An Evaluation of the Substance Abuse Prevention in Education Team Training Program.

Carolyn Janet Felter

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AN EVALUATION OF THE SUBSTANCE ABUSE PREVENTION IN EDUCATION TEAM TRAINING PROGRAM

The Louisiana State University and Agricultural and Mechanical Col. Ph.D. 1983

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AN EVALUATION OF THE SUBSTANCE ABUSE PREVENTION IN EDUCATION TEAM TRAINING PROGRAM

A Dissertation
Submitted to the Graduate Faculty of the
Louisiana State University and
Agricultural and Mechanical College
In partial fulfillment of the
requirements for the degree of
Doctor of Philosophy

in

The Interdepartmental Program in Education

by
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9. Analysis of Covariance for Cognitive Test Scores of Teacher, Counselor and Administrator Participants in SAPE' Team Training ...................................................... 39
The purpose of this study was to evaluate Substance Abuse Prevention in Education (SAPE') Team Training in terms of its effectiveness within and among groups of teachers, counselors and administrators. The study involved three parts. Part I consisted of the development of evaluation instruments to measure attitudinal and cognitive changes of workshop participants. Part II involved the actual experiment which consisted of six eighteen-hour team training workshops. Eighty-five teachers, thirty-seven counselors and forty school administrators comprised the sample. Useable data was obtained from seventy-two teachers, twenty-eight counselors and thirty-one administrators. SAPE' team training workshop participants were pretested upon arrival at a three day (eighteen-hour) workshop. A posttest was given at the end of the training. Pretests and posttests were identical and contained both cognitive and affective sections. SAPE' team training included lectures, films, slide presentations, role playing and group processing and interaction. Part III of the study was the analysis of data. This analysis included "t" tests and analysis of covariance with the level of confidence set at .05.

An analysis of the data revealed these findings: There was a significant difference at the .05 level of confidence between the mean cognitive pretest and posttest scores of teachers, counselors and administrators. There was a significant difference at the .05 level of confidence between the mean affective pretest and posttest...
scores of teachers, counselors and administrators. There was no significant difference among the mean cognitive adjusted posttest scores or among the mean affective adjusted posttest scores of the teachers, counselors or administrators when the groups were compared.

Results indicated that participation in SAPE' team training produced significant differences in the cognitive and affective development of teachers, counselors and administrators. Relative lack of superiority of one group of educators over another was also revealed by the findings. Recommendations of the study include revisions to the team training program, replications of the study to further test the effectiveness of the team training, follow up of participants and continued research in the fields of chemical dependency and substance abuse. Evidence gathered in the study also supports consideration of SAPE' team training as a working base for school personnel to begin a program of substance abuse prevention in their schools.
CHAPTER 1

INTRODUCTION

Members of the 1979 Louisiana State Legislature passed R.S. 17:262, which "recognized that the use and abuse of mood-altering drugs and chemicals, including alcohol, among the children of school age in this state is a problem of serious concern and that the evidence thereof is increasing in all areas of the state." This Act provided for a program of substance abuse prevention in all schools in the state. The program was to include informational, affective and counseling strategies, and was to include procedures for identifying and referring students who exhibited signs of misuse and abuse of mood-altering chemicals. As a result of this Act, the Substance Abuse Prevention in Education (SAPE') program was developed and implemented in the schools of Louisiana.

The SAPE' program works for, in and through the schools. In the 1981 legislative session, R.S. 14:403:1 was voted into law. This Act defines the "Substance Abuse Prevention Team" (SAPE' Team) as a "panel of not less than six (6) members consisting of at least one (a) administrator, (b) teacher, (c) guidance counselor, (d) parent representative, and (e) school support person. The team shall be trained by personnel from the Substance Abuse Prevention in Education Program of the Louisiana Department of Education." At the end of the 1981-82 school year, over 400 SAPE' teams had been trained by sixteen
SAPE' Regional Coordinators from the Louisiana Department of Education, Bureau of Student Services. These Regional Coordinators worked in conjunction with the State SAPE' Coordinator and his two assistants.

Information on the effect of Substance Abuse Prevention in Education Team training on the attitudes and cognitive achievement of teachers, counselors and administrators is not available and is greatly needed. SAPE' is a legislatively mandated program and only careful and accurate evaluation can lead to program improvement and enrichment.

Research studies dealing with evaluation of school substance abuse and prevention programs show that changes in cognitive skills are easily measured after teacher training, but that a change in an attitude component is not readily detected (Tarnai and others, 1981).

The effect of SAPE' team training on the attitudes and cognitive achievement of workshop participants has many applications to present and future team training sessions. Evaluation and assessment of the training process and its outcomes are needed and were considered by this researcher to be a worthy pursuit.

Objectives of the Study

The purpose of the study was to evaluate Substance Abuse Prevention in Education (SAPE') Team Training in terms of its effectiveness within and among groups of teachers, counselors and administrators. Both affective and cognitive outcomes were investigated.
The first part of the study involved the development of evaluation instruments to measure attitudinal and cognitive change. The actual experiment was conducted by means of six eighteen-hour workshops which composed part two of the study. The third portion of this study was the analysis and interpretation of the data.

This study attempted to achieve the following objectives:

1. To develop evaluation instruments for use with teachers, administrators and counselors.
2. To evaluate the SAPE' Team Training in terms of the attitudes of teachers, administrators and counselors.
3. To evaluate SAPE' Team Training in terms of the cognitive achievement of teachers, administrators and counselors.

Hypotheses

The following null hypotheses were tested at the .05 level of significance in analyzing the data:

1. There was no significant difference between the pretest and posttest attitudes toward the SAPE' program of teachers who participated in SAPE' training.
2. There was no significant difference between the pretest and posttest attitudes toward the SAPE' program of counselors who participated in SAPE' training.
3. There was no significant difference between the pretest and posttest attitudes toward the SAPE' program of administrators who participated in SAPE training.
4. There was no significant difference between the pretest and posttest cognitive scores of teachers who participated in SAPE' team training.

5. There was no significant difference between the pretest and posttest cognitive scores of counselors who participated in SAPE' team training.

6. There was no significant difference between the pretest and posttest cognitive scores of administrators who participated in SAPE' team training.

7. There was no significant difference among teachers, counselors and administrators who have participated in SAPE' team training in terms of adjusted posttest affective scores.

8. There was no significant difference among teachers, counselors and administrators who have participated in SAPE' team training in terms of adjusted posttest cognitive scores.

Definition of Terms

Definition of terms to be used in this study are as follows:

ATTITUDE

An enduring system of positive or negative evaluations, emotional feelings, and pro or con action tendencies with respect to a social object. (Krech, 1962)
COGNITIVE ACHIEVEMENT

Recall or recognition of knowledge and development of intellectual abilities and skills. (Bloom, 1956)

EVALUATION

The process of delineating, obtaining, and providing useful information for the judging of decision alternatives. (Stufflebeam, 1971)

SAPE' PROGRAM

Informational, affective, and counseling strategies, and information designed to reduce the likelihood that students will injure themselves through the misuse and abuse of chemical substances.

SAPE' TEAM TRAINING

A three-day (18 hour) workshop designed to give participants the cognitive and affective tools to implement the SAPE' Program in their respective schools.

Organization of the Study

This study was organized into five chapters.

Chapter 1 included the introduction, objectives of the study, hypotheses and the definition of terms used in the study.

Chapter 2 was a review of literature related to the fields of substance abuse and teacher training.

Chapter 3 explained the study's methodology.
Chapter 4 presented and analyzed the data obtained from teacher, counselor and administrator responses to cognitive and affective test items.

Chapter 5 summarized the study, interpreted the findings and offered recommendations.
CHAPTER 2

REVIEW OF RELATED LITERATURE

The related literature in this chapter is divided into four main subject areas. These areas are: (1) school-based substance abuse prevention programs, (2) teacher training, (3) attitudes towards substance abuse and substance abusers, and (4) program evaluation in the field of substance abuse.

School-based Substance Abuse Prevention Programs

A major response to the increased use of drugs among the nation's youth has been a demand for the inclusion of formal drug education in the public school curriculum. Taylor (1976) declared that the school seemed to be the best source to provide a quality drug education program since most young persons are exposed to its influence, and Chunko (1976) emphasized that the school system has contact with the majority of the youthful drug-using population, and has a high potential for reducing their drug abuse behaviors. In Gallup's 1981 Poll of the Public's Attitudes Towards the Public Schools, he found that the use of drugs ranked second only to the lack of discipline as the major problems in public schools today.

Yarber and Bobelya (1980) enumerated responsibilities of the schools in helping students to develop effective health attitudes and habits. The New York State Drug Education Department reported that schools are the logical place for drug education and prevention
programs to occur, especially in health related classes. A description of the role of the classroom teacher in describing the effects of drugs on students and measures taken to cope with students who abuse drugs were given by Kennedy in an 1980 article.

The types of drug education programs developed by local systems appear to be classified into two groups; information-oriented programs and programs in which value-oriented activities were included (Campbell and others, 1981).

Prior to 1960, classes dealing with drug usage, venereal disease and sex education had a very low status in school curriculums (Randall and Wong, 1976). As drug usage among youth increased, concern grew and there was a public outcry of indignation and a demand for the schools to "solve this critical social problem." This led to a variety of quick-fix techniques and a host of hastily constructed school programs consisting mostly of scare tactics, illustrations of the horrors of drug usage and moralizing that "good" kids did not "mess" with drugs. Much of the information given was incorrect or conceptually unsound. To compound the problem, schools often assigned the task of drug education to unprepared teachers who often knew less than their students about mood-altering chemicals and their effects on the body and mind of the developing adolescent (Floyd and Lotsof, 1978).

The direct or informational approach to substance abuse prevention gives greater factual knowledge of mood-altering chemicals but produces little attitude change towards chemical usage in students. Many researchers feel that an informational only or scare-
tactic approach to drug education leads to increased curiosity and reduced fear of usage (Gliksman and others, 1980).

Samuels and Ryan, (1974), concluded that programs based on the indirect approaches to prevention, that is, programs that increase the self-concept of the individual and build his/her self-esteem, prevented use of mood-altering substances most effectively. Indirect prevention approaches assist the student in developing the proper decision-making skills and gaining greater insight into the self.

Both productive and counter-productive prevention techniques were outlined by Webb and others (1978). Some of their findings are as follows:

<table>
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<th>Productive</th>
<th>Counter-productive</th>
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<td>group discussion</td>
<td>media warning campaigns</td>
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<td>peer programs</td>
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<td>on-going programs</td>
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<td>natural high alternatives</td>
<td>ex-addict testimonials</td>
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<td>values clarification</td>
<td>use of fear</td>
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King (1980) explored underlying motivational factors which lead young people to abuse alcohol. She discussed self-esteem, internal control and development of coping skills and related each to the phenomenon of teenage substance abuse.

Eisman (1974) gave parent guidelines to supplement school-based prevention efforts. He stressed that parental influence was the source of primary prevention of drug use by our country's children. In suggesting (1) developing decision-making skills, (2) giving and receiving love, (3) positive self-image, (4) caring-perceived and demonstrated and (5) accurate parental drug knowledge, he offers a
Pyramid of Prevention
Developed by Andre Allen
Center for Human Development

Levels of school commitment to substance-abuse prevention

NOTE: The concept of prevention represented in this diagram is based on the assumption that both process (group interaction and affective development) and content (information) are equally important to a prevention program and that the program will be less effective if reliance is placed on only one or the other.
way for parents to insure a positive future for their children and
revive the potency of parents as sources of positive influence in the
lives of their children.

A Texas Education Agency study enumerated necessary teacher
competencies, both cognitive and affective, for their program of crime
prevention and drug education. Galvin and Starkley concluded that
significant changes can be effected in student attitudes through the
use of open discussion, resource persons and "mod" films, and Folkers
(1980) suggests that students need drug education which stresses
self-awareness and decision making.

