A STUDY OF FACTORS RELATING TO DRUG ABUSE AND TREATMENT RESULTS IN A SELECTED HIGH SCHOOL POPULATION

Dissertation for the Degree of Ph. D.
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CHARLES WILLIAM BETHEA
1975

This is to certify that the

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CHARLES WILLIAM BETHEA

has been accepted towards fulfillment
of the requirements for

PhD degree in Education

Walter F. Johnson
Major professor

Date 8/14/75

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ABSTRACT

A STUDY OF FACTORS RELATING TO DRUG ABUSE AND TREATMENT RESULTS IN A SELECTED HIGH SCHOOL POPULATION

By

Charles William Bethea

This study had two central thrusts. Its primary purpose was to identify what individual changes result from group counseling for drug abusers. Secondly, an attempt was made to describe psychosocial differences between drug abusing youth and their peers who were not involved in drug use or abuse.

Accurate information on the variables associated with substance abuse is often lacking or contradictory. Much of what is accurate does not readily lend itself to treatment application.

In order to extract appropriate data, this study has tested individuals who met predetermined criteria of drug abuse before and after peer group counseling experience. Among the variables examined were self-concept, ability to cope with anxiety, social skills, and social attitudes towards the family, school, and authority, and several forms of substance use.

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The treatment subjects were thirty-eight high school students from a conservative, all-white, marginally employed community of blue collar workers. Subjects completed standardized tests and also a Student Survey which assessed attitudes regarding the family, social agencies and drug use behavior. The tests utilized were the Tennessee Self-Concept Scale, State-Trait Anxiety Inventory and Fundamental Interpersonal Relationships Orientation-Behavior. A cross-section of one hundred thirty-six youth from the high school attended by the treatment subjects was selected for purposes of comparison.

The treatment consisted of six weeks group counseling augmented by any necessary individual, legal, medical, educational or vocational assistance. Counseling strategies consisted of enabling clients to see self-defeating behavior and attitudes. New alternatives were posed by the individuals themselves with the group's support. Task which were to test out these alternatives were attempted between sessions.

Following the six week treatment, another six to eight weeks were allowed to elapse. Clients were then retested with the standardized tests. A brief questionnaire was administered to assess drug taking behavior. In addition, a one to two hour interview was conducted with each subject by a staff member with whom a prior

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relationship and trust existed. Information obtained from this interview aided understanding of statistical findings.

One hundred thirty-six students also completed the Student Survey, Tennessee Self-Concept Scale, State Trait Anxiety Inventory and Fundamental Interpersonal Relationships Orientation-Behavior.

Statistical methodology consisted of repeated measures (split-plot) and one-way analysis of variance. The former was utilized to ascertain treatment effects. One-way ANOVA provided assessment of differences between the treatment and comparison groups. The level of significance was set at .05 in order to reject null hypotheses.

Nine null hypotheses were developed in order to consider possible differences regarding social deviancy, self-concept, anxiety coping, interpersonal skills, and drug use behavior. Five dealt with variances in scores between the treatment and comparison groups, and four related to the treatment group's pre- and post-test scores.

Findings

Significant findings were obtained in several categories, both due to treatment and between experimental and comparison groups.

1. Treatment and comparison groups differed only in regard to the former's greater non-medical drug use and in wanting other people to assume much of the

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decision-making in their lives. (There was also a consistent although non-significant pattern of greater social deviancy by the former.)

2. Individuals in treatment reported more ease in handling short-term anxiety, increased interpersonal skills, and reduced non-medical use of drugs.

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By

Charles William Bethea

A DISSERTATION

Submitted to

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The writer also appreciates the assistance and support of Dr. Daniel Stone, Mr. Bryan Ellis and Dr. David Newbury.

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SPECIAL NOTE

This investigation was conducted in a small urban community in the midwestern United States. The researcher deeply appreciates the support of those educators and civic leaders who rendered so much vital assistance.

In order to protect the anonymity of the study location and population, the names Grandmont and Breakthrough are substituted for the city and treatment center, respectively. Any relationship to existing community or agency names is entirely coincidental.

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INTRODUCTION

It is imperative that alternatives to self-defeating forms of drug usage must address basic needs. The many attempts to modify drug abuse without respecting these needs and behaviors have been almost exclusively failure-ridden. A joint study by the American Psychiatric Association and the National Association for Mental Health recently concluded that "None of the presently available approaches to treatment of the drug-abusing population and all approaches combined will have an undoubtedly limited effect" (70:1). Health, Education and Welfare-funded studies label government drug education "a flop and urged dropping prevention as a primary goal" (119:2). The most intensive current efforts focus upon initial prevention on the one hand, or recovery from hard core addiction on the other. Evidence of effective assistance for the early non-opiate abuser is both sparse and questionable in methodology. While many studies have been conducted in this general area, few have dealt with out-patient treatment program effects, with high school youth, or with white, lower socio-economic populations. Blum comments that "although there are accurate statistics throughout the drug world, there is, perhaps, no greater inaccuracy than on the high school

level" (13:332). By studying a peer group counseling experience, more information can be gained concerning un-met needs and how these needs might be met in ways other than using drugs. Secondly, there is benefit to identifying psychological factors differentiating the drug-abusing youth from his peers.

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CHAPTER I

Statement of the problem

Drugs and the manner in which they are used reflect need directed behavior. That is, human beings use drugs to meet needs which to them give life increasing meaning and fulfillment. Often, youth begin drug use through experimentation. However, increased personal satisfaction and possible drug dependency lead to total dependency on drugs for life fulfillment. In this way, inordinate use of even the non-opiate and non-alcoholic chemicals can be destructive to both oneself and others, and viable alternatives which can meet major needs without drugs are urgently required. Research increasingly demonstrates that drug abuse is but symptomatic of un-met psychosocial needs which are subject to modeling, modification and treatment. It is a central premise of this study that drug abuse is learned in ways not dissimilar from other need-fulfilling behavior patterns where social example and reinforcement are essential. These same elements can be used to aid those who desire alternatives to drug abuse.

The drug phenomenon challenges youth and those who would assist their development as seldom before. Although drug abuse is not new to society, the speed with which it has become an integral consideration for a student's life

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style has caught both youth, counselors and other personnel workers illprepared to weigh implications and options.

> We strongly believe that the expansion of drug abuse will continue downward by age, diffusing by social class, and extending to more regular use--as opposed to simply casual experimentation--for many of the illicit substances. The challenges and questions posed thereby to parents, educators, law-enforcement personnel, health workers, and the citizen at large, are immense and dare not be ignored (13:348).

America is a drug-oriented culture. To speak of a distinct, youth-centered drug culture is to focus upon an artificially designated sub-category. There are over nine million alcoholics in the country and several times that number of people are directly affected by them. On a given evening in the state of Michigan, one out of seventeen drivers is legally drunk (44). Heroin is the nation's largest consumer import at over six billion dollars a year (1:122). Ten million Americans use sedatives to assist sleep every night (94). Advertising media continuously promote the miraculous results that can accrue from drug usage. Fifty percent of the violent crime in metropolitan areas is related to drug dependency (109:157-65). The illicit traffic in barbiturates is equal to the amount sold through legal prescription (28:293).

Figure 1:1 (on the following page) portrays the rapid rise in use of all drugs by high school youth over a five year span. Results are based on a synthesis of

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country.

MEAN

Tobacco

Alcohol

Marihuana

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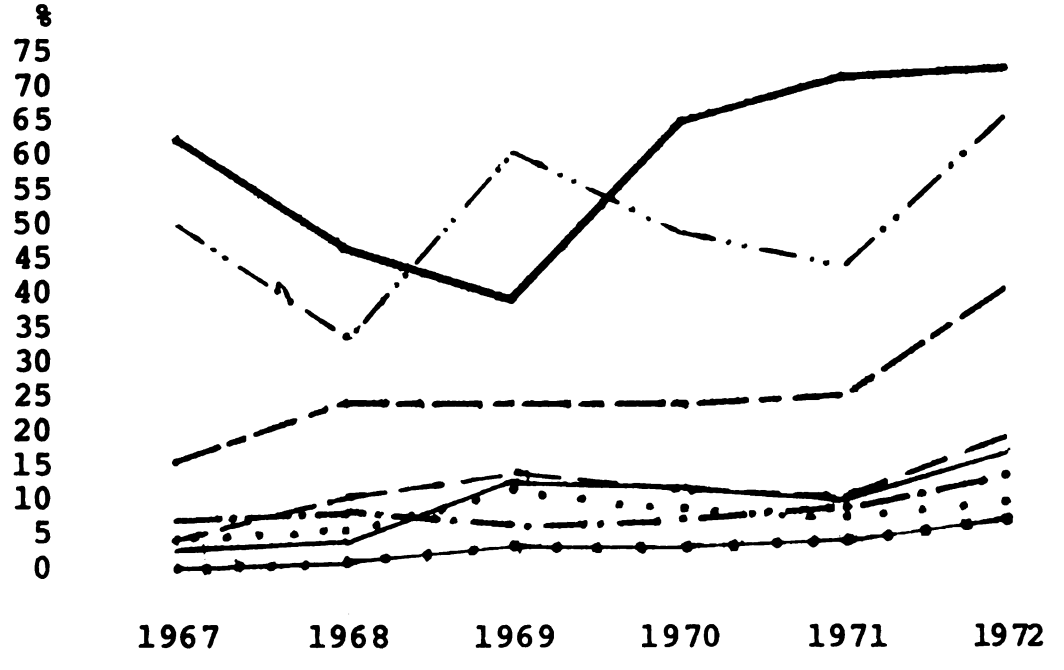
approximately two hundred studies conducted across the country.

Figure 1:1
(109:82)

MEAN PERCENTAGE OF SENIOR HIGH SCHOOL STUDENTS
WHO HAVE USED DRUGS (EVER USED)
BY TYPE AND YEAR OF SURVEY

	1967	1968	1969	1970	1971	1972
Tobacco	50%	34%	61%	49%	45%	66%
Alcohol	62%	47%	39%	65%	72%	74%
Marihuana	15%	23%	23%	23%	25%	40%
Inhalants	4%	5%	11%	8%	7%	9%
Hallucinogens	6%	9%	6%	7%	8%	14%
Stimulants	4%	10%	14%	12%	11%	19%
Depressants	3%	4%	13%	12%	10%	16%
Opiates	0.4%	1.7%	3.3%	3.3%	4%	5.2%



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The drug abuse problem is an increasing concern because of greater availability and usage. Most users are healthy individuals whose use, to them, poses few difficulties and even provides considerable self-perceived benefits and experiences. "The experimental, recreational or circumstantial user of drugs is generally no more 'sick' than the social drinker; it becomes an absurdity to talk of treating such a person" (109:338). However, the overall loss in human potential is incalculable and the decline in social trust is also enormous. Chemicals' effects can be all-pervading; they can block development in all areas of growth--personal, social, ethical, and physical.

The complexity of the human personality as it relates to the drug problem demands the development and testing of multifaceted alternatives. Such efforts must address themselves to the full scope of underlying needs and behaviors, integrating existing resources and creating new learning models, if the solutions are to be reached. While we dare not neglect decisive action, simplistic answers are to be avoided because they do not work.

Practical assistance programs are of the highest priority. This is particularly crucial since many current treatment and educational programs are sporadic and lacking in systematic rationale and methodology. Also, social, legal and medical ambiguity confuse efforts to define and meet the problem. Strict legal enforcement, fear-provoking

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approaches and illconceived educational media are proving to be as ineffective as deterrents in this area as they have proven to be with other social problems. In many instances they actually promote usage. The lack of professionally-sound studies, effective programs and reliable information is so acute that the nation's leading review bodies (National Education Association; Department of Health, Education and Welfare; and the National Coordinating Council on Drug Education) are urging serious consideration of a federal moratorium on the production of drug education media until more accurate findings are available (58:4).

BACKGROUND

A most important ramification of uninformed drug use is the erosion of trust in social relationships and institutions. Although frequently overlooked, trust is absolutely essential in human interdependencies. Substance abuse subtly encourages feelings of alienation and defensiveness in user and non-user alike. The environment appears increasingly threatening and individuals tend to withdraw from dealing with society's ills. When trust is diminished, people become estranged from one another, entire environments become alienating, and each person's effectiveness, self-actualization and willingness to become meaningfully involved wane significantly.

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A society operating in such an ambivalent setting is severely handicapped. Each member behaves in accordance with environmental stimuli. When these stimuli promote doubt, mistrust, and apprehension, the very symbols upon which our culture is based lose their significance. At some point the uncertainty leads to disrupted communications, which is key to all effective change.

Interpersonal behavior which aids personal growth and communication of the user and others is valued. Such behavior is a functional necessity both for the individual's well-being and effective social involvement. Society has many agencies which seek to instill these behaviors and attitudes in its newer members. Chief among these are the family, church, school, and reference groups. Beginning in the early teens, reference groups take on increasing significance. It is in the peer culture that one tests new ideas, modifies values, alters perception, and truly learns (i.e., internalizes content, perceptions and behaviors for living). Most importantly one evaluates himself and shapes his self-concept, and develops a repertoire of behavior for all functioning.

A critical and often overlooked factor is that involvement in drugs is usually associated with a lifestyle, not a mere decision to add drug usage to one's living pattern (69:114). Just as in any total lifestyle

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there are accompanying norms, peer expectations, reward systems, and psychosocial predeterminants.

Above all, use of drugs (even the "soft" variety under study here) is an intensely experiential activity. Any effective treatment alternative must appreciate this central truth. One can not learn to swim, for example, from merely hearing lectures and reading books; one must get in the water and attempt the activity. No amount of non-experiential education can sufficiently acquaint one with the actual experience. In like fashion, a treatment alternative must provide experiences at least as meaningful as the benefits the drug-dependent individual associates with his current circumstances.

Because of this need for experiences of equivalent meaning, accurate knowledge of particular un-met needs is essential. Currently, much advice is moralistic or otherwise narrow in scope. Even major treatment efforts often confine themselves overly much to a single disciplinary approach. The amount of redundancy focusing upon symptoms and attendant figures (crime, employment and education are the chief ones) tends to further obscure the central issue--need-directed behavior.

Research on drug abuse treatment is generally inconsistent, experimentally uncontrolled and wanting for reliable data. Major studies in the past three years have rejected traditional media and information sharing

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programs as completely ineffectual. A comprehensive analysis in New York City concluded that there is "No evidence of any significant relationship between knowledge about drugs or awareness of the dangers of drugs and their actual use" (32:28). Indeed, several studies report positive correlation between level of drug knowledge and subsequent abuse. Helen Nowlis, long the leading voice on drugs and the college student states, "I am more and more reinforced in my conviction that information alone is not the answer and at times may be counter-productive" (32:28). Her conclusion is echoed by others. More information is necessary in order to provide appropriate treatment goals, methods, and counseling strategies.

PURPOSE OF THIS STUDY

It is the thesis of this study that drug abuse is a set of socially-learned behaviors utilized to meet underlying needs. These behaviors and attitudes are subject to social modeling, modification and re-direction. Any attempt to deliberately provide viable alternatives must begin with basic premises of what the individual is and how he changes.

Individuals in the study will be involved in a treatment model operating on the following assumptions (30):

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1. Each person is ultimately responsible for his or her own development.

2. Each person is entirely unique. Everyone is an individual existing in an unparalleled set of experiences.

3. Each person is a complex being. Growth and change are an outcome of many interdependent functions--emotions, social, intellectual, spiritual, and physical.

4. Drug abuse and other self-defeating behaviors are but symptomatic of other concerns needing attention.

It is the purpose of this study to: 1) identify changes in individual needs resulting from participation in a group counseling drug treatment experiences, and 2) examine individual and social needs that precipitate drug abuse among youth. The drug treatment program at a single community's mental health center is the focus of investigation. Questionnaires, treatment records, standardized testing and follow-up procedures will be used to study the following questions:

1. Does involvement in group counseling drug treatment alter the use of illicit drugs and abuse of legal ones?

2. Does involvement in group counseling drug treatment result in changes of self-concept?

3. Does participation in treatment result in changed ability to cope with anxiety?

4. Does participation in treatment instill new interpersonal behaviors and attitudes?

5. What, if any psychosocial factors distinguish the drug abuser from the general population of the same age and setting?

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All participating non-opiate and non-alcohol drug abusing youth between the ages of fifteen and eighteen entering a drug treatment program will be tested at the beginning of a six week group counseling treatment experience. They will be tested again in six weeks after the termination of their treatment. During the treatment and follow-up period a comparison group sample from the high school attended by the experimental group member will be tested once with the same standardized tests and questionnaire. Methods and procedures will be discussed in more detail in Chapter III.

DEFINITION OF TERMS

Few topics suffer from as much confusion with terminology as substance abuse. Primarily, this term is socially defined, and therefore subject to continual change and challenge. Slang, opinions, stereotypes and failure to discriminate compound the confusion. The following terms used in this study are defined to lend clarity:

DRUG (SUBSTANCE): A chemical which affects the body's own chemistry. (Opiates and alcohol are excluded from this study).

DRUG ABUSE: For puposes of this operational study, drug abuse is the misuse or overuse of substances (both legal and illegal) which results in admission to treatment at Breakthrough. The nature of abuse may be simple or multifaceted but will fit Einstein's three part model: (1) abusing drug laws and rituals, (2) self-abuse, and (3) abuse of others (39).

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PARTICIPANT (CLIENT, PATIENT): Individual receiving treatment services. More narrowly, one who is involved in group counseling.

SELF-CONCEPT: As defined by the Tennesee Self-Concept Scale.

ANXIETY: As defined by the State-Trait Anxiety Inventory.

INTERPERSONAL BEHAVIORS: As defined by Schutz' Fundamental Interpersonal Relationship Inventory-Behavior.

GROWTH (CHANGE): Relinquishing former patterns of living for new ones. More specifically, difference in drug use pattern. It is an operating premise of this study that change is deemed positive when there is evidence of less drug abuse.

BREAKTHROUGH The Grandmont Mental Health Center. More narrowly, the out-patient drug abuse treatment program at the Center.

LIMITATIONS AND SCOPE OF STUDY

The study population is composed of drug-abusing youth from a metropolitan region in the Midwest, predominately from the city of Grandmont. The majority of the youth and young adults (ages 15 - 18) are lower and lower-middle class whites of conservative background. The experimental sample is comprised of both volunteers and referrals (courts, counselors, police, schools, business and other programs); thus it cannot be regarded as a random group.

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times throughout the year and their needs must be attended to soon after admission. However, the treatment will be as uniform as possible for each person.

Campbell and Stanley cite several possible sources of invalidity for the one-group pre-test/post-test design in this study (18:7-12). Internal factors include history, maturation, test familiarity, instrumentation and statistical regression. External concerns are interaction effects of testing and treatment, and interaction effect of selection bias and treatment. The brief time between pre-testing and post-testing in this study minimizes the risks associated with history and maturation. Use of standardized testing reduces the contamination due to test familiarity, instrumentation, and interaction effect of testing and treatment.

Statistical regression, and interaction effect of sele-tion bias and treatment are inevitable since the experimental group is intentionally comprised of those subjects likely to have extreme scores on some variables, such as drug use.

While the treatment center deals with casual and chronic use of a number of substances this study will exclude certain forms of abuse: narcotic addition, alcoholism and casual experimentation. The most frequently abused substances relevant to this study are "downers" (barbiturates, tranquilizers, soporifics), "Uppers" (amphetamines, MAO inhibitors), and hallucinogenics (THC, "mescaline", LSD, intensive marijuana

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use, and various street drugs). A problem of both research and treatment is that most drug abusing individuals are poly-drug users. This makes it difficult to clearly deliniate abusers into strict categories. Subjects for this study will be included when their drug of abuse is one or more of these and when no heroin or heavy alcohol use is present.

It is the intent of this study to not only document measurable changes but also to identify and comment upon subtle issues that are suggested by the evidence. In the final analysis, such nuances may prompt new themes for research, application and treatment. In addition, they also might lend greater understanding of statistical data.

OVERVIEW

This study's central purpose is two-fold. The first is to identify individual changes resulting from drug abuser's involvement in a multi-service counseling experience. The treatment is premised on the belief that an interpersonal climate which encourages open examination of unmet needs and self-defeating actions will reinforce self-selected alternatives. The second is to describe psychosocial differences between high school youth in general and those who abuse drugs.

The literature pertaining to current drug abuse treatment efforts will be reviewed in Chapter II. The historical

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and psychosocial factors precipitating drug abuse will also be discussed.

The hypotheses, experimental model, testing instrumentation and other methodology will be presented in Chapter III.

Experimental findings will be discussed in Chapter IV.

A summary of findings and implications for treatment and further research will comprise Chapter V.

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CHAPTER 11

The literature pertaining to the abuse of chemical substances and treatment efforts to abate that abuse will be examined in this chapter. Due to the complexity and pervasiveness of the current phenomenon, the review is treated in the following categories: Introduction, Historical Perspective, Major Studies, Principal Factors Indicated by the Major Studies and Summary.

INTRODUCTION:

Proper identification of psychological factors leading to deviant drug use by youth is crucial for any theoretically sound and empirically effective treatment effort. Although the bulk of literature is speculative, unsystematic and oft times moralistic, the need for practical and applicable data is essential.

Most current research in the area is improperly controlled and based on small samples. Many studies are isolated both in their theoretical framework, if any, and population under study (prisoners, psychiatric patients, single sex, and single-drug users). Few longitudinal studies have been conducted.

Unfortunately, most research falls into two distinctly separate camps--sociological and psychological. One set of

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factors is emphasized to the exclusion of the other in nearly every study. Drug abuse is a product of interrelating social environment and personality factors, not one without the other. At the conclusion of this chapter, the attempt is made to synthesize the salient points made by both major approaches.

Man is inclined to grow and change. He is in a continual state of flux mentally, emotionally and physically. Growth entails relinquishing previous forms of living for the inclusion of new ones. Drugs and the psychosocial factors precipitating their use, can have important bearing on the quest for change. The use of chemicals can create moods that compensate for anxiety, boredom, sensed inadequacies, and undesired awareness in the growth process.

While the use of drugs to alter mood is not new to our society, its destructive use by some prompts inquiry into motivating personality factors in a treatment setting. Awareness of psychosocial propensities can assist the professional in providing education, and aid the abuser's self-understanding.

Drugs and the social arena in which they are shared, artificially provide certain important features, such as companionship and sense of well-being, which might not have been experienced before in the user's life. Despite the user's unmet needs, he often does not consider his situation self-defeating but derives profound gratification from it.

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Frequently, he loses awareness of what a non-drug life-style is after developing a pattern of chemically-induced mood changes. Any approach attempting to treat or reduce drug abuse must recognize these realities.

There appears to be sufficient research concerning three central psychological factors to warrant further examination of them in a treatment study. These factors are self-concept, anxiety coping, and interpersonal attitudes and behaviors.

Additionally, central sociological themes warrant attention. Chief among these are the family environment, peer group relations, deviancy from traditional values, and attitudes held toward social authority (school, religion and police).

HISTORICAL PERSPECTIVE:

Almost every society has utilized some form of chemical to make its members' lives more tolerable or meaningful. Man has always used such substances to alter his moods by affecting his own chemistry. Drugs have had significant roles in widely separated cultures, usually being parts of spiritual or recreational customs. Over the centuries, medical use of drugs has eased human suffering, and improved and prolonged life. Homer and Plato, among others mention the use of drugs in their times. In praising the merits of wine drinking, Plato remarked:

> No experiment is less costly and none shall bear fruit more surely and more quickly if we wish to test the

> character of men, to judge them and to guide in the art of making them better (54:1).

The Prophet Ezekiel spoke of medicinal uses of plants (42). Drugs, of course, are not new to the American scene. As our nation developed so too did its involvement with chemical substances. Prior to the Revolutionary War, addiction to opium was prevalent, but not regarded as a distinct, separate problem (54:1). Popular literature in the 1800s prompted further interest and experimentation. Addiction to morphine incurred during the Civil War was so widespread that it was known as "army disease" (54:1).

Cocaine was introduced from South American in the late 1870s, where for centuries it was integral to Indian rites (66:15). During the same decade the hypodermic needle was invented (94). This invention was soon followed by the commercial production of heroin in 1898 as a non-addicting cure from morphine dependency (65:2, 93). By the advent of Wrold War I, almost a quarter million addicts existed in the United States (65:2).

Although some local governments attempted to control use of certain drugs, it was not until 1914 that the Federal Government enacted the Harrison Narcotics Act (54:2). This legislation required stricter registration and packaging of narcotics, and permitted distribution only upon appropriate written authorization. This time marks the point at which agencies and governments began to overtly recognize drug

abuse as a major concern.

