Case Study which is to present an exhaustive, in-depth investigation of the Oakland Community College Center For Drug Studies, through the use of the field techniques of observation and interview. It has developed the rationale for the use of case study methodology as an effective way to study an organization such as the Center For Drug Studies. Chapter Two will examine current literature pertaining to the study.

CHAPTER II

REVIEW OF THE LITERATURE

Beginning in the late 1960's, researchers began to discuss the need for evaluation of the many drug education and rehabilitation programs that evolved throughout the nation, seeking to discover which formats were most successful in helping youth who had become involved with substance misuse. Despite the fact that some evaluation has been accomplished, it has concentrated primarily in the area of addict rehabilitation. Evaluation of non-addict drug related programs is virtually nonexistant.

Programs have been created and discarded through a process of trial and error. In general, the most successful have been those that have been designed along particular structured lines, operating according to clearly specified goals, built-in measures for evaluation, and design for change.

The original design for the Oakland Community College Center For Drug Studies borrowed heavily from several sources. There are elements of the structure of Synanon and Phoenix House, with some degree of the philosophy of Daytop Village. The philosophies of these programs were mixed with motivational theory components, aspects of drop-in-centers, crisis centers and walk-in-centers. The original core concept in the design

for the Center related to a great degree to the drop-in-center phenomenon, as found in both the Phoenix and San Francisco programs.

Organizational Theory

This conglomeration of concepts and ideas was further refined as the staff at the Center began to explore the works of theorists who dealt with human relations. Several theorists' writings began to have a great influence upon the type of programs the staff was to develop. One of the major thrusts was to explore the relationship between administrative approach and client success, primarily in an examination of peer pressure.

The growth of literature dealing with human relations theory began in a formal way with Chester I. Barnard. He did much to lay the groundwork in this area. In Function of the Executive, Barnard presented a broad analysis of organizational leadership. He described organizations as cooperative, complex systems of inter-related factors, with a tie between individuals and the process of communication between them. He presented a general picture of:

1. the physical and biological limitations
2. the nature of cooperative action
3. the relations between formal and informal organizations
4. the problem of incentives

5. the function of communication

6. sources of authority[1]

While other social theorists have expanded upon these points, Barnard has been considered as one of the first major general theorists of administration and one of the earliest writers to place in theoretical form the propositions that the organization, the environment and the individual must come to terms with each other to satisfy each others' needs.

He described organizations as a system which embraces the activities of two or more persons coordinating their activities to attain a common goal. The organization is the binding element common to all cooperative systems, needing two conditions for the continuance of success:

1. "Effectiveness"-the accomplishment of the purpose of the organization.

2. "Efficiency"-the satisfaction of individual motives.

He described two types of processes that are required for meeting these conditions:

1. those relating to the cooperative system itself and its relationship to its environment

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[1]Chester I. Barnard. Function of the Executive, (Cambridge, Mass.: Harvard University Press, 1938).

2. those related to the creation and allocation of satisfaction among individuals

Barnard's theory centers on the concept of communication. He insists that communication determines how much authority a leader shall exercise. Thus, communication must be effective. He suggests rules or principles to that end:

1. The channels of communication must be definitely known.
2. There must be a formal channel of communication to every member of the organization.
3. The channel must be as direct and short as possible.
4. The lines of communication should generally be respected (procedure through channels).
5. Those who serve as communication centers (officers, supervisors) must be competent.
6. Lines of communication should not be interrupted during the operation of the organization.
7. Every communication must be authenticated.[2]

Barnard based his principles on the assumption that there are two kinds of equally influential authority in administration:

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[2] Ibid., pp. 175-181.

1. authority of position in the hierarchy
2. authority of competence of leadership[3]

Thus, the three principle executive functions are to maintain communication in the organization, to secure essential services from individuals, and to formulate purpose and objectives.

Barnard used the term "communion" as the most intangible and subtle of incentives. He relates it to social compatibility, but with a basic difference. To him, it is the feeling of comfort in social relations that could be referred to as solidarity, a mutual support in personal attitudes. Thus, to know your people is even more important than to know your organization, or to know your language.

Barnard defined leadership as authority by influence, rather than by command. He asserts that, in terms of accomplishing the objectives of a program, lower-ranked officials may have even more actual power to determine final decisions, than those at the top. To him authority is the "willingness and capacity of individuals to submit to the necessities of cooperative systems."

He held that administration is not the product of the organization. To him the function of the executive is to

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[3]Ibid., p. 173.

see that the decision process proceeds in an effective manner and to make decisions only when the organization fails to make its own decisions. Thus, Barnard looked at the process of administration as being the guiding of decisions that are made in the organization. Decision making can be looked upon as an art.

Barnard differentiated between the formal and informal aspects of organization. He placed greater emphasis on cooperation as the creative process in organization than on leadership which is influenced by such variables as the individuals, a group of followers, and the condition faced.

Daniel Griffiths, in his monograph Administrative Theory, further developed Barnard's theory by formulating a set of steps that further clarify the decision-making process. He presented a set of concepts on decision making, perception, communication, power and authority, and formulated the following major propositions:

1. The structure of an organization is determined by the nature of its decision-making process...
2. If the formal and informal organization approaches congruency, than the total organization will approach maximum achievement...
3. If the total organization is not approaching maximum achievement, then in all probability,

the formal and informal organizations are divergent...

4. If the administrator confines his behavior to making decisions for the decision-making process rather than making terminal decisions for the organization, his behavior will be more accepted by his subordinates...

5. If the administrator perceives himself as the controller of the decision making process rather than the maker of the organization's decisions, the decision will be more effective...[4]

Griffiths views administration as a decision-making process. He is concerned with motives of men as individuals and for the dynamics of men in groups. He views decision-making as the heart of organization and the process of administration.

Further investigation into the areas of human relations was made by Likert, who developed a theory of management based upon the use of overlapping memberships in many staff groups and ad hoc committees. His data supports the contention of the human relations school that employee-oriented supervisors achieve higher productivity among their

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[4]Daniel E. Griffiths. Administrative Theory, (New York: Appleton-Century-Crofts, 1959).

groups. Likert presents a strong case for the effective use of groups in management as opposed to individual supervision, which he feels can often limit communication and commitment to organizational purpose, as well as decrease staff opportunity to participate in organizational decision making.[5]

A brief book describing the main currents and perspectives of the field of sociology of organization was written by Amitai Etzioni. It serves as an introduction to the study of organizational behavior. Etzioni describes and analyzes the classical scientific-management perspectives, the human relations approach and the orientation of Max Weber and his followers. In the last section of the book, he presents a discussion of the relationships between administrators and professionals and between organizational members and their clients.[6]

Gellerman's description of the effect of motivation upon the participants in his studies, explores the viable options that management has in specific situations to influence people and conditions. He holds that proper motivational

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[5]Rensis Likert, New Patterns of Management (New York: Mc Graw-Hill, 1961).

[6]Amitai Etzioni, Modern Organizations (Englewood Cliffs, New Jersey: Prentice-Hall, Inc., 1964).

pressures can be used as ways to persuade people to work harder or to respond in some other desired fashion. The author demonstrates how to use the technique for the selection of people for jobs, fostering their growth and development and for the identification of highly capable individuals. Gellerman also examines the role of money as an influence on people and the types of management policies that can undermine motivation or cause opposition to organizational goals.[7]

The distinctive outlook that developed at the Center For Drug Studies has been caused by a synthesis of several theories of administrative behavior. These selections have illustrated the direction the staff and planners of the Center took as they developed their informal organization.

Because of the highly transient nature of the clientele, a system had to be developed to allow for this problem. The staff developed an approach that allowed for quick and intense relationships. This could only be accomplished in an organization created around the concept that decision-making, motivation building and human relations would have to rest in the hands of lower echelon staff.

The program switched from that of a drop-in center,

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[7]Saul W. Gellerman, Management by Motivation (New York: American Management Association, Inc., 1968).

to a multi-faceted, group oriented structure, based upon the spread of both informational meetings and a structured help program for youth. Training sessions for teachers and programs designed to help adults and parents understand the psychology of drug abuse were introduced.

Since this case study is concerned with examining the relationship between the staff at the Center and its clients, the present review of literature includes a discussion covering the areas of drug abuse rehabilitation programs, alienation, and field work in the Social Sciences.

Rehabilitation Programs

The need to expand the range of research into single purpose drug abuse treatment programs is clear. But, there are other problems as well. For example:

1. There is a question that arises concerning the validity of much of the data already gathered.
2. There is a lack of research in the field dealing directly with peer group influence being used to combat substance usage of the non-addict, although the literature contains much comment concerning the drug abuse problem.
3. Appeals for data depth are found jointly with suspicions that drug abusers are less compliant in interview and questionnaire techniques than are non-users.

Instead, most research on non-addict drug usage concentrates upon etiology and school community information programs. Several of these studies are valuable to an examination of a peer influence program, because they offer insight into the variety of problems that youth bring with them for solution.

Relevant literature will be referred to through-out the study, even though it is not included in this section.

Simmons and Winograd describe what they classify as the hang-loose ethic; the phenomenon of tripping out, the psychedelic-drug scene and related activities. They suggest that the theme of the youth scene is irreverence toward conventional Americana, and stressing humanism, the value of personal experience, primacy of spontaniety, rejection of dogma, tolerance and social equality. The value of property serving as the highest value is repudiated.[8]

The authors hold that the lines between the youth and conventional society are beginning to blur as many people slip back and forth between drug and acceptable behavioral practice. They consider the drug scene central to what is happening in America, an escape from the conventional world,

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[8]J.L. Simons and Barry Winograd. Its Happening, (Santa Barbara, California: Marc-Laird Publications, 1966).

a "kick" of an experience. Examining the several forces producing drug interest, they note that marijuana smoking has become the thing to do. Also, they point out that many drug users are the children of the establishment leaders, who are seeking a new and different inner world, and that drug experiences do change people.

Simmons and Winograd believe that education is a force that helps to produce youthful drug users, due to the role schools play in fulfilling societal demands, while ignoring the emotional and individual needs and potentials of the students.

Smart, Fejar and White sampled 8,865 grade 6, 7, 9, 11,13 students attending the Metropolitan Toronto Schools. Their findings indicate that males are the predominant drug users. Students living in one parent homes, or with someone other than parents, were reported as using drugs at a higher proportion than students living with both parents. Their study indicates that <u>when grade average increases, tendency toward drug use and frequency of drug use decreased</u>. They also point out that increases in participation in school activities lowers the chances that drugs will be used. These findings imply that youths who are actively involved in activities and are performing well academically do not need

to use drugs to develop a false sense of well being or as a means to satisfy their need for social acceptance.[9]

The authors compared alienation and drug use with their older students. They describe a syndrome made up of three components; powerlessness, social isolation, and normlessness. They found that most users of marijuana, opiates, speed, stimulants, LSD and other hallucinogens did not show the same sense of social isolation found with users of drugs which are accepted in the adult world.

Blumer, in his study of a rehabilitation pilot project with youthful drug users in Oakland, California, holds that drug use is learned from peers and older associates in a group activity and that drug use does not necessarily signify rebellion, escape or alienation. He contends that use of illicit drugs is one of the many things youth living in drug using society learns to do. This study did not utilize controls of any kind so that a comparison could not be made with non-drug users. The investigation revealed that among preteen and teenage children there is an established and sometimes overpowering society of drug lore, drug availability, drug sales and drug use.[10]

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[9]Reginald Smart, Dianne Fejer, and Jim White. "The Extent of Drug Use in Metropolitan Toronto Schools," Addictions, Spring, 1971, Addictions Research Foundation of Ontario.

[10]H. Blumer. "The World of Youthful Drug Use," Addiction Center Project Report (Berkley, Calif. : School of Criminology, University of California, 1967).

Quintin Yardley presents a balanced examination of drug use today through the eyes of a youth. His booklet covers several of the factors which determine the drug experience through both a factual and a sociological perspective. The author states that people use drugs to escape or go beyond the isolation and coldness of our society and concludes that we must create a more humane and positive society through examination of our own values.[11]

After examination of the alienation syndrome, Salisbury and Fertig reject the concept of alienation as a cause of drug abuse in their study of the characteristics of teen age drug abusers in California. To these authors, drug users are products of our consumer society, where all members are provided with everything they need without pressure to produce goods in return, either for themselves or for others. Existence becomes goalless. Society possessed them as an object of interest and not an essential asset.[12]

Several studies have interwoven statistical reports, program information and case studies in order to present a clearer picture of the organization under study. One can

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[11]Quintin Yardley. Another Book on Drugs. (St. Catherines, Ontario, Canada: Brock University Student Union, Inc., 1969).

