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ABSTRACT

This document contains seven papers from the ninth World Conference of Therapeutic Communities (TCs) that deal with drug education and prevention. Papers include: (1) "State of the Art of Drug Prevention Programs: A Five Year Retrospective of School Curricula" (Natalie Silverstein, et al.); (2) "TCs: Education for Wholeness" (Christine Grant Brieland); (3) "The TC's Contribution to Multicultural Prevention" (Sala Udin); (4) "The Role of Education in the "TC (Janet Rosalynn Busic); (5) "The Effects of a School-Based Early Intervention Program on High Risk Pre-Teens" (Alice Riddell and Marilyn Nathanson); (6) "An Exploratory Study of School Affect of Adolescent Learners in a Residential TC" (William Derivan and Natalie Silverstein); and (7) "The Revolution of the Responsible Role Model" (Thomas Bratter, et al.). (NB)

CHAPTER 9

DRUG EDUCATION & PREVENTION

THE STATE OF THE ART OF DRUG PREVENTION PROGRAMS: A FIVE YEAR RETROSPECTIVE OF SCHOOL CURRICULA

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Fifteen years ago, the President of the United States stated that substance abuse education has the highest priority as a preventative measure and that information and training must be made available to all publicly educated children from kindergarten to grade twelve. Three years later in 1973, the National Commission on Marijuana and Drug Abuse declared a moratorium on all drug education programs in the school because they were in such of dismal state of disorganization (Chng, 1981). Drug abuse has been linked with the youth of our country and has been incorporated into the school system's domain with questionable results over the years. Moreover, the primary agent or delivery system for prevention programs has been teachers and school guidance counselors. Schaps et. al. (1981) notes that of the 127 programs he and his team reviewed, 61 programs or 48% showed that teachers were the primary deliverers of services. Clearly, there is the need for both educators and mental health practitioners to carefully review, analyze and question current learning environments, instructional activities, and curricula related to prevention education in order to obtain quality control. In this paper, curriculum is defined as the never ending invention of learning environments, a social process, and, as well, an educational endeavor. Learning environment is defined as systems of persons, things and activities organized to foster the developmental fulfillment and desired behavioral patterns of all learners. The total community then and the culture of which it is a part are the pre-existing learning environment (Morley, 1973).

The growing number of young elementary school youngsters now experimenting with drugs and alcohol (Johnstoon, 1984) only underscores the need to renew efforts to create appropriate drug education and prevention programs for all grades from preschool to grade twelve. An analysis of the basic issue surrounding this problem suggests that an assessment of current programs and trends in prevention education produced for school systems should be made. The school system does have contact with youngsters and consequently has the highest potential for the expansion of quality programs in conjunction with local substance agencies (Vissing, 1978). Substance abuse prevention education is seen an necessary for the schools, for students, teachers and administrators and auxiliary personnel and families.

Recent Gallop polls identified drug prevention education as a pressing educational problem. The data suggests that parents want schools to point out the dangers of drug abuse as well as smoking. Parents want schools to establish rules that will be a deterrent (Gallop, 1984). The public views substance abuse as an emerging moral and educational problem. If schools are going to take the initiative in developing quality programs, they must assess what has been done and then develop models of prevention education related to the needs of the youngsters.

The purpose of this paper then is three-fold: 1) to provide a framework for assessment of school curricula and school prevention education models; 2) to investigate a representative sampling of prototypes of recent school curricula produced within the last five years; 3) to begin to develop a state-of-the-art curriculum model predicated on educational and clinical concepts. Strata of school programs will be classified for review in four different ways: location, state or country, age and grade level, curriculum and instructional activities (teaching lessons), and format and learning objectives.

This article will address the issue of effectiveness of state- of-the-art prevention education from a comparative and evaluative perspective before considering the kinds of reforms and programs that are needed to alleviate current needs. There are many questions about the issues and difficulty in evaluating effective programs. In this paper, each program will be measured by two standards: first, the suitability or appropriateness of the educational material and second, the soundness of the clinical approach as well as the logical result of reduction of risk factors.

This investigation is developed in four parts wherein the first part considers the major types of program models and their salient characteristics. A second section considers the patterns and trends of each type of

program. The third section examines the clinical and educational domains of the program. Finally, in the concluding section, we suggest some ways to create effective curricula models through interactive clinical and instructional techniques.

There has been a proliferation of substance abuse programs produced in the last five years, and it is impossible to examine each one. For the purpose of this review, representative programs across all grade levels from preschool to post secondary school from various parts of the country and abroad have been selected for analysis. For this purpose, programs have been selected on the basis of: 1) those which are representative of different types of program models; 2) those which are representative of different parts of our country; 3) those international programs that appear innovative; and 4) those which reflect accepted instructional practices both in the cognitive (information processing embedded in the subject matter) and affective (attitudes, feelings and values) domain.

Program Models and Their Characteristics

THE ADE PROGRAM (Chicago, Illinois) was developed for the public, parochial, and alternative elementary schools. A program which spanned both the affective and cognitive domain, as shown on Table 1, the activities include infusion of the alcohol and drug abuse education into the regular instructional program for children in grades kindergarten through eight. An important feature of this program was the level of teacher involvement and training. Teachers were trained by Alcohol and Drug Education counselors in the Schools Program (ADE) to serve as resources in their schools and were accepted into the program according to the following criteria: 1) teach at an elementary school located within one of the designated Neighborhood Strategy Areas; 2) complete and submit an application form; 3) submit a signed statement from their principals expressing support and recommendation; 4) participate with their principals in an orientation session conducted by ADE staff. Community interaction was assured through communication network with the school. Parents and community ç participated in workshops with school personnel to keep informed of the progress of all participants and to increase the awareness of the activities (Sherman, Lojkutz and Steckiewics, 1980).