The literature shows a difference of expectations of pre­
ventive drug education among parents, educators and students
(Cummins 1976; Smith and Meyer 1974; and Nelson 1967) and shows also,
a general lack of accurate drug information among parents, educators
and students. The measurement of effect of preventive education on
student knowledge and drug attitudes appears to be more easily eval­
uated than the effects of preventive education on the actual behavior
of students after such evaluation.

Teacher Training

Educators need training and preparation in order to effec­
tively administer substance abuse programs and assist students in
obtaining skills needed to make decisions concerning usage. The role
of instructors of a substance abuse curriculum is complex. They
strive to increase drug awareness and factual information in the
classroom setting. Drug educators also deal with feelings, values
and emotions in a complete educational program. Often, the instruc­
tional personnel charged with the task of substance abuse education feel insecure in their own knowledge of the harmful effects of drugs and alcohol and may be unsure of their true feelings towards the drug issue.

In evaluating the effectiveness of a teacher training program in substance abuse education, Slaven's (1980) major focus was on the teacher's knowledge of drugs. Teachers find that their college training programs have left them ill-equipped to deal with the new problems in classroom management that drug use created (Lindenauer, 1971). Penn and Erickson's 1973 drug study revealed that many teachers who are often responsible for drug education in the public schools simply do not have an adequate understanding of the subject.

Research findings by Taylor (1972), Marx (1968), Demos (1968) and Weinswig (1968) have stressed the importance of inservice training programs for school personnel. Taylor (1976) presented well defined objectives that were broad enough to reflect changes in attitudes concerning various facets of drugs and drug abuse, and improved interpersonal relationships with students. Studies by Houser (1969), Hill (1967) and Merki (1969) stated that an interdisciplinary approach was crucial in meeting the varied physical, psychological and social problems inherent in drug education (Taylor, 1976). Taylor also found that some of the components of effective inservice included community involvement, group interaction and use of workshop participants as resource persons in the school district.
Hochhauser (1978) proposed the development of specific graduate and undergraduate programs in substance abuse. He theorized that for students to be "correctly" knowledgeable about drugs, then school personnel (teachers, principals, guidance counselors, school psychologists) must receive adequate training in all areas of substance abuse. He stressed that programs in education, counseling, and psychology, must emphasize the relationship of drugs and behavior, especially as they relate to the educational process. Hochhauser also noted the steady decrease in Scholastic Aptitude Test (SAT) scores in the past ten years and the steady increase in alcohol and drug usage during the same period. His conclusions stated the potentially harmful effects of drug usage on adolescent cognitive processes, such as learning and memory.

A didactic-experimental model for an inservice workshop on drug abuse education was developed by Giddan and Rollin (1975). The workshop coupled didactic material with group facilitation techniques to enrich the knowledge and skills of substance abuse educators. These researchers viewed inservice training as an "untapped reservoir" which was best released within the framework of a comprehensive program which provided educators with continuity, evaluation and feedback. Other findings reinforced that scare tactics and reliance on authority as a deterrent to drug experimentation and use had a negative influence on student behavior rather than having a positive effect. Simple information and parental persuasion were also perceived as negative factors.
Shute (1977) presented a rationale, model and several suggestions for implementing skills developed through teacher training and inservice. The impact of training programs on educators and curriculum implementation in Massachusetts was explored by Carifo and others in 1978. Safford and others (1975) strove to develop and implement a preventive drug education approach through a humanistic model of training. Staff inservice programs were seen as more basic to success than curriculum content alone. Residing in the realm of attitudes, feelings, values, interpersonal relations and communication was a primary goal for school personnel and students.

Three training models for drug abuse prevention were presented in 1974 by Shute and Swisher as well as recommendations for their implementation, use and evaluation. The models described were Descriptive, Prescriptive and Adaptive. The Descriptive approach to teacher training provided background in substance abuse information and various techniques for responding to the problem. Providing teachers with skill development experiences, such as group counseling and behavior modification techniques and allowing practice until a criterion level of performance was reached, comprised the Prescriptive model of prevention. The Adaptive training model provided trainees with a perspective on drug use and abuse, assistance in molding a specific strategy to their own situations and equipped them with skills to carry out the prescribed program.

The Drug Education Program for Oregon Teachers (DEPOT) was designed to (1) provide teachers with a general understanding of the drug scene, (2) implement the new state drug education guide,
(3) distribute and implement drug resources and (4) stimulate local school drug education programs. Guidelines were given for communities, teachers and administrators (Schlaadt, 1974). The author stressed the coordination of efforts by schools and communities to help reduce the drug problem. The Parent-Child-Teacher (PCT) approach (Ruiz, 1974) provided a philosophical orientation which allowed viable communication to occur among parents, students and teachers in resolving drug problems. Ruiz felt that drug use and abuse was a phenomenon that must be dealt with on the human relations level and that dealing with feelings as well as cognitive input was the only way to make inroads into the country's serious drug problem.

The major goal of an intensive teacher training program developed by Fiman, Maxwell and Cohn (1974) was to "positively affect the teacher-student interaction concerning drugs by training the teacher in each aspect of the interaction, facilitating the teacher's awareness of his/her own drug attitudes and interpersonal style, developing insight into the psycho-social context of student drug usage and providing accurate information about the pharmacological effects of drugs. Within this context, specific goals were to develop less negative and judgmental attitudes about drugs and drug users, and to gain additional insight and empathy for the experiences of today's youth. The critical role of the teacher-student relationship in drug education received considerable emphasis."

Teacher training should be viewed as a process -- not an event (Shute and Swisher, 1974). There are different levels involved in this building and continuing process. Coordination, sequence and
continuity are essential to a successful training program and the component of teacher commitment to program objectives is vital.

Attitudes Towards Substance Abuse and Substance Abusers

There are many definitions of attitude, but most imply that attitudes are essentially predispositions to respond favorably or unfavorably toward a given subject (Sawyer, 1978). Attitudes are also usually presumed to have both cognitive and emotional components. Sawyer wrote that drug education programs are conducted with the hope of changing attitudes by increasing knowledge. He felt that failure is guaranteed if the program is not an on-going, continuous effort. Sawyer offered scale construction guidelines, hints on research design and pitfalls to avoid in analysis of data.

Heistad and others (1975) reported that one of the assumptions of most educational programs aimed at drug abuse prevention was that you can change drug related behavior by changing attitudes toward drugs and drug abuse. Attempts to measure this change have been disappointing, showing little difference between pretest and posttreatment measures (Straton and Welch, 1971; Rand and others, 1970; and Amendolara, 1973). Attitudes of persons who teach prevention courses are very relevant to education as well as student and parent feelings about substance abuse.

In 1974, Wong and Zimmerman attempted to assess attitude change in teachers involved in a drug education program. They based their research on reports that indicated that drug education programs centered on drug information alone stimulated drug experimentation. As a result of the drug education course, teachers rated alcohol as
more dangerous than "soft drugs", and rated hard and household drugs about the same as they did on the pretest. An interesting note was the feeling of participants that drugs were generally seen as more harmful to others than to the rater himself. The report concluded that if attitudes can be translated into probable behavior, then it seemed that drug education courses lead to decreased fear of drug experimentation.

A 1980 study conducted by Cotten-Huston and Bauman assessed changes in attitudes toward drug education following a drug abuse seminar. Subjects were pre- and posttested on a Semantic Differential scale which measured evaluation, potency, activity and understandability. Sex and role of the communicator and subject were the independent variables. Results were discussed in terms of sex-stereotyping and implications for substance abuse education.

Eighty-one high school students were surveyed by Hart (1976) on substance abuse and abuse attitudes comparing alcohol to drug abuse. This survey found that students possessed ambivalent attitudes regarding the alcoholic and the addict and their respective addictions. The author thought that this ambivalence might be related to (1) lack of knowledge about the etiological factors of these addictions, (2) the physiological effects of substance abuse, and (3) inability to conceptualize these pathologies.

The Alcohol Education Attitude Questionnaire was developed in Massachusetts for use with parents, teachers, students and others to evaluate attitudes toward alcohol education in the school and in the home (Finn, 1978). The questionnaire was designed to provide the following data:
1. What information and attitudes do parents currently have regarding drinking among youngsters?

2. What attitudes do parents currently have toward alcohol education in the home?

3. What attitudes do parents currently have toward alcohol education in school?

4. To what extent can an alcohol education program provide information and promote attitudes among parents regarding
   a. youthful drinking behavior and
   b. alcohol education which will contribute to moderate drinking or abstention?

5. What roles, if any, can parents reasonable be encouraged to take regarding alcohol education in the home and in the schools?

6. What actions, if any, can the Parent-Teacher-Student-Association take which will encourage parents to adopt these roles?

The researcher found that the instrument could effectively (1) assess current attitudes of parents, teachers and students toward drug education, (2) help community and school leaders to assist the drug education effort, (3) identify student needs in the areas of drug and alcohol education and (4) evaluate the program itself.

Smith and Meyer (1974) felt that since the trend in drug abuse prevention efforts in recent years was toward educational programs, a survey of teacher attitudes and knowledge of the drug abuse problem was timely. They concluded that a greater adult interest was needed before drug prevention would be effective in the schools.
and that there was a widespread "pass-the-buck" attitude among people in general toward the frustrating problems of drug abuse.

The findings on the McLeon High Risk Inventory were that the following constructs are predictors of attitudes favoring drug and alcohol usage:

1. negative social attitude
2. rebelliousness
3. negative teacher-student relations
4. negative parent-child relations
5. negative attitude toward school
6. poor well-being
7. poor coping skills
8. lack of feelings of acceptance

The instrument designed by Archer and Arundell (1978) was also used to measure the impact of a primary prevention program on those states that have been demonstrated to be correlated to pro-drug attitudes.

Measuring changes in attitudes toward drug abuse was the focus of an article by Heistad, Zimmerman and Wong (1975). Actual drug-related incidents occurring in public schools were used as the basis of a testing instrument designed to detect changes in teacher attitude as a result of a drug education course. Results indicated that a change was detected and measured by use of the testing instrument and these changes reflected a move from punitive to rehabilitative measures in reacting to school drug-related incidents.

Brown and Klein (1975) proposed to determine the effectiveness of drug education programs as a means of changing attitudes in
an experiment involving four major United States cities. They con­
ccluded that as long as our society remains primarily drug oriented,
the problem of drug abuse will exist no matter how sophisticated our
drug education programs become and they recommended further research
to determine if drug education programs are an effective means of
changing attitudes.

In an assessment of the effectiveness of the New York State
drug curriculum guide with respect to drug attitudes, O'Rourke and
Barr (1974) found a significantly higher score for the experimental
group who were taught the new guide than the control group who re­
ceived a traditional program. Males were perceived to benefit more
from the program than females. A study designed by Frenkel and
others (1974) provided descriptive and correlational data related to
junior and senior high drug use. It also generated data for evalua­
tion and planning use in conjunction with a local substance abuse
prevention program. The unanswered question remained - Does drug use
lead to less satisfactory relationships with family, friends and
school, or do unsatisfactory relationships lead to drug usage?

The purpose of a study reported on by Galli (1974) was to
examine the parental influence factor on childrens' drug attitudes
and behavior. The Parent Attitude Survey (PAS) developed by Shoben
was used as an evaluation tool. This survey measures level of
parental dominance, possessiveness, and regard/disregard for the
child. Children of moderately dominant parents were found to have
more healthy drug attitudes and lower drug usage patterns.
Any program predicated on the relationship between behavior and attitudes must assess the entire domain of attitudes. The use of behavioral indices is essential in the attempt of educational programs to affect behavior. A continuum of beliefs and opinions about substance abuse and substance abusers is a reality. Exploration of values and attitudes in an attempt to understand a person's motivation by both teacher and student would be of benefit. A willingness to learn, give and accept is essential before a change in attitude can become evident.

Program Evaluation

There are a limited number of evaluations of training programs in substance abuse education for educators. Levy reported briefly on a training program for teachers and found that teachers felt they were helped by the experience of training. Poliakoff used plays in the area of drug abuse as a training tool and Einstein (1974) and others presented an evaluation of teacher training and reported some changes in knowledge about drugs.