Nearly all early legislation, however, was forged to combat organized crime (or at least restrict it to the ghetto) (65). This fact helps to explain the severity of drug laws and much of the ambivalence and confusion regarding those laws that exist today.

The ensuing years witness the focus upon alcohol (Prohibition), a decline in opiate addiction and emergence of new drugs which were predominately synthetic.

Barbiturates were introduced in 1903 to relieve stress, induce sleep and ease pain (54:3). Control of epilepsy also became an effective use. Due to mounting suicide and accidental death rates, however, medical and social agencies moved vigorously in the 1940s to create public awareness and stricter legal controls (54:3).

New drugs which depress the central nervous system as do barbiturates and tranquilizers are continually being discovered and marketed by highly competitive corporations. Classification difficulties further complicate efforts to reduce abuse potential.

Amphetamine was developed during the Depression to relieve respiratory ailments. Use increased drastically as the drug's effectiveness with a variety of concerns were attempted: appetite reduction (weight control), alleviation of fatigue and depression, mood elevation, and hyperkenesis treatment.

Although debatable, marijuana appears to have been introduced to North America prior to the Revolutionary War. The plant's initial use was for hemp, however. Its hallucinogenic use during subsequent decades was limited, primarily due to the mystique created by literary sensationalism. In the 1930s, marijuana was admissible as evidence in highly publicized rape and murder trials (54:5). Accordingly, strict controls were placed on the drug which caused its use to be restricted for decades to the ghetto and some artistic sub-groups. However, the socializing aspects of marijuana use added to its growth.

Perhaps no category of drugs has drawn more attention regarding the current "epidemic" than the psychedelics or hallucinogens. LSD, which was isolated in 1943, precipitated a wave of experimentation with consciousness altering drugs (66:18). Along with similar acting compounds such as psilocybin, mescaline, DMT and STP, LSD became an integral part of other forms of deviancy from traditional cultural values.

Interdependent with the growth of these newer drugs and the continuation of older ones, were several important social changes. These changes were far reaching and affected segments of society heretofore on the periphery. Traditional perceptions of drug use as an addiction of the ostracized classes were rapidly eroding.

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indeed, welcome and integral part of life. Nearly every home maintained chemicals to provide first aid, ease pain and counteract real or imagined medical problems. Pneumonia, which had been the nation's number one killer, became rapidly treatable with medical attention, rest and drugs.

By the late 1950s, the central role of drugs in the home had shifted dramatically from medicinal to mood modification (62, 109, 118). Thus the lines between different drugs' classifications and between "use" and "abuse" became less distinct. The legality and availability of alcohol further clouded the picture. In such settings, members of society grew to accept drugs as ever present realities.

Additionally, the illicit drug using population gradually shifted from being predominately minority and lower class in character. Before the Harrison Act, the addict population had been Caucasian and Oriental (65:4). By World War II, it was primarily Black and Puerto Rican. The past two decades have witnessed the reinvolvement of all socio-economic classes and nationalities.

The quest for civil liberties spawned new approaches to traditions and experiences. Existential encounter with all areas of living, but expecially with immediate sensory awareness, received greater emphasis in an increasingly multifacted world. Use of chemicals became more acceptable in this milieu for a variety of purposes, both individual and collective, and generally were associated with lessening of

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psychological restrictions.

Another factor influencing the resurgence of widespread drug abuse was the Vietnam conflict. Although Vietnam is oft times used as a catch-all for many social ills, a historical review demonstrates that nearly every war in America's experience has markedly altered the patterns of drug abuse.

To speak of a distinct, youth-centered drug culture is to focus upon an artificially designated sub-category. There are over nine million alcoholics in the country, and several times that number are directly affected by them (92).

Despite attempts by segments from Colonial times to the present to forbid their use, some drugs (alcohol, nicotine and caffeine among others) are considered perfectly acceptable by the public at large. During periods of our history, cocaine, morphine, heroin, codeine, and marijuana have been readily and legally available for public consumption. Thus, the conclusion could be drawn that America is a drug-oriented culture.

MAJOR STUDIES:

Six major studies are reviewed in this section. They are selected because of their appropriateness, comprehensiveness and scholarship. Each of them encompasses a broad spectrum of drug abuse concerns and tentative solutions. Each has its own scope, limitations and line

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of inquiry. Throughout, however, central themes recur which warrant further study and testing. (These themes are the subject of the following section, Principal Factors Indicated by the Major Studies).

The Blum Studies

Richard H. Blum and associates have produced an awesomely comprehensive overview of the history of drugs and the dimensions of their use. Their two volumes are entitled Society and Drugs and Students and Drugs. The former is an exhaustive compilation that traces the historical use of the major drugs since man's first encounter with them (12, 13).

Students and Drugs looks intensively into drug use by high school and college youth. Evidence is supplied by several thousand subjects from a variety of campuses across the country.

Use of chemical substances reflects interlocking sets of reasons--defeat, socializing, alienation, peer inclusion, confusion, rebellion, desire for new experiences, and quest for self-discovery among others. The authors describe use as often directly related to length of exposure to available sources, models and pro-use arguments, rather than to any character disorder. The disaffiliation of many extensive users, they point out, is not altogether unhealthy and may reflect flexibility, openness to new experiences and necessary examination of customs and values.

Significantly, those who evidenced most advanced use

and self-destructive abuse, tended to be more critical of themselves and the world, and to have few close friendships. Their lives were in more continual turmoil, and Blum infers that drugs were viewed as a means to help sort out options as well as to provide enjoyment. Unlike other students, heavy users had few if any models for personal development. In view of research literature's support for the importance of role modeling in high school and college, this fact could prompt immense anxiety. Emotional distance from peers and lack of appropriate models can combine to heighten isolation from others and further hinder development of interpersonal skills necessary for bridging social barriers.

Curiosity, peer pressure and search for new experiences are cited most frequently as reasons for initial and early use. In accordance with other studies, Blum too found that illegality, traditional values, and fear of authority had markedly little impact on decisions concerning drug use.

Drug abusing students view their families as far less harmonious than their peers do. The former families were characterized as being more openly rebellious. At the same time, members experienced more pronounced individual isolation. These students who did not hsare their parents' religious views also tended to be more involved with all drugs, legal and illegal, than were other youth.

Subjects were measured on an "outsider-insider dimension" which assessed their antagonism toward or accep-

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tance of traditional social institutions (13:74-75). Among the institutions in the survey were the family peers, school administration, and symbols of middle-class values. Drug abusers report significantly greater "outside" scores on the overall dimension. Relative to non-users and users of only legal drugs, the abusers sense themselves to be more excluded from many traditional agencies of change and structural authority.

After providing abundant evidence from numerous studies, the writers assign major responsibility for non-medical use to several key factors. American society holds hgih expectations for drugs and their effects. Within this context, mass media, more liberal home practices and emphasis on the experiential combine to foster greater use and, subsequently, abuse.

Among specific findings, Blum et al. report that the correlation of grades and drug use is very inconsistent (13: 77, 225). As drugs become more central to their life-styles, students tend to become more apolitical and less involved with organized activities both within and outside school. While a strong interest in values and mystical experiences may be prevalent, formal religious involvement wanes. Such youth are also more apt to differ with parents on politics, religions, peers, values and priorities. Users tend to have histories of disappointment with both family and social relationships. Prior to their involvement with

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illicit substances, youth grew up in homes where legal drugs were more commonly used to ease pain or tension.

Although Blum et al. are careful to state that their generalizations do not suffice in every case, they further identify their students using illegal drugs as more pessimistic, politically left, more deeply involved with tobacco and alcohol, and alienated from traditional religion. Heavy users tend more to use substances to cope with problems concerning parents, anger, threat, rapid changes and general disappointments.

On a cautionary note, Blum states that conclusions are based primarily on college subjects, and that he is unable to fully account for the rapid spread of the drug phenomenon in high school settings.

Horatio Alger's Children

In a later work, Horatio Alger's Children, Blum et al. identified even more definitively the family features attendant with substance abuse (11). It is the most thorough examination of the all-important impact of the family to date.

To a pronounced degree, drug abusing youth act out the values of their home environments. From their earliest years, chemicals play a relatively greater role in family activities. Such families are typified by subtle pressures more likely to induce anxiety and defeatism--less confidence,

negative attitudes toward institutions of society, and lower overall satisfaction with the circumstances of life in which they find themselves. High associations were also found between drug abuse and sexual deviation from peer norms.

Propensity for drug use is an outgrowth of family attitudes and child rearing practices. Most closely associated with these family factors are excess use of alcohol and other drugs, negativism, less family cohesion and warmth, and greater anxiety over a sense of being victimized by life and society. Offspring model these beliefs and act them out in ways which reflect less confidence, greater deviance from social norms, and more likelihood of using drugs to ease pain encountered in life.

On the basis of drug abuse behavior of offspring, the researchers divided white, middle-class families into high, moderate and low risk categories. Families were analyzed on a variety of attitudinal factors and habit patterns.

Clearly identifiable differences were discerned between families with high drug using youth and those with low. High risk families tended to be less cohesive, more distant emotionally, and concerned with issues rather than people. Such families were characterized by less religious participation and belief in God. Members expressed less positive emotional interaction both within the family unit and with peers. Of marked import is that use of alcohol

is far greater in these families, and problems associated with its use are more frequent. These families also granted greater freedom to their children but did so with fewer definable guidelines and support. Low risk families, on the other hand, tended to exert greater, yet more appropriate discipline, emphasized respect for authority, and placed higher priority on family cohesion.

Apropos to this study, Blum and his colleagues examined a smaller sample of white, blue collar families. Eleven low and twelve high risk ones were involved. The same general distinctions found in the larger middle class families held true for the lower class as well. Youth more prone to abuse drugs came from homes that were more permissive, less harmonious, and less religiously oriented. Inordinate use of alcohol and other drugs for need modification were more prevalent. These families were prone to be more matriarchal than low risk ones.

Parents of these lower class families were less happy and affective in relating. They tended to lack confidence in their roles and to have fewer interest that were centered around religion or the family.

High risk families were also characterized by disintegration of traditional value system and a rejection of authority in most of its forms. It was superseced by a rational, pragmatic approach to life. These factors seem to permeate nearly all other attitudes and actions. Parents

and offspring trusted their emotions less, and exhibited lower resistance to and more confusion over stressful situations. All these variables subtly reinforce lower degrees of self-acceptance.

The range of expressed behavior by children from high risk families tended to be evident early in life. It displayed itself in terms of ill health, nervousness and eating problems.

The authors propose three central individual themes attendant with drug abusing youth. First, a "trouble variable" which develops from parents' uncertainty, early health problems, and evident behavior both at home and school prior to drug use. An important indicator and outcome of this is low self-concept. The second factor is a philosophy of life typified by self-centeredness, uncertainty and less ability to postpone gratification. The final theme concerns attitudes and behaviors internalized from parents. These include perspectives toward drugs, authority (within the home and society), and self-indulgent values.

Drugs and American Youth

Lloyd Johnston et al. conducted longitudinal studies with 2200 high school males in Drugs and American Youth (69). The subjects, a random sample from across the country, were traced from the beginning of their tenth grade (Fall, 1966) till two years after graduation (1971). Records were kept

on a wide variety of sociological factors. As the study progressed, the pervasiveness of drug use became increasingly apparent.

The great value of the Johnston report is that it collected on-going data before and during the subjects' encounters with chemicals, and did so on a nationwide basis. Nearly all other studies work back to reconstruct personal and family histories, rather than collect data as lives unfolded and decisions were made regarding drugs. This approach has also provided a built-in control group.

The family and its relationship to drug use was examined in terms of intactness, mobility and socioeconomic level. As might be expected, broken homes (either by death or divorce) were more closely associated with use of most illicit chemicals. Higher than normal use of all drugs, legal and illegal, was related to youth whose families moved during the school years. Findings between drug use and socioeconomic standing were erratic. Certain drugs (alcohol, stimulants and tobacco) were more closely associated with lower status, while others (marijuana and hallucinogens) were coupled more to higher level. Results were less clearly discernable for heroin and depressants.

The study reaffirms more persistently than any other the predominance of alcohol and tobacoo as continuing drugs of choice. Approximately one-third of their study population drank weekly and an equal percent smoked daily.

Rates of use tended to be much greater at large schools. This remained true when urban setting, which is closely associated with larger institutions, was controlled with multivariate analysis. Indeed, school size was established as having "more explanatory power than any other background or school experience variable in predicting to (sic) marijuana and hallucinogenic use during high school" (69:193-94). The writers conclude that greater anxiety results from increased impersonality and psychological stress at larger educational settings.

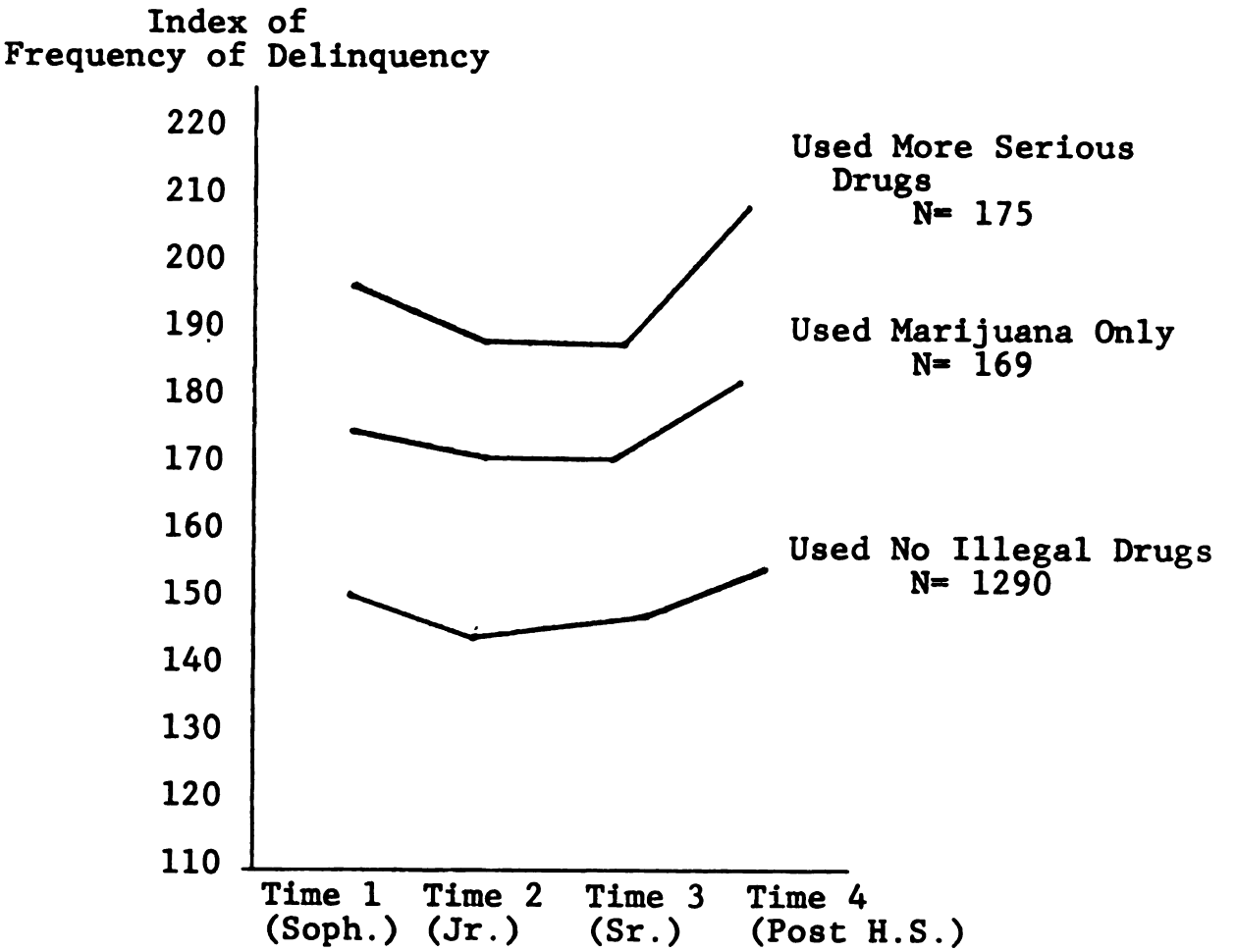
More frequent use of illicit drugs was associated with low grades. Significantly, lower academic performance preceded use. Only with acute addiction did grades decline from their pre-use level. Those students who dropped out of high school before completion did so for reasons other than those directly attributable to substance abuse.

Youth who have histories of delinquent behavior are far more likely to become involved in non-medical drug use. However, the converse, that involvement leads to more delinquency, does not hold true. This latter finding is contrary to popular belief, but well supported by the data. (Figure 2:1) (69:180). (Survey items dealt with such issues as theft, vandalism, trouble with police, and antagonism toward parents and teachers.)

No correlation was discovered between amount of use and degree of involvement in extracurricular activities.

(This is at variance with Blum and other studies which report less involvement by those more heavily into drugs.)

Figure 2:1: Delinquency Across Time Related to Drug Use During High School



The Shafer Reports

The National Commission on Marijuana and Drug Abuse was established by the Federal Government in 1970 to conduct a thorough review of chemical abuse in America. Members of

Congress and representatives from law, medicine and service agencies were chaired by former Governor Raymond P. Shafer. They have issued two major reports: Marijuana: A Signal of Misunderstanding in 1972, and Drug Abuse in America: Problem in Perspective, the following year (109, 110).

The former reviews the history of marijuana use, along with its legal, medical and psychosocial ramifications. Substantial research was drawn upon. Its chief contribution was to reduce attention to the drug itself and to urge more focus on causes and users' unmet needs. Solutions were to be found more "in the nature of the soil than in the characteristics of the seed. The individual users, rather than the drug, is the core of the problem" (109:141).

Drug Use in America deals even more extensively with not only all chemicals, but with broader psychosocial variables as well. This report renders two great services at the outset, and repeatedly underscores them throughout. It first removes the stigma of crime from drug related behavior and thereby places greater focus on more central individual needs and environmental issues. Secondly, it continually affirms the centrality of alcohol as the primary drug of abuse in American society, and portrays its role in prompting use of other substances through example, advertising and damage to family environments.

The Commission provides four action-oriented principles for families that place responsibility for drug use in

proper perspective (109:394-95).

1. Parents must recognize that their own use or non-use is a model for their children.
2. Curiosity and quest for new experiences are normal and part of the developmental process.
3. Parents should foster open channels of communication on drug use and all other growth choices confronting adolescents prior to their happening.
4. Parents, and not agencies such as churches, schools and guidance clinics, have primary responsibility for responding to their offsprings' use. Referring youth elsewhere only augments the problem and diminishes opportunities for everyone to reassess and grow.

> Parents must serve as the treatment agency of first resort, and if they decide that referral to professional services is necessary, they must participate actively with the program or person which provides these services.

One of the Commission's most important contributions, the "vulnerability factor" relates to this need fulfillment via alternatives (109:141-43). The vulnerability factors are a cluster of variables which collectively dispose one person to become drug dependent while not another. The former finds himself more controlled by his environment and is unable to either master it or remove himself from it. This person lacks the skills to be upwardly mobile in many areas of life. The drug abuse lifestyle is a gradual developmental process which receives various types of reinforcement

at different stages. Effective alternatives must be flexible enouch to respond to shifting needs and subtle forces which reinforce abuse patterns in different ways at different times.

The Communication criticizes traditional educational approaches based on fear, moreal premises or the myth that information by itself will deter use. "The entire area of drug use prevention as presently conceived is, unfortunately, mostly wishful thinking" (109: 347). Rather than attempting to restrict use through negativistic campaigns, Shafer and his colleagues stress identifying and meeting needs associated with drug use with more lasting alternatives.

In reviewing non-opiate, non-alcohol drug treatment approaches, Shafer holds hope only for multi-modality programs. Their success, he reports is due to the variety of options to offer entering participants and the flexibility to move them from one treatment to another with a minimum of inconvenience. Shafer further cautions that, "If treatment 'success' means no less than a quick and complete cessation of drug taking, treatment programs will often fail to achieve either that utopian goal or more limited results which are within reach" (109:337).

The Shafer staff concludes the complex issue of treatment with long-range humanistic answers. In addition to meeting the abuser's immediate needs, treatment must provide him and the entire community with tools for

changing the social circumstances prompting use.

The LeDain Commission

The most completely comprehensive review of substance abuse and its impact on society has been prepared by the Commission of Inquiry into the Non-Medical Use of Drugs. Known as the LeDain Study, after its chairman Gerald LeDain, it reflects four years exhaustive examination of the problem in Canada. Over 120 major studies were conducted and the more essential studies elsewhere in the world were also drawn upon heavily. The Commission produced four major volumes: Interim Report, Treatment Report, Cannabis Report and Final Report (34). The magnitude of this study is without parallel and, unlike the Shafer Report, received the highest of priority and prestige from the government, media and agencies. (One noteworthy example of Canada's awareness of and approach to substance abuse is the fact that the Province of Ontario alone spends more money on alcoholism research annually than the entire midwestern United States.)

Over the course of the four volumes, the Commission intensified its support of the central role of the family in offsprings' involvement with chemical substances. "We have become increasingly impressed in the course of our inquiry by the importance of the family in relation to the whole pheomenon of drug use, medical and non-medical, legal and illegal. Indeed, the family would appear to be the

most important of the formative influences" (34:234). The subtleties of attitude imparted by parents early in life establishes the priority youth place on drgus as an integral part in their own development.

This comprehensive study goes on to cite the stresses and complexities of modern family life and their roles in drug use training. The rapid rate of change, stimuli bombardment, cultural pessimism, and emphasis on experiential living all prompt inappropriate modeling by parents and undermine traditional patterns of rearing offspring.

The Commission identifies several key distingquishing characteristics of drug abuse prone adolescents (34:32-35):

1. They have had personal, family and/or legal difficulties before drug use.
2. They have feelings of inadequacy in terms of parents' expectations for them. This is frequently reflected in poor academic performance.
3. They have a parent whose own drug problems, usually with alcohol, were disruptive to the family.
4. They usually had no close friends of either sex during early years.

These youth exhibited deviant behavior prior to active non-medical involvement with drugs. This behavior was characterized by estrangement from other people and

less adequate social skills which hampered overcoming the estrangement. In the majority of homes of heavily abusing youth, parental or other adult models used chemicals frequently in order to cope with stress.

The LeDain Study focuses heavily on what differentiates the casual from the more extensive user after both types have initially experimented. The Commission states that the most evident characteristic is the latter's lower self-acceptance. The pain resulting from inability to like oneself is intolerable to many who seek more involvement with chemicals. Self-defeating use is a means of relief and perpetuates the inferiority. The writers stress, "We could reduce the vulnerability to harmful drug use very greatly if we could remove the conditions that contribute to this lack of self-acceptance" (34:24).

A second major conclusion is the anxiety resulting from endless stimuli bombardment. This onslaught relentlessly assaults the individual, causing distress, confusion and feelings of defeatism. (Kenisten labels this phenomenon "psychological numbing" (73). Increased use of drugs to insulate oneself only delays dealing with the pressures and ultimately increases vulnerability.

The LeDain Study draws several vital conclusions concerning drug abuse treatment. Scores of effective programs throughout the world were reviewed. It points out the difficulty of reintroducing a non-drug existence

to those who have long experienced a modified need reality (34:41):

1. Drug-free alternatives must deal with personal and social problems which precede drug use.
2. Long term follow-up is essential, and repeated relapses must be accepted as part of the change process.
3. Low motivation to stop is an inevitable reality. Support by other people is vital in overcoming this factor.
4. Therapy is ineffective until clients are drug-free.
5. Most successful treatment results from cooperation between a variety of people and agencies.
6. In-patient treatment (especially therapeutic communities) offer the most effective and lasting results.

The Glasscote Study

The most ambitious evaluation of community-based treatment programs was conducted by Glasscote et al., The Treatment of Drug Abuse, under the auspicies of the American Psychiatric Association and the National Association for Mental Health (49). A team of authorities conducted on-site visitations at nine programs coordinating over forty satellites throughout the country. Their central pupose was to identify treatment means and goals that were both effective and feasible.

The research group experienced great difficulty in locating theoretically and professionally sound agencies. "These programs limiting their service to users of 'soft drugs' appeared to be so informal and spontaneous and so recent in genesis that we would have a hard time identifying suitable models to visit" (49:6). In further caution, the writers remark that "the small informal nature of these activities coupled with the extreme difficulty of evaluating their effect, may preclude any serious evaluation ever being attempted" (49:60).