[12]Winfield W. Salisbury and Francis R. Fertig. "The Myth of Alienation and Teen Age Drug Use: Coming of Age in Mass Society," California School Health, Winter, 1969, pp. 29-39.

find literally hundreds of references in non-drug related areas. Equally true is the fact that hundreds of different areas have been examined by many outstanding researchers. Thus, this researcher has turned to reports of the organizations and programs that have had an influence upon the design for the Center For Drug Studies, realizing that they deal primarily with addict rehabilitation and causes of alienation.

The treatment program of Synanon which had a great influence upon the structure of the Center For Drug Studies, has been popularized by Lewis Yablonsky. He traces Synanon from its beginning in 1958, going beyond symposiums and seminars into a new form of therapy. Synanon introduced rehabilitation of drug addicts under the guidance of those who had been addicts themselves. The book contains many case studies to bring to the reader detailed descriptions of the activities, structure and method of treatment used in the program.[13]

Yablonsky's book is the first written on this method of treatment for the layman. It is primarily a popularizing exposition of the goals and methods of Synanon, which expresses Mr. Yablonsky's admiration of a program , which because of its voluntary nature, created a unique approach to people whose activities have been traditionally punished by imprisonment.

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[13]Lewis Yablonsky. The Tunnel Back: Synanon, (New York, Macmillan, 1965).

Westman, a psychotherapist who has worked with addicts, focuses his attention on prevention and treatment of ex-addicts through use of peer group support. The book ranges in topics from descriptions of the black market in drugs to case studies of marathon therapy sessions. He goes beyond the immediate problems of addiction, to deal with the social and cultural influences and the behavior patterns of addicts.[14]

In a chapter devoted to a study of Synanon, Westman stresses that the group process is the key to all effective programs. Most of his case studies focus on hard-core addiction and the need for treatment through therapeutic communities. The Synanon program is compared to Alcoholics Anonymous, from which it was derived, using both professionals and ex-addicts to assist in the rehabilitation process.

Alienation

Keniston explores the reasons why many fortunate, talented, privileged young American males are alienated from their society and reject its basic values. This case study is based on a careful examination of individual subjects as well as an appraisal of group studies. The first section traces common themes in the conscious and unconscious emotional development of alienation. Thirty six Harvard undergraduates

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[14]Wesley C. Westman. The Drug Epidemic: What it Means and How to Combat It (New York: The Dial Press, 1970).

were divided into 3 equal groups. The first group participated in a 3-year study, in depth, of what Keniston refers to as the "Alienation syndrome." Group two consisted of 12 non-alienated students, along with a third group who Keniston describes as not extreme in either way.[15]

Keniston isolates factors that help to alienate nominally privileged youth. They are offspring of viable, but unhappy marriages, in which the mother is dominant, the father physically, or more often, psychologically removed. The son and mother are more than normally intimate. The youths view their mothers as frustrated by their marriages and possessed by highly developed aesthetic talents.

He finds the attraction of alienated youth to drugs compatible with their social withdrawal and their interest in intensifying subjective experience. These youth reject basic American values, are apolitical and do not become involved in organizations or long-range activities. This work is one of the few case studies which focuses on the drug-using student, although Keniston's emphasis is on the basic syndrome of alienation rather than drug use for itself.

Rosenthal and Mothner have written a book designed to help parents understand the drug scene, what they can do

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[15]Kenneth Keniston. The Uncommitted: Alienated Youth in American Society, (New York, Harcourt Brace and World, 1965).

when their children need help, and how they can accomplish their goals. The authors provide the reader with a concise analysis of the closeness between drug problems and other community problems.

One particular solution that is mentioned, is handled through a study of the two year program of Phoenix House, the nation's largest therapeutic community for the treatment of drug abuse. Phoenix House is designed for youngsters who need a highly structured environment. These youngsters have gone beyond the point where parent intervention, or aid from self-help groups can change their pattern of drug usage.

The authors use case studies of several youth who entered the program to describe the hierarchy, promotions, rewards, demands and encounter sessions that make up the system. They trace the involvement of the youth from drug induced problems, to local Phoenix Centers and eventually to Phoenix House for intensive treatment.

Rosenthal and Mothner regard drug abuse as a human problem that must be solved in human terms. The family is stressed as the best bulwark against drugs. When parents cannot solve the problem alone, it is the responsibility of communities to provide parents the means to meet their need.[16]

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[16]Mitchell S. Rosenthal and Ira Mothner. Drugs, Parents, and Children: The Three Way Connection, (Boston: Houghton Mifflin Company, 1972).

Social Science Field Work

Several authors have examined the various techniques that can be used to elicit information concerning the projects they wished to study. The roles the interviewer and respondent take during the interview process are discussed by Benney and Hughes, who point out the necessity of operation on the premise of equality between them at least during the length of the interview. The authors examine the process of the interview and the role of the interviewer. They review the devlopment of the interview as a type of role playing situation where one person is much more an expert than the other.[17]

Specific interview techniques are discussed by Becker. He warns of the danger that can arise when an interviewer attempts to create an exposé while digging into a subject. Becker discusses how the use of an air of cynicism by the interviewer can help him to accomplish his aims. The interviewer's manner and role can as strongly effect what the interviewee chooses to tell him as can the situation in which the interview is conducted.[18]

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[17]Mark Benny and Everett C. Hughes, "Of Sociology and the Interview," American Journal of Sociology, (July 1956) 137-142.

[18]Howard S. Becker, "Interviewing Medical Students," American Journal of Sociology, 62 (September 1956) 199-201.

Several studies have combined the techniques of participant observation and in-depth interviewing to report their findings. They have explored and evaluated community structure and the changes that occured among the people who lived in the areas. The studies served this researcher as examples of how a researcher can elicit information and report his findings.

Gans studied a group of second generation Italians living in an inner-city Boston neighborhood, integrating and structuring his data into a clearly stated community study. He combined reporting and his actual observations with several speculative observations, primarily in the realm of social psychology. He has produced a classic report of a participant observation study, aiding this researcher to more clearly understand the intricate inter-relationships that exist between people, through their descriptions and through his own observations.[19]

In summary, there are three bodies of literature which pertain to the research. The first consists of works in the area of theory of organizations that have had an influence upon the development of the type of approach and

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[19]Herbert J. Gans, The Urban Villagers (New York: The Free Press of Glencoe, 1962).

organizational structure that is found at the Center For Drug Studies.

The second type of literature examines the relationship between staff and clientele. It describes the general background of drug etiology, drug rehabilitation programs that have had an influence on the structure of the original concepts that led to the creation of the Center For Drug Studies and provides a background into approaches of other rehabilitation programs throughout the country.

A third body of literature found in this chapter consists of studies describing the approaches and techniques a researcher can use in setting up a case study.

Conclusion

There are two main aspects that evolve from a study of the literature dealing with drug and substance misuse. There exists first, a large body of studies dealing with the medical and social problems of drugs, written from several points of view. There are also examinations of large addict rehabilitation and treatment centers on the east and west coasts of the United States. These studies emphasize the need for peer developed, peer oriented programs that go beyond just removal of the usage of drugs.

Secondly, there is a lack of studies dealing with structured peer oriented and peer directed drug rehabilitation

programs that offer help for the wide range of drug related problems faced by youth who are not necessarily addicted to specific drugs. This study will attempt to add to the knowledge of this area.

Chapter II reviewed the literature concerning the areas of organizational theory, rehabilitation programs and field work in the Social Sciences. Chapter III will discuss the methodology this researcher used in this study.

CHAPTER III

METHODOLOGY

As stated in Chapter I, the primary purpose of this study is to describe the organization of the Oakland Community College Center For Drug Studies and the effect it has upon the individuals who have been involved in its program.

Organization of the Chapter

Described in this chapter are the methodological components employed in this investigation. These are organized under 7 topics: (1) Data Analysis, (2) Definition of the Population, (3) Sample Selection, (4) Description of the Primary Instrument, (5) Field Procedures, (6) Initial Contact with the Director and staff of the Center, and (7) Organization of the Study.

Data Analysis

This research is exploratory in nature. It cannot rely upon specific hypotheses or a relatively small list of variables that are likely to be significant. Exploratory research is not limited by the restrictions of mathematical models.

The methodological procedure employed in this study is qualitative rather than quantitative. It is understood by researchers using this technique that a clear presentation of the evidence and conclusions of the research must be given the reader so that he can fully understand the process that was followed.

> Qualitative research has not been as systematized as that found in quantitative studies. The data does not lend itself to such ready summary. In view of this fact, evidence is assessed as the substantive analysis is presented. This is totally based on the fact that the reader is given greater access to the data and procedures on which the conclusions are based.[1]

Authors who deal with field work methodology differ somewhat in their approach. There exists, however, several commonalities in their writings which show that a researcher who uses this approach comes closer to the social unit under study than with other techniques. Scott, in his article, "Field Methods in the Study of Organizations" presents an excellent description of the field approach, stressing the following advantages. It: (1) enables the researcher to retain the unitary character of the social unit under study by observing it under a variety of conditions, (2) enables the researcher to record the group processes as they occur

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[1]Howard S. Becker, "Problems of Inference and Proof in Participant Observation," Qualitative Methodology, ed. by William J. Filstead (Chicago: Markham Publishing Co., 1970), p. 199.

over an extended period of time, (3) contains a description of the social unit as seen by the members of that unit, and (4) approximates the description of the total environment as seen by the member of the social unit.[2]

Qualitative research at times requires that a researcher combine several techniques depending upon his research aims:

> Because of its flexible nature, exploratory research is not pinned down to any particular set of techniques. Its guiding maxim is to use any ethical procedures that offers a possibility of receiving a clearer picture of what is going on in the area of social life. There is no protocol to be followed in the use of any one procedure; no procedure should be adopted to its circumstances. Thus, it may involve direct observation, interviewing of people, listening to their conversations, securing life history accounts, using letters and diaries, consulting public records, arranging for group discussions and making counts of an item if this appears worthwhile. There is no protocol to be followed in the use of any one of these procedures; the procedure should be adapted to its circumstances and guided by judgement of its propriety and fruitfulness.[3]

The approach to the problem of the techniques to follow that came closest to what this researcher used was described by William Whyte in his The Street Corner Society.

> I am not claiming that there is one best way to do field research. The methods used should depend upon

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[2]W. Richard Scott, "Field Methods in the Study of Organizations," Handbook of Organizations, ed. by James March (Chicago: Rand Mc Nally and Company, 1965). pp. 261-304.

[3]Herbert Blumer, "Methodological Principles of Empirical Science," Sociological Methods, ed. by Norman Denzin (Chicago: University of California, Aldine Publishing Co., 1971), p. 33.

> the nature of the field situation and of the research problem. I simply try to fit together the findings of the study and the methods required to arrive at such findings...The methodology must emphasize the importance of observing people in action and get down a detailed report of actual behavior completely divorced from moral judgements...
> I did not develop these ideas by any strictly logical process. They dawned on me out of what I was seeing, hearing, doing, and feeling. They grew out of an effort to organize a confusing welter of experience. I had to balance familiarity with detachment, or else no insights would have come. There were fallow periods when I seemed to be marking time. At times I had to struggle to explain the things that seemed obvious. My research underwent drastic changes during the course of study.
> I felt only if I could get to know the people and learn their problems first hand would I be able to gain the understanding I needed. I could explain the behavior of men better when I observed them over a period of time, than if I got them one point in time. I could explain Cornerville then by telling the stories of their individuals and groups better than I could any other way...
> As I gathered my early research data, I had to decide how I was going to organize the written notes. In the early stages I simply put all notes in chronological order, in a single folder. I realized this would not suffice. Then I devised a rudimentary indexing system. ...I could now begin writing my study by examining particular groups in detail and then I could go on to relate them to the community. With this pattern in mind, I came to realize that I had much more data on politics than I had thought.[4]

This researcher chose two methods of field work research that would allow for the flexibility that is necessary in qualitative research. These two methods were: (1) <u>in-depth interviewing</u>, and (2) <u>participant observation</u>.

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[4]William F. Whyte, <u>Street Corner Society</u> (Chicago: University of Chicago Press, 1967), pp. 307-308, 324, 356-357.

In-depth interviewing was chosen as the primary instrument utilized to gather data. When combined with participant observation, it allows the researcher to come closer to the situation as the subject views it, than any other form of research methodology. The intensity of an individual's feeling can be probed along with the intricacies of his definition of the situation and how he relates it to his life.

The type of interview chosen for this study is the nonstandardized interview, where it is not necessary to elicit the same information from each respondent. This type of interview is used to examine a broad problem or research question, or to explore new questions as they arise, allowing for a wider range of purpose. This type of interview does not contain as a prerequisite the advance specification of all items of information sought. Thus, it can be used at any phase of a study and interview content can vary from one respondent to another. There also does not exist, generally, a requirement for fixed preselection of respondents. The interviewer using nonstandardized interviews has greater freedom both in the formulation of content and in the questioning procedures.[5]

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[5]Stephen A. Richardson, Barbara S. Dobrenward and David Klein, Interviewing (New York: Basic Books, Inc., 1956), pp. 34-55.