The major goal of a training program described by Finman, Maxwell and Cohn (1974) was to positively affect the teacher-student interaction concerning drugs by training the teacher in each aspect of the interaction, facilitating the teacher's awareness of his/her own drug attitudes and interpersonal style, developing insight into the psycho-social context of drug usage and providing accurate information about the pharmacological effects of drugs. They also found that drug usage of participants correlated significantly with drug attitudes and attitudes about youth before and after training.
Swanson (1978) wrote that confusion on the goals of prevention and treatment has led some schools to define the nature of their drug abuse education programs in such a fashion that they cannot reasonably expect success. He says that in some areas drug education evaluation has imposed "no win" rules upon itself. Stating that an advertising agency would be delighted if a new approach netted an increase of from ten to eleven percent of the available market, he compares educational efforts and examines the belief that these efforts are usually expected to change completely the nature of participant behavior.

Swanson compared inappropriate evaluation models to a leaky basement pipe (not really a problem, yet, but you must expend considerable time and energy to fix it). A set of rules that refer directly to educational statistics was offered as a solution. The use of reality-based planning and timing to maximize chances of success was also discussed.

In 1980, Kearney and Hines reported on a study designed to measure the effectiveness of a drug prevention program for grades 2 - 6. The results were increased feelings of self-worth for experimental group students and significant increases in decision making abilities and factual drug knowledge. The United States Office of Education recognized this as a national model for drug prevention and disseminated it nationwide. Twenty-five states are now replicating the original experiment.

The technique of using class discussion as a learning tool to produce attitudinal, behavioral and cognitive change was presented
by Ryan (1974). Swanson compared the traditional lecture-discussion method with a values clarification method which stressed communication processes. Student perceptions of teaching methods showed significant differences between the two methods. Teachers of different methods were also perceived differently. Swanson suggested a combination of the two approaches to drug education to be most effective.

The effectiveness of the week long television campaign, "Get High on Yourself," was assessed by Domino (1982) through measures rating self-esteem, drug usage and drug attitudes. These scales were administered ten days before the television campaign and again, four weeks after its completion. Domino found that no significant change could be attributed to the campaign, but that a significant relationship was obtained between levels of self-esteem, drug usage and drug attitudes. He also noted that the impact of television upon the thoughts and behaviors of children may not be as substantial or harmful as parents fear.

The effect of pretesting on evaluation of a drug education program was studied by Casswell (1982). Significant effects of the pretesting were found on the self-reports of drug use and intentions to use drugs among both experimental and control groups. The difficulty of using self-reported drug use or intentions to use as outcome data on evaluation of drug education programs was discussed as to its reliability and consistency. The question of whether drug education decreased inhibitions to use or increased willingness to report usage of drugs again arises.
A drug education program following a health education model and presented by a drug counseling agency staff and recovering addicts was evaluated by Royse, Keller and Schwartz (1982). They discussed problems such as instrument selection, logistical constraints and analysis of data. The cost versus the effectiveness of this program was weighed and the researchers concluded that such mass drug education was neither time nor cost effective. They proposed to redirect the efforts of their agency to train school personnel and parent volunteers to identify the symptoms of drug use and abuse and to assist schools in developing policies and procedures to assure that students with chemical dependency problems get needed assistance.

Evaluating results of on-going substance abuse prevention education efforts is essential to learn whether and how to revise a program (Finn, 1978). Evaluation findings also often justify funding, community support and use of manpower. When careful assessment procedures are employed, the seriousness and commitment of program personnel can be seen by the public. As long as the public continues to demand drug education programs in the schools for its children, it is likely that such programs will be supplied (Royse and others, 1982). In order to determine which programs are most beneficial, evaluation and continued updating and revision are needed.
CHAPTER 3

METHODOLOGY

Introduction

This study was designed to be accomplished in three parts. The first part of the project was the development and field testing of evaluation instruments to measure attitudinal and cognitive changes in the teachers, administrators and counselors who participated in the experiment.

The purpose of part two of the study was to conduct the actual experiment. Implementation of part two was completed at six SAPE' team training workshops lasting eighteen hours each. The sample was composed of seventy-two teachers, twenty-eight counselors and thirty-one administrators. The cognitive and affective pretests and posttests completed and tested in part one provided data for statistical analysis.

Part three of this study was the analysis and interpretation of the data. Interpretation of findings and recommendations were also offered in part three.

Experimental Design

The experimental design selected by the researcher to evaluate the effectiveness within and among groups of teachers, counselors and administrators who completed SAPE' team training was Campbell and Stanley's Design Number 2 "The one-group Pretest - Posttest Design" (1963). The independent variable was the three day
(18 hour) SAPE' team training workshop itself and the dependent variables were the cognitive and affective achievement of the teachers, counselors and administrators as measured by the pretest and posttest scores. Design 2 can be diagrammed as follows:

\[ O_1 \quad X \quad O_2 \]

\(O_1\) represents the pretest, \(X\) represents the treatment and \(O_2\) is representative of the posttest.

Efforts were made to control sources of internal and external invalidity. Participants in SAPE' team training were unaware that the posttest was identical to the pretest.

As SAPE' team training sessions were scheduled to be conducted all over the state of Louisiana during the 1982-83 school year, the first six such workshops to be held were considered by the researcher and her committee to be a representative sample. The nature of the experiment was revealed to the participants after the conclusion of the three day SAPE' team training sessions. Pretest and posttest papers were coded by job description and social security number. Participants were assured of anonymity, as no master list matching name to social security number was completed. There was also verbal reassurance of anonymity.

**Procedure for Part I**

**Development of Evaluation Instruments**

**Affective test** - A thorough review of the literature on educator attitudes towards substance abuse and substance abusers was conducted prior to test construction. Reviews of existing attitude
scales in the area of drug education and substance abuse were conducted by the researcher. No currently validated attitude scales were deemed appropriate to evaluate attitudes concerning substance abuse as a result of the "team training" concept, as this is specific to Louisiana. A twenty-three item, five point numerical rating scale was developed as the affective testing instrument. The rating scale was reviewed by a panel of experts consisting of both testing and measurement and substance abuse professionals. Test revisions were completed after study and review by that group. As the testing and measurement professionals had no previous training in the field of substance abuse, their input was implemented in the structural revision of the affective testing instrument. Content revisions were based on the input of the substance abuse professionals. The affective test may be found in Appendix F.

Cognitive test - An extensive review of the related literature in various areas of substance abuse prevention, training and evaluation was conducted prior to the writing stage. A table of specifications was constructed from the stated objectives of the SAPE' program and the instructional content of the standardized lecture outlines. A twenty-one item, four option, multiple choice test was developed. Discriminate test items were formulated and test length and degree of difficulty were considered. Eight regional SAPE' Coordinators and five professors reviewed and evaluated the cognitive test draft. Test revisions were based on the recommendations of that group. (See Appendix E).
Procedure for Part II

Selection of the Sample

The population for this study was teachers, counselors and administrators in Louisiana's public schools. A sample was composed of participants in the first six scheduled SAPE' team training workshops of the 1982-83 school year. A total of 85 teachers, 37 counselors and 40 administrators participated in the experiment. Usable data were obtained from 72 teachers, 28 counselors and 31 administrators (n = 131) as some participants did not attend the three day workshop in its entirety. Table 1 reveals the distribution of the sample.

Administration of the Experiment

Pilot test - Pilot testing of the standardized SAPE' team training and the cognitive and affective evaluation instruments was completed at a workshop conducted prior to the selected sample workshops. Modifications in timing, testing and workshop flow were a direct result of the pilot testing.

The Experiment - The experiment was conducted at six SAPE' team training workshops in six parishes. Parishes listed in Table 1 indicate workshop site only, as participants from parishes surrounding the workshop site often were included in the number of workshop participants. At each workshop, participants were given the pretest upon arrival. Registration, opening remarks and welcomes were conducted after all participants had completed the pretest. The testing process was supervised by the SAPE' regional coordinators conducting
### TABLE 1

**Distribution of Teacher, Counselor and Administrator Participants in SAPE' Team Training by Parish**

<table>
<thead>
<tr>
<th>Parish</th>
<th>Number of Teachers</th>
<th>Number of Counselors</th>
<th>Number of Administrators</th>
</tr>
</thead>
<tbody>
<tr>
<td>Beauregard</td>
<td>14</td>
<td>4</td>
<td>5</td>
</tr>
<tr>
<td>Richland</td>
<td>4</td>
<td>1</td>
<td>1</td>
</tr>
<tr>
<td>Orleans</td>
<td>12</td>
<td>2</td>
<td>3</td>
</tr>
<tr>
<td>Rapides</td>
<td>11</td>
<td>6</td>
<td>6</td>
</tr>
<tr>
<td>St. Martin</td>
<td>13</td>
<td>6</td>
<td>6</td>
</tr>
<tr>
<td>Vermilion</td>
<td>18</td>
<td>9</td>
<td>10</td>
</tr>
<tr>
<td><strong>Total</strong></td>
<td><strong>72</strong></td>
<td><strong>28</strong></td>
<td><strong>31</strong></td>
</tr>
</tbody>
</table>
the workshop and the respective parish coordinators of the SAPE' program. Parish coordinators had reviewed the testing instruments and received monitoring instructions prior to the workshop. No details of the experiment were given to the workshop participants.

The teachers, counselors and administrators, along with parent representatives and school support personnel were then exposed to the SAPE' team training, three-day workshop. Questions and group discussion of workshop content and personal sharing were encouraged. When the team training was completed, the cognitive and affective posttests were administered to the group.

Directly following the posttest, the group of workshop participants were given an explanation of the experiment's nature. An evaluation period was held at the end of each training session. Evaluations were threefold; written, oral and rated. (See Appendix J).

Procedure for Part III

Data Collection

Pretests and posttests of teachers, counselors and administrators were collected immediately following the testing periods and placed in separate envelopes marked by parish and job classification. The tests of the parents and school support personnel were discarded. Tests were scored by the researchers with the assistance of several SAPE' regional coordinators and the State Director of the SAPE' program. The data were analyzed and will be described in the following chapter.
CHAPTER 4

ANALYSIS OF DATA

Part three of this study included an investigation of the effectiveness of Substance Abuse Prevention in Education Team Training as measured by the cognitive and affective test scores of teachers, counselors and administrators who participated in SAPE' team training. Data were analyzed according to the eight hypotheses enumerated in Chapter 1. Cognitive and affective scores were tabulated and can be found in Appendices G, H and I. The "t" test was used to test significance of differences between the means within each group on the pretest and posttest cognitive and affective test scores. The analysis of covariance was used to test for differences between the groups on the cognitive and affective tests. Both the analysis of covariance and the "t" tests were computed by hand calculations. In analyzing the data, the following null hypotheses were accepted or rejected:

Hypothesis 1

There is no significant difference at the .05 level of confidence between the pretest and posttest attitudes toward the SAPE' program of teachers who participate in SAPE' team training.

Data presented in Table 2 indicate a statistically significant difference at the .05 level of confidence between the means
of the pretest and posttest affective scores of teachers who participated in SAPE team training. An inferential statistical tool, the "t" test, was used to determine whether two correlated means were significantly different at a selected probability level. This test is a sensitive test of difference and yields a markedly reduced error term for assessing the significance of the difference between correlated means (Runyon and Haber, 1980). A "t" value of 5.01 was computed using the obtained mean of 79.77 for the pretest and 84.26 for the posttest. The null hypothesis, therefore, was rejected. Teachers who participated in SAPE team training scored significantly higher on the affective posttest than on the affective pretest.

<table>
<thead>
<tr>
<th></th>
<th>N</th>
<th>Mean</th>
<th>Standard Deviation</th>
</tr>
</thead>
<tbody>
<tr>
<td>Pretest</td>
<td>72</td>
<td>79.77</td>
<td>6.90</td>
</tr>
<tr>
<td>Posttest</td>
<td>72</td>
<td>84.26</td>
<td>7.48</td>
</tr>
<tr>
<td>Difference</td>
<td></td>
<td>4.49*</td>
<td></td>
</tr>
</tbody>
</table>

* Significant at the .05 level

Hypothesis 2

There is no significant difference at the .05 level of confidence between the pretest and posttest attitudes toward the SAPE program of counselors who participate in SAPE team training.
Data presented in Table 3 indicate a statistically significant difference at the .05 level of confidence between the means of the pretest and posttest affective scores of counselors who participated in SAPE' team training. A "t" value of 4.09 was computed using the obtained mean score of 79.86 for the pretest and 85.14 for the posttest. The null hypothesis, therefore, was rejected. Counselors who participated in SAPE' team training scored significantly higher on the affective posttest than on the affective pretest.