The program included implementation and program development and therefore, emphasis was placed on the problems which were encountered prior to and during the implementation of program activities.

THE ALPHA CENTER (Orlando, Florida) was developed by The Door of Central Florida, Inc.This program is an eclectic blend of many different approaches to academic instruction and child development (Resnik, 1980). A significant feature of this program is its use of behavior modification techniques to create a change not just in the children who attend the school, but in these childrens' families and in public schools in the community as well, as shown in Table 2. The Alpha Center made the initial contacts with public schools in low income communities. The center targeted three schools who work with in three eleven-week cycles per year. Twenty students in grades three through six who were identified as experiencing social adjustment and family problems were selected for participation by the school's administrators and teachers. Identified students, with the permission of their families, attended classes at the Alpha Center for three school days each week. On the alternate two days, students attended regular classes in their home schools.

In tandem with the youngster's participation wa a parental component which provided for one session a week of family counseling and/or parent sessions as shown in Table 1. The teachers received three full days of in-service training during each eleven-week cycle. Training techniques included: transactional analysis, reality therapy and other forms of positive reinforcement and behavior management. The Center's curriculum stressed instruction in basic skills, the arts, music, and physical education. Additionally, the Center developed a course in decision making about medicines and drugs. Evaluation was achieved through observation by the Alpha Center staff of the students in their home schools. The staff provided the teachers with feedback on student interaction with faculty and classmates. Preliminary findings indicated that three months at the Alpha Center resulted in twice the normal growth in basic skills and significantly improved social behavior (Resnick, 1980).

COME AROUND THE FIRE CLOSER (NIDA) is a program in the affective and cognitive domain. This program involves a bibliotherapy approach by using tribal stories, myths and legends as tools for preventing the abuse of drugs among Native Americans. This resource provides a collection of stories and legends. As shown on Table 1, this type of prevention focuses on the person (NIDA, 1980). People such as teachers, counselors and librarians working in the field of drug prevention can use these stories by telling, dramatizing, collecting, recording and illustrating them.

The overall goals of this program are to build personal strengths, to provide ways of coping with problems, and to clarify values. The most important part of this program is that it provides alternatives to drugs. These alternatives are activities which satisfy the same needs that drugs do but in ways which provide lasting satisfaction. This approach is more of a tool than a program, and therefore has never really been evaluated. More importantly, the stories can be used with any group of any age, depending on the resources of the group.

HASHISH AND MARIJUANA (Haifa University, Israel) is a preventative program in drug education which equally emphasizes the cognitive and the affective domain. This is an interdisciplinary drug education curricular program for high schools specifically designed for the natural sciences in the eleventh

and twelfth grades. The authors (Zoller and Weiss, 1981, p. 39) explain their guided curricular program in the following way:

The contemporary "fourth generation" of preventative programs in drug education is typified by the following main characteristics: 1) inter-disciplnary in approach; 2) a deliberate effort to simultaneously integrate the cognitive-informational and the affective-behavioral domains; 3) fostering of the "value judgment" component within the development of the involved students' decision- making capacity -- to be applied under a variety of life situations; an emphasis on the affective, behavioral, personal, and societal components of learning.

The curriculum was included within the framework of the science teaching and traditional general chemistry program in the upper level of high schools. Preliminary field test evaluation generated in a pilot study revealed that there appeared to be a decline in positive feelings of the involved towards the drug issue. The curriculum appeared to have been accepted favorably by both teachers and students wherein the latter gained much knowledge and understanding with respect to the various aspects involved in the drug issue. The program did not cause any increase in hashish smoking among the target population.

HEALTH INSTRUCTION FRAMEWORK (California Public Schools) is a program which embraces both the cognitive and affective domain and is a comprehensive approach to Health Education. This is a kindergarten through grade twelve curriculum and is therefore offered to all students in the state of California as shown in Table 2. Unique aspects of this school-based prevention programming was that it is: 1) governed by and/or located primarily in an educational setting and is accountable to a local educational agency; 2) operated in accordance with Education Code provisions for drug and alcohol abuse prevention and education. The curriculum emphasizes attitudes and decision making as well as information. It was developed through cooperative planning of a school site council, school personnel, parents, and community representatives. This program offered a strong in-service training component on a continuing basis rather than a stop gap basis. A significant part of the in-service component is the team approach.

Teams included administrators and parents as well as other school staff. Relevant activities and cooperative relationships and linkage in this prevention program was established between personnel in community agencies and a citizens' advisory committee. The program design incorporates formative or on-going evaluation as a means of accountability and as a vehicle for assessing students' needs dispositions.

LIFE SKILLS FOR MENTAL HEALTH (Georgia) is a program exclusively in the affective domain. This approach focuses on intra- and inter-personal skills that help in handling stress and decision. The major goal of the program was to assist participants in taking responsibility for their lives without recourse to drugs and alcohol. Activity guides were prepared by the Prevention Unit within the Division of Mental Health/Mental Retardation, Georgia Department of Human Resources (DHR) in a collaborative effort with the State Department of Education and community mental health centers. In 1980, three quarters of the state of Georgia was given over to the aforementioned curriculum. A significant part of this curricula approach is that it car be adapted for other adult organizational leaders such as Sunday school teachers and scout leaders.

The program includes four activities similar in format, but geared to specific age ranges as shown in Table 1. The guides are organized into three sections which correspond to the three major objectives as shown in Table 2. The program was evaluated on student and teacher outcome. Both a product and process evaluation were employed. The following conclusions were drawn from the evaluation: 1) the Life Skills program was effective in reducing disruptive behavior and increasing positive teacher and student affective behaviors; 2) minimal support for effects of the Life Skills program in increasing student self concept, interpersonal skills, classroom climate, or attitudes toward school was found in this study; 3) no evidence of support for effects of the Life Skills program in reducing drug or alcohol use was found in the study; and 4) previous findings on frequency of drug use and in differences between the sexes on drug attitudes and drug use were replicated.