In this qualitative examination it was felt by the researcher that a structured list of questions would be rejected by the respondent and would not allow for the flexibility needed for probing the relationships existing in the organization. For these reasons, it was determined that the questions to be asked would be unstructured and in most instances open-ended.

There are a number of descriptions of the use of unstructured interview questions. One of the clearest is stated by Backstrom and Hursh. They explained that in an open-end question the respondent is encouraged to talk freely and at length about the subject broached to him. The free-response question is especially useful:

1. where the researcher has limited knowledge as to the kind of answer a particular question is likely to provoke,
2. where he anticipates a great range of responses,
3. where he is interested in what the respondent will volunteer on a subject before specific prompting, or
4. where he wants to go a little deeper into respondent's motivation.[6]

The second area of research methodology chosen was participant observation. Among the number of descriptions of

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[6]Charles H. Backstrom and Gerald D. Hursh, Survey Research (Chicago: Northwestern University Press, 1963), p. 73.

this methodology, the one by Gans best serves to describe the approach. He states: "I have found it more useful to classify the approaches in terms of difference in the actual behavior of the researcher." This produces three types:

1. Researcher acts as observer. In this approach the researcher is physically present at the event he observes, but does not really participate in it. Indeed, his main function is to observe, and to abstain participation so as not to affect the phenomenon being studied-or at least, to affect it no more than is absolutely unavoidable.

2. Researcher participates, but as a researcher. In this case, the researcher does become an actual participant in an event or gathering, but his participation is determined by his research interests, rather than by the roles required in the situation he is studying. For example, in social gatherings, the researcher may try to steer the conversation to topics in which he is especially interested. In such instances, he might be described as a 'research-participant.'

3. Researcher participates. In this approach, the researcher temporarily abdicates his study role and becomes a 'real' participant. After the event, his role reverts back to that of an observer-and in this case, an analyst of his own actions while being a real participant. For example, he may go to a social gathering as an invited guest and participates fully and freely in the conversation without trying to direct it to his own research interests. Afterwards, however, he must take notes on all that happened, his own activities included. Needless to say, even during the most spontaneously real participation he can never shed the observer role entirely, if only because he knows he will write it all down later.[7]

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[7]Gans, op. cit. , pp. 338-339

This researcher used a combination of both limited participation and non-participation. Even though he did not join any specific group going through the program, his presence was accepted by any group whose sessions he visited. In many instances he was drawn into the conversation being held by group members or staff.

According to Blumer, there are two levels that a researcher can use as he develops his investigation. (1) Description: the researcher uses the accounts of the situation offered by his respondents to expand upon what he has heard, read and seen on the scene during his observations of the situation. (2) Explanation: the researcher clarifies the observations of the respondents to gain a larger grasp of the situation. Thus, the goal of participation observation becomes a combination of description and explanation, through the eyes of both the researcher and the respondents.[8]

Since no one method can be easily adapted by a field researcher to fit the particular problems that he might encounter while doing his study, he must be able to adjust to the variables that might arise in his particular community, instead of adjusting the community to fit a pre-designed instrument. He must take into account: (1) his own personality, (2) the

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[8]Herbert Blumer, "Sociological Implications of the Thought of George Herbert Mead," American Journal of Sociology, LXXI (1966), 537.

varied personalities of the subjects he is studying, and (3) the closeness of rapport that can be developed between researcher and subjects, and (4) the amount of time that can be made available for the study, and then be able to explain his procedures in such a manner so that the reader can identify the situation and findings in an intuitive manner.

These variables might be looked upon both as assets and limitations, thus effecting the reliability and validity of the study.

> This is the problem of the empirical validity of a measuring instrument. Does it measure what we want it to measure? Furthermore, is it reliable enough to measure consistently what we want it to measure? These two terms, validity and reliability, are central to the empirical-conceptual interrelationship. Reliability generally refers to the ability of the empirical instrument to measure consistently, and validity bears on the ability of the instrument to translate into sensory-empirical operations the definitive characteristics of the concept.[9]

The true test of validity is if the reader accepts the data. As the validity of a study improves, so does the reliability, which serves as an extension of a researcher's validity. Thus, through the use of the narrative form, this researcher will allow the reader to draw his own conclusions from the data.

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[9]William M. Dobriner, Social Structures and Systems (Pacific Palisades, California: Goodyear Publishing Company, Inc. , 1969), p. 43.

One of the most concise summaries that describes the steps that a researcher should take to assure that the use of participant observation has both adequate qualitative reliability and validity was presented by Bruyn when he presented Homans' list of six points that are necessary for a researcher to at least partially follow.

1. Time: the more time an individual spends with a group the more likely it is that he will obtain an accurate perception of the social meaning its members live by.

2. Place: the closer the researcher works geographically to the people he studies, the more accurate should be his interpretations.

3. Social circumstances: the number and variety of social circumstances which the observer encounters within the social structure of the community increase his accuracy.

4. Language: the researcher and his subjects should share a common language.

5. Intimacy: the greater the degree of intimacy the researcher achieves, the greater the accuracy.

6. Consensus: confirmation that the meanings interpreted by the observer are correct.[10]

This researcher feels that although formal writing usually requires that the personal pronoun "I" not be used, the personal involvement used in this type of research necessitates its use. Subsequently in this chapter and

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[10]Severyn T. Bruyn, The Human Perspective in Sociology: The Methodology of Participation Observation (Englewood Cliffs, New Jersey: Prentice Hall, Inc. , 1966), p. 180.

suceeding chapters the writer will use the personal pronoun "I" wherever necessary.

Definition of the Population

The population shall be defined as the participants, graduates, drop-outs and staff of the Oakland Community College Center For Drug Studies. The population of the Center is continually changing as new people become active, graduate or withdraw. During the period of time involved in this study, approximately 150 persons have been involved at the Center.

Random Sample Selection

The population of staff personnel considered in this study is small (ten). Continual change over of lower echelon staff allowed for contact by the researcher of these people both as program graduates and as new members of the organization. All staff members were selected to be interviewed.

The population of participants is large and fluctuates monthly. It could not be considered in the same manner as the staff. It was determined by the researcher that a sample of the graduates and drop-outs would serve best to present a comprehensive view of the organization.

The tool used to acquire a sample and to insure that the sample is representative of the population of

graduates and drop-outs is the random sample design.

> In random sampling, carefully controlled conditions are created to ensure that each unit in the population has an equal or known chance of being included in the sample. To prevent the investigator from biasing the results by exercising direct control over the choice of units, some mechanical device is employed to draw the sample.[11]

The closeness of this population, where all participants gather in one building for the same basic purpose, allowed the researcher to utilize a small sample.

> No specific rules on how to obtain adequate samples have been formulated, for each situation presents its own problems. If the phenomena under study are homogeneous, a small sample is sufficient.[12]

Two methods of choosing a sample were used. The first type was choosing individuals to interview by chance. In this process, the researcher chose people to interview as they became available. In this study, the researcher interviewed staff and graduates as they happened to be at the Center during his visitations.

The staff worked a loose schedule, which did not always coincide with the times available to the researcher. Due to the newness of the program, graduates dropped into

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[11] op. cit. , p. 298.

[12] Ibid.

the Center following no particular pattern, making no effort to notify the staff in advance. The researcher relied upon staff and graduates to point out other graduates to him.

The method for choosing drop-outs was systematic random sampling. This process is an effective means of achieving a representative sample. The researcher selects an interval and a number within that interval on a random selection basis. He then counts off the maximum interval number, making a selection at that time. The researcher then carries the process through until the entire list of the total population is exhausted. The sample size taken from the drop-outs from this population was ten.

Description of the Primary Instrument

The instrument used by the researcher to gain answers to his objectives was an open-ended interview questionnaire. The form and sequence of questions varied according to how each respondent replied, but the basic content of the questions did not alter. This process was also followed when incomplete responses were probed. A number of questions were asked, aiming at primarily the same information in order to reach clearer answers.

The questions sought answers to both background and impressions of the respondents so that possible relationships could be established.

Name_____

Age_____

Sex_____

Place in Program_____

1. How were you referred to the Center?
2. What effect do you feel that the Center had upon you,
   a) toward family relationships
   b) toward school or job
   c) toward yourself?
3. Why did you come to the Center?
4. What do you feel that you accomplished at the Center?
5. What specific things about the Center most greatly affected you?

The above set of questions is merely a general guide toward the questions asked by the researcher. The use of the flexible open-ended question provided the latitude needed for respondents to give free expression to their beliefs.

Field Procedures

While the major emphasis of this study revolved around reactions of staff, graduates and dropouts, the actual field work in this study employed five approaches:

1. Use of the Center's facilities. Much of my time, both during the day and evenings, during a six month period was spent at the Center enabling me to observe and interview the people who made use

of the program.

2. Attendance at meetings and gatherings held at the Center, mostly as an observant spectator.
3. Formal and informal interviewing of graduates, dropouts, and staff.
4. Use of private homes. Interviews of dropouts from the program were held at their homes.
5. Observation. I tried to learn as much as I could about as many phases of the program as possible, looking for unexpected leads and ideas.

Each week during the six months I observed at the Center, large, open meetings were held, along with periodic graduations. In attending these meetings and other public gatherings, I usually acted as an observer.

Interviewing varied from formal to very informal. A tape recorder was used during the interview instead of taking notes or attempting to reconstruct the interviews at a later time. Each respondent was asked whether use of the tape recorder would be acceptable. The reaction varied, with some initial hesitancy upon the part of several of the younger respondents. They had never encountered taping of their own voices, so that in several cases the interviews were interrupted in order that they could hear their voices on tape. The common reaction was total surprise, followed by complete relaxation on their part for the rest of the interview session.

All information gained in relation to the topic will be presented in narrative form in Chapter IV.

Initial Contact with the Director and Staff

In the present study, it was felt by the researcher that non-acceptance by the administration of the Center would have doomed the project to failure before it could begin. The building used for the Center is small and in the evenings is usually overcrowded with visitors, participants and staff. Strangers soon learn that asking personal and intimate questions bring about suspicion on the part of the youth.

An initial meeting was held in January of 1972, with the director of the Center, where we explored the possibilty of doing a study of the organization of the Center after its first year of operation. We discussed the type of study that would be feasible and possible methods of structuring the study, so that there would be potential usefulness of the collected data.

A second conference held in February, included the Assistant Director and the Program Coordinator of the Center, so that the nature of the research could be explained and support could be given to the project. Materials dealing with the structure of the program model were provided and arrangements were made for me to meet staff members for interviews. Valuable suggestions were provided as to

the program procedures, so that I could move about the Center with ease. The directors gave solid support to the project.

Further discussion at this meeting with the staff leaders resulted in an exchange of ideas, leading to procedures to be followed concerning the interviews. It was agreed upon that interviews would be conducted with staff members, graduates and drop-outs.

It was also pointed out at this meeting that the problems of the participant population at the Center did not always revolve around drug usage. Several of the graduates and current participants had come to the Center for help with personality or minor psychological problems that prevented them from relating with other people.

Informal meetings with the directors and staff continued to be held during the next several months while the research was being conducted. I received lists of both the graduates and the drop-outs so that I could keep a record and check-off of those people who would not be willing to be interviewed. One major concern of the staff leaders had centered around the possible reluctance of the respondents to speak freely concerning themselves and their reactions to the Center. In order to avoid this problem, it was agreed that I would notify each person before the interview that I had the full cooperation of the Center's Directors, stressing

that there was a need for an evaluation of the program. This action afforded me complete freedom of movement.

Organization of the Study

Through the primary use of the in-depth interview process, this study will describe and explain the organization of the Oakland Community College Center For Drug Studies and attempt to determine how it effected the individuals who became involved.

Chapter II included the review of the literature concerning the areas of rehabilitation programs, organiational structure, and field work in the Social Sciences.

In Chapter III, the methodology for the study was presented. The findings will be presented in Chapter IV.

Finally, the analysis of the findings and the conclusions and recommendations are contained in Chapter V.

CHAPTER IV

THE FINDINGS OF THE STUDY

Chapter Four contains the findings of the study. The data has been gathered according to the methodologies described in Chapter III. The case study reports the comments and non-verbal behavior of the respondents. When feasible, direct quotations are used in reporting their comments. No interpretation of data is provided in this chapter; the conclusions formulated from the information gathered will be found in Chapter V.

All interviews were held at the Center and at the homes of the drop-outs. Each participant was told why the study was being conducted and was requested to be frank in describing any aspect he felt was ineffective or that he disliked for any reason. Some time was spent with each respondent in non-interview related conversation both before the onset of the interview and afterwards.

These conversations were designed to establish a relaxed relationship and atmosphere. Occasionally they provided the researcher with clues regarding the line of questioning to be followed during the interview and for further

exploration. The amount of time spent in these discussions varied widely with each respondent.