Although statistical evidence is sparce, the Glasscote committee did discover criteria for success and programs which prompted movement toward them. Among the criteria viewed as valid were obtaining or advancing in employment, refraining from illegal activities, improving family relations, and elevating educational status.

The most effective centers offered a variety of services instead of a single modality (hotline, drop-in, detoxification or some other service by itself). In addition, the more capable programs tended to exercise a balance in therapy between confrontation and compassion.

In specifically assessing the New Haven Mental Health Center's achievements the authors report evidence of "markedly reduced psychedelic drug use" (49:215). "Major interpersonal deficits and chronic family problems" were central concerns which could be successfully alleviated with peer group counseling (49:215). One year follow-up

reinforced growth. The more successful clients tended to be older, better educated, and had shorter periods of dependence.

At the Mendocine State Hospital clinic, the researchers identified factors which distinguished those who successfully completed the program and those who left prior to termination. The latter resented staff authority, found difficulty with rules and regulations, and longed for the status of former peer groups and norms (49:239).

Glasscote and his colleagues were critical of the lack of systematic premises and structure which hampered some programs. However, the investigators remind that due to the complexity of drug abuse and the environments which foster it, even limited success was noteworthy.

PRINCIPAL FACTORS INDICATED BY THE MAJOR STUDIES

This section examines specific research findings in four areas: Self-Concept, Anxiety Coping, Internpersonal Skills, and Social Deviation. All of these factors were repeated themes in the preceding section.

There is no central personality type more inclined to abuse drugs. Research which does reach conclusions concerning certain predisposing psychological factors tend to be negated by other studies. Nevertheless, there appears to be considerable concensus on several general areas of growth.

Variables exist which encourage individuals to participate in self-defeating use of chemicals. These variables are in addition to the pain relieving and mood modifying effects of the drug themselves. The home environment is marked by greater, disharmony, pessimism and frequent non-medical use of drugs. Youth who are prone to be more heavily involved think less highly of themselves, are more anxious, lack desired interpersonal skills, and are socially deviant in various ways. Among the forms of deviancy are antagonism toward institutionalized authority, differences within an already difficult home situation, and more frequent use of legal drugs. All these factors tend to precede drug experimentation. Peer groups, with self-justifying norms that place negative value on outside ideas and behaviors, further reinforce drug use activity.

Although none of these identified factors is indisputable, there is considerable basis for testing them further in an empirical setting. By testing these assumptions, clients can be aided in a more definitive manner, and more accurate data might be generated for even more effective treatment in the future.

Self-Concept ---

Self-concept is instrumental to all major decision-making and inescapably so with choices regarding drug use.

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Inadequate self-conception or lack of self-acceptance is related to both initial use and continuation.

The individual's stress over the perceived gap between real and ideal self has marked impact on decisions to use chemicals states Kleber (75). Others also state the paramount role of the quest for self-definition and behaviors utilized to gain this end (68).

In a Swedish study, significant changes in drug abuse and self-concept were measured due to individual and group counseling combined with extensive vocational and recreational therapy--swimming, skiing and riding (56). Attitudinal measures showed greater optimism and openness. Much of the therapy, which had been directed at social behavior, brought about increased self-esteem.

Using the Tennessee Self-Concept Scale and a change in self-concepts as the primary measure of successful treatment, Guidoz tested two group counseling approaches (55). The sample was composed of twenty to forty year old multi-drug users with no histories of psychosis. The post-test given three months after treatment began, recorded significant changes for both self-help and psychotherapy group treatments.

DeMerritt examined sixty subjects identified by social, health and legal agencies aged thirteen through twenty-two years. The Thematic Aperception Test was utilized to test for differences (35). The population was studied in three drug history categories: non-users,

abusers in treatment and former users. Drugs of abuse included marijuana, stimulants, depressants and psychedelics. No significant differences were discovered concerning sex, age, academic achievement, childhood religion, family income, or either parents' education or employment. Former users had better self-concepts than non-users and abusers as a class. They saw themselves as more adequate, less easily threatened and more acceptable to peers. Little difference existed between the latter two groupings.

Belter states that the self-image is usually quite low, despite the defense mechanisms used to give other impressions (7). In another study, Becker concludes that the drug user is more socially alienated and has difficulty in assigning meaning to himself and the environment, and has a drive to seek interaction with them on a more subjective level (5).

McCormic summarizes five case studies and forty-one other subjects (86). He states that effects and patterns of drug use primarily are "based on personality traits and organic predisposition rather than upon any pharmacological action of the drug", and need to accept oneself fully (86).

Support for the value of self-discovery through a group counseling drug treatment model comes from Blum's study of college students and their membership in identifiable groups and organizations (13). Amount and variety of drug usage were indirectly proportional to the number of

clubs, interest groups and sports in which youth could have greater opportunity to discover themselves and others.

In his insightful work, Blaine cites the dearth of natural challenges available to youth today to test out one's sense of adequacy (9). Through encountering challenges, youth discover resources they did not know existed, define more clearly who they are and develop more positive images of themselves. In the absence of other actions, drugs are now a readily accessible frontier to discovery and a doorway to escape from many tensions.

Rouse and Ewing tested a random sample of university students to identify differences between varying levels of non-medical drug use (100). They report that those who used marijuana continually over two years differed significantly from experimentors and non-users. The former used marijuana to cope with depression, experience identity problems, report more frequent serious suicidal thoughts, and take higher risks (such as driving after drinking). Alienation was not found to be a valid indicator of chemical use.

L. B. Brown examined eighty-five college students in terms of cognitive styles and substance abuse (16). None of the four major functions proved significant: integrative complexity, cognitive complexity, extreme response style, or construct integration. One item which

was significant was that users tended more to enjoy a lifestyle involving contemplation of the inner self.

Anxiety Coping- - -

The role of anxiety is primary in human motivation. One of the most uncomfortable of human experiences, when intense it can cripple and distract from healthy pursuits until it is relieved. Accentuated anxiety and the need to cope with it, is a major force in prompting inordinate drug use.

Man tends to be a pain-avoiding creature, and few conditions are more painful than anxiety. Green et al. found psychedelic users more vulnerable to frustration and less self-controlled (53). Gilbert and Lombardi found their subjects to be depressed more frequently (46). Further findings indicate greater sensitivity to irritations and apprehension (103).

Rosenberg conducted an analysis of fifty LSD, amphetamine and narcotic abusers aged thirty and younger (101). Using the IMPAT Anxiety Scale Questionnaire, Eysenk Peronality Inventory and Raven's Progressive Matrices, he described his subjects as anxious, passive and often deviant in sexual behavior. Most had evidence of many years of social alienation and disruptive family situations. Over all, individuals were characterized by extensive difficulties in handling the stress of anxiety.

Bender also found heavy narcotic users to have low resistance to frustration, to be prone to fantasizing, and to seek escape from their problems (8).

Savage, Fadiman, Mogar and Allen report treatment with seventy-seven out-patients on LSD therapy (106). The MMPI, Inter-Personal Check List and clinical assessment were used for measures. A combination of counseling and drug administration yielded lower defense mechanisms in all groups. Anxiety-prone subjects became less withdrawn, anxious and compulsive, and the outer environment appeared less threatening. Hyperactive individuals began to lead more organized, self-controlled lives.

After interviewing ninety-eight physicians who were current or former narcotic addicts, Winick listed factors which prompted use (123). In descending order they were anxiety due to overwork, physical ailment, self-concept, wives, level of aspiration, mood leveling effects, and age. Winick also discussed the accessibility of drugs to the physician.

Glickman and Blumenfield studied twenty-five patients who were admitted to a psychiatric hospital due to LSD reactions (50). Findings revealed that the use and adverse reactions were preceded by situational crisis, drug use patterns to reduce anxiety, and histories of frustration. The researchers conclude that mental breakdown or violent actions often attributed to LSD's effect

would have occurred inevitably and that high anxiety played a major role.

In studying fourteen individuals dependent on amphetamines in depth, Bell and Trethewn concluded that although personality disorders were evident, in large measure depedence was due to the drug's stimulating actions in relief of emtional stress (6). Regression was cited as a highly noticeable personaltiy change due to dependence.

Dimascio and Barrett conducted experiments with sixty healthy college males who scored either high or low on the Taylor Manifest Anxiety Scale (34). Subjects were administered oxagepam, a mild tranquilizer. Oxagepam substantially reduced anxiety among high scorers yet increased anxiety among low students. One important conclusion is that while a mild tranquilizer works successfully with anxious people its stimulating effects (for whatever reasons) with low anxiety scorers can be self-regulating prevention to further use of stimulants. Thus, through experience, less anxious users would tend more to remove themselves from involvement.

The following year Barrett and Dimascio again conducted a similar but broader study (33). One hundred-twenty male college students were given the Taylor Manifest Anxiety Scale and the Scheir and Cattell Anxiety Battery. Anxiety traits were significantly related to reactions to various drugs and a placebo. Anxious subjects displayed

lower anxiety, while low anxiety students showed greater anxiety even from such tranquilizers as Valium and Librium. This underscores again the power of suggestion and the circumstances under which drugs are taken.

In a study of 1000 heavy amphetamine abusers, Clement reports 40% abstinance rate for one year after program completion (24). Treatment consisted of two weeks detoxification, evaluation, and medical therapy, followed by chemotherapy to counteract depression. Thereafter, clients were referred to appropriate counseling centers. Reduction of emotional and physical stress was closely allied with continued abstinence.

Most psychologists agree that no one personality type is more prone to chemical abuse than others (74). However, research points to general character disorders centering around the attempt to deal with anxiety by manipulating other people and the environment. As well, drug abusers frequently have great difficulty in handling their anger (36). It will usually be buried, displaced or released explosively, all of which are interdependent with anxiety.

In studying adverse reactions to hallucinogenics, Cohen and Ditman found their subjects more prone to hysteria, paranoid thinking and less stable emotional control (29). Their findings are based on intensive interviewing in a psychiatric hospital. However, their conclusion must be held questionable with a study population

of only nine.

Interpersonal Skills

Peer group inclusion is a powerful force in the perpetuation of substance use (13). This phenomenon is particularly heightened during late adolescence and cohesiveness is further encouraged by the legal and informal censure of adult society. Treatment which fails to attend needs for peer involvement will tend to defeat itself.

Difficulties with interpersonal skills and relationships affect all areas of living. The frustration in their social development has inclined many to seek drugs for assistance and mood leveling in social settings. Although it is difficult to empirically isolate these social interaction factors, D. Jaffe and Clark repeatedly underscore the individual's attempt to attain intimacy and to overcome fears of others (23). The need for peer inclusion is an integral dynamic in drug experimentation and subsequent use patterns.

Concommitant with these friendships is the need for interpersonal skills with which to expand and deepen them. Drugs are experienced as a social lubricant, and desired moods and behaviors emerge more readily with the modifying effects of drugs.

Much of this quest for social facility derives from direct and indirect modeling. Parents and other

adults daily utilize drugs to alter moods and cope with stress. Society through such vehicles as customs and advertising support these practices.

Blake, Carboy and Zenhausenn tested middle class high school students using marijuana and found them to be more vulnerable to frustration, reckless, group dependent and less self-controlled (10). Findings concerning juvenile deliquent amphetamine users provided similar evidence (25). Cockett and Marks found these subjects reporting greater hostility, self-criticism, guilt feelings and anxiety. The subjects also were more shy, introverted, and less self-confident.

Burlington, Ontario offers assistance to street drug abuses via a storefront clinic (80). No in-patient or long term facilities exist. Most clients initially seek assistance because of medical, legal or vocational concerns. Therapy consists of promoting new interpersonal skills. The greatest obstacle to successful growth is the return to the same friends and settings that support substance abuse liefstyle. Success is measured in terms of abstinence and "responsible social functioning", and one client in oufr maintains this performance fairly consistently for one year after beginning program service.

A Swedish study focused on a goal of amphetamine free living in a therapeutic community which applied stringent rules for behavior (56). Subjects learned the abilities of empathy, compromise and open interaction.

Key to this approach was the withdrawal of group privileges for one individual's infraction. Such rules did not inhibit the program's emotional climate and succeeded in only 6% continued use during treatment.

A highly revealing conclusion reached in a study utilizing the California Psychological Inventory found users low on socialization at the .002 level of significance (5). The manual identifies such scores as defensive, demanding, opinionated, resentful, stubborn, headstrong, rebellious, and undependable; as being guileful and deceitful with others, and as given to excess, exhibition and ostentation in their behavior (51). Scores on the dominance subscale characterize drug users as lacking self-confidence and prone to avoid anxiety-producing situations. Other scores indicate drug users' relative lack of persistance, organization, cooperation and stability and their pessimism over vocational objectives.

In testing marijuana only users with the MMPI, McAree and his colleagues found no significant differences from normal subjects (85). However, they did find that multiple-drug users ranked higher on the schizophrenia scale. This reflected greater social detachment and less adequate social skills. Users in this sample also reported higher scores on the Hypomania, Psychopathic, Deviate and Masculinity-Feminity scales.

Odyssey House in New York conducts a four phased treatment over eighteen months (80). Central focus is upon confronting the manipulation behaviors that had previously guaranteed social success and replacing them with more appropriate non drug-centered ones.

In studying 41 college students abusing drugs, Kuehn reports subjects on pre-tests as passive in social relationships, more oriented toward the present, desiring more immediate reinforcement, and having difficulty with logic and articulation (77). Among his other conclusions were more pronounced depression, tendencies to rationalize and intellectualize, and unregarding sexual behavior.

Peer acceptance and attendant social norms and behavior play a critical role in establishing and maintaining drug use patterns. Malcolm describes the allure of the drug subculture's associated norms (83). Chief among these are exclusiveness, acceptance for deviant behavior, immediate reward, repudiation of competition and mutual support for views variant with "straight" society.

One of the best controlled studies available is that of Everson (40). Thirty heavy users (LSD and narcotics) and thirty non-users were randomly selected from a female prison population. The Rorschach, MMPI, Taylor Manifest Anxiety Scale, Maudsley Personality Inventory and Revised Beta Intelligence Test were given. Many demographic factors were carefully controlled. Heavy users were found to be more aggressive, alienated others and had greater

difficulty adjusting to the confines of prison living. However, they exhibited greater cooperation in therapy as their more pronounced needs were met.

Helpern conducted early tests into marijuana use and personality (60). Forty-five marijuana using prisoners and as many non-using inmates took a battery of tests. Among the instruments were the Rorschach, Binet Lines Test, Wechsler Vocational Interest and Free Association Test, Level of Aspiration Test, Goodenough Draw-A-Man Test, Pressey X-O Test, Loofborrow Personal Index, and Downey-Will Temperament Test. Tests were administered in drugged and undrugged states to both groups. No basic personality changes were evident when under the drug influence. Those inmates who had less adequate social expression tended more to use marijuana.

Makin, and Conway and Fox tested college undergraduate marijuana users with the California Personality Inventory (82). They found evidence contradictory to other projects. Their subjects evidenced more social assurance, openness to new experiences, sensitivity to others' needs, self-confidence and broader social skills and perceptions. They tended to be spontaneous, have wide ranges of interest, be self-enhancing and pleasure seeking. In addition, they were more hostile to customs and traditions.

Chapman reports greater use of projection onto other people as a defense mechanism among amphetamine

users (20). Savitt concluded that addicts exhibit greater difficulty in expression and in achieving sought social goals (107).

Sanford identifies three categories of drug abusers: a) Escapist, b) Failitative, and c) Integrative (105). In this model, the former uses alcohol or drugs in self-defeating fashions in addition to temporarily assisting social interaction.

Laskowitz describes greater self-centeredness and alienation from both social norms and inclusion in lasting peer group relationships (78). His subjects, all proven drug abusers, displayed more marked anxiety, personal feelings of inadequacy, lack of responsibility for their actions, and limited decision making ability. Knight and Prout report anxiety, social withdrawal, and underdeveloped interpersonal skills from their observations of narcotic addicts (71). They describe low affective expression with limited aspirations and low resilience to disappointments.

Administering the MMPI, Gilbert and Lombardi report insecurity, low levels of depression, and apprehension about social adequacy (46). Cameron echoes support for emotional inadequacy as a precipitating factor in heavy usage (19).

Lowe tested two groups of thirty each which included ages between fifteen and thirty-five with the California Psychological Inventory (81). It was again administered after five months counseling. One was a group of non-drug

users evidencing more social skills and flexibility.

Hogan administered the California Psychological Inventory and a biographical questionnaire to 148 under graduates at two universities (63). Users and non-users were indistinguishable in terms of their secondary education, extracurricular activities or athletic participation. Users were somewhat less social but the nature of their behavior did not readily lend itself to stereotyping. No moral or characteralogical differences were identified.

Alienation and its relationship to non-medical drug use was the focus of Hoffman's dissertation study (61). In analyzing a student survey administered at three college settings involving 484 students, he found no significant relationship between use and degree of social alienation. He also describes polydrug users as more liberal than single drug only users, who were in turn more liberal than non-users. Close relationships between one's personal attitudes toward drugs and one's closest friends' actual use were supported by evidence.

Romine came to conclusions in opposition to those of Hoffman (99). The former administered over 1300 questionnaires to nine universities on a randomized basis. (This represented approximately seven percent of the students living at residence halls at the institutions.) Defining alienation as sensed individual powerlessness, normlessness and social isolation, Romine found a positive

correlation between alienation and those who abused drugs.

One of the best studies utilizing a vast population is that of Robbins et al. (98). Analysis of over 6400 surveys administered to junior and senior high school students revealed that users describe themselves as socially inadequate and cite drug use activity as a way of encountering friends. Users were eight times as likely to have a best friend who also used chemicals.

Social Deviation

Youthful drug offenders tend to come from home environments which reflect less stability, intimacy and optimism. There is also strong tendency for excessive drug consumption by adult models. The peer groups influence at this stage in life is pronounced both in promoting or suppressing initial use, and in the course of subsequent continuation. Central sociological themes of study are parental modeling, peer group relations, deviancy from traditional norms, hositility, family environment and attitudes held toward social agencies (school, church and police among others).

Rollo May reports that those who exhibit self-destructive behavior are often precursers of conflicts that society at large will experience within a decade (84). One who displays such behavior is able to "reveal to us what is going to emerge endemically in the society later

on" (84:16). He lives out "consciously what the masses of people are able to keep unconscious for the time being." Should this philosophical posture have some merit, the destructive user of chemicals may be by those who are most in touch with the stresses that are confronting individual and interpersonal functioning in the latter third of this cnetury. The Major Studies portions earlier in this chapter described many of these factors. The following pieces of research focus on these and other stresses related to social deviation.

Many traditional agents of change have less significant impact than they did previously. Our society is marked by confusion that Keniston labels "psychological numbing" (72). Individuals are constantly bombarded with external stimuli (and their own responses and defenses) of great quantity, variety and intensity that can bury as well as enlighten. The result is accentuated boredom, anxiety, and loneliness.

Interdependent with these forces is the tremendous acceleration in the rate of change. The state of flux of reference points and the speed with which they change have been described in both professional and popular literature.

No formative factor is as significant in individual development as the family. Increasingly, research in the substance abuse field is focusing upon family characteristics and identifiying variable associated with non-medical use.

Delone reveals very definite family patterns and attitudes which indicate great likelihood for substance dependency. Drug abusers are prone to the following (32:30):

1. To come from loose knit families.
2. To sense alienation from families and social institutions.
3. To lack adequate coping skills and value systems.
4. To maintain only superficial friendships.
5. To demonstrate low school achievement and delinquent behavior before drug activity.

Family cohesiveness has been a concern of several other important studies. Harris and Gillie found that youthful drug offenders tended more than non-users to come from single parent homes (59). Even in two parent homes Welpton reported less rapport between spouses than in homes of non-users (122). Kuehn identified families of soft drug users to be characterized by less stable emotional climate, communication difficulties, greater focus on material wants and less structured expectations for family members (77).

Rathod examined the early life factors of thirty narcotic users and twenty-eight control subjects (97). Almost twice as many users (13) as controls (7) were the only child of their sex in the family. Fifty-three percent of the users, twenty percent of the controls had

no or inappropriate parent models (divorced, alcoholic or drug abusing parent, desertion or mental illness).

In testing 233 entering college students and their parents(s) Stormer reports a .001 positive correlation between parental and student non-medical drug use (115). He also found .10 relationships with use and size of community and the mother's attitude toward the use.

Dorhoffer identified positive associations between the extent and potency of drug use and several important factors among his junior college student subjects (37). Among these factors were a higher proportion of males, families with ppor communication, no current religious affiliation, unfair childhood discipline, pessimism in the home, level of self-confidence, sensed ability to make friends and to adjust to new situations, and lack of involvement in the non-academic offerings of college.

Fox's review of numerous treatment programs and staffing produced two vital findings (45). The first important result is that groups for the parents of abusers significantly increased positive change in offspring in the programs. Secondly, reliance upon former users for staff (an axiom to many in the field) does not seem to be as effective in the long run as "straight", well-trained professionals.

Non-medical drug use is associated with other forms of deviancy, most notably smoking, use of alcohol and lower respect for traditional agencies of cultural transmission.

Families of substance abusing youth are frequently characterized by alcohol abuse, lack of intimacy, and cynicism and powerlessness toward society.

Bray stated that high school drug users have more -egative home situations, more negative perceptions about school experiences, greater peer involvement and solidarity, and more concern about both personal and world problems (15). His results are derived from studies involving 570 youth between 14 and 18 randomly selected from seven city high schools. Drug use followed problems with the family, school, peers and the world. Bowker received anonymous questionnaires back from a small private college, and followed up with fifty-three in-depth interviews (14). He found use of chemicals positively related with negative perceptions of home, peer group environment, religion, academic major political values.

With armed services inductees, Kearns was able to identify numerous characteristics which distinguished those who abused drugs from all others (76). Most prevalent was the evidence of disharmonious families. More specifically, relationships with the father and status in the neighborhood were critical. The number of arrests, convictions, and use of opium, barbiturates and marijuana were also significant variables. Those who most frequently

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abused chemicals tended to have one or both parents deceased, and to have left home before sixteen. Negative experiences with teachers and school in general were also closely associated.

General social deviancy and delinquency are frequently interdependent with many of these family characteristics. Several excellent studies have centered on the relationship between drug abuse and these factors. Recurring themes are hostility, use of legal drugs, non-traditional values, non-involvement with school, and negative attitudes toward society and its principal agencies.

Stewart, Vener and Hager found significant correlationships (.001) between illicit soft drug use and other forms of deviancy (drinking and heterosexual activity) (114). Negative associations (.10) were found between drug use and indices reflecting more traditional norms (family rientation, religious orthodoxy, respect for authority, high school grades and college aspirations). Males scored higher on all forms of deviancy. Amount of drug use and socio-economic status were positively related.

Hager looked at differences in use by age, sex, and school at three disparate socio-economic levels (57). Analysis was conducted in terms of other deviant behavior, value orientations, socializing agencies and ego strains (such issues as depression, alienation and lack of peer involvement). Over 4200 students were involved. A

distinct deviancy group was identified whose soft drug use correlated positively with hard drug use, smoking, drinking and heterosexual behavior. Negative relationships were found with traditional values, parental congeniality, church attendance and involvement with school activities. Depression and affectional deprivation showed low inverse relations with soft drug use. Alienation and lack of peer involvement were not significantly related to use.

Kenniston articulately states the association of drug use with nonconformity and social alienation (72). The appeal of cult with distinct norms and behaviors for protest reasons is cited by Suchman, and McAree, Steffenhagen and Zheutlin (117).

Testing 282 students at a Canadian university, Mehra isolated several factors significantly related to drug use: belief in an omnipotent God, sibling marijuana use and family socio-economic status were most influential (90). Regular users tended to be more progressive in their social attitutdes, more impatient with what were deemed to be unnecessary delays, and socially "undisciplined".

Chipman divided 607 college students into four fairly evenly distributed groups in terms of substane use: "Regular", "Casual", "Experimental", and Non-users" (22). When compared to other groups, the "Regular" subjects were more pleasure-seeking, more non-traditional and

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anti-establishment, more estranged from their families, concerned with immediate rewards, and used alcohol and tobacco more frequently. "Non-users", relevant to others, were confident, well adjusted, less judgmental of other people, and held more traditional values.

In assessing 3500 questionnaires from over 20 colleges, Bruce D. Johnson found sex, religion, political orientation and cigarette use strongly relation to marijuana use (67). These were not concluded to be the causes, but increased the likelihood of involvement with peer groups where marijuana was used. His findings further supported the premise that peer groups using drugs, rather than specific types of drugs, lead into hard drug use. Sellers of soft drugs were far more likely to become users of hard drugs later on than any other individuals. Drugs themselves did not impair social functioning in college or prompt asocial behavior. Rather, pre-existing psychosocial factors shaped these.