NAPA PROJECT (California) is a prevention program in affective education. This program focused on teaching intra- and inter-personal competences to children as well as responding to their social and cognitive needs. This curriculum teaches self-esteem, interpersonal skill development, decision making and problem solving. An important element in this approach is an in-service training program for teachers. Teachers use different strategies to attain their goals, i.e., magic circle, jigsaw, cross age tutoring and operating a school store as. Those educators participating in this project were trained in the previously cited in-service strategies during nine to twelve weekly two-hour workshops. In addition, trainers observed the teachers' use and application of the in-service skills. In-service courses utilized a bevy of instructional strategies such as lectures, discussions, readings, gaming simulations and practice exercises. As an incentive for participation, teachers who completed the training received a stipend and graduate credit.

NEW YORK STATE CURRICULUM (New York) is a substance abuse education program which is subsumed in the Health Education curricula. Substance abuse prevention is taught as part of Health instruction. These curriculum guides were developed as a direct result of the Board of Regents Action Plan to reduce alcohol and drug abuse in the schools in response to the problems of substance abuse. This course of study combines elements in the cognitive and affective domain. Curriculum guides from kindergarten to grade twelve are available upon request from the State Education Department. These learning materials are

essentially resource guides for planning and are offered to individual teachers and school districts. An individual curriculum guide is available for each grade level.

OMBUDSMAN PROGRAM (North Carolina) is a primary prevention program rooted in the affective domain. It focuses on activities which include decision making, self awareness and helping others. The student participants included a group of individuals not yet using drugs. The program targets elementary and high school students. School activities included learning about values, communication skills, decision making, and helping relationships as shown in Table 1 (Kim, 1981). This three phase program begins first with a series of self awareness exercises; second, group skills to develop decision making, communication and problem solving; and third, ombudsman (the Swedish concept of helping person). In this phase, the students applied the knowledge and skills gained in the earlier phases by planning and carrying out a community project. This phase appears to be crucial because students were able to re-evaluate their role and their relationships in the school, family and community.

The structure of this program provided for two 50 minute sessions per week for approximately fourteen weeks per semester as shown in Table 1. An evaluation and impact study was done to pinpoint the effectiveness of the program's primary objective. It appears that the program proved more effective among students whose regular classroom teachers had OMBUDSMAN training than those whose teachers did not have training. The Ombudsman program proved more effective among elementary youngsters rather than among junior high students (Kim, 1981).

PERSON EDUCATION DEVELOPMENTAL EDUCATION (PEDE) is a Minnesota junior and senior high school program which focuses exclusively on the affective domain. PEDE's primary goal is to create a process for involving teachers, administrators, students, and parents in dialogue in order to ameliorate students' behavior, family relationships, and school climate (Resnik, 1980). The participants included low and middle income students from public and parochial schools. Programs varied from school to school and therefore varied according to the needs of the school community. A PEDE corps was created which consisted of school administrators, teachers, students and parents from each school. This core group then became the prime mover of constructive change. A primary emphasis of this program was the family systems approach energized by peer counselors. In addition, teacher workshops stressed communication skills as The PEDE group stressed improving communication between students and teachers. This program was described as still evolving and therefore not yet firmly established.

SAYING NO (NIDA) is a resource guide for teachers of middle school of junior high school, ages 12 - 14. Suggested activities are designed to be infused in every subject discipline. Skills are flexible so that they can be integrated on almost every developmental level of youngsters in that age group The objective is to increase student awareness of the personal, social and historical factors relating to the lives and work of people influential in the development of the United States and of other countries. Teachers are told to highlight the lives of individuals whose achievements influenced history and technology in spite of pressures from their family, friends, or community to abandon their work. Examples of both men and women from various ethnic backgrounds are given. Student activities include oral reports, short plays and panel presentations, art work or a written essay which depicts the student's encounter with a similar pressure.

This guide is a tool, and therefore a supplementary means of aiding teachers to think about drug prevention in the classroom. An interesting segment of the guide is a bibliography of other resources and general information related to drugs and their effects.

SPANISH LANGUAGE DRUG PROGRAM (Arizona) is sponsored by Partners of the Americas, Washington, D.C. and Arizona State University. This program in the affective domain utilizes traditional value gaming strategies. It was piloted in a juvenile residence for high school boys in Mexico. The goal of this program is for the male clients to create a system of self analysis. In the next step the boys would relate the valuing to non-medical and substance abuse. A student activity book with cross cultural relevance was developed for this Spanish language program. A teaching manual, also in Spanish, was developed to be used in conjunction with the student values clarification activity booklet to train counselors, teachers, public health educators and para-professionals. A useability evaluation indicated that Spanish speaking agencies could utilize the student guide and instructor's manual as tools for drug education for their own staff conducting the program (Toohey, Valenzuela, Dezelelsky, 1981).

TEEN INVOLVEMENT (Arizona) is a program in the affective domain. The primary objective of this program is prevention by helping youth make rational decisions (Conroy and Brayer, 1983). The program has been replicated throughout the nation and overseas. This system involves establishing a cadre of teen advisors who remain with the school and class answering questions regarding substance abuse. The relationship is built on respect and mutual trust, i.e., if the teen advisor does not know the answer he/she freely admits it. In a sense, this program is very much like a mentor program in that it involves high school students in participating 5th, 6th and 7th grade classrooms. The high school student helps the younger student negotiate the school scene.