The researcher used a prepared list of open-ended questions for the interviews in order to assure that a direction could be followed by each respondent. The question sequence was not rigidly followed, so that a continual flow of information could be received.

In order that a comprehensive picture of the Center For Drug Studies can be presented, Chapter Four will be divided into six sections: 1) Historical Background, 2) Philosophy of the Center, 3) The Physical Setting, 4) The Organization, 5) Structure of the Program Phase, and 6) Respondents' perceptions and attitudes of the Center.

Historical Background

Drug rehabilitation programs have evolved only in recent years. Most of them have been designed primarily for heroin addicts. Individual states have varied in the types of rehabilitation programs they offer. Many different forms and models ranging from medical and mental health treatment to vocational or educational instruction exist. A program that is truly comprehensive contains all of these components and employs personnel who have used the substances to a high degree, such as former addicts, as counselors and group leaders.

The design for the Center For Drug Studies had its

origins in a 130 page document entitled, What Can You Do About the Use of Drugs in Your Community? This drug abuse abatement plan was presented on March 26, 1970, to the Oakland County, Michigan, Board of Commissioners by its Supervisors' Committee to Study Drug Abuse.

Concurrent with the presentation of this plan, Dr. Arthur W. Jalkanen, Dean of Students at the Auburn Hills Campus of Oakland Community College and chairman of the Supervisors' Committee to Study Drug Abuse, submitted a proposal for a Center For Drug Studies to the Board of Trustees of Oakland Community College. This document contained the rationale and design criteria for a self-supporting organization to be initially sponsored and funded by the College. The Center would become part of the Institute for Educational Sciences of the College.

The initial document proposed that the Center For Drug Studies create a drop-in center and present short courses and short-term training programs to educators and interested community people. The courses were designed to cover substance abuse information, psychology of drug abuse and treatment methods. Only the Psychology course was ever taught. It is used basically to give parents of program participants an understanding of their children's problems.

The program expanded in the next six months to

include a training institute to teach volunteers and professionals to work in drug abuse programs, and to open a demonstration facility for the county. The demonstration facility operated as an unstructured "rap" house until July 1, 1971, when the current structured program was initiated.

Philosophy of the Center

The goals set by the staff at the Center For Drug Studies have evolved from a philosophical belief that human beings will deal with their problems if given the opportunity to sit down and think about possible solutions. The program has been defined by the staff coordinator as a "thinking program, where a person will rationally think his way out of a problem area." The primary goals claimed by the staff are to help a person help himself stop the use of drugs, and to provide direction for non-drug using individuals who have difficulty in relating to other people or to society. All other goals are set by the individual.

One of the approaches used for those participants involved with drug usage, is a model based on concepts of developmental psychology that attempts to explain the phases of involvement that a typical drug user follows as he moves from experimenting to becoming a continual user and abuser of drugs. This model views drug use on a continuum of growth and enables one to understand a broader construct of drug

use as it is currently present in our society.[1]

The Physical Setting

The Center For Drug Studies is located on the northeastern edge of the 257-acre site of the Auburn Hills Campus of Oakland Community College. The campus is located in Auburn Heights, Michigan, an eastern suburb of Pontiac, one of the state's large industrial communities. The surrounding area is comprised of several different socio-economic levels, ranging from lower to upper class. It has farms, interspersed with small clusters of shopping centers, village cross road stores, industrial sites and new home developments where the homes are in the $30,000-40,000 range. Three miles to the northeast lies the city of Rochester and the campus of Oakland University.

The building housing the Center For Drug Studies is in an old farm house that once had served as the college faculty house. The building is open four days a week from 9:00 A.M. to 9:00 P.M. On Fridays, it closes at 3:30 P.M. except on graduation nights. Unless specific needs arise, the Center remains closed on week-ends.

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[1]Arthur W. Jalkanen, "Drug Use and the Guidance Counselor," in Cook, David R. (Ed.). Guidance for Education in Revolution (New York: Allyn and Bacon, 1971) pp. 389-394.

The building is seldom empty of people during the hours it is open. There is always somebody to greet you with a "hippie" handshake. He gives his first name and asks if the visitor can be helped. The visitor is requested to place his name, age, and purpose of visit on a sign-in sheet placed on a table just inside the entrance to the house. The staff keeps a continual check on the sign-in sheets to the point of reminding the visitors that they had failed to sign their names on a particular day. The sheets are not only used to keep track of participants and visitors, but are an important part of the records being kept on the operation of the Center.

Above this table is a large bulletin board covered with pictures of past graduations, an organizational flow chart and announcements of Center sponsored social events. On the other side of the foyer is a rack filled with notices and college announcements. The kitchen adjoins the foyer and contains an ever-filled coffee pot and a large coke machine.

The back of the house contains an office, along with two small, former bedrooms that have been converted into small meeting rooms, where group sessions are held. At the front of the house are two rooms, where most of the social and large session functions are held. In one room, an old

piano and couches are placed. The other room is an extremely large sunken living room. It is here, the only large room in the house, where all house entertainment and large group sessions are held. The walls are lined with comfortable chairs and sofas, with a large fireplace and several doors that open to a large screened porch.

The house is small and old, not sufficient to handle the current surge of young people who come seeking help. Since the upstairs rooms are used to capacity, part of the basement has been converted into small rooms by volunteer help. All the materials in the house have been donated and refurbished by the participants at the Center. Since the building is a part of the campus, maintenance is handled by the College, along with security checks after hours.

The Organization

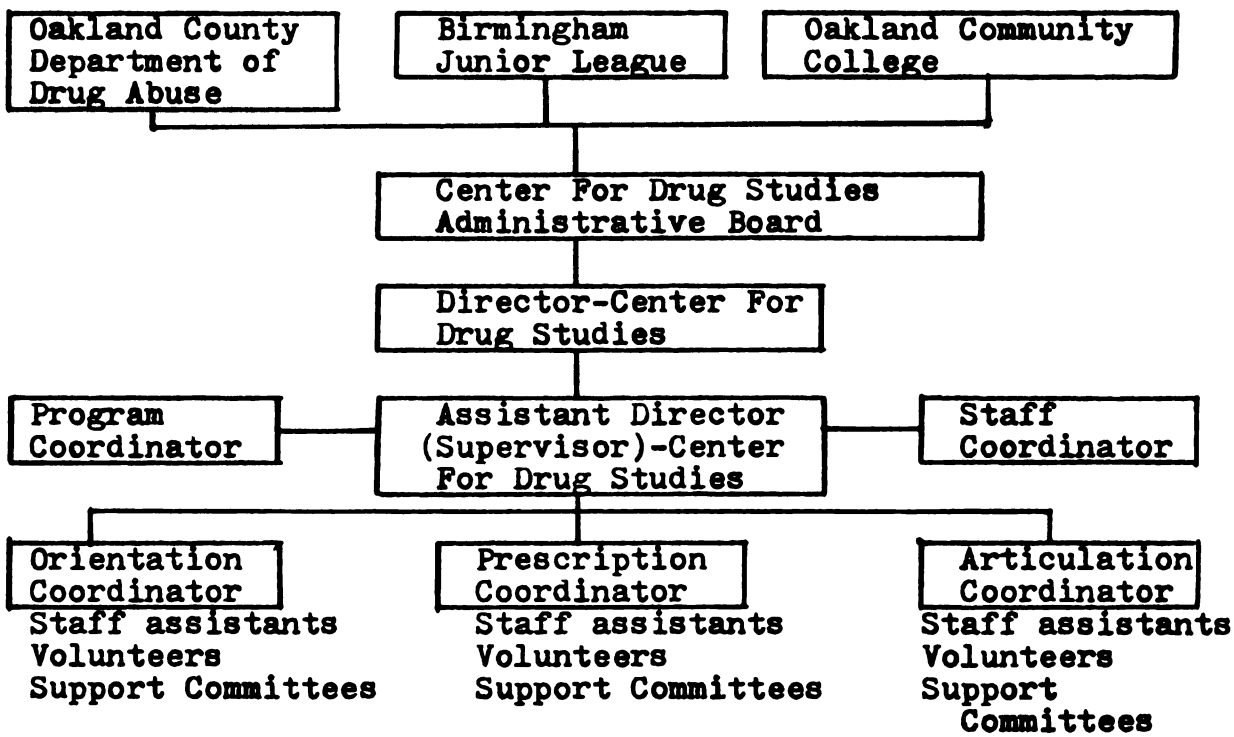
Although there is an organizational structure, designed by the director and approved by an administrative board, the Center For Drug Studies is an informal organization. The staff is paid through Oakland Community College and is responsible to the director. Control of the Center is in the hands of an eight person Administrative Board, comprised of representatives of the agencies that fund the Center: Oakland Community College, Oakland County Department of Drug Abuse Control, and the Birmingham Junior League, Dr. Jalkanen and

the Assistant Director of the Center.

Although the Administrative Board has the final authority in determining policy it takes little action beyond providing financial moral support. Its members do not interfere with the operation of the Center. Final decision making lies with Dr. Jalkanen, although he states that many of the decisions are mutually made by the staff.

The following flow chart is prominently displayed in the lobby at the Center.

FIGURE 4.1-Center For Drug Studies Administrative Structure



It explains to all visitors how the staff structure operates. Yet, throughout my visits at the Center, I could find few

participants who bothered to read this chart or attempted to differentiate between the positions held by the individual staff members.

Dr. Jalkanen no longer meets directly with the staff of the Center, or becomes personally involved except for attendance at graduations or occasional visits to the house. His direct contact is limited to teaching several courses and weekly meetings with his assistant director. He spends his time divided between his position at the College and meeting with community and school leaders who are interested in establishing programs modeled after the Center For Drug Studies.

To this date several communities and school systems are in the process of creating such programs, which will be under their jurisdiction. It is planned that the major connection between these new programs and the Center will be twofold. Dr. Jalkanen will serve as an advisor and the staff at the Center For Drug Studies will provide the nucleus for the new staffs.

Dr. Jalkanen stated how he wanted the organization to function:

> I give them the full authority to make the house run. I don't have any problem with them and I meet with them very seldom. I meet with the prime administrator very regularly. But they know the operational model and they know who is full time. In other words, if Jim assigns to Darryl the house operation, then Darryl assigns who is going to run

> the sessions.
> But, the full-time guys don't run the sessions unless we are short of staff. Because the nature of the treatment activity is participation in running it. So what the part-time staff has to do is keep scheduling people in and run the sessions. Our full-time staff does the primary things, such as make certain the house is open, or closed, make certain the house is clean by assigning cleaning functions, if necessary, and interview new people going into the program.

Thus Dr. Jalkanen designed his organization so that his full time staff was to coordinate all phases of the program, while the part-time staff had the direct contact with the participants. The major difficulty that arises from this philosophy is when changes occur within the part-time staff.

The staff at the Center appears to have been carefully chosen to carry through the design and model as planned by Dr. Jalkanen. The current staff consists of three full time personnel-an assistant director, a program coordinator and a staff coordinator. There are also three part-time staff workers. Part-time positions are added as needed. There is no room for promotion of part-time personnel under the present limited staff alignment.

Direct responsibility for the practical operation of the Center For Drug Studies is placed upon the assistant director, James Evans. Jim, a 25 year old graduate of Oakland University came to the Center in July, 1971, having previously worked in the adolescent wards of several hospitals

within the county. He is a "mod" dresser, with "mutton-chop" sideburns. Unlike the rest of the staff, he is not a graduate of the program. He received his training from Dr. Jalkanen.

A major part of Jim's responsibility is to relate the program to the public, teach adults in various drug related courses, attend meetings and workshops, and to help communities within the county develop their programs. Another of Jim's responsibilities is to help the other full time staff interview prospective members and the participants as they move through the phases of the program.

Jim has definite views toward how the Center helps its clientele:

> I think that many times the fault of a lot of institutions is that they don't feel they need the individuals in them. You take your graduate schools, your elementary schools. They need students. Of course they do. Otherwise, they wouldn't have jobs. They wouldn't have programs or institutions. Many times they don't realize this and don't relate to the individuals they deal with. But, they do need them, in fact, and they should work together. So, in this program we always strive for cooperation with the people who come to us. Absolute cooperation.
> I kind of look at it that the power should be at the lowest base, with the individuals in the program. That's where the power is at. It is not your benevolent monarch system. But, it's forcing the people to have the power and responsibility. Because, freedom also means responsibility. They have the freedom, but also the responsibility to make the program work.

In order to see that this philosophy is carried throughout the staff, authority within the organization is

shared in all echelons. Jim believes that the staff must provide enough freedom of choice within the groups, so that each group will take the responsibility of helping its members. Not only must people be encouraged to stay, but must be the source of new members.

The full time staff member who has the most direct contact with the participants in the program is Darryl Daniel, who serves as program coordinator. Darryl, a 5' 10", thin, energetic young man of 24, has the responsibility of coordinating all house activities, along with the general running of the program. He also oversees the hiring of new staff from graduates of the program.