Nash surveyed all the New Jersey drug abuse treatment programs, both drug-free and chemotherapy (91). He found both types to be equally effective in all respects. The chief indicator of success appeared to be significant reduction in crime by treatment graduates.

New York City achieved success with a "temporary alternative school" for 60 drug abusing, problem behavior students (32). One year in a program of formal instruction

with all afternoon group sessions which focused upon needs and behavior resulted in marked success. The average student advanced two grade levels in most subjects and drug use was all but extinguished. "Student involvement creates a kind of counterpeer pressure against the use of drugs and generates student initiative in developing alternatives to drug abuse."

A survey was conducted with 1,912 tenth and twelfth grade students at twelve high schools revealed that heavy users tended to be unhappy with themselves, less active in school organizations, more dissatisfied with the academic environment in general, and received lower grades (3). The researcher, Althoff, discovered little difference in alienation between user and non-user, and also that use was more prevalent in the upper and lower classes. She concluded with key predictors of abuse. In descending order they are the following: 1) Satisfaction with school, 2) Grades, 3) Degree of alienation (normlessness), 4) Self-satisfaction, 5) Participation in school activities, 6) Degree of alienation (social isolation), 7) Social class status.

McGlothlin, Cohen and McGlothlin conducted a battery of tests on seventy-two male graduate student volunteers (87). Twenty-two tests were given to assess long range affects of LSD on values, personality and attitudes. Those individuals who were more rigid, self-controlled and

accepting of authority responded to the experiment with little involvement. Other subjects who became intensely involved were characterized by spontaneity and openness to new experiences.

Edwards, Bloem and Cohen contrasted thirty long term psychedlic users with a like number matched controls (38). Utilizing the Rosenweing Test and Comery Test they found the groups differing only in regard to greater hostility among the heavy users. The researchers further report that the degree of hostility is highly correlated with level of dependency and tends to be expressed with a greater force and less control as dependency mounts.

Winick and Nyswander compared fifteen musician addicts with a control group of other addicts (124). The former tended to be more success oriented, interested in heterosexuality, and come from homes with strong fathers. Of impact to this study is the finding that drug use helped to reduce hostility for both groups.

Chickering declares that drug abuse and its associated lifestyle are outgrowths of inability of youth to define purpose (21). Accordingly, subcultures develop in which both drugs and lack of commitment become norms.

Drugs are used to deal with the dilemma of values and framework to provide meaning in life. Several studies find a pronounced disregard for traditional social mores. Roszak and Keniston discuss the collective cynicism over

the research for meaningful values (102;72). Kenniston identified drug users in three categories. "Tasters" test out drugs occasionally for the novelty and discovery and tend to be fairly self sufficient. "Seekers" tend more to use drugs for self-discovery, understanding about life and values clarification. "Heads" are the more regular users. Kenniston discusses reasons given for use--search for meaning, self-understanding, experimentation during an accelerating period in life, and academic pressures. The attraction of more tolerant campuses is also elaborated upon in terms of drug use.

Welpten secured ten white middle class young adults who seriously abused LSD, in addition to using marijuana and amphetamines (121). As a result of using the Bender-Gestalt, Rorschach, Human Figure Drawing Test and intensive interviews, Welpton reports strong dependency, control of aggressive behaviors, and confusion regarding sexual roles. A search for meaning, values and social inclusion also typified the subjects. All evidenced continual difficulties in achieving adult independence.

Rucker studies the attitudes of junior high students toward drugs (104). Those who did not attend church or participate in school activities viewed drugs more favorably. He also found that sex, church preference and socio-economic level were not related to attitudes. Although Rucker identifies these factors, he does not see any as cause for use or abuse.

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Remarkable differences were found between drug and non-drug users on the As Regressive Experiences Scale (13:235). This instrument measures preferences for mystical experiences, escapism, and reluctance to accept responsibility. Differences were significant at the .001 level with drug users having high preference scores.

Darden and Jekel report findings with negative correlations between church participation and drug use (31). LeDain reported associations between excessive drug use, self preoccupation and lack of involvement with spiritual concerns (79:234-38). (It bears mentioning that Alcoholics Anonymous' considerable success is based heavily on spiritual surrender and growth (4)).

A study with the Myers-Briggs Type Indicator found major differences on two dimension (88). Drug users score higher on intuition (on the sensing vs. intuition scale) and on perception (on the judgment vs. perfection scale). Both results were significant at the .001 level. M. Cohen noted that drug users tend more frequently to have character disorders than non-users. These findings indicate that drug users, while imaginative and spontaneous, are apt to be less goal-oriented, organized and skilled in dealing with immediate responsibilities.

With high school age youth, Cockett and Marks report no correlation between amphetamine users and intelligence (25; 27). However, Cohen and Klien found higher

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intelligence among users than non-users in a hospital population.

Acadmic performance as distinguishing criteria among college student users and non-users is inconclusive. Smart and Fejer in their studies of college undergraduates found psychedelic users to be underachievers (111). This is in contrast to Pearlman who with a similar population found no academic record variations (96). To further confuse the issues, Steffenhagen et al. found college users above average academically (113). Hagan et al. also collaborates this latter finding (64). In addition, they found users in higher percentages in humanities and social sciences.

SUMMARY

> Truth is the shattered mirror strown in myriad bits; while each believes his little bit the whole to own. (Jaji Abdu el-Yezdi) (17:37)

This chapter has reviewed literature pertinent to historical, psychological, sociological and treatment evidence. This summary attempts to derive patterns out of many diverse and conflicting findings. The bulk of available literature, unfortunately, focuses more upon causational factors than treatment results.

Our society is rapidly becoming aware that drug dependence is a serious crisis for many of its members. Widespread misuse has spread to include the mainstream of

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the population. Stereotypes of the user and his life-style are obsolete yet act as barriers to understanding and development of alternatives. People from every walk of life, age and background use and abuse drugs which in turn affects their jobs, families and associates. More understanding of these forms of deviancy and self-defeating behaviors is essential.

Much verbiage is available describing the drug abuse prone personality, and little of it is scientifically credible. Most literature speaks from moralistic or ill informed points of view, and is couched in fear-inciting language. Sound research studies in this area are frequently limited in scope.

Contradictory findings are legion. There is enough sound research data, however, to identify tentative psychosocial factors and the role they play in drug abuse and subsequent treatment effects. The availability of supportive aids available to this study--medical, legal, vocational, etc.--permits freedom to focus treatment upon remaining personality concerns. If drug abuse is inter-dependent with unmet needs, reduction of chemical abuse and resolution of these needs might accompany each other.

A review of available literature and research leads one to the conclusion that involvement in drug use is a complex and often subtle process of interrelated psychological and sociological factors. In many sectors of our

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population, use is merely a fad or a coming of age. Were the consequences not so crippling for a sizable minority, the entire phenomenon could be treated with far less earnestness. More effective treatment and education can not only reduce potential and actual dependence but also assist individuals deal with blocks in normal growth and development.

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CHAPTER III

Seven sections comprise this chapter. They are the following: the Social Setting for the Study, Client Treatment Procedures, Population and Sample, Instrumentation, Data Collection, Procedures for Data Analysis, and Summary.

Social Setting for the Study

A review of the social context in which this study was conducted is essential. To a large degree, the collective social expectations of a community determine the actions and values of its members. These expectations are internalized by youth and shape behaviors which aid or inhibit need-fulfillment. As has been stated in Chapter I, drug abuse is viewed as need-directed behavior. As such, drug abuse is inescapably interdependent with the community environment in which it exists. This environment formally and informally defines what is acceptable. Drug use, in turn, is often an attempt to deal with unmet needs and/or respond to the social setting.

The community used in this study is Grandmont, a 2.6 square mile city located adjacent to a major metropolis. Its population of 23,784 is almost entirely lower class and lower middle class. It is a completely Caucasian community, with a significant percentage migrating from

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Appalachia in the past three decades. Politically and sociologically, Grandmont is very conservative, and is alluded to as "red-neck, blue collar Kentucky" by other communities.

The average income for the City in 1971 was $6,391.00 per family and the average educational level for adults is 9.7 grades (130). Both of these figures are lower than all neighboring municipalities. The homes in Grandmont are, for the most part, small and inexpensive. Single parent marginally employed families are attracted to the City by the small, low cost housing. Over 40% of the school children from at least two elementary schools come from single parent homes (89).

The community is over 80% Baptist, Methodist and Catholic and is extremely conservative in religious orientation. This fundamentalism reinforces cultural proclivities of parochialism, traditional values and resistance to change.

Grandmont has the lowest percentage of college graduates and professional management personnel of surrounding communities. It is above average in its percentage of A.D.C. recipients. Its 8% unemployment rate over the last decade is the highest among nearby cities (95). One vital and pervasive result of all these indices is a psychosocial climate which collectively reinforces low expectations for success and

advancement.

The public school system is composed of eight elementary schools, two junior high schools, one senior high school and a vocational training school. In 1974, the high school population was 1,460.

It is not possible to assess accurately the degree of drug abuse in Grandmont. However, inferences as to its severity can be gained from certain indicative items. The first concerns alcohol-related legal infractions. Although Grandmont is one of the county's smallest communities, it ranks first in total number of liquor law violations, second in arrests for public intoxication (behind a much larger community) and third in D.U.I.L.--driving under the influence of liquor. These ratings are true for both actual reported offenses and total arrests. Also, there is local recognition of the severity of chemical misuse since Grandmont appears to be the only town in the Tri-County area that conducted its own grassroots study of need for drug abuse treatment services with <u>full</u> sanction and support of the local government (52). Most other treatment efforts elsewhere seem to have developed from private channels, existing agencies, or a small nucleus of supporters. Lastly, 90% of the cases tried before a neighboring District Court are drug and alcohol related (2).

It bears mentioning again, as was reported in

Chapter II, that almost no studies of substance abuse have been conducted with white, blue collar populations, especially not with high school youth. Grandmont provides an appropriate setting to investigate ways of addressing the drug abuse concern as it relates to these sub-groups.

Client Treatment Procedures

Breakthrough

During 1971, the City of Grandmont conducted an intensive study into its drug abuse problems. Over 250 citizens from various backgrounds assisted in data collection and research. The committee submitted a report after seven months' intensive work (125). Chief among its subsequent recommendations was the creation of a non-medical out-patient treatment and education program, since named Breakthrough. During the past two years, services have been expanded to include aid for alcoholism, family and marriage counseling, vocational guidance, legal counsel, pre-school child therapy, and other forms of mental health services. (See service Chart in Appendix E.)

The original, central drug abuse treatment program provides the specific experimental setting for this study. The goal of this program is not simply elimination of drug use, but education and counseling concerning work, values,

self-understanding, social skills, and family life. Emphasis is placed on each individual being responsible for his own decisions and their consequences.

Another purpose is to provide a variety of growth services to neighboring communities. These forms of assistance include counseling, workshops, information sharing and referral services. Thus, in a very real sense, Breakthrough is a student personnel services center in a non-academic setting. College students and graduates serve as staff, interns and volunteers and offer assistance or referrals for personal, family, legal, medical and vocational concerns.

Undergirding the entire program and all services are the four major principles stated in Chapter I. They are central enough to bear repeating:

1. Each person is ultimately responsible for his or her own development.
2. Each person is entirely unique. Everyone is an individual existing in an unparalleled set of experiences.
3. Each person is a complex being. Growth is an outcome of many interdependent functions--emotional, social, intellectual, spiritual and physical.
4. Drug abuse and other self-defeating behaviors are but symptomatic of other concerns needing direct attention.

Group Counseling

The core of the drug abuse program is its peer group counseling. These are groups of six to twelve members with a professional or paraprofessional leader. During sessions, members examine themselves and their lifestyles, attempt to discover obstacles to their development, and experiment with new behaviors and attitudes. Any necessary auxiliary aid (legal, medical and vocational, among others) is secured at little or no cost in order to free participants to focus more freely on social and emotional concerns as such become manifest in the group setting.

Therapy stresses individual responsibility, limited confrontation, self-selected alternatives and task assignment. It is an eclectic model, more closely approximating Glasser's Reality Therapy than any other single approach.

Elements of the two central therapeutic strategies--humanism and behaviorism--are utilized. The first stresses new awareness and self-esteem, with the outcome of more effective behavior. The latter emphasizes the converse: testing new behaviors with resultant new awareness and self-esteem.

The core of the therapeutic process, which can not be overemphasized, is the assumption of individual responsibility for one's attitudes and actions. Experience

has shown that little growth ensues unless participants cease holding others and external reasons accountable for their circumstances. Only then can they redirect their own lives, rather than manipulate others and their environment.

In practice, humanism is used more in the group setting, and behaviorism is employed in between sessions. During group sessions, the following set of dynamics are central:

1. Participants encounter a new and often provocative environment. They tend to respond with the attitudes and behaviors that have worked successfully for them in the past.
2. Through both support and confrontation, individuals learn that previous, inappropriate strategies will not work. Frustration results.
3. Participants examine themselves to become aware of their hidden dimensions and discover new alternatives which may enable them to succeed.

Then, behavioral goals come more into focus:

1. During group sessions, participants share unmet needs and new insights about how they might meet these needs in drug-free fashion.
2. Each person establishes behavioral tasks at the end of each session.
3. These tasks are acted upon in the home, school, peer group and community.

4. Participants report their progress to the group. This reporting in turn reinforces their striving, rewards their successes, and provides a sounding board for their failures.

Client Flow

The individuals' first contact with Breakthrough results from numerous referral sources: friends, parents, schools, courts, churches and other agencies. Some participants refer themselves because of friends' encouragement, advertising, the "grapevine" or presentations in the community.

Whether initial contact is by phone or in person, a prompt assessment is made of the person's concern by a receptionist or other trained front office staff member. If referral to another agency or form of assistance is not in order, an appointment is made for an intake interview with a staff counselor. In the cases dealt with in this study, a youth and/or his parents would be assigned to a drug abuse program staff member.

During the intake session three central tasks are focused upon. These are reduction of anxiety and hostility of the newcomers, "ventilation" of the reasons for contact, and explanation of the offerings available and what the prospective client might anticipate happening. The first of these tasks is essential as many people are apprehensive, not only about their immediate problem but

also with the nature of Breakthrough. To some it appears to be a hang out for "junkies"; to others it is perceived as a semi-religious organization which moralizes to the community. Although it is not possible to dispel all stereotypes immediately, the assurance of confidentiality is stressed strongly. Second, in an atmosphere of receptiveness, individuals are aided in sharing their concerns (and this act in itself is highly therapeutic). Records usually precede those referred for punitive or disciplinary reasons. Such materials reduce the likelihood of "conning" and provide the counselor with information with which to confront any discrepancies. Finally, the client is acquainted with the treatment program and the full range of services. If there is any need to refer a person for additional auxiliary services, it is done so at this time to free him to focus more completely on social and emotional concerns. If the staff member is convinced of the client's sincerity of commitment, the services are without cost.

The same staff member continues to meet one to two weeks with the individual for orientation. The previously noted, three initial tasks continue to be the primary focus. Effort is made to alleviate (but not eliminate) anxiety to the point that it can be productive of, rather than a hindrance to change. Support is given for further

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ventilation and identification of need-based problems. Any testing appropriate to treatment is administered during this period.

The merits and dynamics of the forthcoming group experience are discussed. A client is asked to commit himself to a newly constituted group of six to twelve peers, most of whom have similar drug-related problems. These groups meet twice weekly for two hours each meeting over a six week span. Experience with the program has shown that drug abusing youth in the past have tended to resist making or holding to longer term commitments than six weeks. The six week period enables group members to build toward a closure with subsequent new insights and ways of living. (Clients, however, can and do continue to be involved longer if they and Breakthrough staff see value in their doing so.)

Certain guidelines are carefully spelled out prior to the beginning of a group. Participants are expected to come to each session and to be prompt. Each person is urged to abstain from drugs during the six week period. Those who need detoxification or maintenance (as in instances of barbiturate dependency) receive assistance beforehand and may join upon written approval from a physician. Under no circumstances whatever is anyone allowed to attend a session under the influence of a substance. Socializing with other members of the same

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group outside of sessions is discouraged for the first three weeks to encourage the viewpoint that all contact with fellow members is serious and need-centered.

Every effort is made to promote attitudes of being in a "special" experience and raise expectations for change which may prompt greater change. In addition to the above preparations and guidelines, the participants begin to feel that Breakthrough is like a special club for them. By careful scheduling, encounters between differing age groups and activities are kept to a minimum.

Each participant's main goal is to resolve perceived problems underlying and/or created by drug abuse. Above all, stress is placed on new awarenesses and decision-making behaviors rather than mere substance abatement or new superficial ways of coping with solvable problems. Responsibility is placed on each participant to define his needs and ways to meet them, with the group counselor playing a facilitating role in the process. Behavioral tasks are tried out between sessions and results shared with the group. These efforts are related to concerns identified by group members and tend to deal with self, home, school, peers, values, and social skills. Attempts are made to become more involved in new activities, to honestly share feelings with significant others, and to take the initiative in threatening situations, etc. The

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actual performance of these tasks and the support for them from a peer and/or a meaningful peer group tend to promote and internalize growth.

Confrontation is important but not central. A climate exists for the leader and each member to express themselves honestly as long as they take responsibility for their acts. Attack games utilized by Synanon and many other programs are discouraged.

The sessions are frequently emotionally charged. Long-harbored grief and resentment surface. Group members express thoughts and feelings previously unacknowledged or permitted. Opportunities exist to learn new ways of giving and receiving as people grow and assist one another's growth.

The issue of individual responsibility is repeatedly affirmed. It is further reinforced for each person by the outcome of attempted task assignments. Individuals learn that they can indeed exercise more control in their lives than they had previously imagined or possibly experienced.

During the sixth and final week, a review is made of each person's growth experiences. Each person shares what he perceives to be important change, and limited feedback is offered by other members. This very act reinforces the permanency of change. Time is also spent in discussing the necessary yet often painful termination of the group experience and reentry into society without the ongoing fellowship.

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After the final session, members are discouraged from having contact with Breakthrough for six weeks. Experience has shown that many clients maintain a dependence on the center and its staff rather than continue their new directions of growth toward greater self-sufficiency.

Staff initiate contact again with each group member after a six to eight week lapse. Each member is requested to come in individually for a discussion with a staff member who knew him well. The returning participant is first asked to retake appropriate testing to assess growth changes. Then the two individuals (staff and former group member) have a structured hour-long interview designed to identify changes not readily obtainable with standardized testing. New peer groups and activities, changes in home situations, progress in school, legal and medical status, and other evidence is obtained. Following these activities, the former client usually freely shares what is happening in his life and elaborates on changes that he perceives.

In the above fashion, clients have highly similar, even if not concurrent, experiences. Since initial client contact with Breakthrough is different for each individual, this study is unable to measure all subjects simultaneously. Nevertheless, the treatment experience has been as uniform as possible for every person.

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Population and Sample

The sample under study was composed of those youth entering the Breakthrough treatment program who were between the ages of fifteen and eighteen, residing in Grandmont and in attendance at the Grandmont High School during the 1973-1974 school year. Both males and females were included.

Specifically, the experiemental groups consisted of 38 youth from the population who entered the Breakthrough drug treatment program between October, 1973 and May, 1974. The subjects met the definition of drug abuser (Chapter I). Those needing medical detoxification received it prior to admission to group counseling. Non-students and students who were married, were employed full-time, or lived in other communities were excluded from study to insure greater homogeneity.

A comparison group was selected from the Grandmont High School to represent a cross-section of the student body for testing purposes. One hundred thirty-six subjects comprising five required English classes were involved. This group, approximating a cross-section of the student population, provided a basis for contrast with the experimental group.

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UNIVERSITY MICROFILMS

INSTRUMENTATION

The following instruments were used to more accurately assess differences among study subjects. In addition to their merits, which are reviewed below, these tools were selected for their brevity and non-threatening nature. Experience with drug abusers has underscored the importance of these factors.

Tennessee Self Concept Scale

The self concept is the cluster of feelings and beliefs one has about oneself, and equally important the value one places on this cluster as conditioned by unique life experiences (43). Much of one's behavior and perceptions about other people and the environment are directly shaped by this central view of self. Much behavior termed deviant by observers may be completely in accordance with an individual's image of himself. Awareness of the self-concept, therefore, can be a key to much of one's change.

The Tennessee Self Concept Scale consists of 100 questions relating to the individual's perception of himself. Persons choose between five responses--"completely false", "Mostly false", "partly false and partly true". The total P (positive) score is the central index of overall self-esteem. A high score reflects confidence and a view of oneself as being of worth and value. Inidividuals with low P scores tend to dislike themselves,

express doubt about their worth, feel more anxious and discouraged about who they are and what they can accomplish. In addition, five "Self" scores--physical, moral-ethical, personal, family and social--are cross-hatched with three "positive" scales--identity, self-satisfaction, and behavior.

The Tennessee Self Concept Scale was first standardized with 626 individuals representing a cross-section of the national population. Subsequent testing of numerous other samples, including many high school groups, correlate closely with the original group and suggests no need to set up separate sub-category norms.

Test-re-test coefficients range from .61 to .92 for various portions, the latter reflecting the Total P score. A shortened version of the scale has a .88 reliability for the Total P. score. The author of the manual reports coefficients in the .80 to .90 range for retesting a year or more later.

Validity ---

Extensive evidence is available regarding the validity of the Tennessee Self Concept Scale. Content validity was established only after unanimous agreement of each item by a panel of clinical psychologists. The items, therefore, are assumed to be meaningful and communicable.

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Testing supports the assumption that self concept differences exist where pronounced behavior differences are evident. Such testing has measured significant differences between psychiatric patients, "normal" individuals, and people deemed high in personality integration; delinquents and non-delinquents; first and repeated juvenile offenders; unwed and other mothers; stress-prone and other populations; and alcoholics versus non-alcoholics, among others.

Scales of the Tennessee Self Concept Scale have correlated closely with many scales on other standardized instruments. The Minnesota Multiphasic Personality Inventory, the Edwards Personal Preferences Schedule, and the Inventory of Feelings are among the numerous tests compared.

Significant experiences in life might be expected to affect self perception. Studies show that intense stress lowered scores on some scales, while long term group therapy raised some scores significantly. On the other hand some studies reported noticeable attitudinal and behavior changes without change in self concept. thus underscoring the stability and resistance to change of that variable.

State Trait Anxiety Inventory

Anxiety is a condition of discomfort for which the origins are not always clearly known (112). Until

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anxiety and the reasons that cause it are worked through, one's energies for effective living can be drained off and life is more difficult to manage. Evidence points to important associations warranting further study between anxiety and drug usage.

The State-Trait Anxiety Inventory consists of two categories which report specific forms of anxiety termed "State" and general "Trait". "State" describes transitory nervousness or emotional tension. This form may fluctuate with varying stressful circumstances. The individual is consciously aware of the apprehension and the difference between this state and his "normal" level of existence. "Trait" measures more general but permanent levels of anxiety, or one's overall emotional tone. It is more stable, less subject to change, and is based on more numerous past experiences which developed, and continue to reinforce, a consistent pattern of responses for living. Each of the two categories consists of twenty self-administered, forced-choice questions. Four choices for each answer reflect various levels of sensed apprehension.

Norms ---

Researchers have used the STAI with high school, college and psychiatric patient populations, in addition to numerous other groups. Separate norms are available for the former three populations. The instrument has been used both to differentiate between groups and to measure

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Reliability ---

Internal consistency is noteworthy. Reliability for each scale is .83 to .92 with junior high school through college student samples. Trait test-retest reliability ranges from .73 to .86. The State scale, which measures temporary stress, is statistically insignificant (.16 to .54) on test-retest, thus underscoring its value as a gauge of situational anxiety.

Validity ---

The STAI Manual presents in detail fifteen rigorous steps in developing construct validity. Concurrent validity of the Trait scale was established by comparing it with existing instruments with diversified samples. Correlations ranged from .75 to .83 with the Taylor Manifest Anxiety Scale and the IPAT Anxiety Scale. The State scale was further validated during various induced situations with brief retest times.