Teens are recruited on a volunteer basis and as more volunteers are needed they are recommended by current volunteers. Criteria for selection include interest, willingness, and the ability to communicate positively with others. Training involved attendance in seminars which include various do's and don'ts, and some of the techniques and strategies are rehearsed prior to class visits. The classroom teacher remains an

important link in this program. The teacher provides feedback for the teen advisor and aids the teen in articulating the goals of the program.

THE DOOR - A CENTER OF ALTERNATIVES (New York) uses a multi-service learning laboratory concept. This program embodies an open classroom approach for youths 12 to 21. The Center focuses on basic skill building and therefore is a program essentially in the cognitive domain. However, affective orientation is a significant component in any therapeutic approach. The learning laboratory approach includes a variety of learning materials designed to maximize learning styles. The learning activities are organized into five general areas ranging from individualized basic skills workshops to community meetings and special projection topics of particular interest to adolescents. The areas of study include Spanish, consumer advocacy, mathematics and reading. Educators make efforts to find and use materials meaningful to the lives of the inner city youngsters they serve. Materials such as subway maps and application forms are used. Experiences drawn directly from the everyday activities of the clients become part of the instructional activity.

Teachers are assigned to participants as both teachers and primary counselors and advisors. Teacher training focuses upon the psychological dynamics of adolescents, drug abuse, record keeping, communications and needs assessment (Pedrick and Greene, 1980).

The approach appeared to be effective in identifying underlying factors involved in drug abuse and educational problems. Six evaluation modalities were employed, i.e., client maintained journals, end-of-cycle evaluationr and diagnostic educational indices. Attitudes, habits, interpersonal skills, values and academic skills were all considered relevant components of the educational process.

Trends Within the Last Five Years

There is a plethora of substance abuse programs whose content focus may be feelings, attitudes, and values training as well as programs which combine materials and curricula in basic skills and interpersonal relations. Trends also indicate a growing number of at risk young elementary school youngsters, yet programs appear to target middle, junior and senior high students. Shaps et al (1981) report that 56% of the programs they reviewed were designed for 14 to 18 year olds and 40% were designed for 12 to 13 year olds. Programs designed for 6 to 8 year olds comprised 6% of the study.

Many states do have comprehensive through grade twelve curriculum guides, i.e. New York. However, drug education is subsumed in different subject disciplines, i.e. Health education, but in general, little attention is given to curriculum development for very young children. Yet a recent study by Tennant (1979) suggests that preschool children may be a suitable target population for substance abuse education since awareness of these behaviors appeared to be very high in the group of children studied.

Educators should now ponder the efficacy of drug education beginning at kindergarten through grade three (Cohen, 1977). A major goal of this level education could be to help youngsters develop positive attitudes toward self and society, develop positive attitudes toward self and society, develop positive values, self images and become more responsible for their own health and welfare. A possible approach was suggested by the 98th Congress Proceedings subcommittee on substance abuse education chaired by Senator Paula Hawkins. The committee discussed the possibility of the use of animated films for reaching preschool children.

Programs developed within the last five years appear to have moved away from the earlier tactics Haes and Schuurman (1975) describe as the mild horror approach, the fact approach, the individual adjustment approach to multi-faceted interactive program models. But program design in the last five years may reflect a potpouri of attempts to solve a yet to be defined problem often extended by the lack of communication between educators and clinicians in the field.

Many program developers have begun to recognize the importance of careful selection of teachers and in-service training of those teachers in psycho-social forms of reinforcement and behavior management. Another significant factor related to programs in this decade of the 80's is the emphasis on teaching decision-making and life coping skills. The ongoing motif of program development appears to be the use of teenage role models as speakers, advisors or mentors, although peers appear to be used rather infrequently. Additionally, some educators report that they are now beginning to recognize the importance of using "the teachable moment" (Silverstein and Derivan, 1984) as a spontaneous opportunity for promotion of positive alternatives to substance abuse. That is to say, teachers now use that opportunity which arises serendipitously during the lesson to achieve the previously cited goals.

Finally, many institutions realize the rich potential of literature as a vehicle for discussion and clarifying values. This is evidenced by the creation of resource guides utilizing fairy tales and legends as a bridge to understanding and a mechanism for role projection and identification.

In summary, programs recently developed within the last five years seem to focus on the affective domain (attitudes, feelings and values) and target middle school and junior and senior high populations. The programs are interactive models and in some cases utilize personnel other than teachers, but on the whole, most programs today are housed in schools or school district officer or even a few in universities. Some teachers participate as part of a "community team." These teachers are frequently observed in the classroom by students, peers, parents, and mental health counselors. Finally, educational materials have been

developed as part of organizational programs for "community team" members such as agency counselors, parents, cross-age peer counselor, Sunday school teachers, and public health counselors. The implication may be that a more colleagial relationship is coming to the fore.

A State of the Art Model

A model for the decade of 80's must incorporate the overriding principles of prevention. Tantamount to this model is a distinction between and among primary, secondary and tertiary prevention. Swisher (1979) notes that primary prevention is a program timely before abuse. The activities include education, information, alternatives and personal and social growth. Secondary prevention is timed during the early stages of abuse and its activities include crises intervention, early diagnosis, crises monitoring and referral. Tertiary prevention is a program timely during later states of abuse and the activities include treatment, institutionalization, detoxification. The criteria for admission to the previously cited prevention models remains nebulous and vague. Surely, establishing those differences is a generic principle of program design.