Jim and Darryl work closely together. They have the same view of what they are attempting to accomplish and are very close friends. Darryl is careful, though, not to extend himself into Jim's position. When questions were asked by visitors, or by this researcher, concerning basic organizational principles, or facts concerning the running of the Center, Darryl invariably referred the questioner to either Jim or Dr. Jalkanen.

Darryl considers his position to be that of assistant to Jim. He is a much quieter individual, who relates quite easily with the rest of the staff and to the participants. His casual manner and dress openly contrasts

with that of Jim, so that the participants relate much more to him than to Jim. This feeling is helped by the fact that all of the people who become involved at the Center soon learn that Darryl was one of the first graduates of the Center and was hand picked by Dr. Jalkanen for his position.

The staff coordinator is Paul Keller, a 21 year old, intense, long-haired young man. Though the position of staff coordinator had, until recently, been a part-time position, Paul has had to be held back from devoting his entire day on a voluntary basis far beyond the limited hours for which he is paid. He is responsible for the training of new staff, coordinating staff after they have been assigned to sessions, occasional leading of evening orientation sessions, and handling occasional Prescription groups during the afternoon.

Paul and Jim virtually live at the Center. It was rare not to find at least one of them in charge whenever I dropped in. Their dedication to the job surpassed that of any other staff member.

The other members of the staff work part-time, paid on an hourly basis. They provide the actual leadership to the groups as they go through the phases of the program. Currently, two of the part-time staff are males, both under 21 years of age. They dress casually and blend

perfectly in with the youth they work with. The third member is a young girl of 21, who alternates her time between the Center and one of the newer community programs.

During the six months of this research, the part-time personnel at the Center changed several times. Jim explained the staff turnover when he stated:

> The idea is that this program is a demonstration center for other programs in the county. Where other communities want to provide programs, we provide staff. So all of the staff members who have left this program, with the exception of 2 or 3 who went back to school full time, are now working full time in other programs or directing other programs as a vocational choice while they're going to school.

Since it is the responsibility of the assistant director to hire new staff, Jim described what he looked for in new people and in the process he followed in hiring:

> In some cases, they're hand picked, in other cases there were several people who competed for the job. One, I don't want a staff member who needs to be here. That's the first criteria. I don't want him dependent on the program. So I make sure the guy doesn't need to be here. He has to demonstrate that he doesn't need to be here after graduation. Usually, I let him go afterwards for a while and call him back to ask him what he's doing and ask him if he would like to put some of his hours in the Center, and if he is willing, I ask him again what he sees the role would be.
> It's something like the concept of, 'what his role is, is more important than the job says it is.' Because that way you'll have a guy working on his conscience, he's conscientiously trying to do something, instead of saying, 'here is what is supposed to be done, and I'm going to do it.' It may be that in this job ten new things might come up that

> you couldn't possibly write "prescriptions" for and he's going to do those if he sees fit. Therefore, there is a certain working within the structure. There are certain premises and guidelines which are set up. They follow those guidelines and then they can set others up themselves.

These guidelines are not written in any form that I could find. They have been alluded to several times, by several staff members, as "human behavior" guidelines that have been passed down by word of mouth. This may account for the fact that several of the staff members have a different interpretation of the hiring procedure. The definition given by Tom, a former staff member who now heads up another program within the county, differed substantially from the one given by Jim:

> We were all hired the same way. There are people who want to put themselves out and continue to make themselves available, and put out 150% effort. That's how people are picked. They are picked from the program and have a knowledge of it. They put out continual effort to make the program go.

Jim's hiring explanation did not include the fact that all staff members have served first as volunteers. They began by spending extra time at the Center, answering telephones, attending and speaking to large orientation sessions, and mingling with guests when they came to observe at the Center.

Jim denies that he hires people whose dependency upon the Center is great. However, several part-time staff

admitted during the interviews that they had played down their dependency in order to be hired. They had been heavily involved in drug usage, or with their own personal problems before joining the Center and continued to use their role as a way to control their commitment to stay clean of substance usage.

The staff volunteer many hours per week. Typical was the remark made by Paul, before his position was increased to almost full time under the new budget:

> I'm paid for twenty hours a week, but I work for fifty, because I feel that I'm needed here. Someone has to help and I live closest. I'd spend all my waking hours here if I felt it was necessary.

Pat, a part-time staff member stated:

> Two things are expected-overwork and under-pay. Being underpaid is not really true. Monetarily, yes, but the rewards you get back are more than just monetary.

Structure of the Program Phase

The structure of the program of the Center For Drug Studies is multi-faceted. The central force, or design behind the approach used in the rehabilitation phase of the program of the Center For Drug Studies is the belief that peer influence is a major factor behind drug usage and deviance by youth. If this influence is sufficiently powerful to cause drug usage or societal rejection, it should also be influential enough to be used to stop continuance of a need for drugs, or

to help those youth and adults who have other social and/or parental problems. It is felt by the staff that both drug induced problems and social/parental problems are symptoms of problems that are common to youth today and they can both be worked upon together.[2]

The term "peer-influence model" has been caused by the staff to describe this approach. This term is not found in current literature, though many sources describe the influence that peers have upon each other, especially in the introduction of drug usage. Dr. Jalkanen, who first used this term to describe his structured program, admitted that this was a newly-coined phrase:

> No, it does not exist as yet in the literature. The whole literature component is just being developed. I call it "Peer Impact Theory." I even extend it farther to differentiate it from peer counseling. The counseling component is not really what we are using. We are really using the peer influence on decision making. So, I'm pushing it way over there.

When a person comes into the Center he is interviewed to find out where he is on the "drug scene"-which developmental stage. The same type of questioning is used with the alienated youth, or the person who comes with personal problems. The program is explained to him and the

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[2]The explanation of the program structure was adopted from the Oakland Community College Center For Drug Studies Annual Report, 1971, p.4.

guidelines and boundaries are set. The staff explains the fact that this is a drug program.

He will be involved at the Center for approximately a month and go through three phases: Orientation, Prescription and Articulation. The first thing that is stressed at both the initial interview and at Orientation is that the program works with "your own decision about drugs." The parameters are defined. The participants are asked to conform to an operational set and to follow definite requirements with set ranges of behavior.

Basically, the program at the Center uses an "understanding" system. Participants come to the Center three times a week for approximately one month.

In the initial phase, the new participants spend approximately one week being oriented to the house, the structured program, to each other, and to relate to the staff. The staff member begins to attempt to create some cohesiveness between the individuals, asking them to verbalize a commitment against use of drugs or to work on their major problems during the program and to continue participation through all phases of it. It is during this time that house rules and standards are introduced. There is no cleaning staff and it is expected that each group helps to maintain the cleanliness and decorum of the building, and the human relationships that play such an important part of the structure

of this organization.

Unless several friends have come together to the Center, each group is composed of relative strangers. Not all people stay with the program during Orientation.

The lack of follow through of these people who quit before moving to the second phase of the program proves to be a discrepancy in the organizational structure. The staff has no accurate way of knowing whether the loss is through their own inadequacies, or because of personal frustrations upon the part of the drop-out. The lack of record keeping concerning these individuals also placed limitations upon the researcher when he attempted to go deeply into the organizational structure.

After a week of Orientation the staff works with them in "prescriptive" activities, working upon the question "what are you doing with your life?" The time period can vary according to the progress of the group or the individuals within the group. It is the heart of the program and the phase where most drop-outs occur. A person moves into Prescription if the other members of his Orientation group feel that he knows the program goals sufficiently well and sincerely wants to deal with some of the things that are bothering him. This procedure seems to be a decision of mutual agreement. In most cases, the entire group moves together from phase to phase.

The Articulation part of the program involves getting the participant back into school, or work, and doing well. Various methods are used, including the use of adult volunteers from the community who visit with the group members before graduation. These adults form a Board of Review which examines each participant in Articulation to see what his commitment is and how he is carrying it through.

The final part of the program is a "graduation" ceremony. The student graduates by being back in school, back on the job -- he is plugged back into society. The "graduation" offers him a final goal -- something to work toward. It is a closure on the drug scene.

In each case, Prescription rules requires that the individual must hold to his commitment and that he must plan to contact and make proper arrangements with the person who is needed to help him solve his problem. This might be the school counselor or principal, the parent, or an employer.

My research into the program shows that not one graduate had been denied the right to return to school after presentation of the fact that he was in the Center For Drug Studies Program and was attempting to carry out his commitment, although, contrary to the stated policy that each person does his "prescription" alone, the director of the Center has on occasion, had to make personal appeals to school administrators.

However, the staff has provided no procedure to check if a person is actually carrying through his commitment. The failure to provide any type of safeguard to the one area that is considered the most important concept of the program, opens the staff to the accusation that their efforts are not to affect a "cure," or a change in the views of their clients, but instead, to provide nothing more than a forum where people can meet, "rap" for several weeks, and be rewarded for a successful endeavor.

Success in this type of endeavor serves to help convince the involved youth that he can succeed in doing something vitally important to his needs without drugs and without someone always intervening in his behalf. There might be a possibility that some of the things chosen as "prescriptions" could be considered as minor incidents and not things important enough for a Drug Center to concentrate upon. This is a decision each reader must make for himself. The intent is to bring people back into the mainstream of contemporary society through whatever means are necessary.

An important part of the staff make up at the Center For Drug Studies is the participation of the volunteers. These volunteers come from several areas. Many graduates wish to spend some of their extra time at the Center. They drop in to handle the telephone, do various office work,

greet visitors at the door and help by becoming part of the teams that present the program in large monthly evening or public orientation sessions.

Adult volunteers come to the Center in four ways:

1. As interns from the Mental Health program at Oakland Community College.
2. Interested women from surrounding communities.
3. Wives of men who have taken courses at the Center.
4. Members of the Birmingham Junior League.

Dr. Jalkanen explained the primary role of the adult female volunteers. He uses them to balance the predominately male staff in an attempt to prevent the necessity, at times, of having a double staff in order to provide a balance of male and female personnel. Their presence at night also provides protection for the young female participants and volunteers.

These volunteers speak very highly of what they believe the program is attempting to do for youth. They also speak in glowing terms of their own relationships with the people going through the program. Jane, one of the College interns whose own child was going through the program tried to sum up her own feelings, which she claimed represented those of her fellow volunteers, as an "eye-opener,"

where "my own personality and beliefs were challenged. I had to break out of my own shell and learn to accept other people for what they are." Jane felt that the volunteers help break down the barrier that exists between young people and adults by their own interest and involvement.

At the time of this study, 145 youth have completed the program at the Oakland Community College Center For Drug Studies and have gone through public graduation ceremonies. According to the 1971 Annual Report, the youngest graduate was thirteen (13) and the oldest is forty (40).[3] Graduation at the Center is an emotional affair. Civic leaders join friends and parents of the graduates to celebrate the completion of the program. Each graduate is called up individually to receive an engraved diploma and letters of recommendation.

Up to 300-400 people attend the graduation ceremonies, including current participants in the program and many past graduates. Immediately after the ceremony, everybody gathers for a brief reception, eating food donated by friends and families of the graduates.

If the clientele of the Center were to be defined as only the staff or graduates, a study of this organization would be limited in scope. Such an examination would look

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[3] Ibid. , p. 10.

only at success while ignoring any problems that might occur which would cause people to leave before graduation.

Thus in order to gain a comprehensive picture of the Center, interviews with drop-outs were conducted as to their perception of what they had seen and felt as program participants.

Graduates of the Center have completed their formal relationship with the organization. The first graduates came to the Center when it was an unstructured "Rap-House" and remained to go through the current structured program. All individuals graduating after the first group are products of only the revised structure. One commonality with both of these groups has been their willingness, or need, to revisit the Center on numerous occasions after graduation.

The people who withdrew also have certain commonalities. They are primarily a younger group. They range between 14 and 20 years of age. Since the criteria used at the Center to classify withdrawals is that a person must remain in the program through the orientation period, drop-outs are respondents in this study left the program somewhere in the second or third phase.

These two groups were chosen as the interview respondents because they have had a better chance to feel the full effects of what the organization is attempting than

current participants. Each person in these two groups made a final decision; either to resign or to stay at the Center.

The clientele at the Center For Drug Studies ranges in age from thirteen to the early forties. Each participating group has been age grouped, so that peer involvement can be kept intact. Generally, the age groupings are 13 through 16, 17 through 20, and 21 and older. The groups are not segregated as far as severity of drug usage or problems are concerned, because the premise is that drug usage is only a symptom of problems that are shared mutually by youth of the same age group.

Respondent's Perceptions and Attitudes Toward the Center

People of different age groups tend to view their surroundings through the light of different experiences and precepts. This should allow a researcher to gain a wide range of views if his respondents represent a sufficient age spread to generally represent the total population whose lives are affected by the organization under study.