TABLE 3
Affective Scores of Counselor Participants in SAPE' Team Training

<table>
<thead>
<tr>
<th></th>
<th>N</th>
<th>Mean</th>
<th>Standard Deviation</th>
</tr>
</thead>
<tbody>
<tr>
<td>Pretest</td>
<td>28</td>
<td>79.86</td>
<td>6.21</td>
</tr>
<tr>
<td>Posttest</td>
<td>28</td>
<td>85.14</td>
<td>6.96</td>
</tr>
<tr>
<td>Difference</td>
<td></td>
<td>5.28*</td>
<td></td>
</tr>
</tbody>
</table>

* Significant at the .05 level

Hypothesis 3
There is no significant difference at the .05 level of confidence between the pretest and posttest attitudes toward the SAPE' program of administrators who participate in SAPE' team training.
Data presented in Table 4 indicate a statistically significant difference at the .05 level of confidence between the means of the pretest and posttest affective scores of administrators who participated in SAPE' team training. A "t" value of 3.0 was computed using the obtained mean score of 77.74 for the pretest and 82.32 for the posttest. The null hypothesis, therefore, was rejected. Administrators who participated in SAPE' team training scored significantly higher on the affective posttest than on the affective pretest.

<p>| TABLE 4 |
| Affective Scores of Administrator Participants in SAPE' Team Training |</p>
<table>
<thead>
<tr>
<th>N</th>
<th>Mean</th>
<th>Standard Deviation</th>
</tr>
</thead>
<tbody>
<tr>
<td>Pretest</td>
<td>31</td>
<td>77.74</td>
</tr>
<tr>
<td>Posttest</td>
<td>31</td>
<td>82.32</td>
</tr>
<tr>
<td>Difference</td>
<td></td>
<td>4.58*</td>
</tr>
</tbody>
</table>

* Significant at the .05 level

Hypothesis 4

There is no significant difference at the .05 level of confidence between the pretest and posttest cognitive scores of teachers who participated in SAPE' team training.
Data presented in Table 5 indicate a statistically significant difference at the .05 level of confidence between the means of the pretest and posttest cognitive scores of teachers who participated in SAPE' team training. A "t" value of 13.9 was computed using the obtained mean score of 12.08 for the pretest and 16.26 for the posttest. The null hypothesis, therefore, was rejected. Teachers who participated in SAPE' team training scored significantly higher on the cognitive posttest than on the cognitive pretest.

**TABLE 5**

Cognitive Scores of Teacher Participants in SAPE' Team Training

<table>
<thead>
<tr>
<th></th>
<th>N</th>
<th>Mean</th>
<th>Standard Deviation</th>
</tr>
</thead>
<tbody>
<tr>
<td>Pretest</td>
<td>72</td>
<td>12.08</td>
<td>2.49</td>
</tr>
<tr>
<td>Posttest</td>
<td>72</td>
<td>16.26</td>
<td>1.91</td>
</tr>
<tr>
<td>Difference</td>
<td></td>
<td>4.18*</td>
<td></td>
</tr>
</tbody>
</table>

* Significant at the .05 level

**Hypothesis 5**

There is no significant difference at the .05 level of confidence between the pretest and posttest cognitive scores of counselors who participated in SAPE' team training.
Data presented in Table 6 indicate a statistically significant difference at the .05 level of confidence between the means of the pretest and posttest cognitive scores of counselors who participated in SAPE' team training. A "t" value of 10.57 was computed using the obtained mean score of 10.71 for the pretest and 15.68 for the posttest. The null hypothesis, therefore, was rejected. Counselors who participated in SAPE' team training scored significantly higher on the cognitive posttest than on the cognitive pretest.

**TABLE 6**

Cognitive Scores of Counselor Participants in SAPE' Team Training

<table>
<thead>
<tr>
<th></th>
<th>N</th>
<th>Mean</th>
<th>Standard Deviation</th>
</tr>
</thead>
<tbody>
<tr>
<td>Pretest</td>
<td>28</td>
<td>10.71</td>
<td>3.18</td>
</tr>
<tr>
<td>Posttest</td>
<td>28</td>
<td>15.68</td>
<td>2.64</td>
</tr>
<tr>
<td>Difference</td>
<td></td>
<td>4.97*</td>
<td></td>
</tr>
</tbody>
</table>

* Significant at the .05 level

**Hypothesis 6**

There is no significant difference at the .05 level of confidence between the pretest and posttest cognitive scores of administrators who participated in SAPE' team training.
Data presented in Table 7 indicate a statistically significant difference at the .05 level of confidence between the means of the pretest and posttest cognitive scores of administrators who participated in SAPE' team training. A "t" value of 9.09 was computed using the obtained mean score of 11.097 for the pretest and 15.19 for the posttest. The null hypothesis, therefore, was rejected. Administrators who participated in SAPE' team training scored significantly higher on the cognitive posttest than on the cognitive pretest.

<table>
<thead>
<tr>
<th></th>
<th>N</th>
<th>Mean</th>
<th>Standard Deviation</th>
</tr>
</thead>
<tbody>
<tr>
<td>Pretest</td>
<td>31</td>
<td>11.097</td>
<td>2.15</td>
</tr>
<tr>
<td>Posttest</td>
<td>31</td>
<td>15.19</td>
<td>2.14</td>
</tr>
<tr>
<td>Difference</td>
<td></td>
<td>4.09*</td>
<td></td>
</tr>
</tbody>
</table>

* Significant at the .05 level

Hypothesis 7

There is no significant difference among teachers, counselors, and administrators who participated in SAPE' team training in terms of adjusted posttest affective scores.
The analysis of covariance with the pretest scores as the covariant yielded an F ratio of .65 which was not significant at the .05 level of confidence. The null hypothesis, therefore, was accepted as indicated in Table 8. When the affective adjusted posttest scores of teachers, counselors and administrators who participated in SAPE' team training were compared, no significant differences were found in the groups.

**TABLE 8**

Analysis of Covariance for Affective Test Scores of Teacher, Counselor and Administrator Participants in SAPE' Team Training

<table>
<thead>
<tr>
<th>Source of Variation</th>
<th>df</th>
<th>SS x</th>
<th>SS y</th>
<th>SS xy</th>
<th>SS y.x</th>
<th>MS y.x</th>
<th>F</th>
</tr>
</thead>
<tbody>
<tr>
<td>Among Means</td>
<td>2</td>
<td>101</td>
<td>129</td>
<td>108</td>
<td>98</td>
<td>30</td>
<td></td>
</tr>
<tr>
<td>Within Groups</td>
<td>127</td>
<td>5401</td>
<td>6651</td>
<td>2147</td>
<td>5798</td>
<td>46</td>
<td>.65*</td>
</tr>
<tr>
<td>Total</td>
<td>129</td>
<td>5502</td>
<td>6780</td>
<td>2255</td>
<td>5857</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

SS = Sums of Squares

MS = Mean Square

* Not significant at the .05 level
Hypothesis 8

There is no significant difference among teachers, counselors and administrators who participated in SAPE' team training in terms of adjusted posttest cognitive scores.

The analysis of covariance with the pretest scores as the covariant yielded an F ratio of 1.36 which was not significant at the .05 level of confidence. The null hypothesis, therefore, was accepted as indicated in Table 9. When the cognitive adjusted posttest scores of teachers, counselors and administrators who participated in SAPE' team training were compared, no significant differences were found in the groups.

TABLE 9

Analysis of Covariance for Cognitive Test Scores of Teacher, Counselor and Administrator Participants in SAPE' Team Training

<table>
<thead>
<tr>
<th>Source of Variation</th>
<th>df</th>
<th>SS x</th>
<th>SS y</th>
<th>SS xy</th>
<th>SS y.x</th>
<th>MS y.x</th>
<th>F</th>
</tr>
</thead>
<tbody>
<tr>
<td>Among Means</td>
<td>2</td>
<td>46</td>
<td>26</td>
<td>30</td>
<td>10.18</td>
<td>5.09</td>
<td></td>
</tr>
<tr>
<td>Within Groups</td>
<td>127</td>
<td>849</td>
<td>583</td>
<td>305</td>
<td>473.43</td>
<td>3.73</td>
<td>1.36*</td>
</tr>
<tr>
<td>Total</td>
<td>129</td>
<td>895</td>
<td>609</td>
<td>335</td>
<td>483.61</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

SS = Sums of Squares
MS = Mean Square

* Not significant at the .05 level
The purpose of this study was to evaluate Substance Abuse Prevention in Education (SAPE') team training in terms of its effectiveness within and among groups of teachers, counselors and administrators. The study involved three parts. Part I consisted of the development of evaluation instruments to measure attitudinal and cognitive changes of workshop participants. Part II consisted of the actual experiment which involved six eighteen-hour team training workshops. Eighty-five teachers, thirty-seven counselors and forty school administrators comprised the sample. Useable data was obtained from seventy-two teachers, twenty-eight counselors and thirty-one administrators. SAPE' team training workshop participants were pretested upon arrival at a three-day (18 hour) workshop. A posttest was given at the end of the training. Pretests and posttests were identical and contained both cognitive and affective sections. SAPE' team training included lectures, films, role playing, slide presentations and group processing and interaction. Part III of the study was the analysis of data which involved "t" tests and analysis of covariance with the level of confidence set at .05.
Findings

An analysis of the data revealed these findings:

1. There was a significant difference at the .05 level of confidence between the pretest and posttest affective scores of teachers who participated in SAPE' team training.

2. There was a significant difference at the .05 level of confidence between the pretest and posttest affective scores of counselors who participated in SAPE' team training.

3. There was a significant difference at the .05 level of confidence between the pretest and posttest affective scores of administrators who participated in SAPE' team training.

4. There was a significant difference at the .05 level of confidence between the pretest and posttest cognitive scores of teachers who participated in SAPE' team training.

5. There was a significant difference at the .05 level of confidence between the pretest and posttest cognitive scores of counselors who participated in SAPE' team training.

6. There was a significant difference at the .05 level of confidence between the pretest and posttest cognitive scores of administrators who participated in SAPE' team training.

7. There was no significant difference at the .05 level of confidence between the mean affective adjusted posttest scores among teachers, counselors and administrators who have participated in SAPE' team training.

8. There was no significant difference at the .05 level of confidence between the mean cognitive adjusted posttest scores
among teachers, counselors and administrators who have participated in SAPE' team training.

**Interpretation of Findings**

The findings of the study are pertinent to school personnel and teacher educators. Results indicated that participation in SAPE' team training produced significant differences in both the affective and cognitive development of teachers, counselors and administrators. Demonstration of the increased knowledge and skills indicated relevant workshop content and showed willingness and effort of participating teachers, counselors and administrators. The findings suggested that SAPE' team training participants desired to increase their knowledge in the areas of substance abuse and chemical dependency and were open to new ideas and the possibility of attitude change.

No significant differences were found among the three groups tested (teachers, counselors and administrators) on either cognitive or affective testing measures. These findings should be of benefit to inservice coordinators, teacher educators, state department of education personnel and others responsible for planning and implementation of professional development programs, as these three groups of educators (teachers, counselors and administrators) are often separated for inservice or other educational programs. The grouping of educators for presentation of new information and learning skills may increase options and ultimately streamline current educator upgrading and professional improvement efforts.