Schools are the primary societal institution serving young people, second only to the family. Society also assumes the position that socializing and humanizing tasks fall within the review of the school. They argue that children spend most of their time in school and that school is the logical agent to negotiate the increasingly complex socializing process of children. But schools are not the sole institution serving today's youth. Therefore, a state of the art prevention model must first reflect in its strategies and design a collaborative effort of school personnel (board, administration, teachers, counselor) student/youth representatives, medical health personnel, law enforcement, representatives from voluntary organizations, local clergy, substance abuse workers and parents (Cohen, 1985). To this end, prevention must be viewed as an all-encompassing process of development touching every aspect of a youngster's life.

This concept is predicated on the need for a close relationship between schools, families and the greater community. Biber (1961) notes that the challenge is to maximize the circular growth process toward greater learning power and inner strength in the interest of primary prevention. The task must be one of shared concern. Secondly, a state of the art model should include a curricula which is comprehensive in scope starting at the kindergarten level and extending through grade twelve in a spiral fashion speaking to the problem at each of the youngster's developmental stages and thus avoiding the one shot approach. Curricula should reflect the needs and cultural relevance of the community and be produced in other languages if necessary. Attention should be given to special populations with special strategies tailored to the needs of a specific group, i.e. high rise, abstainers, fencesitters and drug abusers, thus assuring students participation in the appropriate prevention program.

Consideration should be given to distraught persons, the curious, the defiant as well as to the development of materials for different groups such as the handicapped. Learning activities should reflect cognitive (knowledge) and attitude behavior (affective elements) undergirded by developmental tasks for students which attend to the different stages of a child's development. These tasks should be appropriate and necessary for acceptable functioning and subsequent development of the child.

A third element in this model should be a vigorous in-service and pre-service program for teachers and future teachers who express interest in such a project. Teacher members should not be arbitrarily assigned to substance abuse prevention programs. Only people who have expressed concern and interest in and commitment in this area of education should be trained.

Finally, a strong evaluation component is a necessary element in this model. Formative or on-going evaluation as well as summative evaluation at the conclusion of the program year in needed to reshape goals and establish accountability (Iverson, 1980). Process as well as program outcome evaluation is necessary to evaluate the processing of the program.

Conclusions

The results of this study, together with previously cited studies show that there is no magic answer to the design of an effective prevention program and that programs developed within the last five years are more comprehensive and sometimes involve other team members outside of the school. But educators should pay close attention to the psycho-social dynamics and the social norms of the participants. Several desirable attributes emerge for future program design: 1) a multi-faceted program design; 2) interactive partnership with the community; 3) strong commitment from the educational leadership and the teachers; 5) peer involvement as mentors and counselors; 6) a continuous kindergarten through grade twelve curriculum embracing knowledge and attitudes tailored to the needs of special populations; and 7) a formative and summative evaluation design which is harmonious with the learning objectives of the program.

In conclusion, what is needed is commitment and the concerted efforts of very many people functioning in a colleagial manner to work for the common goal. Efforts should involve individuals from different target groups. The future of substance abuse prevention education will be greatly affected by the degree to which program planners work in close collaboration in research, program design, development and evaluation. An integrated coehesive approach to support prevention education may be the key to effective school prevention projects.

REFERENCES

Auxette, M.A. & LoSciuto, L.A. & Aiken, L. 9. (1980). The use of volunteers in drug abuse services: A review of the literature. DHHS Publication No. (ADM) 80-1020 Rockville, MD National Institute on Drug Abuse.

Bard, B. (1975). The failure of our school drug abuse programs. Phi Delta Kappan, December, 57 (4) 251-255.

Barberian, R.M. (1976). The effectiveness of drug education: A critical review. Health Education Monographs, 4 (4), 377-398.

Biber, B. (1961). Prevention of mental health priciples in the school setting. New York: Basic Books Inc.

Beecher, G. (1985). The problem of adolescent drug abuse: An introduction to intervention strategies. In A.S. Friedman & G.M. Beecher (Eds) Treatment for Adolescent Substance Abusers. (pp. 1-12). U.S. Department of Health and Human Services Publication No. 85-1342.

Blizard, R.Z. & Teague, R.W. (1981). Alternative to drug use: An alternative approach to drug education. The international Journal of Addiction, 16 (2) 371-375.

Block, J.R. (1980). Behavioral and demographic correlated of drug abuse among students in grades 7-12. In Lettieri, D.J. (Ed). Predicting Adolescent drug abuse: A review of issues, methods and correlates. (Research Issue No. 11 pp. 263-276) Rockville, MD National Institute on Drug Abuse.

Blum, R.H., (1972) Heratio Alger's children. London, England: Jossey Bass, Inc.

Bry, B.H. & Gerege, F.E. (1980). The preventive effects of early intervention on the attendance and grades of urban adolescents. Professional Psychology, April, 252-260.

Chng, C.L. (1981). The goal of abstinence: implications for drug education. Journal of Drug Education, II (1), 13-17.

Cohen, A.Y. (1985). Drug treatment in school alternative settings. In A.S. Friedman & G.M. Beechner (Ed), Treatment for Adolescent Substance Abusers. (pp. 178-194). U.S. Department of Health and Human Services DHHS Publication No. 85-1342.

Cohen, S.J. (1977). Behavioral objectives for the drug education preparation of K-3 elementary school teachers. Journal of Drug Education, 7 (1), 1-14.

Cohen, S.J. (1982). Helping parents to become the "potent force" in combating and preventing the drug problem. Journal of Drug Education, 12 (4). 341-343.

Cornacchia, H. & Smith, D. & Bentel, D. (1978). Drugs in the classroom: A conceptual model for school programs. St. Louis, MI: The C. V. Mosby Company.

Conrey, G.E. & Brayer, H.O. (1983). Team involvement for durg abuse prevention: Administrator's guide. DHHS Publication No. (ADM) 83-624 Rockville, MD National Institute on Drug Abuse.