Fundamental Interpersonal Relations Orientations - Behavior

How people act in social situations can be key to their overall satisfaction and mental health (108). The FIRO-B assesses attitudes and behaviors related to this social interaction. A scale of six responses is used to answer fifty-four items. Scores are reported in terms of three interpersonal needs: Inclusion, Control and

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Affection. Inclusion describes the degree of "in" feelings; accepting and being accepted by others. Control relates to decision-making and influence in social exchanges. Affection characterizes needs for depth and permanency in relationships. These three needs are matrixed with two aspects of behavior: Expressed and Wanted. The former reports what the individual expresses toward thers; the latter identifies what he wants to receive from other people.

Norms ---

The instrument was originally developed with a college population of 1,943 individuals. Norms have since been developed for various other groups: teachers, sales personnel, medical students, different school majors, etc. The FIRO-B has been used as a device for selection, training, counseling, and measuring treatment results. Due to its success and applicability, the FIRO-B has served as that basis for five subsequent instruments seeking to measure other facets of personality (feelings, marriage, attitudes and values in addition to others).

Reliability ---

The coefficient for internal consistency is .94 with high school and college students. Test-retest studies establish a .76 mean coefficient for the six

scales.

Validity ---

Content validity was established with a variation of the split-half technique in which specific items were removed. It was found that the subsequent response to the removed items were predictable over ninety percent of the time. Concurrent validity was demonstrated by the relationship between test scores, and various other criteria and performance ratings. Studies were conducted with diverse settings and occupations, with individual, dyad, group and organizational level situations.

Student Survey

Literature reports a strong relationship between drug use and certain sociological characteristics. Different environmental factors and attitudes were associated with different drug behavior. In order to ascertain these factors, a Student Survey questionnaire was administered. This 34 item forced-choice questionnaire was utilized to describe sociological factors related to drug abuse and general deviancy as indicated by other research.

Originally a 97 item instrumentation was developed from three sources: Vener and Stewart, 1973; Drug Abuse Questionnaire, Oakland County Department of Drug Abuse Control, 1971; and this researcher's own questions (see

Appendix C).

This second 50 item format consisted of background data and ten indices. School Perception, Police Perception, Smoking, Teacher Perception, Alcohol, Sex, Religious Attitudes, Parent-Child Communication, Rage and Soft Drug Abuse. Concern was expressed by the local school system over items relating to religion and sexual attitudes. While it may have been desirable to incorporate these two topics, it was not deemed feasible to do so. (Several key studies indicate consistent positive correlations between sexual and other forms of deviancy, and negative correlations between religious orthodoxy and general deviancy). These items, as well as the intended use of the Allport-Vernon-Lindsey Study of Values, were excluded. These eliminations resulted in the final 34 items from which, in essence, it is a distillation of the aforementioned Vener and Stewart instrument (See Appendix D).

While it was not possible to obtain direct evidence on religious and sexual issues, tentative conclusion will be inferred from the available data as it relates to other studies and structured interviews with clients that have been treated anonymously.

Data Collection

In order to obtain data to test hypotheses, the following procedures were undertaken. Care was taken at every step to insure anonymity of respondants.

Treatment Sample ---

Between October, 1973 and May, 1974, all clientele between the ages of fifteen and eighteen entering the drug abuse treatment program at the Breakthrough mental health center were administered the following instruments. Clients took them after one to three individual counseling sessions and just prior to entering group counseling.

1. Tennessee Self Concept Scale
2. State-Trait Anxiety Inventory
3. Fundamental Interpersonal Relations Orientation Behavior
4. Student Survey
5. Client Intake Form and Treatment Form

Treatment consisted of six weeks group counseling. Subjects seldom progressed concurrently, as clients entered the program continuously throughout the year. Six weeks after completing the program (twelve weeks following pretesting), subjects completed the TSCS, STAI and FIRO-B again along with a brief questionnaire to assess drug use subsequent to leaving the program. In addition, a one-hour structured interview was conducted to obtain additional information that might provide more insight into statistical trends.

The treatment sample consisted of 38 subjects. Those clients whose primary substance of abuse was alcohol or one of the opiates were excluded from study. (The former

were placed in the alcoholism program and the latter were referred to heroin-related services). Of the remaing 43 youth subjects, five failed to complete post-testing; thus the final 38 individuals. (One was imprisoned, two had moved outside Michigan, one refused to take additional testing, and the whereabouts of the other was unknown).

Comparison Sample ---

In April, 1974, five required English classes at the Grandmont High School (where all treatment subjects attended) were visited by this researcher. As a random selection from the student body was deemed impractical and unnecessary, approaching a group of classes which all high school students were required to take was concluded to adequately represent a cross section of the student body. Students were requested to take tests which would report their attitudes on numerous subjects: school, home, drugs, society, and themselves. It was stressed that at no time would they be asked to reveal their identity. (Those who wanted to see the results of their own tests were asked to remember the number on their folder and call Breakthrough for an appointment.) All classes were asked to come to the cafeteria the next day instead of to class.

Of the 168 students (from high school population of 1,460), 13 failed to show. The 9% "no show" rate closely

approximates the 6.5% absentee rate for Spring term. Another 9 of the tests were removed due to incomplete answer sheets, leaving a final total of 136.

This testing group served for comparison purposes only, and no post-tests were administered. The assumption was made at the outset of the study that the twelve week lapse between experimental group pre- and post-testing was too brief to measure maturation changes. Any change for the treatment scores was deemed to be due to treatment effects.

Data Analysis

The objective data were examined in terms of the hypotheses stated below. These hypotheses were developed for testing on the basis of research literature and experiences described in previous chapters.

Hypotheses I through V deal with differences between experimental and comparison group scores. Hypotheses VI through IX relate to treatment effects.

Statistical Hypotheses ---

Null Hypothesis I: No differences exist between the client group and the general population sample with regard to the following characteristics: School Perception, Police Perception, Smoking, Teacher Perception, Alcohol,

Parent-Child Communication, and Rage (as measured by the Student Survey).

Null Hypothesis II: No differences exist between the client group and the general population sample with regards to self concept (as measured by the TSCS).

Null Hypothesis III: No differences exist between the client group and the general population sample in regards to ability to cope with anxiety (as measured by the STAI).

Null Hypothesis IV: No differences exist between the client group and the general population sample with regards to interpersonal behavior and attitudes (as measured by the FIRO-B).

Null Hypothesis V: No differences exist between the client group and the general population sample with regard to drug abuse.

Null Hypothesis VI: No differences exist between client, pre- and post-treatment scores concerning self-concept.

Null Hypothesis VII: No differences exist between client pre- and post-treatment scores concerning ability to cope with anxiety.

Null Hypothesis VIII: No differences exist between pre- and post-treatment scores concerning interpersonal behaviors and attitudes.

Null Hypothesis IX: No differences exist between pre- and post-treatment scores concerning drug abuse.

Statistical techniques applied in this research were the repeated measures analysis of variance (split-plot) and one-way analysis of variance. The .05 level of significance was used as the criterion to reject null hypotheses.

The repeated measures ANOVA was used in testing for treatment effects. This statistical approach was used with pre- and post-testing scores of the TSCS, STAI and FIRO-B. One-way ANOVA enabled identification of differences between the treatment and comparison group scores on the TSCS, STAI, FIRO-B and Student Survey categories.

Additional nuances of change were inferred from staff reports, records, and interviews to be used in discussing statistical data. Weekly written assessents of clients' progress were recorded by staff. Often, additional data was available (e.g.: medical records, school reports, court and police forms and other agencies' records of auxiliary services). Most importantly, an hour-long interview was held between an individual client

and a single staff member with whom prior trust existed. These sessions were conducted with thirty-three of the thirty-eight subjects between six and eight weeks following completion of the basic program. A form containing eight standard questions was used to enable comparison of responses. (See Appendix A.) Clients were requested to postpone discussion on other topics until after the structured interview.

The interview enabled identification of dynamics within the family, the peer group, and the individual himself that were not otherwise attainable. In addition, attitudes toward religion and sexual behavior were gathered which were not permissible subjects in the Student Survey. All information was treated in an anonymous manner.

SUMMARY

Extensive drug use is an attempt to alter some aspect of one's life, usually one's mood and accompanying set of perceptions toward problems which exist in oneself or one's world. Treatment is an effort to enable people to become more aware of their self-defeating actions and unused abilities that prevent them from having mastery over their lives.

The methodology for an operational study was presented in this chapter. the population, treatment and

sample were discussed. Drug abuse clients and a comparison group of high school students were selected and tested.

Standardized tests included the Tennessee Self Concept Scale, the State-Trait Anxiety Scale, and the Fundamental Interpersonal Relations Orientation - Behavior. A 34 item forced-choice Student Survey questionnaire was also administered. Legal, medical and treatment records were also gathered.

Null Hypotheses were formulated to test two sets of differences: 1) those existing between clients' pre- and post-test scores, and 2) those existing between the client and comparison groups. These two major themes were treated separately.

Statistical techniques consisted of repeated measures analysis of variance (split-plot) and one-way analysis of variance. The .05 level of significance was used as the criterion to test null hypotheses.

CHAPTER IV

The scope of the drug abuse problem and the need for accurate data, particularly in the treatment area, were described in Chapter I. A review of pertinent literature comprised Chapter II. Research methodology was presented in Chapter III.

This chapter reports findings derived from testing and statistical analysis of both treatment effects and psychosocial factors. Thirty-eight drug abusing subjects experienced two months peer group counseling. A test battery was administered at admission and two months following treatment. Records and interviews rendered additional information. A comparison group of one hundred thirty-six drawn from the same population as the treatment sample was also given the pre-test battery.

Chapter IV consists of two sections: I) Findings between Treatment and Comparison Groups, and II) Treatment Effects. A section entitled Follow-Up Interviews and Inferences is located at the end of the test of the Dissertation.

I. FINDINGS BETWEEN TREATMENT AND COMPARISON GROUPS

In this section, each original hypothesis will be restated and will be followed by appropriate statistical results and narrative discussion. Data for this section is derived from the previously described Student Survey and standardized tests.

SOCIOLOGICAL DATA - STUDENT SURVEY

NULL HYPOTHESIS I: No differences exist between the treatment group and the general population sample with regard to the following characteristics: A) School Perception, B) Police Perception; C) Smoking, D) Teacher Perception, E) Alcohol Use, F) Parent Child Communication and G) Rage.

The survey utilized to test this hypothesis focused upon sociological factors which research indicates tend to be related to drug abuse and general deviancy.

I-A School Perception

This category examined students' views of the educational environment. Questions assessed receptivity to the overall experience--whether school was regarded as a desirable or negative component in an individual's life.

Questions:
5. I am proud of my school.
11. School is a friendly place.
16. I would rather be in school than most places.
26. I enjoy going to school.

Answers:
1. Strongly disagree
2. Disagree
3. Uncertain
4. Agree
5. Strongly agree

The mean for this category for the treatment group was 3.230 and the comparison group's was 3.327. This was

not significant at the pre-established .05 level for testing. Null hypothesis I-A failed to be rejected.

Table 4: 1: A comparison of responses to School Perception category.

Experimental	Comparison
$\bar{X}$ = 12.921	$\bar{X}$ = 13.308
SD = 3.844	SD = 3.332

Source	d.f.	MS	F	P
GP	1	4.453	.374	.542
R:C	172	11.894		

F = .374 .05 = 3.90

Students from the cross section of the school body did not regard the educational institution and its environment more favorably than those involved in drug abuse treatment. The former found school to be more friendly and identified with it more closely but not to a significant degree.

I-B. Police Perception

Basic attitudes held toward traditional formalized authority are studied in this category. There are repeated significant relationships reported between the norms of deviant youth and their hostile perceptions of police.

Questions: 6. Communities could not exist without the help of the police.

19. Police should be admired and respected because of their tough job.

20. A typical police officer is a nice guy.

28. Police are fair in their treatment of people.

Answers: 1. Strongly Disagree
2. Disagree
3. Uncertain
4. Agree
5. Strongly Agree

The treatment sample reported a category mean of 3.198 as versus the comparison group's 3.334. The null hypothesis I-B was not rejected.

Table 4: 2: A comparison of responses to Police Perception Category.

Experimental	Comparison
$\bar{X}$ = 12.795	$\bar{X}$ = 13.338
SD = 3.314	SD = 2.942

Source	d.f.	MS	F	P
GP	1	8.773	.958	.329
R:C	172	9.156		

F = .958 .05 = 3.90

Findings show that although the two groups vary, and the experimental group reflects more negative attitudes toward police, the difference is not statistically significant.

I-C Smoking

Researchers have demonstrated high correlation between cigarette smoking and illicit drug use. Both are accompanying forms of protest and receive similar peer support. This category looks at the relationship between the two groups on the issue of quantity of smoking.

Questions: 7. On the average, how many cigarettes do you smoke in a typical day?

Answers:
1. I don't smoke or I've only tried it a few times
2. Less than ½ pack
3. Between ½ and 1 pack
4. Between 1 and 2 packs
5. Over 2 packs

Questions: I inhale when I smoke.

Answers:
1. I don't smoke
2. Never
3. Sometimes
4. Frequently
5. Very Frequently

Questions: 9. I enjoy cigarettes.

Answers:
1. I don't smoke
2. Strongly Disagree
3. Disagree
4. Agree
5. Strongly Agree

Category scores were 1.911 for treatment and 2.184 for comparison groups. The Null Hypothesis I-C failed to be rejected.

Table 4: 3: A comparison of responses to Smoking Category.

Experimental	Comparison
$\bar{X}$ = 6.553	$\bar{X}$ = 5.736
SD = 4.482	SD = 4.272

Source	d.f.	MS	F	P
GP	1	19.820	1.063	.304
R:C	172	18.644		

F = 1.063 .05 = 3.90

Those who are described as drug abusers in this thesis do not smoke to a significantly greater degree than a cross section of their peers. The former on the average tend to smoke as many cigarettes per day as do the latter.

I-D. Teacher Perception

Attitudes toward teachers was the focus of this section. Teachers of teens can be viewed as friends and significant

others, and as authority figures and disciplinarians. This category measures any differences held by the two groups in question.

Questions: 10. Most teachers are easy to talk to.

15. Most teachers are interested in their students as individuals.

27. Most teachers should be respected for the work they do.

32. Most teachers are helpful.

Answers:
1. Strongly Disagree
2. Disagree
3. Uncertain
4. Agree
5. Strongly Agree

Since respective scores for treatment and comparison subjects were 2.8421 and 2.8419 and this was not significant, the Null Hypothesis I-D was not rejected.

Table 4: 4: A comparison of responses to Teacher Perception Category.

Experimental	Comparison
$\bar{X}$ = 11.3684	$\bar{X}$ = 11.3676
SD = 3.365	SD = 3.423

Source	d.f.	MS	F	P
GP	1	.000	.000	.9991
R:C	172	11.631		

F = .000 .05 = 3.90

It is concluded that drug abusers do not differ in their perception toward teachers from the general student body. It can be seen that the overall scores for the two groups are almost identical.

I-E. Alcohol Use

Use of alcohol is often reported as interdependent with use of other drugs. Blum especially stresses the correlation between alcohol use both by adult models in the home and youth themselves on the one hand, and experience with a wider variety of substances. This category describes the association between alcohol use by the two groups under study.

Questions:
12. On how many different occasions during the past month have you had beer to drink?
13. On how many different occasions during the past month have you had wine to drink?
14. On how many different occasions during the past month have you had whiskey to drink?

Answers:
1. None
2. Once
3. 2 - 4 times
4. 5 - 7 times
5. 8 or more times

A treatment mean of 2.509 was analyzed with a comparison group mean of 2.106. The result failed to reject the Null Hypothesis I-E.

Table 4: 5: A comparison of responses to Alcohol Use Category.

Experimental	Comparison
$\bar{X}$ = 7.527	$\bar{X}$ = 6.318
SD = 3.733	SD = 3.396

Source	d.f.	MS	F	P
GP	1	43.428	3.604	.0594
R:C	172	12.049		

F = 3.604 .05 = 3.90

Although treatment members did not differ from comparison subjects in their use of alcohol at the .05 level, this is barely so with a .0594 score.

I-F. Parent - Child Communication

Open communication between parent and offspring is key to preventing many forms of deviant behavior and/or reducing the degree of it. Freedom to share concerns in the family arena provides ventillation and opportunities to modify views and positions. This category determines any variances that exist between such communication patterns of the two groups.

Questions: 17. My parents talk TO me not AT me.

21. It's easy for me to talk to my parents about things that bother me.

33. My parents listen to what I have to say.

34. I can talk to my parents about anything.

Answers:
1. Strongly Disagree
2. Disagree
3. Uncertain
4. Agree
5. Strongly Agree

2.837 was the treatment group's mean. When contrasted with the comparison group's 3.096 the Null Hypothesis I-F was not rejected.

Table 4: 6: A comparison of responses to Parent - Child Communication Category.

Experimental	Comparison
$\bar{X}$ = 11.347	$\bar{X}$ = 12.382
SD = 3.819	SD = 3.331

Source	d.f.	MS	F	P
GP	1	31.816	2.685	.103
R:C	172	11.848		

F = 2.685 .05 = 3.90

All subjects relate euqally well with their parents. This was true despite a higher percentage of comparison responses in answer three than two.

I-G. Rage

How one copes with stress and the way in which aggression are expressed can be interdependent with the use of chemicals. The Rage category identifies possible relationships between difficulty in handling hostility and involvement with drugs by treatment subjects.

Questions:
18. I have felt so mad that I could hardly keep from hitting someone.
29. I have had the urge to kill.
30. At times, I feel like exploding.
31. I have felt like smashing things.

Answers:
1. Never
2. Seldom
3. Sometimes
4. Frequently
5. Very Frequently

The Null Hypothesis I-G was not rejected when the respective scores of the experimental and comparison groups 2.526 and 2.485 were analyzed.

Table 4: 7: A comparison of responses to Rage Category.

Experimental	Comparison
$\bar{X}$ = 10.103	$\bar{X}$ = 9.94.
SD = 2.719	SD = 3.381

Source	d.f.	MS	F	P
GP	1	.779	.074	.786
R:C	172	10.564		

F = .074 .05 = 3.90

The two groups under observation do not differ in respect to rage.

NULL HYPOTHESIS II: No differences exist between the treatment group and the general population sample with regard to self concept (as measured by the Tennessee Self Concept Scale).

An examination was conducted into comparative self concepts of treatment and comparison subjects. Test results show an overall positive score of 38.526 for the former and 41.500 for the latter. Although a noteworthy difference existed it was nevertheless insufficient to reject the Null Hypothesis II at the .05 level.

Table 4: 8: A comparison of responses to the Self Concept Category.

Experimental	Comparison
$\bar{X}$ = 38.526	$\bar{X}$ = 41.500
SD = 7.986	SD = 9.032

Source	d.f.	MS	F	P
GP	1	262.64	3.38	.068
R:C	172	77.74		

F = 3.38 .05 = 3.90

Clients receiving treatment for drug abuse related concerns at Breaktrhough do not differ from their peers in how they esteem themselves. (It bears noting, however, that both groups score alarmingly low compared to the

standardized norm of 50. These scores likely reflect the collective set of low expectations perpetuated by the community as discussed in Chapter I.)

Coping Behavior

HYPOTHESIS III: No differences exist between the client group and the general population sample with regard to ability to cope with anxiety (as measured by the State-Trait Anxiety Inventory).

A preliminary study was conducted into any differences existing between the two groups on trait scores. These scores purport to reflect more permanent, less situation-oriented levels of stress handling. The instrument's authors claim this measurement to be relatively fixed. Thus, any differences on the trait score would tend to reflect resistant, predisposing psycho-physiological anxiety factors, much as has been demonstrated for alcoholics.

Such was not the case with the subjects in this study. Trait mean scores of 53.658 and 51.051 were reported for experimental and comparison groups respectively. A statistical difference does not exist. It can be assumed that the two groups are alike with respect to any long-term, predisposing variances in ability to cope with anxiety.

Table 4: 10: A comparison of responses to Coping Behavior Category (Trait Anxiety).

Experimental	Comparison
$\bar{X}$ = 53.658	$\bar{X}$ = 51.051
SD = 11.525	SD = 10.810

Source	d.f.	MS	F	P
GP	1	201.77	1.68	.97
R:C	172	120.29		

F 1.68 .05 = 3.90

The central issue relative to coping behaviors centers on the more temporary factor of <u>state</u> scores. Do youth tend more to be involved with drugs in an illicit manner when transitory or periodical anxiety can not be handled successfully?

Entering clients scored 53.368 on the state scale versus 51.103 for comparison subjects. Although the client score denotes greater anxiety, the difference is not significant. The Null Hypothesis III failed to be rejected.

Table 4: 11: A comparison of responses to Coping Behavior Category (State Anxiety).

Experimental	Comparison
$\bar{X}$ = 53.368	$\bar{X}$ = 51.103
SD = 12.343	SD = 8.304

Source	d.f.	MS	F	P
GP	1	152.44	1.75	.187
R:C	172	86.89		

F= 1.75 .05 = 3.90

It can be concluded that experiental subjects do not differ in any appreciable way from comparison subjects with regard to being more susceptible to anxiety. Anxiety, and the pressures associated with it, do not likely play a part in prompting drug use.

NULL HYPOTHESIS IV: No differences exist between the client group and the general population sample with regard to interpersonal behaviors and attitudes (as measured by the FIRO-B).

Perhaps no area of substance abuse is as shrouded in myth as that of interpersonal relationships. Much of this is due to our customs surrounding alcohol as a social lubricant. To many, drugs are viewed primarily either as a form of socializing or a "crutch".

This hypothesis examines six components of how people behave in social situations. Three describe what an individual expresses toward others and three describe what he wants others to exhibit toward him.

IV-A. Expressed Inclusion

This category identifies the degree of "welcoming" one gives to other people, the ability to put others at ease and the willingness to do so.

The respective experimental and comparison group means were 3.974 and 4.419. Computer analysis revealed that this difference was insufficient to warrant rejection of the Null Hypothesis IV-A.

Table 4: 12: A comparison of Responses to the Expressed Inclusion Category.

Experimental	Comparison
$\bar{X}$ = 3.973	$\bar{X}$ = 4.419
SD = 2.187	SD = 2.236

Source	d.f.	MS	F	P
GP	1	5.893	1.19	.277
R:C	172	4.954		

F = 1.19 .05 = 3.90

Clients who enter Breakthrough for treatment, therefore do not differ from their peers in terms of expressing inclusion with others. Both groups score in the middle range and reflect means only slightly less than national norms.

IV-B Wanted Inclusion

The type and amount of acceptance one wishes from others is measured by this index. It indicates the level of involvement or distance one is likely to seek on the interpersonal level.

It was found that clients scored 4.658 and their representative peers 4.294. The Null Hypothesis IV-B was not rejected.

Table 4: 13: A comparison of responses to the Wanted Inclusion Category.

Experimental	Comparison
$\bar{X}$ = 4.658	$\bar{X}$ = 4.294
SD = 2.916	SD = 3.340

Source	d.f.	MS	F	P
GP	1	3.931	.371	.543
R:C	172	10.586		

F = .371 .05 = 3.90

Although the treatment group participants report greater desire for others to include them in social

activities, it does not exist to a significant degree.

IV-C. Expressed Control

The drive to exert control and exercise a comfortable amount of informal power is the focus of this section. Satisfactory relationships can not exist without some degree of structuring involving control, autonomy and influence.

The Null Hypothesis IV-C was not rejected. The experimental and comparison groups respective means were 2.289 and 2.757.

Table 4: 14: A comparison of responses to the Expressed Control Category.

Experimental	Comparison
$\bar{X}$ = 2.289	$\bar{X}$ = 2.757
SD = 2.639	SD = 2.517

Source	d.f.	MS	F	P
GP	1	6.502	1.005	.3176
R:C	172	6.469		

F = 1.005 .05 = 3.90

Both groups indicate similar and surprisingly low desire to exert much control in social relationships.

IV-D. Wanted Control

The degree of decision-making responsibility one welcomes or expects from others is measured by this index. It also gives insight into the amount of influence others could wield with the respondant.

An experimental mean of 4.211 was gathered. When analyzed with the comparison group's 2.471 a significant difference was concluded. The Null Hypothesis IV-D was rejected. This was significant at the .01 alpha level.

Table 4: 15: A comparison of responses to the Wanted Control Category.

Experimental	Comparison
$\bar{X}$ = 4.211	$\bar{X}$ = 2.471
SD = 2.632	SD = 2.170

Source	d.f.	MS	F	P
GP	1	89.917	17.334	.0001
R:C	172	5.187		

F = 17.334 .05 = 3.90 .01 = 6.79

Treatment subjects differ from others in that they want others to assume a greater degree of control for direction of the relationship and decisions.

IV-E. Expressed Affection

This category characterizes the more in-depth longings for friendships initiated by the test taker. It reflects his openness to vulnerability and intimacy.