Analysis of the affective test scores revealed interesting findings. Fourteen of the teachers, four of the counselors and seven
of the administrators scored lower on the affective posttest than on the pretest. Speculation concerning the reasons for this occurrence could revolve around the highly personal and emotionally charged issues in the fields of substance abuse and chemical dependency. Increases in knowledge about the pharmacological aspects and harmful effects of mood-altering chemicals are usually easily measurable and fairly evident. Willingness or even ability to accept ideas such as the illness concept of chemical dependency or the process of enabling is quite another matter and not nearly as easy to assess. Many workshop participants seek information and help concerning personal, family or friend's problems with alcohol and drugs. This must certainly have an effect on the measurement of their attitudes regarding these issues. The altering of objectivity could realistically be expected to occur when persons are emotionally involved.

The researcher feels that completion of SAPE' team training will increase the participant's awareness and knowledge. She hopes that an attitude change and personal growth on the part of the persons involved in the training will also occur. From observations of the workshop participants and oral and written evaluations of the SAPE' team training sessions, it was evident that most participants were grateful for the information presented to them. Many expressed a desire for further study in the fields of substance abuse and chemical dependency and a willingness to put the SAPE' program into effect in their respective schools and communities.

It was observed that several extraneous variables may have affected the degree of teacher, counselor and administrator achieve-
ment. Attitudes regarding programs mandated by the state legislature, the state department of education and its employees, inservice programs in general and feelings about what is the responsibility of the school, parents and community regarding drug education could have predisposed the participants as to their acceptance or rejection of the training process. If participants came looking for all the answers, they were probably disappointed. The volunteer versus the "draft" aspect of participant selection could also have been a factor. Overall participant attitude was favorable and a spirit of cooperation and willingness to learn prevailed.

Recommendations

The researcher recommends several areas for further research and development:

1. Revisions and continued updating of SAPE' team training could improve content and workshop format.

2. Replications of the study would further test the effectiveness of SAPE' team training.

3. Follow-up studies of the effectiveness of the SAPE' team in the school setting as a result of SAPE' team training could be of benefit.

4. Continuation of inservice of SAPE' team members and the members of their respective faculties would encourage more participation in the SAPE' program.

5. Continued research in the fields of chemical dependency and substance abuse and what can be done to eliminate problems caused by student abuse of mood-altering chemicals would be of benefit to all school personnel.
6. Inclusion of and the development of college level courses in substance abuse prevention in teacher education programs is recommended by the researcher.

7. Evidence gathered in this study supports consideration of SAPE team training as a learning and working base for teachers, counselors and administrators. School personnel and teacher educators are urged to consider SAPE team training as a starting point for eliminating substance abuse as a hindrance to quality education.
SELECTED BIBLIOGRAPHY


Yarber, W. L. and Seehafer, R. W. 1979. Health Science instructional emphasis: Viewpoints of four populations at four school grades. Education. 100:1, 80-87.

APPENDIX A

ACT NO. 546
BY MESSRS. DEEN, DOUCET AND FERNANDEZ

ACT NO. 546

To amend and reenact Sections 262 and 263 of Title 17 of the Louisiana Revised Statutes of 1950; and to repeal Sections 264 and 265 of Title 17 of the Louisiana Revised Statutes of 1950; relative to required courses of study in the public schools of the state; to state the legislature's recognition of problems related to substance abuse; to provide for a program of substance abuse prevention, to include informational, affective, and counseling strategies; to provide with respect to students who show evidence of substance abuse and provide referral for counseling and/or treatment; to provide for the curriculum for said program, and otherwise to provide with respect thereto.

Be it enacted by the Legislature of Louisiana:

Section 1. Sections 262 and 263 of Title 17 of the Louisiana Revised Statutes of 1950 are hereby amended and reenacted to read as follows:

S262. Substance abuse programs and curricula
A. The Legislature recognizes that the use and abuse of mood-altering drugs and chemicals, including alcohol, among the children of school age in this state is a problem of serious concern and that the incidence thereof is increasing in all areas of the state. The uninformed use of these substances often leads to serious legal or medical consequences, and the dependence on these substances impairs the dependent person's abilities to perform in a healthy and normal manner his expected educational and social functions. The legislature further recognizes that dependence on drugs or alcohol is an illness that can be identified or diagnosed, arrested, and treated. The legislature further recognizes that substantial alleviation of these problems may result from the development and implementation of relevant prevention programs and curricula in the public school systems of this state.

B. The State Board of Elementary and Secondary Education shall include in the curriculum of all public schools in this state a program of substance abuse prevention, to include informational, affective, and counseling strategies, and information designed to reduce the likelihood that students will injure themselves or others through the misuse and abuse of chemical substances.

C. The state superintendent of education with the approval of the State Board of Elementary and Secondary Education shall develop, furnish to local school boards, and coordinate the implementation of programs and curricula designed to educate and develop life coping skills in an effort to reduce the use and abuse of chemical substances, for all school children according to their age and understanding. The programs and curricula shall also include procedures for identifying students who exhibit signs of misuse or abuse of such substances and for referral for counseling or treatment, as an alternative to other disciplinary procedures and sanctions provided by law, or in other cases where such referral
would be appropriate. However, the local school boards may elect to develop a program or curriculum of their own provided that it is approved by the state superintendent of education and the Board of Elementary and Secondary Education.

S263. Establishment of programs of substance abuse

The state superintendent of education with the approval of the Board of Elementary and Secondary Education shall direct and require the local school boards to establish and maintain in all grades of the public schools of their respective systems, such programs of substance abuse prevention, education, information, counseling, and referral as may be required by the board and to utilize existing personnel for the implementation of these programs. The state superintendent of education and the Board of Elementary and Secondary Education shall conduct a study of existing programs, resources, and needs of local school boards, and shall utilize this data and local school personnel in the development of a state plan, curricula, and minimum standards for substance abuse prevention programs.

Section 2. Sections 264 and 265 of Title 17 of the Louisiana Revised Statutes of 1950 are hereby repealed in their entirety.

Section 3. If any provision or item of this Act or the application thereof is held invalid, such invalidity shall not affect other provisions, items or applications of this Act which can be given effect without the invalid provisions, items or applications, and to this end the provisions of this Act are hereby declared severable.

Section 4. All laws or parts of laws in conflict herewith are hereby repealed.

SPEAKER OF THE HOUSE OF REPRESENTATIVES

PRESIDENT OF THE SENATE

GOVERNOR OF THE STATE OF LOUISIANA

APPROVED:
APPENDIX B

Act No. 861
Regular Session, 1981

HOUSE BILL NO. 1875

BY MSSRS. DELPIT AND TURNLEY, MS. BAOJIE, MSSRS. BLEICH, BRADY, GRISBAUM, A. JACKSON, KENNARD, MVCA, SCOGIN, WEAVER, SIMONEAUX, SOILEAU, DISCHLER, STRAIN AND DIEZ

(SUBSTITUTE FOR HOUSE BILL NO. 1226 BY MSSRS. DELPIT AND TURNLEY)

AN ACT

To amend Title 14 of the Louisiana Revised Statutes of 1950 by adding thereto a new Section, to be designated as R.S. 14:403.1, providing for required reports of suspected substance abuse in schools, confidentiality of reports, immunity of persons reporting in good faith, definitions of terms, disposition of reports by school principals, sanctions for not reporting such abuse, and otherwise to provide with respect thereto.

Be it enacted by the Legislature of Louisiana:

Section 1. Section 403.1 of Title 14 of the Louisiana Revised Statutes of 1950 is hereby enacted to read as follows:

403.1. Substance abuse in schools; definitions; confidential reports; immunity penalty.

A. The purpose of this Section is to protect teachers, administrators, school support personnel, and employees of the public school systems of this state from liability for damages as a result of reporting substance abuse on school campuses. It is intended that as a result of such reporting, the children attending schools in this state shall not be exposed to substance abuse while on campus, and law enforcement shall be aided in efforts to eradicate substance abuse by students.

B. For the purposes of this Section, the following terms shall mean:
(1) "Person" is any employee of a public school system including, but not limited to, teachers, administrators, school bus drivers, janitors, lunch room workers, maintenance employees, and coaches of athletic teams.

(2) "Student" is any person enrolled at school, including any person so enrolled but on temporary suspension, and any person physically on campus, whether a student or non-student.

(3) "School" is any public elementary or secondary school in the state of Louisiana.

(4) "Campus" is all facilities and property within the boundary of the school property and all vehicles used for public transportation of students.

(5) "Controlled dangerous substance" is any substance regulated or defined in the Uniform Controlled Dangerous Substance Law, Part X, Chapter IV of Title 40 of the Louisiana Revised Statutes of 1950, except where prescribed by a physician and possessed and consumed by the person for whom prescribed.

(6) "Substance Abuse Prevention Team," hereafter sometimes referred to as "the team," is a panel of not less than six members consisting of at least one (a) administrator, (b) teacher, (c) guidance counselor, (d) parent representative, and (e) school support person. The team shall be trained by personnel from the Substance Abuse Prevention in Education Program of the Louisiana Department of Education.

In the absence of the availability of a team trained by personnel from the Substance Abuse Prevention Education Program, the principal of a school may establish a substantially similar panel which shall be considered a substance abuse prevention team.

C. (1) Any person having reasonable cause to believe that a student possesses a controlled dangerous substance or an alcoholic beverage on a school campus, under circumstances other than those described in Paragraph (2) of this Subsection, shall report such fact to the principal of the school or to the chairman of the Substance Abuse Prevention Team on a report form prepared by the Department of Education or on a substantially similar form. If the
report is to the principal, the principal immediately shall forward it to the chairman of the team.

The team shall discuss the circumstances of the report with the student reported without disclosing the name of the reporting person and shall also meet with the parents of the student reported. The team shall thereafter report to the principal of the school and make recommendations for treatment, counselling, or other appropriate action.

(2) Any person having factual knowledge that a student has manufactured, distributed, or possessed with intent to distribute a controlled dangerous substance shall report such fact to the principal of the school who, upon a finding that there is reasonable cause to believe that the student has manufactured, distributed, or possessed with intent to distribute a controlled dangerous substance, shall report such information to the appropriate law enforcement agency. If the principal determines that there are reasonable grounds to believe the student possessed a controlled dangerous substance but did not manufacture, distribute, or possess with intent to distribute a controlled dangerous substance, he shall refer the matter to the Substance Abuse Prevention Team chairman.

(3) The report required in Paragraph (1) and (2) of this subsection shall be written and shall include the name of the person making the report, the name of the student suspected of committing the act so reported, and the specific incident which caused the reporting person to believe the act had occurred. Sufficient detail shall be included to allow the report to be adequately reviewed. When appropriate, the report shall include a behavioral profile of the student since his enrollment in class.

D. The provisions of Subsection C of this Section shall not preclude any person from making a report of conduct to a law enforcement agency when that person has reasonable cause to believe that the manufacture of distribution of a controlled dangerous substance has or is taking place and that delay would jeopardize or impair the ability to control the manufacture or distribution of a controlled dangerous substance on a campus.
E. All reports filed pursuant to this Section shall be confidential. The identity of the reporting person shall not be disclosed except when the constitution of the State of Louisiana or the United States so requires. All reports shall be exempt from the Public Records Act.

F. Any person who makes a report in good faith, pursuant to Subsections C and D of this Section, shall have immunity from civil liability that otherwise might be incurred. Such immunity shall extend to testimony in any judicial proceeding results from such report.

G. The willful failure by a person with permanent status to make a report required by Subsection C of this Section shall constitute willful neglect of duty which may subject the person to dismissal pursuant to R.S. 17:443, R.S. 17:462, R.S. 17:493, R.S. 17:523, or R.S. 17:533, as appropriate. Any person without permanent status may be dismissed for willful neglect of duty under this Section after a hearing in accordance with the procedures set forth in R.S. 17:443.

Section 2. If any provision or item of this Act or the application thereof is held invalid, such invalidity shall not affect other provisions, items, or applications of this Act which can be given effect without the invalid provisions, items, or applications, and to this end the provisions of this Act are hereby declared severable.

Section 3. All laws or parts of laws in conflict herewith are hereby repealed.