Dembo, R. (1979). Substance abuse prevention programming and research: A partenership in need of improvement. Journal of Drug Education, 9 (3), 189-206.

Dembo, R. et al. (1979). A survey of students' awareness of and attitudes toward drug abuse prevention programs in New York State, winter 1974/75. The International Journal of the Addictions, 14 (3), 311-328.

Des Hess, W. & Schuurman, J. (1975). Results of an evaluation study of three drug education methods. International Journal of Health Education, 18 (4).

Drug Education Curriculum: Grade K-12. Health Education: Substance Abuse Prevention. Revised (1982). New York State Education Department, Albany. Bureau of Drug Education Report No. -NYSED-82- 7211.

Dusewick, R.A. & Martin, M.A.(1981). Impacts of a Georgia Drug Abuse Prevention Program. Final Evaluation Report. No. EDZ10569.

Floyd, J.D. & Lotsof, A.B. (1977). If we could make it so: Drug education for exceptional children. Journal of Drug Education. 7 (1) 63-70.

Eck, W.L. Responsible decisions about alcohol a national philosophy for alcohol education. (1979). Journal of Alcohol and Drug Education 24 (4). 23-36.

French, J.F. & Fisher, C.C. & Costa, S.J. (Eds) (1983). Working with evaluators: A guide for drug abuse prevention program managers. DHHS Publication No. (ADM) 83-1233 Rockville, MD National Institute on Drug Abuse.

Friends Medical Science Research Center (1983). Treatment research report: Manual for working with parents of adolescent drug users DHHS Publication No. (ADM) 83-1209 Rockville, MD National Institute on Drug Abuse.

Gallup, G.H. (1984). The 16th annual Gallop poll on the public's attitudes toward the public schools. Phi Delta Kappan. 66 (1) 23-38.

Garfield, E.F. & Gibb, J. (1982). Fostering parent involvement for durg prevention. Journal of Drug Education, 12 (2), 87-96.

Goodstadt, M.S. (1978). Alcohol and drug education: Models and outcomes. Health Education Monographs. 6 (3), 263-279.

Hanson, D.J. (1982). The effectiveness of alcohol and drug education. Journal of Alcohol and Drug Education. 27 (2), 1-13.

Hersch, R.G. (1978). Prevention role of risk taking in adolescence and its implications for substance abuse. In L. Brill and C. Winnick (Eds), The Yearbook of Substance Use and Abuse. Vol 11. (pp. 289-293). Human Services Press.

Herst, L. & Des Jarlais, D.C. (1979). Socioeconomic status and drug abuse prevention in a metropolitan region. Journal of Drug Education 9 (4), 359-367.

Hube, G.J., Wingard, J.A., Bentler, P.M. (1980). Applications of a theory of drug use to prevention programs. Journal of Drug Education. 10 (1), 25-37.

Iverson, D.C. (1978). Utilizing a health behavior model to design drug education/prevention programs. Journal of Drug Education. 8 (4). 279-287.

Johnston, L.D., Bachman, J.G., O'Malley, P.M. 91984). Highlights from drugs and American high schools 1975-1983. DHHS Publication No. (ADM) 84-1317 Rockville, MD National Institute on Drug Abuse.

Kandel, D. (1981). Drug use by youth: An overview. In D.J. Lettieri & J.P. Ludford (Eds), Drug abuse and the American adolescent (Monograph 38, pp. 1-25) Rockville, MD National Institute on Drug Abuse.

Kennedy, D.M. (1981). A teacher: Help me stop drug abuse. Journal of Drug Education. II (1), 9-11.

Kim, S. (1980). How we Know Whether A Primary Program On Drug Abuse Works Or Does Not Work? Report No. 01562-01. National Institute on Drug Abuse.

Kim, S. (1981). How do we know whether a primary prevention program on drug abuse works or does not work? The International Journal of the Addictions, 16 (2), 359-365.

Kim, S. (1981). An evaluation of ombudsman primary prevention program on student drug abuse. Journal of Drug Education, II (1), 27- 35.

Miller, J.D. & Cisin, I.H. (1983). Highlights from the national survey on drug abuse: 1982. DHHS Publication No. (ADM) 83-1277 Rockville, MD National Institute on Drug Abuse.

Miller, M.D., Cantor, A.B., Lariscy, L., Murphy, E. (1981). Comparison of media for substance abuse education in rural communities. The Journal of The Addictions, 16 (4), 585-592.

Millman, R.B. (1978). Drug and alcohol abuse. In J. Egen and A.O. Roll (Eds) Handbook of Treatment of Mental Disorders in Childhood and Adolescence. (pp. 238-266). Englewood Cliffs, New Jersey.

Morley, P.P. (1973). A modern guide to effective K-12 curriculum planning West Nyack, New York: Parker Publishing Company, Inc.

National Institute on Drug Abuse. (1983). Come closer around the fire. DHHS. 83-741 Rockville, Maryland.

National Institute on Drug Abuse. (1978). Drug Abuse For Your Community Publication No. 78-586.

National Institute on Drug Abuse. (Winter 1964-1965). Prevention Networks Publication No. 85-1373.

National Institute on Drug Abuse. (1982). Teaching Tools For Primary Prevention ADM Publication No. 271-81-4907.

Newman, I.M., Martin, G.L., Weppner, R. (1982). A conceptual medal for developing prevention programs. The International Journal of The Addictions. 17 (3), 493-503.

Ojemann, P.H., (1976) Incorporating psychological concepts in the School curriculum. Mental Health and Teacher Education. 46th Yearbook.

Pearce, J., Newton, S., The conditions of human growth. New Jersey. Citadel Press.

Newlis, H.H. (1981). Coordination of prevention programs for children and youth. Public Health Reports, 9 (1), 34-37.