The reported means for the treatment group, 3.342 and the comparison group, 3.426, were almost identical. The Null Hypothesis IV-E failed to be rejected.

Table 4: 16: A comparison of responses to the Expressed Affection Category.

Experimental	Comparison
$\bar{X}$ = 3.342	$\bar{X}$ = 3.426
SD = 2.172	SD = 2.343

Source	d.f.	MS	F	P
GP	1	.2114	.0397	.8423
R:C	172	5.325		

Clients and the peer group from which they come are alike in the amount of affection they express toward other people and the degree to which they are open and caring in their quest for intimacy.

IV-F. Wanted Affection

The amount of affection one likes to receive from others is reflected by this score. Love and closeness that one hopes for from other people are the primary components.

The mean for the treatment group was 4.184 as versus 4.081 for the general high school population. The statistical results failed to reject the Null Hypthesis IV-F.

Table 4: 17: A comparison of responses to the Wanted Affection Category.

Experimental	Comparison
$\bar{X}$ = 4.184	$\bar{X}$ = 4.081
SD = 2.154	SD = 2.633

Source	d.f.	MS	F	P
GP	1	.3171	.0492	.8247
R:C	172	6.441		

No difference exists between the two groups in this category. Neither desires greater affection to be exhibited toward them by social acquaintances than the other.

In conclusion, in only one of the six categories was there a significant difference. However, this one was significant at the .01 alpha level. By their Wanted Control score, treatment participants report more willingness to have other people assume greater responsibility for control and decision-making.

There is, however, an important pattern that suggests a meaningful, even if not significant, distinction between

the two groups under study. Without exception, the treatment group scored lower than the comparison group on the three Expressed indices (Inclusion, Control and Affection) and higher on all three Wanted indices.

From this trend it is inferred that treatment clientele are less prone to assume responsibility for important social dimensions in their lives. They have fewer skills and/or less inclination with which to express inclusion, decision-making and affection. Additionally, relative to their peers, they expect others they encounter to assume more initiative in these areas--to exercise the leadership in organizing and influencing their lives and providing for many of their self-esteem needs.

HYPOTHESIS V: No differences exist between the client group and the general population sample with regard to drug abuse.

This category assesses whether or not the treatment and comparison subjects differ in the amount of drugs used. This issue could determine in part whether clients are indeed different in terms of the reasons initiating their involvement with the treatment program.

Questions: 22. On how many different occasions in the past two months have you used marijuana?

23. On how many different occasions in the past two months have you used hallucinogens or psychedelics (such as LSD, STP and Mesc.)?

24. On how many different occasions in the past two months have you used amphetamines or methamphetamines (uppers such as benzadrine, dexadine or methadrine)?

25. On how many occasions in the past two months have you used sedatives (downers, such as quads, barbiturates and phenobarbital)?

Answers:
1. None
2. Once
3. 2 - 4 times
4. 5 - 7 times
5. 8 or more times

9.684 and 7.269 were the experimental and comparison means respectively. The Null Hypothesis I-H was rejected.

Table 4: 18: A comparison of responses to Soft Drug Use Category.

Experimental	Comparison
$\bar{X}$ = 9.684	$\bar{X}$ = 7.269
SD = 4.574	SD = 4.216

Source	d.f.	MS	F	P
GP	1	173.279	9.392	.003
R:C	172	18.451		

F = 9.392 .05 = 3.90 .01 = 6.79

It can be concluded that treatment group members do differ significantly from their peers in terms of the

greater use of "soft" drugs in the two months preceding testing.

II. TREATMENT EFFECTS

Changes in clients due to treatment experience are reported in this section. Each hypothesis is stated again. Statistical information and a brief descriptive narrative is then presented.

Results reported below may be the result of two months group counseling involvement. The Tennessee Self-Concept Scale, State-Trait Anxiety Inventory, and the Fundamental Interpersonal Relations Orientation-Behavior were administered at program admission and again four months later (two months after completing the two-month program).

NULL HYPOTHESIS VI: No differences exist between client pre- and post-treatment scores concerning self-concept.

Each person has an image of himself with which much of his perceptions and behaviors are closely associated. This image (or set of images), although complex and subject to change, tends to maintain a core of central beliefs about oneself that is stable over brief periods of time. In testing Null Hypothesis II, it was found that differences do not exist between the self-concepts of clients and comparison group subjects.

The pre- and post-treatment means for the treatment group are 38.526 and 41.211 respectively. The Null Hypothesis failed to be rejected.

Table 4: 19: A comparison of Pre- and Post-Test Scores in the Self-Concept Category.

	Pre	Post
S_1	X_1	X_1
S_2	X_2	X_2
.		
.		
.		
S_{38}	X_{38}	X_{38}
	$\bar{X}$ = 38.526	$\bar{X}$ = 41.211

Source	d.f.	MS	F	
Meas.	1	136.895	2.648	N.S.
SM:G	37	51.705		

F = 2.648 .05 = 4.11

Clients involved in the treatment did not experience change in self-concepts. Although self-concept is deemed to be central to much of one's functioning, researchers underscore its relative permanence and resistance to rapid change. Such was the case in this study.

NULL HYPOTHESIS VII: No differences exist between client pre- and post-treatment scores concerning ability to cope with stress.

As a validity check on the instrument (the State-Trait Anxiety Inventory) a study was made of pre- and post-test scores on the trait dimension. The trait score measures coping factors that the authors claim to be more permanent in character and less subject to change than the more problem-centered state dimension. The respective pre- and post-scores of 53.658 and 52.026, while reflecting a decline in trait anxiety, do not demonstrat a significant change.

Table 4: 20: A comparison of Pre- and Post-Test Scores in Trait Anxiety Category.

Pre		Post
S_1	X_1	X_1
S_2	X_2	X_2
.		
.		
.		
S_{38}	X_{38}	X_{38}
	$\bar{X} = 53.658$	$\bar{X} = 52.026$

Source	d.f.	MS	F	
Meas.	1	50.579	.692	N.S.
SM:G	37	73.065		

F = .692 .05 = 4.11

The more central issue can now be focused on more clearly. Are there treatment effects in the area of client's ability to cope with state stress? Are test subjects better equipped to handle the anxiety associated

with pressures of daily life in the home, school, peer group and community?

The mean score at program admission was 53.368. Four months later it was 48.974. When analyzed, this was sufficient to reject the Null Hypothesis VII.

Table 4: 21: A comparison of Pre- and Post-Test Scores in the State Anxiety Category.

Pre		Post
S_1	X_1	X_1
S_2	X_2	X_2
.		
.		
.		
S_{38}	X_{38}	X_{38}
$\bar{X} = 53.368$		$\bar{X} = 48.974$

Source	d.f.	MS	F	
Meas.	1	366.961	4.971	S.
SM:G	37	2731.539		

$F = 4.971$ $.05 = 4.11$

Youth involved in drug abuse group counseling tends to increase ability to cope with stress. This may indicate an important area of growth in being able to deal with some pressures which could prompt drug abuse or other deviancy.

NULL HYPOTHESIS VIII: No differences exist between pre- and post-treatment scores concerning interpersonal behaviors and attitudes.

This section addresses itself to six autonomous dependent scores which relate to differing facets of social activity: 1) Expressed Inclusion, 2) Wanted Inclusion, 3) Expressed Control, 4) Wanted Control, 5) Expressed Affection; and 6) Wanted Affection. Each facet concerns an unique aspect of social behavior and will be dealt with separately.

VIII-A. Expressed Inclusion

This score measures the degree of involvement one desires with other people that he is willing to initiate. The degree of commitment to relationships and the social skills in "breaking the ice" are reflected by this category.

The Null Hypothesis VIII-A was firmly rejected with means of 3.974 and 5.316 for pre- and post-tests.

Table 4: 22: A comparison of Pre- and Post-Test Scores in the Expressed Inclusion Category.

Pre		Post
S_1	X_1	X_1
S_2	X_2	X_2
.		
.		
.		
S_{38}	X_{38}	X_{38}
	$\bar{X} = 3.974$	$\bar{X} = 5.316$

Source	d f	MS	F	
Meas.	1	34.224	26.785	S
SM:G	37	1.277		

F = 26.785 .05 = 4.11

It can be concluded that subjects developed greater assurance in seeking out satisfactory relationships with others. This displays increased responsibility for and comfortability with both initiating and maintaining social interactions.

VIII-B. Wanted Inclusion

This category reports the amount of social involvement a person wants others to display toward him. A high score would indicate one's preference to have others always accept him and also a fear of rejection. A low mean reflects disinterest in being included in others' activities.

Respective pre- and post-test means were 4.658 and 4.500. This was insufficient to reject the Null Hypothesis VIII-B.

Table 4: 23: A comparison of Pre- and Post-Test Scores in the Wanted Inclusion Category.

	Pre	Post
S_1	X_1	X_1
S_2	X_2	X_2
.		
.		
S_{38}	X_{38}	X_{38}
	$\bar{X} = 4.658$	$\bar{X} = 4.500$

Source	d.f.	MS	F	
Meas.	1	.474	.347	NS.
SM:G	37	1.366		

F = .347 .05 = 4.11

There were not treatment effects due to group counseling in the area of wanted inclusion. More specifically, clients do not report either a greater or lesser desire to have other people include them in their social relationships.

VIII-C. Expressed Control

Expressed control describes the need for decision-making and other power functions in relationships. A high score reflects confidence or feelings of superiority. A low report may indicate discomfort or inadequacy with control in social interactions.

2.289 and 4.053 were the means for the entry and post-treatment measures. Computer analysis enabled the Null Hypothesis VIII-C to be rejected.

Table 4: 24: A comparison of Pre- and Post-Test Scores in the Expressed Control Category.

Pre		Post
S_1	X_1	X_1
S_2	X_2	X_2
.		
.		
S_{38}	X_{38}	X_{38}
$\overline{X}$ = 2.289		$\overline{X}$ = 4.053

Source	d.f.	MS	F	
Meas.	1	59.066	15.131	S.
SM:G	37	3.904		

F = 15.131 .05 = 4.11

Due to treatment, subjects changed in the direction of assuming greater responsibility for power and decision-making in interpersonal relationships. This reflects increased assertion, leadership and structuring of choices.

VIII-D. Wanted Control

The wanted aspect of control refers to the amount of power one wants others to assume. High scores are indicative of dependency on others to make decisions concerning one's own life. while extremely low scores could reflect a mistrust of authority and insecurity with normal sharing of decision-making.

The respective means for this category are 4.211 and 3.921. This change was not capable of rejecting the Null Hypothesis VIII-D.

Table 4: 25: A comparison of Pre- and Post-Test Scores in the Wanted Control Category.

Pre		Post
S_1	X_1	X_1
S_2	X_2	X_2
.		
.		
.		
S_{38}	X_{38}	X_{38}
	$\bar{X} = 4.211$	$\bar{X} = 3.921$

Source	d.f.	MS	F	
Meas.	1	1.592	1.157	NS
SM:G	37	1.376		

F = 1.157 .05 = 4.11

Scores report no change in their expectations toward others' role in exerting control. The slight decline is not significant.

VIII-E. Expressed Affection

Following resolution of inclusion and control needs, the issue of love and affection become central. This category concerns itself with emotion-laden aspects of personal exposure, expression and more intimate commitment.

The null hypothesis VIII-E was rejected after data analysis. The pre-test score of 3.342 and post-test of 4.368 reflected substantial change.

Table 4: 26: A Comparison of Pre- and Post-Test Scores in the Expressed Affection Category.

Pre		Post
S_1	X_1	X_1
S_2	X_2	X_2
.		
.		
.		
S_{38}	X_{38}	X_{38}
$\bar{X}$ = 3.342		$\bar{X}$ = 4.368

Source	d.f.	MS	F	
Meas.	1	20.013	8.765	S
SM:G	37	2.283		

F = 8.765 .05 = 4.11

Treatment subjects indicate greater openness to expressing their needs for emotional closeness. It bears stating that this is a matter of choosing to do so rather than forming emotional dependence on others. This change is marked by more spontaneity and contact with one's effective functions.

VIII-F. Wanted Affection

Wanted affection identified the form and amount of affection the scorer likes others to exhibit toward him. It is an indicator of the level of friendship and intimacy one would like.

When tested, the respective means of 4.180 and 4.553 did not generate sufficient power to reject the Null Hypothesis VIII-F.

Table 4: 27: A Comparison of Pre- and Post-Test Scores in the Wanted Affection Category.

Pre		Post
S_1	X_1	X_1
S_2	X_2	X_2
.		
.		
.		
S_{38}	X_{38}	X_{38}
	$\bar{X} = 4.180$	$\bar{X} = 4.553$

Source	d.f.	MS	F	
Meas.	1	2.579	1.201	NS
SM:G	37	2.147		

F = 1.201 .05 = 4.11

Subjects do not indicate any change in how they would like others to regard them in terms of offering affection. The mid-range scores for pre- and post-test reveal that subjects are neither threatened by or overly dependent on others' intimacy.

In three of the six categories, the Null Hypothesis was rejected. Each of these was the Expressed aspect of three dimensions--Inclusion, Control and Affection.

The treatment subjects changed markedly in the direction of taking increased responsibility for themselves and their actions. Much of this is accountable to therapeutic emphasis--confrontation regarding game-playing, task assignments, group support for new risk taking, and individuals' feedback to group members about their progress attempts.

More pronounced change in any or in all of the three Wanted categories, or less in the Expressed categories, might have reflected clients' continued projection of responsibility for their problems upon others. Instead, results characterize a willingness to accept more initiative in social interactions, and a growth in new skills and confidence with which to achieve this.

NULL HYPOTHESIS IX: No differences exist between pre- and post-treatment scores concerning drug abuse.

In one very real sense, this issue is the central focus of this study. Do youth use chemical substances less

following peer group counseling? After addressing other needs that research identifies as precipitating drug abuse, does abuse itself decline? Can short-term peer group counseling diminish the amount of substance use of an individual?

The pre- and post-test means were 9.685 and 5.947, respectively. This was sufficient to reject the Null Hypothesis IX.

Table 4: 28: A Comparison of Pre- and Post-Test Scores in the Drug Abatement Category.

Pre		Post
S_1	X_1	X_1
S_2	X_2	X_2
.		
.		
.		
S_{38}	X_{38}	X_{38}
	$\bar{X} = 9.685$	$\bar{X} = 5.947$

Source	d.f.	MS	F	
Meas.	1	261.592	38.120	S
SM:g	37	6.862		

F = 38.120 .05 = 4.11 .01 = 7.39

Youth who are involved in short-term group counseling indicate significantly less drug use two months after the cessation of treatment.

However, with this issue more than with others in this study, there is serious question concerning "success". Follow-up interviews underscore the fact that the data for this category is tenuous. There are key reservations.

The informal grapevine among drug-oriented youth is frequently a reliable source of information. Much of this information gleaned is inconsistent with former clients' stated responses concerning subsequent use of chemicals. Comments like "Mark's getting high" or "Sarah's back where she was" were shared by friends within treatment centers, and were accurate more often than not upon staff follow-up.

Consequently, during the follow-up interviews, a more accurate identification of drug use was made. (See Appendix: "Follow-Up Interviews and Inferences").

Scores were secured for thirty-three of the thirty-eight treatment subjects and were averaged for the remaining five. The resultant mean was 7.000 (as versus the previous post-test score of 5.947). Thus, the more accurate pre- and post-test means were 9.685 and 7.000, respectively.

Table 4: 29: A Comparison of Pre- Post-Test Scores In The Drug Abatement Category (Amended).

Pre		Post
S_1	X_1	X_1
S_2	X_2	X_2
.		
.		
.		
S_{38}	X_{38}	X_{38}
$\bar{X}$ = 9.685		$\bar{X}$ = 7.000

Source	d.f.	MS	F	
Meas.	1	134.224	17.532	S
AM:G	37	7.656		

F = 17.532 .05 = 4.11 .01 = 7.39

These adjusted results were still sufficient to reject the Null Hypothesis at the .01 alpha level. Participation in peer group counseling by drug abusers significantly reduced that abuse according to this study.

CHAPTER V

Chapter V is divided into five sections. They are the following: Problem; Population, Sample and Procedures; Findings; Recommendations; and Conclusions.

This study has two central thrusts. Its primary purpose has been to identify what individual changes result from group counseling for drug abusers. Secondly, an attempt was made to describe psychosocial differences between drug abusing youth and their peers.

It is the underlying premise of this study that drug use reflects need-directed behavior. Often, these needs are simple interest in new experience or desire for peer acceptance. When other needs are pronounced, use can become more intensive. For a minority use becomes highly destructive. Even when such abuse is not fatal, there is immense loss in human potential.

Research literature portrays the drug abuse prone individual as distinguishable from his peers prior to actual use. Studies report such youth as possessing less self-acceptance, less developed social skills, and greater anxiety. They are also apt to exhibit deviant behavior in a variety of ways, as being more negative toward authority. expressing greater rage, and smoking and drinking to greater degrees. The home situation is characterized by

less harmony, fewer supportive guidelines, less religious orientation, and feelings of being victimized by life. Drugs of all types are more likely to be a part of the home life, and excess use of alcohol is particularly prominant.

Accurate information on the variables associated with substance abuse are often lacking or contradictory. Much of what is accurate does not readily lend itself to treatment application.

Most treatment efforts focus upon the extremes--either prevention of initial use or abatement of acute addition. Much of what could be termed middle-range use is unnecessarily destructive for some or transitory to later addiction. There is no greater confusion than in this middle range of polydrug use.

In order to develop appropriate data, this study has tested individuals who met predetermined criteria of drug abuse before and after peer group counseling experience. Among the variables examined were self-concept, ability to cope with anxiety, social skills, and social attitudes toward the family, school, and authority, and several forms of substance use.

The treatment subjects were thirty-eight high school students from Grandmont. Located on the border of a major midwestern metropolis, it is a conservative, all-white, marginally employed community of blue collar workers. Subjects

completed standardized tests and also a Student Survey which assessed attitudes regarding the family, social agencies and drug use behavior. The tests utilized were the Tennessee Self-Concept Scale, State-Trait Anxiety Inventory and Fundamental Interpersonal Relationships Orientation-Behavior.

The treatment consisted of six weeks group counseling augmented by any necessary individual, legal, medical, educational or vocational assistance. Counseling strategies consisted of enabling clients to see self-defeating behavior and attitudes. New alternatives were posed by the individuals themselves with the group's support. Tasks which were to test out these alternatives were attempted between sessions. In subsequent sessions, individuals reported their success or failure, and received feedback from peers who were becoming increasingly significant in their lives.

Following the six week treatment, another six to eight weeks were allowed to elapse. Clients were then re-tested with the Tennessee Self-Concept Scale, State-Trait Anxiety Inventory and the Fundamental Interpersonal Relationships Orientation-Behavior. A brief questionnaire was also administered to assess drug taking behavior. In addition, a one-hour interview was conducted with each subject by a staff member with whom a prior relationship and trust existed. This interview obtained information which aided understanding of statistical findings.

A cross-section of youth from the high school attended by the treatment subjects was selected for purposes of comparison. One hundred thirty-six students also completed the Student Survey, and the tests mentioned in the preceding paragraph.

Statistical methodology consisted of repeated measures (split-plot) and one-way analysis of variance. The former was utilized to ascertain treatment effects. One-way ANOVA provided assessment of differences between the treatment and comparison groups. The level of significance was set at .05 in order to reject null hypotheses.

Nine null hypotheses were developed in order to consider possible differences regarding social deviancy, self-concept, anxiety coping, interpersonal skills, and drug use behavior. The first five dealt with variances in scores between the treatment and comparison groups. The latter four related to the treatment group's pre- and post-test scores.

Findings

Significant findings were discovered in several categories, both due to treatment and between experimental and comparison groups. This section reviews findings in the following segments:

A. Significant Findings Between Groups

B. Non-Significant Findings Between Groups

C. Significant Treatment Effects

D. Non-Significant Treatment Effects

A. Significant Findings Between Groups

Significant differences were found between the experimental and comparison groups on two out of sixteen categories. Only Null Hypothesis V, which concerned differences in non-medical drug use, could be rejected completely.

Social Deviation ---

Drug abusing youth in this study differ from their high school peers in none of the seven categories. These categories dealt with perceptions of school, police, teachers, rage and relations between themselves and parents, and the use of alcohol and cigarettes.

Although there are no significant differences, an important and consistant pattern exists that warrants mentioning. Drug abusing youth have less regard for their shcool and the police, and report less harmonious parent-child relations. These youth also drink and smoke to greater extents, and experience more rage. The remaining category score, perceptions of teachers, was almost identical with comparison group. This non-significant pattern is consistent with significant findings of Stewart and Vener who developed the original expanded form of the same survey.

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Fig. 5: 1: Mean scores by category for treatment and comparison groups.

	Sch	Pol	Smok	Teach	Alc	Par-CH	Rage
Treatment	12.92	12.79	6.55	11.37	7.53	11.35	10.11
Comparison	13.31	13.34	5.74	11.37	6.32	12.38	9.94

Interpersonal Behaviors and Attitudes ---

Treatment subjects are more willing to yield responsibility for decision-making over their lives to others. They report a pattern of letting other people assume leadership roles more readily than seeking them for themselves. This also indicates greater inclination to letting others influence them. That is to say, they may have a tendency to follow more than lead and to negate themselves to a greater degree while seeking the approval of others.

A noteworthy, although not significant findings, is that treatment mean scores for <u>all</u> three <u>Expressed</u> categories ("Inclusion", "Control", and "Affection") are lower than comparison scores. The converse is also true: client scores are higher than those of the comparison group on <u>all</u> three <u>Wanted</u> categories:

	Inclusion	Control	Affection
<u>Expressed</u>			
Treatment Group	3.973	2.289	3.342
Comparison Group	4.419	2.757	3.426
<u>Wanted</u>			
Treatment Group	4.658	4.211	4.184
Comparison Group	4.294	2.471	4.081

This pattern suggests a possible tendency for drug abusers to be less expressive socially, to assume less initiative than their peers in the three levels of interpersonal behavior measured by this instrument. This speculation gains further strength from the conversely consistent Wanted pattern.

Drug abusing youth seem to imply more willingness on their part for peers to take the lead for including them socially, in making decisions affecting the welfare of both, and in expressing affection. In brief, comparison group subjects seem to be somewhat more self-assured in all areas of social interaction. This suggests a likelihood on the part of treatment group members to use substances as social lubricants.

Drug Use behavior ---

Those youth involved in the experimental group do indeed use illict drugs to a greater degree than their peers. In terms of substance use, the two groups are different at a .01 level of significance.

B. Non-Significant Findings Between Groups

Social Deviation ---

As mentioned in the section above, drug abusing youth do not differ from their peers in significant fashion in terms of social deviation. No statistically sound differences were found concerning attitudes toward

school, teacher, police, parent-child relations, expression of rage, or drinking and smoking.

Self-Concept ---

Drug abusing youth in this study and the general high school population report similar levels of self-esteem, but not at a .05 level of significance.

An important finding is that compared to national norms, both groups state abnormally low scores: one standard deviation below. This may be a product of many forces: lower-class Appalachian setting, the large percentage of downwardly mobile families, the high rate of single-parent homes, the highest unemployment and lowest education levels of neighboring communities, among other factors.

Anxiety Coping Behavior ---

Drug abusing subjects and their high school peers were alike in how they relate to stress in their lives. This was true for both "state" (temporary) and "trait" (more permanent) forms of handling anxiety

Inordinate amounts of stress or an inability to cope with such tension do not appear to be reasons why drugs would be used. That is to say, youth in this study were not using chemical substances to escape from the pain of stress or the lack of coping ability.

Interpersonal Behaviors and Attitudes ---

There were no significant differences in five of the six categories in this section. Drug abusers are similar to the rest of their peers in terms of social skills and perceptions. The teen years are ones of intense change in the area of interpersonal development. However, confusion with expressed social roles and skills during this time does not prompt significantly greater drug use on the part of the subjects as a social lubricant.

At the same time, the categorical exception mentioned above is noteworthy. Experimental scores are significantly lower at the .01 alpha level on the Wanted Control category. Users express desire for others to assume more leadership in the social arena. Additionally, the non-significant tendency for users to accept less responsibility for their lives than other high school youth in the study is consistent across the remaining five categories.

C. Significant Treatment Effects

Significant differences due to treatment effects were found with five of nien categories. Three of the four treatment effect null hypotheses were rejected at the .05 alpha level.

Anxiety Coping Behavior ---

Experimental group youth report greater ability in handling anxiety of a temporary nature ("state" score).