SPEAKER OF THE HOUSE OF REPRESENTATIVES

PRESIDENT OF THE SENATE

GOVERNOR OF THE STATE OF LOUISIANA

APPROVED:__________
APPENDIX C

SAPE' TEAM TRAINING:
Three Day Workshop Model
SAPE' TEAM TRAINING
Three Day Workshop Model

Day One: Substance Abuse Awareness

8:00 a.m. Registration

8:30 I. Welcome/Overview
   A. Presentation
      1. Welcome/announcements
      2. Brief history of SAPE' (slide show)
      3. Objectives of three-day workshop
   B. Individual Reflection
      1. Why did you come to this workshop?
      2. What do you hope to get out of this workshop?

9:00 II. Historical Roots of Drug Culture
   A. Lecture

9:45 Break

10:00 Energizer

10:15 Small Group Sharing
   -- Introductions
   -- How have you seen society changing during recent years?
   -- How have these changes affected you personally and professionally?

10:45 III. The Adolescent Drug Culture
   A. Film, "Epidemic," or "For Parents Only," or "Alcohol and Drugs: Teenage Turn-On."
   or A. Student Panel
      1. Sharing by students and parents
      2. Questions and feedback
   B. Paraphernalia display

12:00 p.m. Lunch

1:00 Energizer

1:15 IV. Pharmacological Aspects of Drug Usage
   A. Lecture/Audio-Visual Presentation
   B. Questions/Open Discussion

2:30 Break

2:45 Evaluation in Small Groups
   -- I learned ...
   -- I feel ...
   -- I hope ...

3:15 Dismissal
Day Two: Illness of Chemical Dependency

8:00 a.m. Registration

8:30 V. Chemical Dependency: An Illness, Not a Disgrace
   A. Lecture
   B. Film, "I'll Quit Tomorrow," reel 1

9:00 Break

9:45 Energizer: Challenge to come up with a team name and team symbol

10:00 VI. Co-Dependency: A Family and Social Illness
   A. Lecture
   B. Film, "Soft is the Heart of a Child"

10:50 Small Group Processing
   -- What do you think and feel about alcoholism and drug addiction?
   -- What should be done with the alcoholic/drug addict?
   -- What roles did you play in your family of origin?
   -- Do you identify with any survival roles in your present situation?

12:00 p.m. Lunch

1:00 VII. Enabling
   A. Short Presentation
   B. Film, "The Enablers"
   C. Processing/Brainstorm
      1. How do parents enable their young person's drug usage?
      2. How do educators enable their students' drug usage?

Stretch Break

1:00 VIII. Intervention
   A. Short Presentation
   B. Film, "The Intervention"
   C. Role play intervention on student and/or parent.

3:00 Evaluation in Large Group
   -- I learned ...
   -- I feel ...
   -- I hope ...

3:15 Dismissal
Day Three: SAPE', What Schools Can Do

8:00 a.m. Registration

8:30 IX. Treatment
   A. Lecture: in- and out-patient alternatives
   B. Speakers from A.A. and Al-Anon
   or B. Film, "I'll Quit Tomorrow," reel 3
   C. Questions/Open Discussion about Treatment

9:30 Break

9:45 Small Group Processing
   -- Do you believe it is possible for adults to use alcohol responsibly?
   -- Do you believe it is possible for teenagers to use alcohol responsibly?
   -- Are you comfortable talking to young people about your own usage?

11:00 Break

11:15 X. The SAPE' Program
   A. Lecture: Goals and objectives of SAPE'
      1. Examples of primary prevention
      2. Review of intervention process used in the schools
   B. Questions/Open Discussion

12:00 p.m. Lunch

1:00 XI. Action Planning
   A. Explanation/Instructions
   B. Planning in Team Groups
      1. Fill out roster sheet
      2. Determine top three priority activities
      3. Role play student and parent interventions

2:30 XII. Closure
   A. SAPE' Teams turn in Roster Sheets
   B. Teams Share Name and Symbol
   C. Evaluation in Large Group
      -- I learned ...
      -- I feel ...
      -- I hope ...

3:15 Dismissal
APPENDIX D

SAPE' TEAM TRAINING LECTURE OUTLINES
Historical Roots of Drug Culture

A. Today's Drug Problems are of Unique Proportions Historically Speaking
1. 10 million alcoholics
2. 28 million kids from homes where there is some form of chemical abuse
3. 20 million regular pot smokers (33% weekly smokers even in service)
4. 50% high school kids drink weekly; 25% smoke pot weekly
5. Costs U.S. $40 billion a year in health care and criminal justice.
6. 26,000 traffic deaths/yr.; over 1,000,000 traffic and job-related injuries.

B. Origins of Problem
1. Breakdown in quality family relationships
   a. Pre-World War II families were mostly extended, with children sharing in familial responsibilities and modeling after parents. Adolescence from 13-16 yrs.
   b. Prosperity and improved technology after World War II brought emphasis to nuclear family. Mobility required, time spent with elders and relatives was a hindrance. Responsibilities for children diminished in order that they might maximize educational experience. Also, we quit comparing notes.
      -- Live clean, work hard, and your children will prosper: American Dream
   c. Post-War baby boom added ever-increasing load to our school system.
   d. Families in transition at present, with nuclear model a minority
      -- 53% homes today have two working parents; parents caught up in careers
      -- 39% broken homes; 1/6 of our kids come from broken homes
      -- 30% childless couples
      -- 25% aggregate families (shifting from home to home)
      -- 68% families do not even eat together monthly
      -- children often get little supervision, guidance, and role modeling.
2. Improvements in medical technology made it possible for people to live a life relatively free from pain: physical, emotional, and otherwise.
   a. Sedative and tranquilizers developed through 50's and 60's
      -- Valium most prescribed drug today: $500 million/yr.
   b. Over-the-counter drugs available for almost every malady.
   c. "Do-drugs" avoid-pain message pushed through every available media.
3. Television
   a. Mother's little baby-sitter: most kids average about 6 hrs./day.
research has shown that 15 min. or longer at one time for small children shuts down their analytical thinking processes.

b. Adult role models are not parents and friends of parents, still less relative role models today are television characters, few of whom are realistic.

-- kids see adults drinking every time they get together for any occasion
-- 17,000 kids die each year from drug-related problems as a consequence
-- Smoking among teen-agers dropped considerably when its advertisement dropped

c. Television advertising themes:
-- self-medication
-- instant cure/quick fixes
-- explicit sexuality and sex as a natural, routine part of life

C. Consequences Youth are Paying
1. Extended adolescence (time from onset of puberty to first adult role)
   -- 13-16 yrs. before World War II
   -- 12-21 today, largely because of better nourishment and extended education
   -- few rites of passage besides sex and drugs
2. Suicide increasing: 2nd leading killer of young people
   -- 5,000 successful attempts last year; 80,000 unsuccessful
3. Increase in teenage violent crime incidents
   -- 296% increase in past four years
   -- classroom discipline breakdown
4. Drug/alcohol involvement
   -- percentage use has increased steadily each year since 1965, when first wave of baby boom kids sat down in the park and 1½ million smoked pot and 5 million simply ran away from home.
5. Rise in teenage pregnancy
   -- about 2 million abortions in 1981 alone
   -- still, many teenage girls become pregnant and experience raising kids.

D. Common Explanations for Problems
1. Urbanization. Move to the cities following jobs created overcrowded, oppressive situations.
2. Future Shock. Modern technology has immobilized us with overchoice.
3. Affluence. Too much money corrupts
4. Poverty. Not enough money corrupts
   -- Each explanation leaves us virtually powerless to respond, but several large-scale responses were attempted.
5. Nuclear war threat

E. Large-Scale Solutions (financed with tax dollars)
1. School as extended family
a. Specialized remedial care for slow-learners, gifted and
talented, etc.
b. Experimentation with new, innovative, untested teaching
techniques
c. Discouragement of discipline (this was true in the home as well)
   -- emphasize the positive; do not confront the negative:
   no tough love
d. Less time was spent on tasks previously allocated to
   schools
   -- Consequence: quality of students turned out has dropped almost every year since baby-boom kids hit
   the streets in 1965 and themselves became parents.

2. Legislated Socialism: War on Poverty
   a. Every healthy person today supports 1/3 of another person
   b. Taxes have increased 600% since 1966 creating a burden on
      business and personal income. Budget of HEW up to $175
      billion, 3rd largest in world.
   c. Dehumanizing bureaucracy confronts the legitimately needy;
      forms to fill out, lines to stand in, etc.
   d. Creates dependencies. Many people find it more profit-
      able to be on welfare than to hold down a job.
   e. Poverty level just as high as ever, an estimated 25
      million Americans living at below poverty level standards
      ($10,000/yr).
      -- does provide considerable relief to many who need
      it, but does not cure poverty.

F. Turning the Corner
   1. 1975: our darkest hour
      a. Baby boom kids coming home to roost, marriages failed,
      jobless.
      b. Morally bankrupt leadership from federal level.
      c. Increasing doubt about efficiency of federal programs;
         concern about growing deficits, inflation, and survival
         of private business.
      d. Hamstrung by OPEC Nations; brought to our knees by Arab
         sheiks.
   2. Hopeful signs
      a. Betty Ford got treatment for alcoholism in 1977;
         -- 600,000 women have since followed suit.
      b. We began to compare notes with each other again
         -- found certain teachers turning out students improved
         after one year
         -- found certain homes, even run by single parents in
         cities, producing good, responsible kids
   3. Revolution in computer technology.
      -- became possible to assimilate the results of surveys and
      studies

G. Commonalities in teenage problems today.
   -- Even deeper than poverty, affluence, urbanization, and future
   shock, independent studies done in the fields of alcohol and
   drug abuse, mental health, and criminal justice system - over
1,000 studies show common profile of problem teenager

1. Impotence/powerlessness
2. Unable to influence change
3. Not taken seriously
4. Unable to contribute

Adler's criteria for anger, depression, and violent behavior.

H. Commonalities for healthy kids

--- Problems exist among teenagers because they have not experienced or learned to develop:

1. Positive self-concept
   a. identification with healthy role models
   b. sense of unique, personal identity and contributing role in family and community
   c. faith in problem-solving abilities, belief in one's capabilities

2. Living skills
   a. self-discipline; ability to delay gratification, organize priorities, etc.
   b. interpersonal relationships
   c. thinking; making consequential, systematic connections between events.
   d. making judgements and personal decisions.

I. Habilitating Youth: Getting Back on Track
--- teaching positive self-concept and living skills

1. Family
   a. parents role modeling healthy living
   b. family rituals that require presence of all and which impart sense of significance
   c. monitor television; help kids process what they see;
      -- What happened? What do you think or feel? Why did this happen? Applications.
      -- no more than 2 hrs. television per week for pre-schoolers
   d. allow kids to experience natural consequences of their actions
      -- establish rules and consequences for some activities.

2. School
   a. teachers role model healthy living; can make an enormous difference
   b. allow students time to process content
      -- What happened? What do you think or feel? Why did this happen? Applications.
   c. communicate self-worth; avoid shaming
   d. allow kids to experience consequences, natural and imposed.

J. Rehabilitating Youth

1. Impossible if they have not first been habilitated
   a. treatment and corrective centers usually try to create extended family, develop self-concept, teach living skills.
2. Habilitation can come quickly.
   a. 1,000 kids formerly serious juvenile offenders straightened out in 27 days; not another instance or offense even seven years later; simply dropped off in Utah desert in groups of 10 and picked up 26 days later.
   b. Can begin at any point in life; don't have to completely un-do the past.

K. Summary
1. Roots of problems traced to the Baby Boom/nuclear family parenting, do-drugs/avoid pain messages deriving from improvements in medical technology, and prominence of television. All conspired to create a generation of dependents.
2. Consequences to family and society have been immense
   a. rise in teenage pregnancy, violent behavior, substance abuse.
   b. prolongation of adolescence
   c. break-up of traditional family structure
3. Commonalities of problem teenagers are:
   a. Low self-worth/significance.
   b. Absence of living skills.
4. Any caring adult can serve as role model and friends to help habilitate youth.
Pharmacological Aspects of Drug Usage

A. Definitions
1. Drug: a substance which, when taken into the body, alters body function. ex. thins bloods, prevents mucous secretions, causes vomiting, etc.
2. Mood-altering Drug: a substance which, when taken into the body, changes a person's emotional state.
   a. Stimulants: speed up body function, but at body's expense. ex. Amphetamines, cocaine, ritalin, and, to a lesser extent, caffeine and nicotine
   b. Depressants: slow body's functioning. ex. Valium, barbiturates, alcohol, marijuana, narcotics.
   c. Hallucinogens: distorts and scrambles perceptions. ex. LSD, PCP, Psilosybin mushrooms.