Pacifician Productions (1981). Saying no: Drug Abuse prevention ideas for the classroom. DHHS Publication No. (ADM) 81-913 Rockville, MD National Institute on Drug Abuse.

Polaris Research and Development & Urban and Rural Systems Associates. (1984). Prevention plus: Involving schools, parents, and the community in alcohol and drug education. DHHS Publication No. ADM 84-1256. Rockville, MD National Institute on Drug Abuse.

Resnik, H. (1980). Drug abuse prevention for low-income communities: manual for program planning. DHEW Publication No. (ADM)80-936 Rockville, MD National Institute on Drug Abuse.

Rose, M. & Battjes, R. & Leukefeld, C. (1984). Family life skills training for drug abuse prevention. DHHS Publication No. ADM) 84-1340 Rockville, MD National Institute on Drug Abuse.

Rubin, L.J. (1973). Facts and feelings in the classroom. New York: Walker and Company.

Schaps, E., Di Bartolo, R., Moskowitz,J., Palley, C., Churgins, S., (1981). A review of 127 drug abuse and prevention program evaluations. Journal of Drug Issues Winter.

Schaps, E., Moskowitz, J., Malvin, J., Schaeffer, G. (1984). The Napa drug abuse prevention project: research findings. DHHS Publication No. (ADM) 84-1339 Rockville, MD National Institute on Drug Abuse.

Silverstein, N.A. & Derivan, W.E. A descriptive study of off-site ambulatory and residential educational programs located in drug treatment centers. Proceedings of the 8th World Conference on Therapeutic Communities Rome, Italy. In press.

Swisher, J.S., (1979). Prevention issues. In Dupont, Goldstein and O'Donnell (Eds.). Handbook on drug abuse. Rockville, MD. National Institute of Drug Abuse.

Tennant, F.S. (1979). Awareness of substance abuse and other health related behavior among preschool children. Journal of Drug Education 9 (2), 119-128.

Smith, B.C. (1973). Values clarification in drug education: A comparative study. Journal of Drug Education. 3 (4) Winter, 369-376.

Todd, K.R.P. (1973). Promoting mental health in the classroom: A handbook for teachers. DHEW Publication No. (ADM) 7425 Rockville, MD National Institute on Drug Abuse.

Tuckman, B.W. (1982). Evaluating instructional programs. New York: Allyn and Bacon, Inc.

Toohey, J.V., Valenzuela, G.J., Dezelskyk, T.L. (1981). Evaluating the useability of a Spanish language durg and substance abuse education program. Journal of Drug Education. II (2), 1799-183.

Vissing, Y.M. (1978). How do the schools view substance education and prevention? Journal of Drug Education 8 (4), 267-273.

Wilson, J.G. & Fraser, TC (Eds). (1978). Handbook of teratology. New York: Planum Press.

Zeller, U. & Weiss, S. (1981). "Hashish and marijuana" - An innovative, interdisciplinary drug education curricular program for high schools Journal of Drug Education. II (1), 37-43.

THERAPEUTIC COMMUNITIES: EDUCATION FOR WHOLENESS

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There is an old Hasidic story of a rabbi who had a conversation with the Lord about Heaven and Hell:

> I will show you Hell, said the Lord, and led the Rabbi into a room in the middle of which was a very big, round table. The people sitting at it were famished and desperate. In the middle of the table there was a large pot of stew, enough and more for everyone. The smell of the stew was delicious and made the Rabbi's mouth water. The people around the table were holding spoons with long handles. Each one found that it was just possible to reach the pot to take a spoonful of the stew, but because the handle of his spoon was longer than a man's arm, he could not get the food back into his mouth. The Rabbi saw that their suffering was terrible. "Now I will show you Heaven," said the Lord, and they went into another room, exactly the same as the first. There was the same kind of big, round table and the same size pot of stew. The people, as before, were equipped with the long-handled spoons, but here they were well nourished and plump, laughing and talking. At first, the Rabbi could not understand. "It is simple, but it requires a certain skill," said the Lord. "You see, they have learned to feed each other."

Two groups of people were given the same set of circumstances. The first assemblage of persons suffered terribly--they were hungry, drab, dispirited, unrelated and independent of each other. The second group had a level of awareness that made it possible for them to realize when their individual resources were not adequate. By helping each other, not only could they satisfy their needs, they could do so with joy.

Both groups were faced with a problem situation but the two groups behaved in ways that reflect two different learning theories. The first seems to have learned that growth toward maturity is to become independent; the second, that growth toward maturity or wholeness is to acknowledge and to act upon our interdependence.

We might conclude from this Hasidic story that Heaven has a resident population of family members who have learned how to live together lovingly, creatively and inter-dependently in a community that is therapeutic, where each member can "take root and grow," alive to self and others, consistent with the objective of a therapeutic community, which is to grow toward integration or wholeness.

Therapeutic communities, historically, have regarded themselves as treatment centers for drug addicts. However, they can also be seen as educational institutions.

Congruent with the perception of therapeutic communities as educational institutions, the emphasis in this paper has been shifted from therapeutic communities as treatment centers to therapeutic communities as learning centers. Treatment suggests a medical model, whereas learning centers suggests an educational model. Treatment implies arresting a process of pathology; learning implies promoting a process of personal growth.

The purpose of this paper is to examine the educational philosophy of therapeutic communities and to relate that philosophy to the education of whole persons. Education in therapeutic communities begins with the premise that "the whole person is in need of healing;" or in more academic language, the whole person is in need of being educated. This holistic approach to education is not the norm of the wider American culture in which home, school and church try to maintain distinct and separate functions.