Daily stress encounters with home, peer and school are less apt to adversely affect these youth than previously.

As a check, the scale measuring ability to cope with long-term anxiety ("trait" score) was also readministered. No difference was found. Thus, no change was measured in subjects' predispositional ability to handle anxiety. This result lessens the likelihood that change is a product of test-taking since change occurred on only one of the two scales.

Additionally, the experiemtnal group's post-score was statistically insignificant with the comparison group's score (48.974 and 51.103, respectively). It is concluded that transitory anxiety can be reduced as a result of short-term peer group counseling.

Interpersonal Behavior and Attitudes ---

Dramatic changes were reported in the area of social skills. Significant changes occurred in the direction of experimental subjects assuming greater responsibility for initiation, expression and decision-making in interpersonal relations.

All three Expressed categories--"Inclusion", "Control" and "Affection"--reflected significant change in a positive direction. Clients indicate more confidence in affirming themselves and their ideas, and for behaving in more relaxed, assertive and openly caring fashion. There is also

a corresponding but non-significant reduction in all three Wanted categories. This consistency reflects lessening desire on the part of clients for others to "carry the ball" socially.

Treatment focused heavily on discussing social behaviors and task assignments which prompted testing out attitudes and actions. With group support, individuals identified current behaviors, established new goals, and attempted them in daily life. Subsequent group feedback reinforced continued attempt, modification of efforts, and continual success. Youth became aware that they could transcend their social limitations in ways they had not previously anticipated.

Drug Use ---

Youth participating in this study's peer group counseling significantly reduced their illicit use of drugs. This conclusion remained true even with the modification of post-test figures based on follow-up interviews.

With the decline in substance use, it can be concluded with greater certainty that other changes that took place could be associated with needs formerly met with drugs.

D. Non-Significant Treatment Effects

Upon statistical analysis, treatment effects proved to be non-significant in two major areas. These were self-concept and three of the six categories concerned with in-

terpersonal behaviors and attitudes.

Self-Concept ---

Experimental subjects report no significant change in self-concept over the period of study. The peer group counseling experience neither increased or decreased how individuals fundamentally view themselves.

How one esteems oneself can have strong and direct influence on actions and attitudes. However, other treatment changes do not appear to be related to self-concept.

Interpersonal behaviors and Attitudes ---

There was no significant change in any of the three Wanted categories ("Inclusion", "Control" or "Affection") on the FIRO-B. Subjects indicate that they still welcome or expect other people to exercise the same amount of responsibility in social relationships as previously.

Although Wanted scores remain unchanged, their new relationship to the Expressed categories is important to note. With the significant increase in individual decision-making and initiative taking denoted by the Expressed scores, the relative importance represented by the Wanted scores (dominance by others in social relations) declines in overall consequence.

Discussion and recommendations

In reviewing the findings of this study and relevant literature cited earlier, the following discussion is

presented. Recommendations are made at the conclusion of each discussion section.

1. The crux of this study has been to identify whether drug abuse would abate as basic individual needs were addressed. Between treatment admission and three and one-half months later, non-medical use of chemical substances declined significantly.

Changes in other variables accompanies this decline. Most noteworthy was the increased self-determination in interpersonal relationships. Youth began to assert themselves more in various social opportunities. They assumed more initiative for making their own decisions, for affirming themselves and their ideas where they had previously been hesitant to do so, for sharing their affective side more readily, and for becoming increasingly sensitive to other people and their perspectives. Associated with this shift was a slight decline in wanting to have others exert control over their lives. Youth in the experimental group became less willing to have others determine the conditions of social relationships.

An increase in the ability to cope with transitory anxiety accompanied these changes. Individuals developed more assurance in handling daily crises and pressures.

At the same time, caution must be exercised with this variable of anxiety coping. Literature concerning the instrument (State-Trait Anxiety Inventory) fails to

differentiate between increase in coping ability and any corresponding decrease in the factors which caused the transitory anxiety. Thus, it is not entirely clear what degree of impact each of the two factors (improved coping ability and reduction of the anxiety stimulus) has in the final score. If, however, reduction in the "state" anxiety score was due primarily to reduction of external pressures, program familiarity or becoming "test wise", one might also expect a reduction in the "trait" score, the other half of the STAI. This did not occur. Additionally, any reduction in external pressures might in large part be due to new, more mature skills of the subjects in being able to personally reduce them.

Recommendation: Drug abuse treatment, research and education programs would be well advised to focus upon skills and attitudes that aid interpersonal development and the ability to better cope with short term anxiety.

2. One of the noteworthy results of this study concerns the lack of definitive relationship between drug abuse and the sociological variables which were studied. This lack is at variance with findings of several key studies reported in Chapter II: Blum et al., Hager, Vener and Stewart, Johnston et al., and the LeDain Commission are among the most important. These and other studies found frequent significant positive relations

between drug abuse and such factors as delinquency, disharmonious home environment, and negative attitudes toward society and its agencies, and alienation from peers.

There was a consistent pattern of positive relationship between drug abusers and the variables in this study. (The variables were again, School Perception, Police Perception, Smoking, Teacher Perception, Alcohol Use, and Rage.) However, not one was significant.

Based on the statistical evidence of this study, it can only be concluded that drug abusing youth of this study do not differ from their peers in terms of sociological factors in question. Notwithstanding this conclusion, it is essential to look at this atypical situation more fully.

The foremost explanation lies in the nature of the community under study. As noted, Grandmont is unusual in several ways. Its citizenry are marginally employed, and have the lowest cost housing and education levels, and the highest unemployment rate over the past decade of bordering communities. Almost half the school age children live in single parent homes. Although one of the county's smallest municipalities, it has the highest absolute number of alcohol-related legal offenses. Approximately ninety percent of the cases heard at the local District Court are alcohol related. Except for the sizeable influx from Appalachia, most new arrivals from other communities

are what might be described as "downwardly mobile".

What may be of great importance in explaining this finding is that self-concept scores for both treatment and comparison groups are over one standard deviation below the national norm. This finding is immensely important, and warrants further, intensive examination.

The community is a closed, parochial setting in numerous ways. It is very conservative politically and religiously. A vivid example of these attitudes was shown when the school system refused to permit any survey items concerned with sexuality or religion for this study.

It is speculated that the Grandmont environment reinforces a collective set of negative attitudes with low expectations for success. In a community with littel relative upward mobility, these attitudes become self-fulfilling and self-perpetuating norms.

Due to these negative attitudes and the homogeneity of the community, there appears to be less differentiation among the home environment, family modeling and perceptions toward society of all youth than might exist with drug users and non-users in other communities.

Grandmont as a total community collectively appears to be a "high risk" environment alluded to by Blum and his fellow researchers. Paradoxically, the setting contains both a rigid allegiance to traditional values (which are seldom associated with drug abuse) and, simultaneously,

many of the ingredients related to non-conformity and social deviation (which research show to usually foster non-medical use of chemicals).

Recommendation: It is imperative to develop creative and more discriminating methodologies to discern sociological variables in population settings that are homogeneous and/or resistant to data collection.

3. Closely related to number one above is the finding that drug abusing youth differ in some ways and tend to differ in others from the general high school population in some behaviors and attitudes, but not in more permanent characteristics such as self-concept or predispositional forms of anxiety coping. The clientele group differ from their peers in their drug use behavior and in wanting others to assume control of mutual interpersonal relationships. A tendency also exists for the former to have attitudes and behaviors which are opposed to traditional values and which reflect greater defeatism as a lifestyle.

There is still a large portion of the population, professional as well as lay, that views drug abuse as a disease or mental disorder, and subscribes to strict moral, legal, or medical responses. This study supports the mounting evidence which describes drug abuse as a product of learning behavior and social reinforcement. Unfortunately, treatment and education lag behind research findings.

In order to address drug abuse related concerns short of addiction, it is not necessary to pursue a medical or mental disorder model. Differences between youthful drug users and non-users are attitudinal and behavioral in nature, not characteralogical.

Recommendation: Effective treatment with non-addictive drug abuse can proceed with peer group counseling models appropriate to "normal" personality functioning.

4. The most distinguishing charactertistic between drug abusing and other youth in this study is the former's willingness to let others exert control for interaction between them. This was significant at the .01 alpha level.

Frederick Perls, the originator of Gestalt therapy, stresses that healthy life is a continual development process from total environment control to ever increasing self-determination. This central premise is similar to those of such varied authorities as Carl Rogers and B. F. Skinner, among others.

Pre-test scores indicate that those identified as drug abusers have a greater dependency on the outer environment, primarily other people, to provide social process and structure. Users in this study evidence a history of being less willing and/or able to assume as

much self-determination in their lives as do their peers. This posture is accompanied by a non-significant but consistent pattern of lower expressed social behaviors such as assertion, initiation and affection.

Due to treatment effects, subjects significantly increased their awareness and expression in all three interpersonal areas. This counteracted some of the strong propensity to have others assume the major responsibility.

However, the treatment group "Wanted Control" post-score was still significantly lower than that of the comparison group. This suggests a permanency which has had years of reinforcement and is highly resistant to rapid change.

In view of all the above--relevant research, the study setting, and the persistance of environmental control--it is speculated that much of the social deviation cited in many studies may in part be attempts by individuals to affirm themselves in a world in which they have little autonomy. Much of the acting out with drugs and nonconformist lifestyles may be expressions of resentment at dependence on others and the environment for structure, meaning and interaction in their lives. Thus, deep dependence on others (and irritation about it) exists, and at the same time there is negative and rebellious behavior utilized to react against

traditional authority, vent frustrations and ease anxieties. Use of chemical substances helps meet all these needs.

Recommendation: Substance abuse programs must facilitate greater self-determination and expression which aid both the individual and others.

5. Follow-up interviews with experimental subjects indicate that greater change occurred when other family members were also involved. Many parents and siblings participated in the Family Communication Skills classes, other counseling groups, or in marriage or family therapy.

When more than one member of the family was open to change, this in turn reinforced growth that the client was attempting.

Recommednation: Treatment programs are encouraged to involve other members of the client's family unit in the growth process.

Implications for Research

A vital purpose of this study is to identify key issues worthy of further research. The following questions have been generated from the discussions in this chapter.

As has been repeatedly stressed in this investigation, current research has focused almost exclusively on variables associated with the onset of drug abuse. It is imperative that more emphasis be placed on operational studies in order

to discover more precisely what makes for effective approaches in treating all self-defeating levels of use, rather than merely the precipitating variables.

1. What specific forms of drug education and treatment can best facilitate interpersonal skills and abilities to cope with short-term anxieties?
2. What are the long-term treatment effects of peer group counseling with drug abusers? (Six months to three years?)
3. How can psychosocial research data be generated in a setting that is resistant and/or conservative?
4. What research models can be developed to promote differentiated diagnosis and treatment?
5. What is the interdependency of psychological and sociological variables in promoting drug abuse?

Conclusion

The most important contribution of this study is the evidence that certain personal and social need-fulfillment accompanies reduction of non-medical drug use. By focusing on alternate approaches to these needs, they can be met in more appropriate ways that enhance self-determination and encourage less non-medical drug use. Specifically, these associated needs are individual expression in social relationships and coping with short-term crises which prompt anxiety.

The second major contribution is the identification of some characteristics that differentiate drug abusing youth from their peers. Central discriminating factors are the former's reliance on others to assume social leadership and an insignificant but consistent tendency to report lifestyles which are more deviant socially.

It is speculated from data, research literature and follow-up interviews that the family and community environments are instrumental factors precipitating and perpetuating drug abuse. The specific test and survey evidence fail to bear out this premise. Other descriptive data on the community itself, however, point to expectations for lower achievement and mobility.

Essentially, the drug abuse problem is a living problem. It is fraught with human variables of enormous complexity and ambiguity: individual, social and environmental. Legal, moral and cultural issues further compound and distract from the central reality. The prime concern is not the chemicals themselves, but the behaviors that are elicited or prohibited by them.

Simplistic solutions are unrealistic and unattainable. Each person's unieque cluster of needs can be best served by a therapeutic environment which discourages the success of self-defeating attitudes and behaviors and encourages support for insight and new self-determination.

Such an experience can aid many youth with their maturation and assist some whose use might have eventually have led to dependence.

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APPENDICES

FOLLOW-UP INTERVIEWS AND INFERENCES

The two previous sections reported findings of standardized testing and appropriate statistical analysis. This has yielded valuable information about several factors associated with drug use.

In an effort to identify more of the subtle changes among treatment youth, to suggest further research topics and, above all, to clarify reported data, individual interviews were conducted following post-testing. Thirty-three subjects from the thirty-eight member treatment group each spent one to two hours with a staff counselor discussing their experiences. (The remaining five individuals either refused to have interviews or were unavailable.) The interviews were conducted two months after leaving the group counseling program.

Eight, open-ended questions served as the nucleus for interviewing. These items focused upon possible areas of client change which had not been permitted or fully ascertained through standardized testing. The interviews centered on eight specific areas of possible change and maturation.

To insure uniformity, three different staff members with a minimum of a Bachelor's degree in the social sciences conducted all the interviews, with clients almost equally divided among them (eight, twelve and thirteen).

Church Perception

Q: "How important is the church in your life?"

Thirty youth saw the church as irrelevant to their needs, and geared more to adults. Those who did attend church regularly tended to do so more out of habit or for peace in the family. Only three reported the church as playing an important part in their lives. Less than one-fourth knew their clergyman personally. A majority expressed resentment that their parents went to church while complaining about having to do so.

Based upon experience in the community, the client youth seem to attend church less frequently and see it as less important in their lives than do their peers.

Religion

Q: "What do you believe in, spiritually?"

Answers to this question and subsequent discussion were adapted to variations of Stewart, Vener and Hager's Religiosity sub-scale. The four items below are major tenants in the fundamentalism-oriented community under study.

1. God is a heavenly father who watches over and protects us.
2. The Bible is God's word and what it says is true.
3. I believe there is a life after death.
4. I believe there is a hell where men are punished for their sins.

	Yes	Uncertain	No
1. "God"	25	2	6
2. "Bible"	16	8	9
3. "Life after death"	25	6	2
4. "Hell"	14	8	11

Those who placed higher trust in the Bible's inerrancy also tended more to believe in a punitive hell; these individuals were more apt to express their views in fundamentalist vocabulary.

These interviewees were joined by others who stated belief in God and an afterlife. Some of these others were very liberal in their views and saw God and life after death in broad humanistic terms.

Answers and the emotional tone of respondents reflected their questioning and a longing for something authentic to commit themselves to. Despite acting out in socially deviant fashion (using drugs), most of the interviewees continue to state allegiance to the religious values strongly espoused by the community. Much of this religious posture reflects a state of ongoing examination and confusion rather than outright allegiance. It could perhaps be described as a cultural rather than an ethical position.

Heterosexuality

Research literature indicates that one of the key indicators of other deviant social behavior is sexual attitude. Reiss (1964 and 1970), and Stewart, Vener and Hager (1971 and 1972) explain

the correlation of sexual attitudes and behaviors with other forms of deviant lifestyle.

Q: "What has your sex life been like?"

Interviewers posed this question in a casual manner after sensing from earlier discussion that some openness and trust existed. Results from the ensuing conversations were adapted to an abbreviated form of the Heterosexual sub-scale of the Stewart, Vener and Hager instrument.

1. How often have you kissed or been kissed by someone of the opposite sex (not including relatives)?

   1) Never
   2) Seldom
   3) Sometimes
   4) Frequently
   5) Very frequently

2. How often have you been involved in light petting (feeling above the waist) with someone of the opposite sex?

   1) Never
   2) Seldom
   3) Sometimes
   4) Frequently
   5) Very frequently

3. Have you gone all the way with someone of the opposite sex?

   1) Never
   2) Once
   3) 2-5 times
   4) 6-12 times
   5) 13 or more times

4. With how many people of the opposite sex have you gone all the way with?

   1) I have not gone all the way
   2) one person
   3) 2-3 people
   4) 4-6 people
   5) 7 or more people

Incidence of Participation in an Activity at Least Once (N = 33):

1.	Kissed or been kissed	31
2.	Petting	27
3.	Gone all the way (Coitus)	20
4.	Coitus with 2 or more partners	12

The following central impressions were gained from this portion of the interview:

A. There is strong peer group expectation for increased heterosexual intimacy among those youth most heavily involved with drugs.

B. Negligible change was reported in heterosexual behavior in either direction. However, interviewees expressed new attitudes and expectations for deeper commitment toward others sharing sex with them.

C. Those youth whose drug use declined sharply, also reported more strained relations in their heterosexual activities, although there were few behavioral changes. Part of this appears to be due to increased awareness of oneself and one's needs, which reflected itself in clients seeking greater meaning in their relations with the opposite sex. It is speculated that the higher treatment effect scores for social skills (FIRO-B) open up interests in other ways of relating than heavily sexual.

D. Clients state more intelligence about their bodies and sexual activity. Comments similar to "I didn't think I could get pregnant since I wasn't sixteen yet" were frequent. Although sex education was not a central goal of the program in this study, staff shared accurate information when the topic arose.

E. Although many clients indicated pressure from peers for their level of sexual involvement, a quest for acceptance and intimacy was more pronounced in youth who were more deeply involved. These latter also seem to reflect more troubled home environments.

F. Despite behaviors to discount the importance of sex in their lives, most youth report continual concerns regarding adequacy and acceptability. To many, sexual relationships are a substitute for personal intimacy.

Family Relations

Q: "Have relations between you and your family improved, stayed about the same or gotten worse?"

"Improved"	14
"Stayed about the same	13
"Gotten worse"	6

Fourteen of the thrity-three interviewees indicated that relationships within the family had improved. It is of interest

to note that among these fourteen families were all seven families from which one or both parents had attended a six week Family Communications Skills course similar to Parent Effectiveness Training held at Threshold. (The course focused on values, listening skills, discipline and decision-making, and involved considerable amounts of role playing). Additionally, one or both parents from twelve other families came in for at least one consultation with a staff member. Clients from six of these families were among those reporting more positive relations within the home.

Parents who attended the Family Communications Skills course (7) and who consulted with staff more than once (6) tended to be open to examining their own responsibility in their offsprings' deviant behavior according to interviewees. For some families, the crisis surrounding drug abuse (arrest, school discipline, discovery in the home, etc.) was one of the more positive unifying incidents they had had in years.

The most frequently stated change was that clients believed that their parents listened to them with greater patience and understanding, and were willing to trust them again (or for the first time). Clients reported that they themselves in turn were more patient, able to listen more readily, and could appreciate the views of others without having to accept them as their own. Several expressed greater appreciation for themselves as fallible yet emerging young adults. These comments would coincide

with the aforementioned significant increases in self-responsibility reflected in the Expressed categories of the FIRO-B.

Thirteen clients shared impressions that there were basically no changes in the home circumstances. Attitudes ranged from acceptance of a that's-the-way-things-are position to pessimistic resignation. The former reflected a sense that their own growth need not necessarily be dependent on maximal relationships with others. The latter gave evidence of return to a stalemate family existence in which they played a traditional part.

The remaining six interviewees reported worsening family communications. Comments described continual friction that came out in arguments, physical abuse and some members leaving the home for brief periods. Alcoholism existed in five of the homes.

Subjects in this last group tended to evidence greater pessimism about themselves, their families and their future, which was regarded either bleakly or as an escape from their currently perceived dismal set of circumstances. They tended to see siblings and parents more as irritants and to assign deliberate motives to much of others' behaviors that bothered them.

In summation, there is evidence of positive or no change in twenty-seven of the thirty-three clients' interpersonal

circumstances at home. Positive change was almost invariably associated with openness on the part of several family members. Negative types of change appear often to be in alcoholic families, the least appropriate modeling of drug use.

Drug Use

Q: "What drugs have you been using since completing the program?"

The lack of reliability for post-test drug use figures was pointed out in Chapter IV, Hypothesis IX. Responses to the above question enabled more accurate data which was presented with Hypothesis IX.

Interviewers sought to discover how many times members of the experimental group had used the following substances during the two months after program completion: a) marijuana, b) psychedelics, c) stimulants, and d) sedatives.

1. None
2. Once
3. 2-4 times
4. 5-7 times
5. 8 or more times

Involvement in Non-Academic Activities

Q: "Are you involved in more, fewer or about the same number of non-academic activities?"

This question was deemed important for two reasons: 1) the most successful former clients appeared to develop important new

non-academic involvements, and 2) fairly concrete evidence of change could be identified.

"More"	11
"Fewer"	5
"About the same"	17

The most frequently expressed reasons for both more and fewer involvements were similar. Clients either deliberately chose to seek new peer affiliations or leave former ones, or they experienced boredom which prompted their seeking or leaving.

The most frequently cited new activities were part-time jobs and after school socializing. School clubs or organized athletics were infrequently mentioned. Many of the new involvements were direct outgrowths of close associations with fellow counseling group members.

Peer Relations

Q: "How have your friendships changed in the last four months?"

Responses indicate that with little exception, youths' peer relationship patterns did not alter appreciably. In view of the immense role of peer norms and modeling in initiating and perpetuating drug use behavior, the permanency of the reported statistically significant decline is dubious.

Counteracting this force is the tendency for most youth to simply outgrow their non-medical use of drugs. With newly acquired social skills and increased ability in handling

transitory anxiety, this normal maturation process may have been accelerated. Adding further support is evidence that numerous friendships initiated during treatment (and the associated norms reinforced in the treatment setting) were continuing and meaningful.

Conclusion

Results of the interviews suggest that treatment youth have acquired more acute awareness of themselves and the processes which mold their development. Very importantly, they are keenly aware of and can readily articulate many of the changes occuring in their lives. They recognize to a greater degree than previously that they themselves are responsible for many changes and that they can effect future growth in more conscious fashion.

Appendix B

STUDENT SURVEY

1. How much formal education does your Father have?

    1. Some high school or less
    2. Graduate from high school
    3. Some college
    4. Graduated from college
    5. Attended graduate or professional school.

a 2. What church do you belong to?

    Answer: _____

3. With the second coming of Christ, the dead will live again.

    1. Strongly disagree
    2. Disagree
    3. Uncertain
    4. Agree
    5. Strongly agree

4. Most teachers are interesting people.

    1. Strongly disagree
    2. disagree
    3. Uncertain
    4. Agree
    5. Strongly agree

5. I am proud of my school.

    1. Strongly disagree
    2. Disagree
    3. Uncertain
    4. Agree
    5. Strongly agree

6. I believe there is a hell where men are punished for their sins.

   1. Strongly disagree
   2. Disagree
   3. Uncertain
   4. Agree
   5. Strongly Agree

7. Communities could not exist without the help of the police.

   1. Strongly disagree
   2. Disagree
   3. Uncertain
   4. Agree
   5. Strongly Agree

8. On the average, how many cigarettes do you smoke in a typical day?

   1. I don't smoke or I've only tried it a few times.
   2. Less than ½ pack
   3. Between ½ and 1 pack
   4. Between 1 and 2 packs
   5. Over 2 packs

9. I inhale when I smoke.

   1. I don't smoke
   2. Never
   3. Sometimes
   4. Frequently
   5. Very Frequently

10. I enjoy cigarettes.

   1. I don't smoke
   2. Strongly disagree
   3. Disagree
   4. Agree
   5. Strongly agree

11. Are your parents smokers?

1. No.
2. Yes, father only
3. Yes, mother only
4. Yes, both parents

12. How many of your friends smoke?

1. None
2. A few
3. Some
4. Most
5. All

13. Most teachers are easy to talk to.

1. Strongly disagree
2. Disagree
3. Uncertain
4. Agree
5. Strongly agree

14. I believe there is a devil who tries to lead men into sin.

1. Strongly disagree
2. Disagree
3. Uncertain
4. Agree
5. Strongly agree

15. My parents are happy that I was born.

1. Strongly disagree
2. Disagree
3. Uncertain
4. Agree
5. Strongly agree

16. I desperately need someone to talk to but no one will listen.

1. Strongly disagree
2. Disagree
3. Uncertain
4. Agree
5. Strongly Agree

17. The church helps you live a happier life.

1. Strongly disagree
2. Disagree
3. Uncertain
4. Agree
5. Strongly agree

18. Sometimes I feel like crying out for love and understanding.

1. Strongly disagree
2. Disagree
3. Uncertain
4. Agree
5. Strongly agree

19. School is a friendly place.

1. Strongly disagree
2. Disagree
3. Uncertain
4. Agree
5. Strongly agree

20. I need more affection from someone who cares about me.

1. Strongly disagree
2. Disagree
3. Uncertain
4. Agree
5. Strongly Agree

21. On how many different occasions during the past month have you had beer to drink?

1. None
2. Once
3. 2 - 4 times
4. 5 - 7 times
5. 8 or more times

22. On how many different occasions during the past months have you had wine to drink?

1. None
2. Once
3. 2-4 times
4. 5-7 times
5. 8 or more times

23. On how many different occasions during the past month have you had whiskey or other hard liquor to drink?

1. None
2. Once
3. 2 - 4 times
4. 5 - 7 times
5. 8 or more times

24. Most teachers are interested in their students as individuals.

1. Strongly disagree
2. Disagree
3. Uncertain
4. Agree
5. Strongly Agree

25. I would rather be in school than most places.

1. Strongly disagree
2. Disagree
3. Uncertain
4. Agree
5. Strongly agree

26. You can count on the church to be of help in times of need.

1. Strongly disagree
2. Disagree
3. Uncertain
4. Agree
5. Strongly agree

27. My parents talk TO me, not AT me.

1. Strongly disagree
2. Disagree
3. Uncertain
4. Agree
5. Strongly agree

28. I believe there is a divine plan and purpose for every living person and thing.

1. Strongly disagree
2. Disagree
3. Uncertain
4. Agree
5. Strongly Agree

29. I have felt so mad that I could hardly keep from hitting someone.

1. Never
2. Seldom
3. Sometimes
4. Frequently
5. Very Frequently

30. How often have you held your arm around or been held by someone of the opposite sex (not including relatives)?

1. Never
2. Seldom
3. Sometimes
4. Frequently
5. Very frequently

31. How often have you held hands with someone of the opposite sex (Not including relatives)?

1. Never
2. Seldom
3. Sometimes
4. Frequently
5. Very frequently

32. How often have you kissed or been kissed by someone of the opposite sex (not including relatives)?

1. Never
2. Seldom
3. Sometimes
4. Frequently
5. Very frequently

33. How often have you necked (prolonged kissing and hugging) with someone of the opposite sex (not including relatives)?