B. Stimulants: amphetamines, cocaine
1. Mood-altering effects
   a. increased alertness; dialated pupils
   b. increased energy; twitchy, hurried
   c. euphoria
2. Negative effects
   a. insomnia
   b. loss of appetite
   c. tolerance develops quickly; takes stronger doses to give same effect
   d. addictive properties strong
   e. depression and, later, psychosis, when coming down.
3. Examples
   a. Cocaine, a derivative of Coca plant, a native of South America, esp. Columbia.
      -- very expensive and usually cut with talcum power and other substances
      -- snorted, free-based, and injected
   b. Amphetamines. Synthetic drugs legitimately prescribed as pills/capsules
      -- often faked with caffeine

C. Depressants: Valium, marijuana, alcohol, barbiturates, narcotics
1. Mood-altering effects along a continuum, usually dose related
   a. Sedation: relaxation, loss of anxiety, Valium, responsible alcohol use
   b. Intoxication: euphoria, lowered mental inhibitions; Alcohol, quaalude, marijuana
   d. Anesthesia: pain-free unconsciousness. Narcotics: heavy doses of alcohol
      -- some depressants do provide specific action; ex. narcotics on relieving pain.
      -- some depressants could not move a person all the way down the continuum because the heavy dose required would be toxic: ex. as with Valium unto anesthesia
2. Negative effects
   a. decreased awareness
   b. lowers judgement and reaction time
   c. tolerance, cross-tolerance (between alcohol and barbiurates), reverse tolerance
   d. severe withdrawals
   e. high physical addition with some (alcohol, narcotics, barbiturates, valium)
   f. high psychological addiction in all cases.

3. Alcohol (show filmstrip, "Alcohol: Facts, Myths, and Decisions" Part 1)
   -- Emphasize:
   a. water soluble: absorbed by the circulatory system quickly.
   b. one 12 oz. beer, one 6 oz. glass of beer, and one mixed drink have equal amounts of alcohol (½ oz.)
   c. a healthy, 150 lb. person can absorb only ½ oz per hr without becoming intoxicated.
   d. intoxication causes death of neural tissue; irretrievably lost.
   e. legal drinking age should be observed
   f. responsible drinker minimizes risks, drinks slowly, eats food first.

4. Marijuana: effects on learning process and health of THC
   a. fat soluble: remains in body 30 days after consumption; stored primarily in brain and reproductive organs
      -- casual, weekly user is never completely drug-free.
   b. Affects brain functioning even in casual users
      -- slows down thought processes and speech patterns
      -- impairs short-term memory
      -- impairs logic and concentration
      -- inflicts irreversible damage to neural tissue
   c. alters level of hormone secretions, especially sex hormones
   d. damages lung and bronchial tissue
      -- at least twice as carcinogenic as tobacco cigarettes
      -- hot smoke deeply inhaled does damage
   e. slightly hallucinogenic in heavy doses
   f. doses today more concentrated than they were ten years ago (1% THC then vs. 5% now)
   g. perpetuates effects of and is perpetuated by alcohol: high lasts longer and prevents nausea of alcohol overdose

D. Hallucinogens: PCP, LSD, Mushrooms
1. Mood-altering effects
   a. hallucinations
   b. euphoric, expanded "consciousness"
   c. loss of sense of pain
2. Negative effects
   a. frightening hallucinations
   b. flashbacks
   c. tolerance
   d. strong dependency
3. **Examples**
   a. LSD; used by very few young people today
      -- blotter, microdot, gelatin
   b. PCP; white powder, usually dusted on marijuana
      -- in case of overdose, keep person/environment quiet; avoid conflict
   c. Psilocybin mushrooms; grows in fields, usually on cow dung; eaten or boiled
      -- induces laughter in addition to usual hallucinogenic properties

E. **Summary**
1. Mood altering chemicals change the way people feel
   a. Increase pleasure
   b. Reduce pain
2. There are risks involved in the taking of any drug; these risks are especially great for young people (the younger the organism, the greater the damage)
3. Every year the use of mood-altering chemicals is delayed, the better the chance of diminishing abuse, and of rehabilitating the addicted.
4. Informing young people about the risks presupposes that they can integrate this information into their values system and make choices for themselves one day. This is faulty reasoning. Information alone will not suffice unless young people learn to respect themselves, their health, and their relationships, drug information will make no difference.
5. Important, however, that teachers at least be conversant and knowledgeable about drugs and their effects. Can help provide guidance and maybe respond to emergency.
CHEMICAL DEPENDENCY: AN ILLNESS, NOT A DISGRACE

A. Definitions
1. Drug Use: a reasonable ingestion of a mood-altering chemical for a clearly defined, beneficial purpose.
   a. Ritual use- wine at religious services
   b. Ceremonial use- toasts at weddings, etc.
   c. Utilitarian use- wine in gravy
   d. Medicinal use- taken according to prescribed does in treatment
   e. Social or convivial use- mildly enhancing communication; one or two drinks before a meal
   f. Private or personal use- relaxation; alcohol in small amounts
2. Drug Misuse: unreasonable ingestion of a mood-altering chemical that is potentially harmful to misuser and others.
   a. Self-medication of others' pills
   b. Wrong application of a drug: ex. alcohol to relieve pain
   c. Use of drugs still not proven to be safe: ex. diet pills
3. Drug Abuse: unreasonable ingestion of a mood-altering chemical that causes harm or injury to the drug abuser and to other persons; no beneficial purpose.
   a. Intoxication with alcohol, marijuana, and any drugs.
   b. Use of tranquilizers above dosage requirements.
   c. Mixing drugs
4. Chemical Dependency: a sick or pathological relationship of a person to a mood-altering chemical substance in expectation of a rewarding experience.
   a. Replaces healthy relationships with people, places, and things.
   b. Usually characterized by a history of chemical abuse.
      -- any reasonable person takes precautions to avoid drug abuse
      -- repeated, even predictable drug abuse, sure sign of dependency

B. The Feeling Chart
1. Sketch out progression of chemical dependency, showing stages

C. Summary
1. Chemical Dependency is an illness; individual becomes powerless to get well
   a. Primary- must be dealt with before other problems can be touched
   b. Progressive- one's inability to use responsibly increases through years
   c. Permanent- no remission
   d. Predictable- can be described and diagnosed; responds to a particular treatment
   e. Chronic- causes other complications and a breakdown in health
   f. Social- has adverse effects on society, especially in family
2. **Chief Characteristics of the Illness**
   
a. **Frequent abuse with expectation of rewarding experience as motive.**
   
b. **Denial that frequent abuse causes problems to self and others.**
   
c. **Delusion. Mental mismanagement that prevents cognition of reality.**
Co-Dependency: A Family and Social Illness

A. Definition
1. Co-Dependency: a sick or pathological relationship of a person to a chemically dependent person.
   a. Always characterized in all situations by inability and unwillingness to share feelings, low sense of self-worth, and deep, underlying fear and pain.

B. Family Survival Roles
   -- Roles are most rigidly defined in families where there is dysfunction; where at least one member gets a disproportionate amount of attention.
   a. Crazy Kid. Chemically Dependent
   b. Chief Enabler. Closest to Crazy Kid; usually mother.
      -- tries to keep family together; takes responsibility for behavior of Kid; keeps secrets from Dad; controls the environment covers up for mistakes
      -- feels powerless, super-responsible, self-pity, and exhausted; scared, angry, and hurt inside.
   c. Prosecuting Dad. Provides focus for family's anger at Crazy Kid
      -- tries to restore law and order; attacks, moralizes, criticizes, lectures
      -- feels angry, inadequate, confused, threatened, guilty, and lonely
   d. Hero. Often oldest child.
      -- tries to bring self-worth to family; competent, high achiever, works hard for approval, helps Chief Enabler; often becomes a helping professional or marries a substance abuser
      -- feels guilty, inadequate, hurt (not accepted without achievements)
   e. Lost Child. Usually middle kid -- provides stability and family loyalty (never causes problems); acts withdrawn, aloof, non-controversial, passive, independent
      -- feels lonely, hurt, rejected, inadequate, insignificant
   f. Mascot. Usually youngest child -- provides comic relief; super cute, distractor, hyper-active, charming, funny, fragile
      -- feels confused, crazy, insecure, lonely
   -- Roles help people to survive in a bad situation
   -- Frequently find people moving in and out of roles, or donning two or more at once.

C. Implications for School
1. Children from dysfunctional families are most likely to become chemically dependent themselves and perpetuate the illness.
2. There are approximately 28 million children from dysfunctional families in our schools at present. Translates to one out of every 4 kids in each class.
   a. Many have problems learning or in behaving responsibly; they're hung up on what's going on at home.
3. Teachers and other students become co-dependents when they assume an abnormal relationship with children from dysfunctional families; whole systems get sick.
   a. Prosecuting Principal lectures, refuses to admit there's a problem, moralizes, criticizes, etc.
   b. Teachers become Enablers by covering up, lowering standards, etc.

4. Children from dysfunctional families can be identified and helped.
   a. Concerned persons groups
   b. Affective education in lower grades
Enabling

A. Definitions
1. Positive enabling—nurturing, helping, making something good possible.
2. Negative enabling—making it possible for a person to progress in illness of chemical dependency; helping them progress in illness; nurturing the illness.
   -- Always used in negative sense in field of substance abuse and chemical dependency

B. Enabling Behaviors (usually by co-dependents)
1. Denial. Refusing to admit the person has a drug problem.
2. Minimizing. "It's not as bad as all that!"
3. Enduring. "It's just a phase they're going through." "This, too, shall pass."
4. Protecting. Shielding them from consequences of their behavior
   -- bailing out of jail, giving second chances, not sending notes to parents, etc.
5. Assuming responsibilities. Doing their work for them; unnecessary helping.
6. Lowering standards. "They can't do the work, so why should we expect them to."
7. Displacing. "It's not my problem." "God will take care of it."

C. Summary
1. People enable because they care and they think they're doing the right thing.
2. People enable because they think it's the easiest way to deal with the problem.
3. People enable because they don't know better ways to respond to the problem.
4. Impossible for a person to become chemically dependent without enablers.
Intervention

A. Definition
1. Intervention: a caring confrontation designed to help a chemical abuser see the reality of his/her behavior and make changes.
2. Personal Intervention: one-on-one, usually with significant person
3. Group Intervention: significant persons get together and confront dependent person as a group.
   -- Where personal intervention has not worked; where person is into heavy denial and delusion.

B. Intervention Process
1. Documentation of facts related to drug abuse and/or irresponsible behavior.
2. Communication of personal feelings about these facts in a caring, non-judgemental manner.
3. Provide corrective alternatives.
4. Agree on alternatives and consequences if alternatives do not work.

C. Personal Intervention: parent, teacher, friend, spouse
1. First level of confrontation that can make a difference if a person is into early abuse.
2. Intervener uses "I Messages."
   -- When you _____, I felt _____.
3. Simple contract and positive alternatives might turn things around.

D. Group Intervention: concerned, significant persons
1. Each person must use "I messages."
2. Rehearsal might be helpful.
3. "What if" clause attached to alternatives.