Basically, the older graduates of the program had been more deeply involved in substance misuse before coming to the Center than the younger graduates. This held true for not only the variety of substances being misused, but also for the intensity of use. There were exceptions to

this, because not all of the graduates had used illicit substances, and several very young graduates were deeply involved in usage before coming to the Center.

The 1971 Annual Report of the Center For Drug Studies reported that follow up procedures on fifty (50) graduates who had completed the program from August through December 15, 1971, showed only six (6) graduates had used any drugs or substances since graduation. These youth became re-involved in the program. Only three (3) used substances more than once after graduation. This gives the organization, according to the report, an effectiveness to curtail substance use at a level of 94% effectiveness.

TABLE 4.1 - Graduate student data[4]

Graduates	50
Used substances after graduation	6
No use of substance after graduation	44
Use of substance more than once after graduation	3
Percentage of program effectiveness	88%
Percentage of program effectiveness after secondary sessions	94%

[4] Ibid., p. 12.

The interviews held with some of the same graduates who were surveyed pointed out one factor that was not considered by the staff. Several of the graduates had originally exaggerated their amount of drug use during their stay at the Center. There was a definite need for exaggeration on their part. They felt that in order to be successful in their groups, they had to show that they had problems that were bigger and better than those of the other members.

When asked in the survey whether they had carried through their commitment to stay away from drugs, it was easy for them to be affirmative. Not all of the graduates exaggerated or falsified their problems during the group sessions, but enough had done so to cause the survey results to be inaccurate.

There were certain commonalities that existed among the users. They began using non-prescribed substances early in high school, or while in their second year of junior high school, through the influence of either a friend who was already using drugs, or as a way to enter a group or clique, with which they felt a need to associate. Not all drug usage among the graduates was mild, or limited to just one type.

Terry typified the respondent to whom police action was the only thing that got her to receive help. She

equated being arrested with her realization that she had "a problem." As she stated:

> I didn't think my drug using was too much of a problem until I got stopped. My parents had told me that if I wanted help, they would get it for me. I said no. After all, I didn't have any problems. But, after I got 'busted,' I decided maybe I did have a problem. The probation officer suggested I come to the Center for direction.
> I went through the program and then went down to the probation officer and talked to him. Dr. Jalkanen talked to him and the judge. They took me off probation. In fact, the judge came to my graduation. I hear now he refers most of his kids to the Center, even when they're not on drugs.

Terry's effective use of the top administrator of the Center to help her with law enforcement officials was only one of the ways she found that she was helped.

Other graduates came to the Center in a different manner. They seemed to sense their problems and turned to the Center in an attempt to solve them. One of the most fundamental and recurrent problems they had faced when they had been heavy drug users was the possibility of censure by the people or official agencies with whom they were liable to come into contact. This fear ranged from the possibility of arrest to the many problems faced by a youth in school caught using drugs.

Pete was one of the few addicts who the Center

staff had referred to a detoxification program, and then returned for the program. He had been deeply involved with drugs since he was 14 years old and had been on heroin for three years before coming to the Center. He had served several jail sentences before he was 20 years old, and at the age of 25, he had turned to the Center as a last resort. This was not his first attempt at rehabilitation, but as he stated, determined that it would be the "final and successful" attempt.

Pete claimed that he had been off of drug usage for over five months. This is about the average length of time that a typical graduate of the Center can claim, since the present program has been in existence for a year. He had initially fought the commitment requiring drug abstainance, using the argument that was typical of several of the older graduates when they were in the early phases of the program, "A little bit of 'grass' won't hurt me."

It took Pete until the middle of his involvement in Prescription before he was finally motivated enough to totally commit himself to non-drug usage. Pete pinned down his change to both his intense desire for it and to the support he was provided at the Center. He didn't look at at the organization as a program. In fact, when the words "structured program" were mentioned during the interview,

he turned instead to the concept of effective group pressure. He felt that he couldn't change alone. It was to him the association with other youth who fought their problems that gave him success.

Drug users do not live in a social vacuum. They understand that their actions are not socially acceptable and that there are always some people who would punish them through prosecution or by attempting to remove them from the conventional social structure. While conventional society has regarded illicit drug usage, primarily when practiced by teen age youth, as an attack upon its norms and values and has shown little willingness to understand the problems that bring about the use of drugs, the youth at the Center feel that they have been provided support, not for drug use, but for their need to understand their problems.

The subjects in this study who had used drugs attempted, on the most part, to exist within a framework of survival in a world that they totally rejected, or in one where they felt rejection by others. Even when their usage was not publicly known, they lived in a world where there were real threats to their desired life style. It became increasingly difficult for them to maintain the split between the conventional involvements so necessary to survive in society and their drug usage activities.

The age of the respondent was an important factor in how he described his feelings toward how much he had been helped at the Center. It seemed that the younger the respondent was, the more he expressed the feeling that the staff had motivated him to work on his problems, for without the support of the staff, whatever the problems he faced would have remained unsolved. Eric, at the age of 17 reflects this group. The Center has become his entire way of life. He spends every spare moment that he can find in the building associating with whoever he can, describing his love for the Center:

> People here at the Center seem like my brothers and sisters. I associate with them whenever I can get there and stay until closing. Then I go home to do my homework. I don't have time for anything else. Look, they saved my life. I was so hung up on drugs and my problems with my family I almost killed myself. Do you realize, I'm not even 18 yet and I thought almost every day about dying. Then, I came here and discovered all of these kids my own age working to straighten out their own problems and really succeeding, I began to really live again. They showed me that all those things I thought were problems were not that important. Can you imagine kids my own age helping me? I could never have done it alone.

According to Eric, the Center offered an opportunity to meet a peer group that was learning to use nothing except themselves to solve some of the problems that seemed unsolvable in the past. He was one of the many adolescents who find their life to be lonely. When a teenager is unable

to fit into what would be considered as an orthodox group, he sometimes turns to drugs as a means of finding acceptance in other groups. It is much simpler to seek a reference group or friends who take various substances, since one of the prime desires of such a group is to convert new members. It is not difficult to enter the group, or to retain membership as long as the use of these substances is continued.

Even though most of the graduates during the first year of operation of the Center had been drug users to some extent, there were several who came for other help. They had turned to the organization seeking solutions to problems that related to self image, family and/or school. During the interviews, these individuals stressed the fact that the mere ability to talk with someone who would listen and offer suggestions from their own experience was sufficient to help them to become motivated enough to seek answers to some of their problems.

Mike was representative of the older graduates who sought help at the Center for problems that had nothing to do with drugs. He had not finished high school, but had been accepted to Oakland Community College after completion of the General Education Development Test. He first visited the Center with one of his classes.

Mike could not clearly state, even after graduation,

why he decided to participate in the program, except to point out that the staff member who spoke to his class "hit a chord" with his remarks concerning family relationships and the role each individual had to play to keep the family together. He joined "just to see what it was all about," not certain what he was seeking:

> First, I saw this change in me after I had been in the program for about 3 weeks. I had no relationship with my family, sister, or brother. I couldn't talk to my parents. Now, I can talk to both of them. The greatest thing was that my parents are now both involved in the Center. My father has taken the counseling courses and helps out with some of the kids kind of informally. My mother is a part time volunteer. It's helping them to associate with kids from other families. My grades in school now are great. I wanted a goal, wanted to achieve something. Not my parents telling me to do it. I did it myself by going through the program. You know, the Center caused a change in my academic outlook. It's become the type of thing where I want to learn myself. Not just putting it off. It's still hard to get into study habits, because I've been out of the habit for so long. Like reading text books and stuff, but I'm trying.

One of the major points that the graduates stressed was their inability to relate with their parents. The problem existed with both drug users and non-drug users. Their difficulties seemed to have begun about the time they left elementary school. The reasons for parental strife varied from a feeling that too much advice or interference had occurred, to a rejection of help from parents when it was needed.

Not all of the respondents in this study expressed a feeling of rejection or had difficulties within the total familial group. When pressed to discuss specific problems, they centered more upon the father. The father figure was variously described as being too shy or weak, domineering, or continually drunk, so that the mother became the dominant figure. Marge, one of the adult volunteers in the program suggests the following:

> Young people see an awful lot of women teachers or mothers, and not enough of strong males who can be of assistance to them. Maybe, they need a group of young men who know who they are, and are strong in themselves.

This remark could explain one reason for possible success of this organization. The staff is predominately male and close enough to peer age to help make an impact on the individuals involved at the Center. This organizational design was shown best through the younger respondents, who claimed that their attitudes toward their families changed because of how they were influenced at the Center. As Jim stated:

> They have learned that they must play an active role in making their family life succeed. They have very little to do at home. There are maids to do the housework, lawn services to cut the grass, and car washes to keep their cars clean. Where these things used to be the responsibility of the family unit, they are no longer available to the youth of the family. So, these young people turned to other areas for identification.

Tanya was one of several respondents whose problems

were not limited to their parents. Her school grades and peer relationships were still poor five months after her graduation. She felt that boys were still interested in her for just drugs and sex. She had also been trying to volunteer for a new drug program in her community but felt that she was being arbitrarily ignored by the director of the new Center for what she felt were obsecure reasons.

Several changes in Tanya became evident a month after our interview when we met at a graduation at the Center. She had succeeded in becoming a volunteer and had met a new boy there who, she felt, liked her for herself. They spent the evening at the graduation with hands clasped together, ignoring most of the proceedings.

Tanya is one case where brief association at the Center did not bring the total solutions that had been predicted by Jim. Her dependency on the program was still obvious. She still depended upon the Center or its model to supply her with support and friends. Yet, no follow up was made by the staff to see whether this one individual had been entirely successful in any of the goals that she had stated while as a participant, or whether she had only brought forth surface problems in her group. Darryl was aware of some of her problems after graduation, including her pleading to join the other program, but did nothing to

help. The only answer he offered was, "Her problems couldn't have been so bad, or she would have never finished the program." The amount of success that Tanya gained from the Center cannot be measured. She still openly clings to the Center and what the people who associate with it have to offer her.

As stated earlier in this chapter, the older respondents more clearly recognized that the decisions they made at the Center were actually internal, instead of coming from anything specific that occured while they were participants.

Candy, who had just turned 20 years old was one of these people. She had been using drugs much longer than Tanya and had five more years of seeming maturity behind her. Her family relationship had been even poorer than Tanya's. She left home at the age of 17, keeping only brief contact with her parents. Her "prescription" was to try to return home and learn to readjust her relationship with her family. She felt that after the weeks spent being counseled in her group, she could now even identify where the drive to renew the family ties had come from:

> It came from within me. The Center brought it out. Drugs did nothing for me. I got goals. I know where I'm going. I get along with my mother now. I didn't before the program. Now we are close, more open. I feel comfortable now. My father doesn't agree with me, but we can talk a little bit. It was all the Center,

> if I hadn't come to the Center, I'd be in the streets using drugs. On drugs everything was bad, parents-people. Now I can tolerate them at times. I don't feel wasted. I am somebody.

The comments these respondents made concerning their family relationships also helped to point out a problem that does not seem to be recognized by the staff at the Center. Parents have not always been involved in the program. Some have attended mass orientation sessions, or have enrolled in the courses taught at the Center. But, others, through either their own lack of interest, or the deliberate actions of their children, have never learned the purpose of the Center.

School experience has been fairly negative with the people involved in this study. Most of them had poor grades and kept away from the activities and functions that comprise a typical school community. This did not hold true for all respondents, but the deeper the individual became involved in drug usage, the more he withdrew from the conventional school society. School beyond the elementary grades became a "drag," a place where the rules were too strict to tolerate. Within the context of such an environment, the individual either had to cope with the rules, or go his own way, by dropping out of school, or turning to various substances.

Respondent reaction to returning to complete an

education varied. The females showed more interest than the males. The younger respondents talked more of "accepting school for what it can do for me." Several respondents had set returning to school after a lengthy absence as part of their "prescription." The reasons given by the older male respondents toward returning to school are not as exhuberant as those given by the females.

The casual atmosphere created by the staff of the Center seems to be effective with those people who indicate some ego strength to begin with. They could be more easily motivated. They could have some idea of themselves and where they are heading, but seem to have gotten off the track toward their goals as they entered their teen years. Most of the participants in this study have expressed a deep feeling of loneliness, so in order to find friends or stay in a group, they did things the others did.

Some of the participants began to feel that this was the wrong thing to do, so they sought help for themselves. They tried psychiatrists, psychologists, yoga, or in rare cases the school counselor, or a religious leader. But, it was not until they came to the Center For Drug Studies that they met what they termed success.

Not every person who enters the program follows it through to conclusion. The organization requires a

commitment that must last for a length of time that goes beyond the present capabilities of some people who attend the initial orientation sessions. The program is primarily designed to provide self help through group aid.