1. Never
2. Seldom
3. Sometimes
4. Frequently
5. Very frequently

34. How often have you been involved in light petting (feeling above the waist) with someone of the opposite sex?

1. Never
2. Seldom
3. Sometimes
4. Frequently
5. Very frequently

35. How often have you been involved in heavy petting (feeling below the waist) with someone of the opposite sex?

1. Never
2. Seldom
3. Sometimes
4. Frequently
5. Very Frequently

36. Have you gone all the way with someone of the opposite sex?

1. Never
2. Once
3. 2 - 5 times
4. 6 - 12 times
5. 13 or more times

37. With how many people of the opposite sex have you gone all the way with?

1. I have not gone all the way
2. One person
3. 2 - 3 people
4. 4 - 6 people
5. 7 or more people

38. Who was the first person you went all the way with?

1. I have not gone all the way
2. A steady date
3. Someone I had known for awhile
4. A stranger

39. Have you had sexual relations with someone of the <u>same</u> sex?

1. Never
2. Once
3. Twice
4. 3 times
5. 4 or more times

40. When I tell my parents the truth, they believe me.

1. Strongly disagree
2. Disagree
3. Uncertain
4. Agree
5. Strongly agree

41. I often feel low.

1. Strongly disagree
2. Disagree
3. Uncertain
4. Agree
5. Strongly agree

42. Police should be admired and respected because of their tough job.

1. Strongly disagree
2. Disagree
3. Uncertain
4. Agree
5. Strongly agree

43. My parents enjoy being with each other.

1. Strongly disagree
2. Disagree
3. Uncertain
4. Agree
5. Strongly agree

44. A typical police officer is a nice guy.

1. Strongly disagree
2. Disagree
3. Uncertain
4. Agree
5. Strongly agree

45. My parents encourage or praise me for what I do.

1. Strongly disagree
2. Disagree
3. Uncertain
4. Agree
5. Strongly agree

a 46. What do you think of someone who sells drugs for large profit?

1. Strongly disagree
2. Disagree
3. Uncertain or don't care
4. Agree
5. Strongly agree

47. My parents care what happens to me.

1. Strongly disagree
2. Disagree
3. Uncertain
4. Agree
5. Strongly Agree

48. The church has something to offer everyone.

1. Strongly disagree
2. Disagree
3. Uncertain
4. Agree
5. Strongly Agree

49. I can talk to my parents anytime I like.

1. Strongly disagree
2. Disagree
3. Uncertain
4. Agree
5. Strongly Agree

50. It's easy for me to talk to my parents about things that bother me.

1. Strongly disagree
2. Disagree
3. Uncertain
4. Agree
5. Strongly Agree

51. On how many different occasions have you used marijuana?

1. None
2. Once
3. 2 - 4 times
4. 5 - 7 times
5. 8 or more times

52. On how many different occasions have you used hallucinogens or psychedelics (such as LSD, STP and Mescaline)?

1. None
2. Once
3. 2 - 4 times
4. 5 - 7 times
5. 8 or more times

53. On how many different occasions have you used amphetamines or methamphetamines (uppers such as benzadrine or dexedrine or methedrine)?

1. None
2. Once
3. 2 - 4 times
4. 5 - 7 times
5. 8 or more times

54. On how many different occasions have you used sedatives (downers, such as barbiturates and phenobarbital)?

1. None
2. Once
3. 2 - 4 times
4. 5 - 7 times
5. 8 or more times

55. I need to find someone who will really love me.

1. Strongly disagree
2. Disagree
3. Uncertain
4. Agree
5. Strongly agree

56. I enjoy going to school.

1. Strongly disagree
2. Disagree
3. Uncertain
4. Agree
5. Strongly Agree

57. My parents are interested in what I do.

1. Strongly disagree
2. Disagree
3. Uncertain
4. Agree
5. Strongly Agree

58. At times, I feel my life is empty.

1. Strongly disagree
2. Disagree
3. Uncertain
4. Agree
5. Strongly Agree

59. Most teachers should be respected for the work they do.

1. Strongly disagree
2. Disagree
3. Uncertain
4. Agree
5. Strongly Agree

60. I believe there is a life after death.

1. Strongly disagree
2. Disagree
3. Uncertain
4. Agree
5. Strongly Agree

61. Police are fair in their treatment of people.

1. Strongly disagree
2. Disagree
3. Uncertain
4. Agree
5. Strongly agree

62. How easy is it for your parents to talk to each other?

1. Very difficult
2. Somewhat difficult
3. Fairly easy
4. Easy
5. Very easy

63. Rate your parents' general relationship to each other.

1. Very unhappy
2. Unhappy
3. So-so
4. Happy
5. Very happy

64. My parents are considerate of each other's feelings.

1. Never
2. Seldom
3. Sometimes
4. Frequently
5. Very frequently

b 65. Have you ever sought help or assistance related to drugs from the following sources?

1.	Family or relations	yes A	no B
2.	Friend about your age	yes A	no B
3.	Doctor	yes A	no B
4.	Drug clinic	yes A	no B
5.	School counselor	yes A	no B
6.	Teacher	yes A	no B
7.	Minister, priest, rabbi or other religious leader	yes A	no B
8.	Hot or rap line	yes A	no B
9.	Other	yes A	no B
10.	No assistance sought	yes A	no B

b 66. To what extent do you feel such assistance has been helpful to you?

		Very helpful	Somewhat helpful	not very help.	not at all helpful
1.	Family or relations	A	B	C	D
2.	Friend about your age	A	B	C	D
3.	Doctor	A	B	C	D
4.	Drug clinic	A	B	C	D
5.	School counselor	A	B	C	D
6.	Teacher	A	B	C	D
7.	Minister, priest, rabbi, or other religious leader	A	B	C	D
8.	Hot or rap line	A	B	C	D
9.	Other	A	B	C	D
10.	No assistance sought	A	B	C	D

67. I have had the urge to kill.

1. Never
2. Seldom
3. Sometimes
4. Frequently
5. Very frequently

68. My parents show affection for one another.

1. Never
2. Seldom
3. Sometimes
4. Frequently
5. Very frequently

69. My parents agree on important matters.

1. Never
2. Seldom
3. Sometimes
4. Frequently
5. Very frequently

70. At times, I feel like exploding.

1. Never
2. Seldom
3. Sometimes
4. Frequently
5. Very frequently

a 71. How many club, sport and other non-academic school events have you been in this year?

1. None
2. One
3. Two - three
4. Four - Six
5. Seven or more

72. I have had the urge to beat someone up.

1. Never
2. Seldom
3. Sometimes
4. Frequently
5. Very Frequently

73. I have felt like smashing things.

1. Never
2. Seldom
3. Sometimes
4. Frequently
5. Very frequently

74. Have you ever thought of killing yourself?

1. Never
2. Seldom
3. Sometimes
4. Frequently
5. Very frequently

75. To me, the most important work of the church is saving sinners.

1. Strongly disagree
2. Disagree
3. Uncertain
4. Agree
5. Strongly Agree

76. My parents like me.

1. Strongly disagree
2. Disagree
3. Uncertain
4. Agree
5. Strongly agree

77. Police are helpful in the time of need.

1. Strongly disagree
2. Disagree
3. Uncertain
4. Agree
5. Strongly agree

b 78. Your first experience smoking cigarettes was in what grade?

1. Never use it
2. 4th or below
3. 5
4. 6
5. 7
6. 8
7. 9
8. 10
9. 11
10. 12

79. My parents enjoy having me around.

1. Strongly disagree
2. Disagree
3. Uncertain
4. Agree
5. Strongly Agree

80. Most teachers are helpful

1. Strongly disagree
2. Disagree
3. Uncertain
4. Agree
5. Strongly agree

81. The Bible is God's word and what it says is true.

1. Strongly disagree
2. Disagree
3. Uncertain
4. Agree
5. Strongly agree

82. Ministers and priests are understanding and easy to talk to.

1. Strongly disagree
2. Disagree
3. Uncertain
4. Agree
5. Strongly agree

83. Serious illness is a problem in my family.

1. Never
2. Seldom
3. Sometimes
4. Frequently
5. Very frequently

84. Drinking is a problem in my family.

1. Never
2. Seldom
3. Sometimes
4. Frequently
5. Very frequently

85. Divorce or the likelihood of divorce is causing trouble for my family.

1. Never
2. Seldom
3. Sometimes
4. Frequently
5. Very frequently

86. Mental illness is causing problems for my family.

1. Never
2. Seldom
3. Sometimes
4. Frequently
5. Very frequently

b 87. Your first experience drinking alcoholic beverages at other than family approved occasions was in what grade?

1. Never used it
2. 4th or below
3. 5
4. 6
5. 7
6. 8
7. 9
8. 10
9. 11
10. 12

88. Have your parents ever beaten you so badly that you had to stay home from school?

1. No
2. Yes

89. My parents think I'm as good as anyone.

1. Strongly disagree
2. Disagree
3. Uncertain
4. Agree
5. Strongly agree

90. Ministers and priests give up many things for the good of others.

1. Strongly disagree
2. Disagree
3. Uncertain
4. Agree
5. Strongly agree

91. My parents listen to what I have to say.

1. Strongly disagree
2. Disagree
3. Uncertain
4. Agree
5. Strongly agree

92. I have frequently felt unloved.

1. Strongly disagree
2. Disagree
3. Uncertain
4. Agree
5. Strongly agree

93. Ministers and priests should be admired and respected for the word they do.

1. Strongly disagree
2. Disagree
3. Uncertain
4. Agree
5. Strongly agree

94. I can talk to my parents about anything.

1. Strongly disagree
2. Disagree
3. Uncertain
4. Agree
5. Strongly agree

95. God is a heavenly father who watches over and protects me.

1. Strongly disagree
2. Disagree
3. Uncertain
4. Agree
5. Strongly Agree

b 96. The first drug you used, for other than medical purposes, was:

1. I have never used drugs
2. Marijuana
3. Stimulants (Meth, cuptal, no-doz, uppers, bennies)
4. Depressants (reds, downers, yellow jackets)
5. Hallucinogens (L.S.D., mescaline)
6. Narcotics (codiene, snak, jons, skag (opium)

b 97. Your first experience with drugs for other than medical use was:

1. Never used it
2. 4th grade or below
3. 5
4. 6
5. 7
6. 8
7. 9
8. 10
9. 11
10. 12

Appendix B Question Sources:

a = Researcher

b = Oakland Schools. Drug Abuse Questionnaire (Oakland County, Michigan: Oakland Schools, 1971).

All other questions from Vener and Stewart.

Appendix C

STUDENT SURVEY

What is your opinion? Please read each question and circle the number of your choice.

1. What is your age?

   1. 15 or younger
   2. 16
   3. 17
   4. 18 or older

2. I am

   1. Male
   2. Female

3. My overall grade point average is:

   1. 0 - 1.00
   2. 1.01 - 2.00
   3. 2.01 - 3.00
   4. 3.01 - 4.00

4. I live with

   1. Both parents (including step)
   2. One parent only
   3. Relatives or guardians
   4. On my own

5. I am proud of my school.

   1. Strongly disagree
   2. Disagree
   3. Uncertain
   4. Agree
   5. Strongly Agree

6. Communities could not exist without the help of the police.

   1. Strongly disagree
   2. Disagree
   3. Uncertain
   4. Agree
   5. Strongly Agree

7. On the average, how many cigaretts do you smoke in a typical day?

   1. I don't smoke or I've only tried it a few times
   2. Less than 1/2 pack
   3. Between 1/2 & 1 pack
   4. Between 1 and 2 packs
   5. Over 2 packs

8. I inhale when I smoke.

   1. I don't smoke
   2. Never
   3. Sometimes
   4. Frequently
   5. Very frequently

9. I enjoy cigaretts.

1. I don't smoke
2. Strongly disagree
3. Disagree
4. Agree
5. Strongly agree

10. Most teachers are easy to talk to.

1. Strongly disagree
2. Disagree
3. Uncertain
4. Agree
5. Strongly Agree

11. School is a friendly place.

1. Strongly disagree
2. Disagree
3. Uncertain
4. Agree
5. Strongly agree

12. On how many different occasions during the past month have you had beer to drink?

1. None
2. Once
3. 2 - 4 times
4. 5 - 7 times
5. 8 or more times

13. On how many different occasions during the past months have you had wine to drink?

1. None
2. Once
3. 2 - 4 times
4. 5 - 7 times
5. 8 or more times

14. On how many different occasions during the past month have you had whiskey to drink?

1. None
2. Once
3. 2 - 4 times
4. 5 - 7 times
5. 8 or more times

15. With the second coming of Christ, the dead will live again.

1. Strongly disagree
2. Disagree
3. Uncertain
4. Agree
5. Strongly agree

16. I believe there is a hell where men are punished for their sins.

1. Strongly disagree
2. Disagree
3. Uncertain
4. Agree
5. Strongly agree

17. Most teachers are interested in their students as individuals.

1. Strongly disagree
2. Disagree
3. Uncertain
4. Agree
5. Strongly Agree

18. I would rather be in school than most places.

1. Strongly disagree
2. Disagree
3. Uncertain
4. Agree
5. Strongly agree

19. How often have you held your arm around or been held by someone of the opposite sex (not including relatives)?

1. Never
2. Seldom
3. Sometimes
4. Frequently
5. Very frequently

20. How often have you held hands with someone of the opposite sex (not including relatives)?

1. Never
2. Seldom
3. Sometimes
4. Frequently
5. Very frequently

21. How often have you kissed or been kissed by someone of the opposite sex (not including relatives)?

1. Never
2. Seldom
3. Sometimes
4. Frequently
5. Very frequently

22. How often have you necked (prolonged kissing and hugging) with someone of the opposite sex (not including relatives)?

1. Never
2. Seldom
3. Sometimes
4. Frequently
5. Very frequently

23. How often have you been involved in light petting (feeling above the waist) with someone of the opposite sex?

1. Never
2. Seldom
3. Sometimes
4. Frequently
5. Very frequently

24. How often have you been involved in heavy petting (feeling below the waist) with someone of the opposite sex?

1. Never
2. Seldom
3. Sometimes
4. Frequently
5. Very frequently

25. Have you gone all the way with someone of the opposite sex?

1. Never
2. Once
3. 2 - 5 times
4. 6 - 12 times
5. 13 or more times

26. With how many people of the opposite sex have you gone all the way?

1. I have not gone all the way.
2. One person
3. 2 - 3 people
4. 4 - 6 people
5. 7 or more people

27. My parents talk TO me not AT me.

1. Strongly disagree
2. Disagree
3. Uncertain
4. Agree
5. Strongly agree

28. I have felt so mad that I could hardly keep from hitting someone.

1. Never
2. Seldom
3. Sometimes
4. Frequently
5. Very frequently

29. Police should be admired and respected because of their tough job.

1. Strongly disagree
2. Disagree
3. Uncertain
4. Agree
5. Strongly agree

30. A typical police offer is a nice guy.

1. Strongly disagree
2. Disagree
3. Uncertain
4. Agree
5. Strongly agree

31. It's easy for me to talk to my parents about things that bother me.

1. Strongly disagree
2. Disagree
3. Uncertain
4. Agree
5. Strongly Agree

32. On how many different occasions have you used marijuanna?

1. None
2. Once
3. 2 - 4 times
4. 5 - 7 times
5. 8 or more times

33. On how many different occasions have you used hallucinogens or psychedelics (such as LSD, STP and Mesc)?

1. None
2. Once
3. 2 - 4 times
4. 5 - 7 times
5. 8 or more times

34. On how many different occasions have you used amphetamines or methamphetamines (uppers such as benzadrine or dexadrine or methadrine)?

1. None
2. Once
3. 2 - 4 times
4. 5 - 7 times
5. 8 or more times

35. On how many different occasions have you used sedatives (downers, such as quards, barbiturates and phenobarbital)?

1. None
2. Once
3. 2 - 4 times
4. 5 - 7 times
5. 8 or more times

36. I believe there is a devil who tries to lead men into sin.

1. Strongly disagree
2. Disagree
3. Uncertain
4. Agree
5. Strongly agree

37. I believe there is a divine plan and purpose for every living person and thing.

1. Strongly disagree
2. Disagree
3. Uncertain
4. Agree
5. Strongly agree

38. I believe there is a life after death.

1. Strongly disagree
2. Disagree
3. Uncertain
4. Agree
5. Strongly agree

39. I enjoy going to school.

1. Strongly disagree
2. Disagree
3. Uncertain
4. Agree
5. Strongly agree

40. Most teachers should be respected for the work they do.

1. Strongly disagree
2. Disagree
3. Uncertain
4. Agree
5. Strongly agree

41. Police are fair in their treatment of people.

1. Strongly disagree
2. Disagree
3. Uncertain
4. Agree
5. Strongly Agree

42. I have had the urge to kill.

1. Never
2. Seldom
3. Sometimes
4. Frequently
5. Very frequently

43. At times, I feel like exploding.

1. Never
2. Seldom
3. Sometimes
4. Frequently
5. Very frequently

44. I have felt like smashing things.

1. Never
2. Seldom
3. Sometimes
4. Frequently
5. Very frequently

45. To me, the most important work of the church is saving sinners.

1. Strongly disagree
2. Disagree
3. Uncertain
4. Agree
5. Strongly agree

46. The Bible is God's word and what it says is true.

1. Strongly disagree
2. Disagree
3. Uncertain
4. Agree
5. Strongly agree

47. God is a heavenly father who watches over and protects us.

1. Strongly disagree
2. Disagree
3. Uncertain
4. Agree
5. Strongly agree

48. Most teachers are helpful.

1. Strongly disagree
2. Disagree
3. Uncertain
4. Agree
5. Strongly agree

49. My parents listen to what I have to say.

1. Strongly disagree
2. Disagree
3. Uncertain
4. Agree
5. Strongly agree

50. I can talk to my parents about anything.

1. Strongly disagree
2. Disagree
3. Uncertain
4. Agree
5. Strongly agree

APPENDIX D

STUDENT SURVEY

What is your opinion? Please read each question and circle the number of your choice.

1. What is your age?

   1. 15 or younger
   2. 16
   3. 17
   4. 18 or older

2. I am

   1. male
   2. female

3. My overall grade point average is

   1. 0 - 1.00
   2. 1.01 - 2.00
   3. 2.01 - 3.00
   4. 3.01 - 4.00

4. I live with

   1. Both parents (including step)
   2. One parent only
   3. Relatives or guardians
   4. On my own

5. I am proud of my school.

   1. Strongly disagree
   2. Disagree
   3. Uncertain
   4. Agree
   5. Strongly Agree

6. Communities could not exist without the help of the police.

   1. Strongly disagree
   2. Disagree
   3. Uncertain
   4. Agree
   5. Strongly Agree

7. On the average, how many cigarettes do you smoke in a typical day?

   1. I don't smoke or I've only tried it a few times

2. Less than 1/2 pack
3. Between 1/2 and 1 pack
4. Between 1 and 2 packs
5. Over 2 packs

8. I inhale when I smoke.

1. I don't smoke
2. Never
3. Sometimes
4. Frequently
5. Very Frequently

9. I enjoy cigarettes.

1. I don't smoke
2. Strongly Disagree
3. Disagree
4. Frequently
5. Strongly Agree

10. Most teachers are easy to talk to.

1. Strongly Disagree
2. Disagree
3. Uncertain
4. Agree
5. Strongly Agree

11. School is a friendly place.

1. Strongly Disagree
2. Disagree
3. Uncertain
4. Agree
5. Strongly Agree

12. On how many different occasions during the past month have you had beer to drink?

1. None
2. Once
3. 2-4 times
4. 5-7 times
5. 8 or more times

13. On how many different occasions during the past month have you had wine to drink?

1. None
2. Once
3. 2-4 times
4. 5-7 times
5. 8 or more times

14. On how many different occasions during the past month have you had whiskey to drink?

1. None
2. Once
3. 2-4 times
4. 5-7 times
5. 8 or more times

15. Most teachers are interested in their students as individuals.

1. Strongly Disagree
2. Disagree
3. Uncertain
4. Agree
5. Strongly Agree

16. I would rather be in school than most places.

1. Strongly Disagree
2. Disagree
3. Uncertain
4. Agree
5. Strongly Agree

17. My parents talk <u>TO</u> me not <u>AT</u> me.

1. Strongly Disagree
2. Disagree
3. Uncertain
4. Agree
5. Strongly Agree

18. I have felt so mad that I could hardly keep from hitting someone.

1. Never
2. Seldom
3. Sometimes
4. Frequently
5. Very Frequently

19. Police should be admired and respected because of their tough job.

1. Strongly Disagree
2. Disagree
3. Uncertain
4. Agree
5. Strongly Agree

20. A typical police officer is a nice guy.

1. Strongly Disagree
2. Disagree
3. Uncertain
4. Agree
5. Strongly Agree

21. It's easy for me to talk to my parents about things that bother me.

1. Strongly disagree
2. Disagree
3. Uncertain
4. Agree
5. Strongly Agree

22. On how many different occasions have you used marijuana?

1. None
2. Once
3. 2-4 times
4. 5-7 times
5. 8 or more times

23. On how many different occasions have you used hallucinogens or psychedelics (such as LSD, STP and Mesc)?

1. None
2. Once
3. 2-4 times
4. 5-7 times
5. 8 or more times

24. On how many different occasions have you used amphetamines or methamphetamines (uppers such as benzadrine or dexadrine or methadrine)?

1. None
2. Once
3. 2-4 times
4. 5-7 times
5. 8 or more times

25. On how many different occasions have you used sedatives (downers, such as quads, barbiturates and phenobarbital)?

1. None
2. Once
3. 2-4 times
4. 5-7 times
5. 8 or more times

26. I enjoy going to school.

1. Strongly Disagree
2. Disagree
3. Uncertain
4. Agree
5. Strongly Agree

27. Most teachers should be respected for the work they do.

1. Strongly Disagree
2. Disagree
3. Uncertain
4. Agree
5. Strongly Agree

28. Police are fair in their treatment of people.

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29. I have had the urge to kill.

1. Never
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3. Sometimes
4. Frequently
5. Very Frequently

30. At times, I feel like exploding.

1. Never
2. Seldom
3. Sometimes
4. Frequently
5. Very Frequently

31. I have felt like smashing things.

1. Never
2. Seldom
3. Sometimes
4. Frequently
5. Very Frequently

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1. Strongly Disagree
2. Disagree
3. Uncertain
4. Agree
5. Strongly Agree

33. My parents listen to what I have to say.

1. Strongly Disagree
2. Disagree
3. Uncertain
4. Agree
5. Strongly Agree

34. I can talk to my parents about anything.

1. Strongly Disagree
2. Disagree
3. Uncertain
4. Agree
5. Strongly Agree

SERVICE CHART