E. Summary
1. Intervention "messes up" a person's use, breaking through denials and delusions; after intervention, they can never use a happily as before.
2. Interventions at school can contribute to at least helping young people remain drug-free during school time.
3. If we refuse to intervene on young people who we know are sick, either by personal or group means, we are enabling them to progress in their abuse.
Treatment

A. Definitions
1. Treatment is the process of habilitating or rehabilitating a person who is chemically dependent and the family as well; the goal is to help the person and family make a break with their pathological relationship with mood-altering chemicals and begin the road to health; involves professional health care.
2. In-patient treatment: several weeks in a hospital setting; involves several levels of therapy, from medical to group counseling to family counseling to pastoral counseling to occupational therapy.
3. Out-patient treatment: several weeks, usually two or more meetings a week with a counselor; interfaces with medical treatment; group, family, and pastoral counseling.
4. Alcoholics Anonymous: men and women in the process of recovering from Alcoholism meeting regularly to find help in finding their way to health and serenity.
5. Al-Anon: family and friends of alcoholics who meet regularly to find help to learn to live with the problem of alcoholism.
6. Narcotics Anonymous: men and women in the process of recovering from drug addiction meeting regularly to find their way back to health and serenity.

B. Reflections
1. Treatment does not cure chemical dependency in the sense that other therapies might cure illnesses; chemical dependency, like diabetes, is a permanent illness and the potential for relapse is great if, after treatment, the chemically dependent person does not persevere in an on-going program of recovery.
2. Treatment is only about 10% of the recovery process; detoxification and making an "about-face" are all that happen; the rest of life has to be spent learning to live drug-free.
3. Treatment makes a difference: approximately 75% of people who go through treatment and continue to work their after-care program go on to live normal, productive lives.
4. Young people are especially prone to relapse after treatment; they will never again be able to use as successfully and they will be easier to bring back to sobriety.
The SAPE' Program

A. Goals and Objectives
1. To eliminate substance abuse as a hindrance to quality education
   a. To provide a program in primary prevention emphasizing self-concept, living skills, and drug information.
   b. To identify young people who have problems as a consequence of drug abuse, and to intervene and help them find alternatives.
   c. To provide support for young people attempting to live drug-free.

B. Program Components
1. Primary Prevention
   a. Curriculum
   b. Parent Awareness
   c. Other Prevention Strategies (assemblies, special days, peer education, etc.)
2. Intervention
   a. Personal intervention
   b. Group Intervention on student
   c. Group intervention on parent of student
      -- All of the above utilize facts about behavior observed at schools which suggests the possibility of substance abuse, but which needs confrontation.
      -- Act 861 of 1981 Legislature
3. Support Groups: all with contracts to live drug-free; preferably 1 hour a week at school
   a. SAPE' Groups are a short, intensive course; for those having problems and struggling with decision to use.
   b. Pro-abstinence (After Care) - for students who have made a responsible decision to live drug-free and who need help and support to live this out; for kids who have been through treatment or SAPE' group; deal with issues around family, friends, school.
   c. Concerned Persons Group (Coping Group) - for kids who have family problems; educate about family illness; affective education; support in coping.
      -- Extensive faculty in-servicing usually required to bring about cooperation and support.

C. SAPE' Team Guidelines and Responsibilities
a. Introduction

The SAPE' team of a school should consist of at least an administrator, two or more teachers, a guidance-oriented teacher, one or more non-professional staff members, and at least one parent. If possible, a school nurse should also be included in the team. This team will be responsible for implementing their school's substance abuse prevention program as approved by the local school board and with the assistance of the Department of Education.
b. **Guidelines**

Ideally, the team should meet at least once per week, preferably during school time. The leader of the team should be elected by the team or appointed by the principal; this leader should serve at least as a contact person for those working with the school.

c. **Responsibilities**

Unless charged with a mandate by their local school board to implement a specific type of substance abuse prevention program, each SAPE' team is free to determine the nature and extent of its activities. An effective team should consider at least the minimal suggestions below:

1. continue to educate itself in the area of substance abuse and the logistics of operating within the school setting.
2. sponsor at least one parent awareness program per semester.
3. communicate to all faculty members that it is interested in obtaining information about students who may be having drug-related problems.
4. staff all behavior sheets submitted by other faculty members with as many team members as possible present at the staffing.
5. appoint team members to contact parents and meet with them to inform them about student's behavior (at least principal and two team members).
6. appoint team members to contact students having problems and share with them concerns while offering alternatives.
7. offer a minimum of three hours of educational awareness to students.
8. organize and work with student support groups within the school as needed.
9. maintain confidential records of team activities, staffings, etc.
10. work with the adaptation of the curriculum to foster preventive education.
APPENDIX E

EVALUATION INSTRUMENT - COGNITIVE TEST
SAPE' QUESTIONNAIRE

PLEASE CIRCLE THE BEST ANSWER IN ANSWERING THE QUESTIONS BELOW.

1. My position in the school system is that of
   a. Teacher
   b. Counselor
   c. Administrator
   d. Other

2. Which of the following is not one of the historical roots of today's drug problem?
   a. baby boom
   b. nuclear family parenting
   c. extended family
   d. prominence of television

3. What central nervous system depressant drug is abused most often?
   a. Valium
   b. Marijuana
   c. Alcohol
   d. Barbiturates

4. Which body organ breaks down toxins?
   a. Pancreas
   b. Liver
   c. Appendix
   d. Stomach

5. The leading cause of death among teens is
   a. drug overdose
   b. suicide
   c. drinking and driving
   d. cancer

6. Alcohol is a
   a. drug
   b. depressant
   c. mood-altering chemical
   d. all of the above

7. In evaluating substance abuse, the younger the organism the
   a. less damage done
   b. greater the damage
   c. greater likelihood of addiction
   d. less likelihood of addiction

8. The two d's of chemical dependency are
   a. drunk and disorderly
   b. disorder and disarray
   c. denial and delusion
   d. delirium and dementia

9. Chemical dependency is
   a. a moral weakness
   b. a psychiatric problem
   c. an illness
   d. an allergy

10. Co-dependency is a relationship with a
    a. mood-altering chemical
    b. drug-using person
    c. drug pusher
    d. family system
11. A family in which one member gets a disproportionate amount of attention is
   a. dysfunctional
   b. dependent
   c. deluded
   d. disorganized

12. When chemical dependency is involved, family roles are assumed for
   a. society
   b. sobriety
   c. success
   d. survival

13. In the language of chemical dependency, the term "Enabling" is used
   a. in a neutral way
   b. in a positive way
   c. in an inappropriate way
   d. in a negative way

14. Which of the following is not an enabling behavior?
   a. lecturing
   b. intervening
   c. accepting
   d. protecting

15. A caring confrontation designed to help a chemically dependent person see reality and make changes is called
   a. interaction
   b. intervention
   c. interruption
   d. interface

16. The persons who confront the chemical abuser must be
   a. angry
   b. drug-free
   c. prepared
   d. enablers

17. SAPE stands for
   a. Substance Abuse Parent Education
   b. School and Parent Education
   c. Schools Actively Promote Education
   d. Substance Abuse Prevention Education

18. The program components of SAPE are
   a. education, awareness, involvement
   b. stopping drugs, helping kids
   c. prevention, intervention, support
   d. identification, participation, information

19. Which factor is most predictive of substance abuse?
   a. low I.Q.
   b. low self-worth
   c. affluence
   d. unstructured time

20. Which form of preventive education most effectively reduces substance abuse?
   a. affective education
   b. drug information
   c. scare tactics
   d. abstinence programs

21. The three major categories of mood-altering drugs are
   a. legal, illegal, quasi-legal
   b. prescription, over the counter, street drugs
   c. stimulants, depressants, hallucinogens
   d. alcohol, street drugs, marijuana
APPENDIX F

EVALUATION INSTRUMENT - AFFECTIVE TEST
SAPE' ATTITUDE SURVEY

DIRECTIONS: Shown below is a group of statements regarding attitudes toward chemical dependency and the SAPE' program. Please read each statement carefully. If you strongly agree with the statement, check column 1 (SA); if you agree in part, check column 2 (A); if you are uncertain, check column 3 (U); if you disagree in part, check column 4 (D); and if you strongly disagree, check column 5 (SD).

Please read carefully and respond honestly.

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<td>1. I feel comfortable talking to kids about drugs.</td>
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<td>2. Alcohol is a drug.</td>
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<td>3. Substance abusers can stop if they want to.</td>
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<td>4. Chemical dependency is an illness.</td>
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<td>5. Drug abusers are morally irresponsible.</td>
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<td>6. The laws governing drugs and their usage are adequate.</td>
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<td>7. School programs regarding drugs are adequate.</td>
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<td>8. I would smoke marijuana if it were legal.</td>
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<td>9. Drug education should be included in school curriculums.</td>
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<td>10. Adults need more accurate drug information.</td>
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<td>11. I am comfortable with my own chemical usage.</td>
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<td>12. Teenagers are capable of responsible use of chemicals.</td>
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<td>13. Unless a substance abuser seeks help, he/she cannot be helped.</td>
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<td>14. After an alcoholic has undergone treatment, he/she may resume social drinking.</td>
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<td>15. Drug education is a family responsibility.</td>
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<td>16. The legal drinking age should be raised.</td>
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<td>17. I understand the SAPE' program.</td>
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<td>18. Drug usage is a personal matter.</td>
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<td>19. Low self-esteem and drug abuse are interrelated.</td>
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<td>20. Elementary school children benefit from drug education.</td>
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<td>21. Drug education leads to curiosity and increased usage.</td>
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<td>22. You cannot be an effective role model if you use chemicals.</td>
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APPENDIX G

TEACHER SCORES ON COGNITIVE AND AFFECTIVE TESTS
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APPENDIX H

COUNSELOR SCORES ON COGNITIVE AND AFFECTIVE TESTS
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APPENDIX I

ADMINISTRATOR SCORES ON COGNITIVE AND AFFECTIVE TESTS
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**LOUISIANA STATE DEPARTMENT OF EDUCATION**

**Evaluation Form**

**Conference/Workshop**

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### A. EFFECTIVENESS OF THE WORKSHOP

1. **The organization of the workshop was:**
   - Poor
   - Satisfactory
   - Excellent

2. **The workshop objectives were:**
   - Vague
   - Clearly evident

3. **The scope (coverage) of the workshop was:**
   - Inadequate
   - Most adequate

4. **This workshop met my needs:**
   - Not at all
   - Exceptionally well

5. **Were the workshop activities and information relevant?**
   - Inapplicable
   - Most applicable

6. **How much of the content will you be able to apply?**
   - None
   - All

7. **The amount of time devoted to this topic was:**
   - Insufficient
   - Most adequate

8. **Overall, I consider this workshop:**
   - Poor
   - Excellent

### B. ROLE OF THE CONSULTANT

1. **Had the consultant made adequate preparation for this workshop?**
   - None
   - Extensively

2. **Was the consultant skillful in presenting workshop activities?**
   - Inadequate
   - Exceptionally adequate

3. **Did the consultant distribute useful materials?**
   - None
   - Adequate amount

4. **Was the consultant's information current?**
   - Not at all
   - Most timely

5. **Interaction between you and the workshop leaders was:**
   - Poor
   - Most stimulating

6. **What was your general impression of the consultant regarding personality, manners and appearance?**
   - Poor
   - Most pleasing

7. **Overall, I consider the efforts of the consultant:**
   - Poor
   - Excellent

### C. Comments:

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VITA

Carolyn Janet Felter was born on May 11, 1950 in New Orleans, Louisiana. She received a Bachelor of Science degree in Business Education from William Carey College, Hattiesburg, Mississippi in 1972. In 1975 she received a Master of Education in Guidance and Counseling from Loyola University, New Orleans, Louisiana. Her Doctor of Philosophy degree in Education with a minor in Vocational Education was obtained at Louisiana State University, Baton Rouge, Louisiana in May of 1983.

Her professional career includes secondary school teaching, vocational-technical school counseling and a position with the Louisiana State Department of Education. She holds membership in Phi Delta Kappa and Kappa Delta Pi. The author is presently employed as a Regional Coordinator for the Substance Abuse Prevention in Education program, Louisiana State Department of Education.
EXAMINATION AND THESIS REPORT

Candidate: Carolyn Janet Felter

Major Field: Education

Title of Thesis: An Evaluation of the Substance Abuse Prevention in Education Team Training Program

Approved:

[Signatures]

Major Professor and Chairman
Dean of the Graduate School

EXAMINING COMMITTEE:

[Signatures]

Date of Examination:

April 15, 1983