Records are not kept as to the name of people who attend general orientation sessions. The sign-in sheets are ignored during these activities. They are on the table in the foyer, but no staff member reminds the people to sign them. In fact, a person is not considered by the staff to be a participant at the Center unless he has completed Orientation.

I realize some of the pitfalls of using the organization's definition of a drop-out. Without accurate records, it is impossible to tell the type of person who does not continue at the Center. I have lost a great deal of insight into what might be wrong with the organization, or with what type of people left the Center. It seems that the staff is not concerned about the people who do not stay.

The 1971 Annual Report, covering the period from July through December 1971, lists 89 participants and 16 withdrawals for various reasons:

TABLE 4.2 Program Withdrawal Analysis-1971[5]

Change of work schedule.	6
Moved out of area.	3
Decided to leave program	4
Lack of interest	3
TOTAL	16

The vagueness of the information in Table 4.2, leaves several questions unanswered. The records at the Center, when compared to what the staff members had stated in their interviews, showed a wide variance of information. The interview information showed that nobody attempted to find out the underlying reasons of why the seven (7) quit. The lack of perseverance of the staff could be blamed upon their lack of experience and upon a total disinterest on their part to chase down people who had quit.

It wasn't until after the first year of operation had ended, that any further follow-up occurred. The job was given to the volunteers, who contacted the drop-outs by telephone. By this time, the staff had become overwhelmed by a sharp increase in participants. The only question that the volunteers had asked was why the drop-outs had quit. No extensive questioning was made to discover their underlying reasons.

The same problem occurred in the drop-out survey that had existed with the graduates. There had been no

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[5] Ibid. , p. 9.

check for truthfulness. It was impossible to interpret from the data the amount of drop-outs who continued drug use, or had even offered the real reason for their withdrawal.

Another survey of drop-outs occurred during the first five months of 1972. The collected information was so vague, that it could only be made clear after I began to interview the drop-outs and intensively question them. The following table represents a composite of both information collected by the staff and myself. Even with this lack of accurate record keeping, a much more comprehensive list of withdrawal reasons is now available for study:

TABLE 4.3 Program Withdrawal Analysis January-May 1972

Employment interfered with attendance	8
Parents forbad Center attendance	10
Could not keep commitment	6
Referred to special programs or other Centers	6
Gave no reason for withdrawal	4
Too far to travel	2
More time needed for school	2
Ran away to get married	1
TOTAL	39

Parental objection to participation in the program was revealed for the first time in this collected data. No indication was given at the Center as to the cause of the withdrawal of the six participants who claimed lack of parent support. One thing that this researcher found was

that all six were ages 14 through 16. They were not in the program long enough to verify if they left because of a lack of commitment, a lack of transportation, or whether parental pressure was the only cause.

For the first-time, it was noted that several participants were referred to other organizations. One youth was referred to Children's Village, and another to a mental hospital. One addict came to the program and was referred to RAP House, a new 24 hour therapeutic community in the county. The Juvenile Court had referred one youth to the Center. His lack of attendance and participation found him returned to the Court, which then sent him to the Oakland County Juvenile Home.

Several of the withdrawals came from youth who felt that they were not sufficiently motivated enough to need graduation from the program. They had "prescribed" their own goals and had succeeded in accomplishing them. Tim, a 16 year old youth who attended a parochial high school and lived at the other end of the county felt that he couldn't persuade his parents to drive him to the Center through winter storms.

Beth, who had quit the program just before graduation felt that she had accomplished what she had set out to do without needing a piece of paper that verified that

she had indeed accomplished those purposes.

Several other respondents who had left the program before graduation had reacted personally to other members of their group to the point that they used the excuse that disillusionment toward one individual changed their whole attitude toward the program, Susan was one person who reacted this way. She left the program after watching the actions of just one member of her group:

> Well, in my group, we had a real good session, I thought. But, the thing that would happen a lot was that you'd have to find out if everybody was doing well. Then, you'd find out somebody had gotten high, and would say he'd never do it again, and maybe he'd do it again, or someone else will. It just keeps going around like that. You know, they act like it's so hard to quit for the life of the program or something. So, they keep saying I'm serious about this. They're not really, I think. We had this one guy in the group that was the most outspoken person in the group, like he was a 'junkie' for three years and he had just got out of jail and all this. He went on and on and we found out that he wasn't even telling the truth about anything he was doing.
> I don't know. I really trusted him. I thought he was the most serious one in the group. But, then, like he dropped out, kept dropping out. I guess he had a parole officer. I think that's the reason he went, to get that diploma. I sort of just ran out of enthusiasm.

Not all of the drop-outs withdrew from the program because they felt that they accomplished their goal to stop the use of drugs. One young man who attributed his failure of his junior year in high school to drug usage had joined

the program through a friend who had convinced him to at least visit the Center. His experience at the Center proved to be unacceptable to his needs as he stated:

> Well, after a while, it just seemed that what I thought was there, wasn't there. Lot of people, like the staff all seemed to know what they were doing. But, they had a little plan, like to get down on people as far down to make them feel rotten. Then they'd be nice to them and bring them back up. Then, like every night you'd go there for a session and the same thing would happen. You know, and it didn't just happen people would say what they wanted to say. They knew the more they talked, it would be the quicker they got out, usually, and I was never the one for talking a lot and they kept saying, why don't you talk, and all this. You know, I just couldn't see it.

Another exception to those drop-outs who kept their commitment was a 17 year old, well dressed, short hair youth who briefly had stopped his heavy marijuana use. Arthur had joined the program at the insistance of his parents. He said that he had felt that he owed them some obligation to at least investigate why he should stop. During the beginning of Articulation, Arthur began to fight with his parents. He described that, as an act of retaliation, he walked out of the program and resumed smoking marijuana.

Terry was at the apartment during the interview with Arthur. It seemed that Arthur felt he needed support from his friend. He kept attempting to bring him into the conversation. The program Terry had graduated from was

one of the first to be opened using the Center's model. Terry had been an early graduate and served as a volunteer until he quit approximately one month before my interview. He had quit, as he stated, "in disgust" and had returned to marijuana use. He felt that he had been "cheated" by the fact that the staff continually "boozed" it up at their parties, when they were telling their clients to be straight.

Both Arthur and Terry attempted to describe their views of the program each had gone through. To Arthur, the program and staff at the Center was full of warmth and vitality. Each person felt at home in the program, even if, in Arthur's case, his parental feelings kept him from fully participating. There was, in Arthur's opinion, nothing built into the Center that would hinder a person seeking and accomplishing his goals.

Terry, on the other hand, described a cold, formal situation, where the staff talked to the groups about abstaining from drugs and all other mind altering substances, while they in turn would get "roaring drunk" at their own parties. He claimed that he had gone completely through his program, fully committed. It was not until after he became, what he considered, an integral part of the staff that he "...saw their hypocracy." He quit the program, rejected his commitment, and returned to drug use.

Further investigation upon my part after the interviews verified much of Terry's accusations. Shortly after the time he had left the program, the supervisor of his Center was replaced and the program realigned to more closely follow the pattern of the Center.

Several people left the Center and returned at a later date. Several of the respondents involved in this study, fall into this category.

When Paul was approached, as Staff Coordinator, to find out his reaction concerning some of the people he knew who had quit and later rejoined the program, he spoke at length attempting to describe what he had seen:

> Yeah, I think that some don't make it in the program. It could be possible for someone to bullshit his way through the program and not get anything out of it, but I don't think they would try to do it. We had a few people in Prescription who tried to do it. They admitted they were using drugs. They couldn't do it any more. They realized that bullshitting their way through the program wasn't doing them any good. To me, that represents the power of this program. They tried to do this just to say that this program is full of crap. By the time they got half way through the program they realized that they don't need drugs.

None of the drop-outs participating in this study had ever sought help for drug related problems before they came to the Center. Many of them had not considered usage as their problem. Instead, they felt, like several of the

graduates had stated, that their problem was one of communicating with other people. Shyness and inability to defend their beliefs in front of a group had led them to use various types of substances in varying degrees.

This researcher has not been able to affirm whether other drop-outs, whom he had been unable to contact would have offered the same general reasons for their withdrawal from the program. It is unknown at this time whether they left because of a dissatisfaction with the program, or for some reasons that had nothing to do with the Center itself.

The problem of participant retention is faced by the staff of the Center For Drug Studies in the same manner that it is faced by any organization designed to help people who primarily come on a voluntary basis. Staff meetings are held weekly to evaluate participant progress. Though continued efforts are made to devise methods to retain an individual once he enters the program, little is actually done because of the belief that most of the staff have about the fact that their clientele are involved in primarily a self-help program. Paul summed up the feelings of the rest of the staff, when he said:

> We offer them what we can do. We say this is what we really can do. I'd like for you to pitch in and give us a hand. It has to be their decision. It's a self-help program. They must make the decision.

Chapter Four contained the findings of the study. It contained six sections that described the Center For Drug Studies, its program and the respondents' perceptions and attitudes. Chapter Five will contain the summary, conclusions, implications of the study and recommendations for further study.

CHAPTER V

SUMMARY AND CONCLUSIONS

This study was designed to present a descriptive analysis of the peer influence social problems at the Oakland Community College Center For Drug Studies through the use of the field techniques of observation and open-ended interview. The researcher has used Case Study methodology to determine whether the individuals who have been involved at the Center have benefited from their participation.

Using open-ended interviews and limited participant observation, a comprehensive picture was developed to seek the answers to the following set of exploratory questions:

1. Is it the organization of the Center or the human support system within the Center that makes for a successful experience?
2. Has attitude toward self-worth shown positive improvement through participation at the Center?
3. What facets of the program at the Center are unique?
4. Do the procedures at the Center accomplish what the staff set out to do as defined in their stated goals?

5. Did those participants who reported a successful experience substantially change their life styles?
6. What do individuals who failed to complete the program cite as the reasons for their leaving the Center?

Question 1: Is it the organization of the Center or the human support system within the Center that makes for a successful experience?

It is a combination of the organization and the support system that has led to the successful experiences of the graduates.

It is the organization because of the flat, flexible structure built around a dedicated staff. Most of the decisions concerning the operation of the program are mutually decided upon at all levels. There is a deliberate lack of professional help. The staff is young and except for the Assistant Director, are all graduates of the program. They relate with the clientele primarily because of their age and actions.

Several characteristics which are typical of highly structured, pyramidical organizations do not exist at the Center For Drug Studies. The most important of these that are often referred to in the literature are specialization of roles and tasks, the prevalence of autonomous, rational

non-personal rules in the organization, and the general orientation to rational, efficient implementation of specific goals.[1]

An example of this type of organization is the subject-oriented school. It has a highly complex, hierarchal, subject oriented, pyramidical structure. There is a distinct line-staff division of both labor and approach to the clientele either formally in the group sessions or informally between sessions. Everybody is on a first name basis. Even the assignment of groups is done by mutual agreement by the staff.

It is the support system because the tasks created for the participants are simple to the point of being virtually non-existant. The only basic requirement for graduation is the commitment to refrain from the use of drugs during the time of participation and even this is not closely examined. The participants must rely upon themselves, aided by a group of peers and the guidance of a semi-trained staff member.

Participants realize that they have the ultimate choice of remaining at the Center and continuing their commitment, or leaving at any time. This belief is fostered

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[1]For a summation of much of the literature in this area see Peter M. Blau, Bureauracy in Modern Society (New York: Random House) 1956.

by the staff, since they continually remind their groups that they are in a self-help program.

There is high normative compliance among the clients. An intense desire to participate in the activities at the Center is tied to high acceptance of staff efforts. This has led to good interaction between the lower echelon staff and the participants.

Thus the effect that the program at the Center For Drug Studies has upon its successful participants is caused by both the individuals who offer support in the program and the organizational structure of the program. The commitment made by each individual is only a beginning in the progress that must be made as he continues. Therefore, the group process becomes a major determining factor as to the success or failure of the program.

Question 2: Has attitude toward self-worth shown positive improvement through participation in the program at the Center?

Self worth of the respondents has been enhanced by positive reinforcement in three areas. There has been a change in the social behavior of both the graduates and drop-outs. Attitude toward furthering their education has improved. There has been a significant increase in family relationships.

The respondents reported that except in an isolated

case where a drug using friend had been close since early childhood, new relationships were formed. The same held true for the shy, withdrawn individuals. The group enforced relationships at the Center showed them successful ways of integrating into new peer groups.

Many of the respondents' views toward education changed. The older youth, who had quit high school before graduation, used the General Education Development Test to enter Oakland Community College. The younger participants used suggestions and direct help from the staff to intercede with school personnel in order to return to school or to gain a better understanding of how they could adapt to a school atmosphere.

A much clearer conception of how they should fit into their role within a family led several respondents to reestablish ties with their parents. This was aided by the involvement of parents in some phase of the total program at the Center and by reinforcement of adult/youth relationships within the groups.

Therefore the involvement of the adults at the Center, combined with the efforts of concerned school personnel and parents have given the participants a new look at themselves as they have reexamined their self worth and roles in society.

Futhermore the procedures devised by the staff at the Center to help develop attitudes toward the improvement of self-worth are congruent to those that have been described in the literature as effective peer group oriented approaches. They seem to have effectively destroyed the barriers of communication that are sometimes found between youth and adults.

Question 3: What facets of the program at the Center are unique?

The core of the activities at the Center For Drug Studies is a three step structured, sequential program to help individuals involved in the drug culture refrain from usage. The steps are as follows:

Phase 1-Orientation-Orientation lasts for a week. In that time, the individual becomes familiar with the house, the other persons in the group, the staff and the program.

Phase 2-Prescription-Prescription lasts a minimum of two weeks. The group members talk among themselves without fear of being rejected for what may be revealed. The individual composes a written "prescription" concerning a major problem on which he wants to work. It consists of some behavior patterns he wishes to change or improve upon. It may be drugs or a social

problem with which he has been unable to cope.

In terms of program specifics, all of the respondents stated that this Prescription phase had the most effect upon them. It was during this phase that respondents claimed they discovered that other people cared about them. They felt that only in the atmosphere created at the Center could they bring their anxieties and problems into the open and take an objective look at themselves.

Phase 3-Articulation-Articulation lasts one week. The individual puts his "prescription" into action. After he has successfully initiated this phase, he will graduate.

These three structured phases, combined with courses, a drug research activity, teacher and parent training in the psychology of drug abuse and parental involvement, all of which have been described in earlier chapters, create a unique atmosphere not found elsewhere.

This type of program approach could not effectively work in a highly structured, formal, pyramidical organization. The participants at the Center have turned away from highly structured organizations because they felt that their needs had not been satisfied. They found at the Center a peer oriented, supportive group that provided help in the solution

of their social problems without the demands that had existed elsewhere.

Question 4: Do the procedures at the Center accomplish what the staff set out to do as stated in their defined goals?

The success of the Center lies in the fact that the defined goals have been so broadly stated that the staff has been able to adapt their procedures in the areas of group involvement techniques and peer influence to fit new clientele bringing social problems other than drug misuse. Thus they have been able to respond to other needs, such as social alienation, without changing their program style or basic approach.

The goals of an organization constitute one of the most important links between it and the total social structure in which it exists. The major goal, as originally set by the organization, is often considered by the people and groups with which it interacts as its function. Therefore the nature of the goals play a great part upon the relationship between an organization and the population it serves.

The fact that this organization uses the title of Center For Drug Studies can cause a belief that the major goal is to study drugs. Examination of the procedures of the Center indicates that little is done in this area. Research into drug etiology and drug psychology was done only

during the first year of operation. This led to the structural change from drop-in-center to a structured peer directed program for several types of social problems. Now, the Center not only serves as a receiving agency for referrals from courts, police and schools, but has become, in turn, a referral agency for youth with problems that do not fall within its realm.

The goals of a service organization such as the Center are in constant need for reappraisal. There is also a need for periodic adjustment of the relationship that exists between the staff and its clientele. Where the purpose calls for easily identified, readily measured items, reappraisal and readjustment of goals may be accomplished rapidly. This occurred at the Center when non-drug using individuals began to seek help with their problems.

When goals call for more intangible, difficult products to be worked with, organizations such as the Center For Drug Studies find it more difficult to determine how to readjust. This occurred when the staff was faced with determining, in depth, the reasons for people leaving the program before completion of all phases. This evaluation component became one area not completely carried out.

Thus the broadening of the original goals of the Center caused this organization to become more highly diversified. Its original domain had to be extended to

include a new kind of clientele. As defined by Levine and White in their study of relationships among health agencies in a community, domain consists of "claims which an organization stakes out for itself in terms of (1) diseases covered, (2) population served, and (3) services rendered."[2] In the case of the Center For Drug Studies, a substitution of "subjects covered" for "diseases covered" allows the definition to be expanded to this organization.

The domain of an organization identifies the points at which the organization is dependent on inputs from its environment. For the Center, its environment consists of volunteers and referrals from the surrounding tri-county area, whose ages ranged from early teens to the early forties. The domain of the Center has been clearly recognized by community and school authorities within Oakland County through both financial and public support. It is the only organization of its type in the county and is serving as the model for other programs about to open in several Oakland County cities.

An unstated goal of any organization is self-perpetuation. In order to carry out this goal the

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[2]James D. Thompson, Organizations in Action (New York: Mc Graw-Hill Book Company, 1967) pp. 26-29, citing Sol Levine and Paul E. White, "Exchange as a Conceptual Framework for the Study of Interorganizational Relationships," Administrative Science Quarterly, Vol. 5, March, 1961, pp. 583-601.

organization must be judged by those in contact with it as offering something desirable. The staff at the Center has succeeded so far to carry out this goal. They would not be able to do so if they had adopted a formal, pyramid type of structure. The informality that has been developed allows for a free flowing peer directed "structured" program to succeed in the eyes of its clientele.

Question 5: Did those respondents who reported a successful experience substantially change their life styles?

The older respondents showed the greatest change in their life styles. They had been deeply involved in drug usage or their social difficulties. Their sense of alienation before becoming involved at the Center was very severe. They reported that it had been difficult to change because of their deep involvement in the "counter culture" they had joined. The life style they had turned to had been built upon a strong rejection toward the conventions of home, formal education or the world of work that most adults had accepted.

Their involvement at the Center firmly led them to believe that they could straighten out the problems that had led them to drug usage and alienation from society. There has been a substantial change toward better parental relationships and began to work out a better acceptance of formal education.

The younger graduates have been the group that has been most active in attempting to carry the beliefs and program format of the Center into their communities. They have not been entirely successful, but have succeeded in making their peers and school administrators aware of the existance of the Center and its goals.

While these behavioral changes, as covert as they are, stand out, it became apparent that there were also equally as substantial attitudinal changes. The respondents expressed clearly defined changes in their belief systems toward a better relationship with society.

It is still too early to claim that the immediate change in life styles of the respondents will be permanent. The early indications are that so far there has been a positive change. There was clear indication from the respondents that the positive change in their life styles came from both within themselves and from the support they received at the Center. They continually pointed to peer association in a group situation as the procedure that helped clarify the possible approaches they could take to solve their social problems.

Question 6: What do youth who failed to complete the program cite as the reason for their leaving the Center?

The people who left the Center before completing all phases of the program, including graduation, offered a variety of broad reasons for their action. These reasons ranged from a feeling that they had received poor orientation, to dissatisfaction with the type and amount of help given. Several respondents were not firmly convinced as to the need to change their current life style.

Most withdrawal from the program occured during the Prescription phase. The respondents who left at this time expressed an underlying dissatisfaction with the way they felt that the groups were structured. The constant probing by the staff was interpreted by them to be a search for evidence that would justify existance of the program at the unfortunate expense of the participant.

Several other respondents left after feeling that a particular group member was lying or exaggerating his problems. They saw no reason to remain in "rap sessions" where the staff would not, or could not, separate truth from falsehood.

All of the drop-out respondents cited that the Center had effected them enough to curtail their drug usage to some extent and to re-think some of their problems. In several instances graduation was the only step they had failed to achieve. They refused to attend the graduation because they felt that a commitment was a personal thing,

not to be shared at a mass public display.

Thus the drop-outs cited several reasons for their not remaining with the program. It cannot be verified at this time whether the partial acceptance of the commitment fostered at the Center has been firmly held, or whether completion of the program would have made a significant change in their attitudes and/or behavior.

Summary

This Case Study examined the Oakland Community College Center For Drug Studies through the field techniques of interview and limited participant observation. The interviews were based upon a set of exploratory questions which were used to determine whether the individuals who have been involved at the Center benefited from their participation.

In general, the respondents indicated that they did benefit from their participation. The graduates cited that both the organization and the human support system within the Center, through the use of peer group association and influence, had a positive effect upon their self-worth and life styles.

The drop-outs also felt the effect of what the staff was attempting to accomplish by citing that their life styles had shown some change. These changes ranged

from partial curtailment of illicit drug usage, to a complete commitment of drug abstinence working upon their individual problems even if they had quit the program.

Implications of the Study

This study has attempted to supplement the literature pertaining to structured peer directed drug abatement/social problem programs. The philosophy of this organization has been adopted by several communities and school systems in the tri-county area. Personnel from these school systems have been trained at the Center and are currently examining the educational and social practice in their schools to see what changes can be implanted in order to better communicate with a larger portion of their students.

It appears that fear tactics and fact presentation do not resolve the drug issue. If schools are going to successfully confront this problem, educators may have to change their attitudes and accept drug usage as a fact of life. It also appears that social problems such as drug usage cannot be eradicated. But, youth can be guided to alternative non-drug oriented "highs" that can be achieved without having to turn to chemicals.

Few teachers and administrators, to this date, have been trained to understand the problems that lead to either drug usage or alienation. They are also not equipped

in the conventional classroom or school to cope with individual problems or crises as they arise, especially if they are drug related.

Drug usage is currently a teen-age phenomenon. It has become part of the growing up process of many of today's youth. Whatever the causes, they know as much about drugs and their dangers as some of their instructors.

The subject-oriented school offers little chance for adolescents to discuss problems that are part of their own growing process. They are faced with issues that must be examined in depth, but they must rely upon teachers or counselors who have time only to treat them superficially. By current state law and school codes schools cannot provide treatment facilities. All that can be offered is the limited help given by counselors and social workers.

During the years that this researcher has served as line administrator in a public school, coordinator for a community drug abuse prevention program in a major suburban city and an educational consultant, he has seen a variety of drug prevention programs that have been introduced in the Detroit metropolitan area. Each school system in the area followed primarily the same approach. They initially introduced system-wide programs of facts and scare tactics, followed by films and speakers. Not only were the teachers

and administrators untrained in knowledge concerning drugs, but they also attempted to fit their new programs into the current scope of curriculum.

Most schools made no investigation into the problems that led their students to drug usage. No mention was made of peer influence, the social problems that youth faced, or the spread of drug usage from inner city adults to suburban youth. Instruction was primarily accomplished through class sessions or school wide assemblies without an attempt to provide individual help. Since there was no place in the curriculum for the development of alternatives, teachers continued to look at their "teaching" of drug abuse in the same manner they taught anything else.

While schools were experimenting with different types of approaches, communities within Oakland County began to develop programs of their own. Several of the community based programs were co-sponsored by the school districts in which they were located, but none became an integral part of the school program. The community program this researcher developed was representative of how a program could not be integrated into a school system, even though much of the financial and moral support came from school administration.

In every case these programs became informational, attempted to open drop-in centers, crisis centers, or opened telephone hot lines for the youth in their communities.

There was little cooperation between programs, as they vied for money from the County to continue or expand their influence.

Gradually, several of the communities found that their efforts were not reaching their youth. It seemed that instead of staying in their own communities, these young people were going out to the Center For Drug Studies for help. Thus community leaders in several cities began to contact Dr. Jalkanen to find out how they could adapt their programs to fit his model.

The type of organization developed at the Center For Drug Studies offers an alternative to strict, subject-oriented schools, where cognative instruction is offered. It allows for the support that youth cannot get in their regular school situation.[3]

The large influx of youth to the Center For Drug Studies vividly shows that the basic answers to their problems are not being provided elsewhere. The staff attempts, through their peer grouping, a significant alternative to the current social structure that is being primarily created

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[3]An intensive study of the influence of schools and society upon youth who have problems may be found in Kenneth Keniston, The Uncommitted: Alienated Youth in American Society, op. cit., pp. 2-20ff.

by the participants themselves. What is being practiced by these groups is a form of intervention, where alternatives to a current way of life are examined.

One significant success of the Center For Drug Studies that can be adapted to school situations is the ability of a staff to develop a youth-run organization. This would help to define the problems fellow students are having at school. The concept would not only be used with the drug population, but could be expanded to help develop alternatives for students who feel alienated from the school structure.

This spread of peer group efforts to positively affect the student culture raises several possibilities for future approaches school personnel can take. In order for youth to reach other youth in an organized, concerted way, areas would have to be provided within schools for student-run meetings where students can serve their fellow youth.

It is hoped that this study has succeeded in adding pertinent information to the existing literature concerning organizations involved in peer oriented and peer directed drug and social problem rehabilitation.

Recommendations for Future Research

Within the limitations of this study, the following recommendations are warranted:

1. Since this study was made covering the period of 1971-1972, a follow up in 3 years should be made of the graduates and drop-outs of the first year of the Center For Drug Studies to determine if they had continued their commitment.
2. A continuous study should be conducted with all future graduates and drop-outs.
3. This study should be replicated in other Centers that operate with similar models.
4. A similar study should be undertaken in those school districts whose staffs have undergone training at the Center to discover whether concepts they learned here are being put into practice and to what degree has success been accomplished.

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