Therapeutic communities can be regarded as innovative learning laboratories which describe themselves as "a new direction in helping persons to help themselves." In that education is highly regarded throughout the world as a way to help oneself, an educational program which has demonstrated that it can make a difference is worth examining.

It is customary in education to set goals, experiment with procedures to implement the stated goals, and to evaluate the results. The primary goal of a therapeutic community, as stated by American TCs, is "to foster personal growth." The recommended procedure for accomplishing the goal is to "live in a community of concerned persons who are working together to help themselves and each other." The desired result is changed persons who have altered their attitudes and behaviors and have opted for a different life style. The criteria for evaluating the educational objectives are reality-based: drug free, crime-free, employed and/or in school.

The educational objective of personal growth as evidenced by changed attitudes, behaviors, and lifestyle is comprehensive, ambitious, and difficult to attain. Therapeutic communities demand growth, facilitate growth, and accomplish growth, particularly for those persons who finish and become graduates of the community. Let us examine the learning environments of therapeutic communities.

First, the classroom climate, both clinically and academically, is that of a family. The TC atmosphere resembles the classroom in an earlier era in American education when grades one through eight were grouped together and much of the teaching was done by the older pupils. Simultaneous with the teaching of content was the teaching of two attitudes: responsibility and involvement. Those who knew more helped those who knew less. Also, those doing the teaching found that the best way to reinforce one's own learning was to teach it, that the best way to try to help oneself was to help others. Therapeutic communities are educational institutions with a resident population who teach and learn in an interdependent educational process in a family setting.

Many American TCs have an academic component. Those members of the family who have not graduated from high school have acquired equivalent qualifications by the time they have been graduated from the TC. Daytop Village goes beyond the high school level to the college level with an educational experiment, begun in 1979, known as the Miniversity. A Miniversity group of 15 to 20, a small family which is part of a larger family, has tremendous potential for people helping people to help themselves.

In December of 1984, two persons in a particular course at the Miniversity had not taken the final examination. The Miniversity group called a departmental meeting. The leader of the group said during the meeting, "If one of us fails, all of us fail." After considerable probing and discussion, the two persons decided to study and to take the examination. Before they came to their decision, various members of the group had offered to help them with anything they did not understand as they were studying. One of the two who was to receive help offered his help to those studying for an examination in another course which he felt he understood.

In contrast to this mutually caring family environment for learning is the academic world outside the TC where helping a classmate is jeopardizing one's own best interests. This brings us to the second characteristic of the educational world of TCs: education is facilitative rather than competitive. During the summer of 1980, Allen Gewirtz, a mathematics professor from Brooklyn College, advised the math class at the Miniversity: "I am here only once a week. In the meantime help each other. Try to make certain, though, that the person you are trying to help understands." The academic program enhances the clinical emphasis of persons helping persons to help themselves. The facilitative group learning in the academic setting within therapeutic communities is startlingly different from the individualistic, competitive nature of learning in the educational world outside therapeutic communities. To transplant the idea from group therapy that "We alone can do it but we can't do it alone," to an academic classroom is novel, indeed!

A third essential ingredient of education in a TC is the awareness of the importance of being a whole person during the educational process. Education in a TC is life; it is not time out to prepare for life. The Miniversity student is first of all a member of the family with responsibilities related to family membership. When first observed in 1980, the Miniversity students had a separateness from the rest of the family; they seemed to have been excused from a considerable number of family activities. In the summer of 1981 the pendulum seemed to have swung in the opposite direction and the Miniversity students were coming out of encounter groups at 9:30 p.m. with a statistics test yet to be taken. In response to an inquiry in December, 1984, the Miniversity group, when asked about family responsibilities and time to study, indicated they were satisfied with the balance that had been worked out.

The demand to be a whole person, alive to self and others while being educated, suggests a fourth dimension of education in therapeutic communities: a balance between being and becoming. There ç is an uneasiness among some academicians that so much energy is directed toward what one is being educated to become that little time or energy is invested in what one is in the present, that being is sacrificed to becoming. The sacrifice of the present to the future is particularly disturbing if we feel that much of education is future-oriented for a future that is unpredictable. There is a need for education to be meaningful and relevant in the present.

The demand to live well in the here-and-now, to be responsible and involved, is a constant in therapeutic communities that gives relevance to the educational process. Training for responsibility and involvement is not in danger of being outdated by future events. Such training reflects a view of the mind less as "a storehouse to be filled" than as "an instrument to be used."

Closely related to being a whole person, with attention being directed to being as well as to becoming, is a fifth aspect of the TC culture: the emphasis on personhood. In a book, The Identity Society, William

Glasser (known to many as the author of Reality Therapy and Schools Without Failure) discriminates between a goal-oriented and a role-oriented society; he indicates the difference is critical. Although therapeutic communities state their goals, they would seem to be more growth-oriented than goal-oriented. Also, therapeutic communities reject the dominance of roles and insist instead on education for personhood. The emphasis on developing one's potential as a person is so pervasive in the TC culture that it includes not only those persons who are in the residential facilities or outreach centers but also their families.

A sixth phenomenon of therapeutic communities is the parallel çeducation of families, with family defined as "significant others." The education of families by the Family Association of Daytop Village provides a powerful support system both for the residents and their non-resident family members. The Family Association educates the families, who also are in need of new ways to be and to do.

The first major learning of a "new" parent in the initial "orientation" meeting is that parents are primarily persons rather than primarily parents of a drug addict. To begin to feel like a person, with an identity and personal value, is quite a change in self-concept from that of a guilty parent. That learning occurs is documented by the large number of persons who give the Family Association its vitality.

Perhaps the emphasis on personhood for everyone avoids the troublesome dichotomy of a goal-oriented versus a role-oriented society. A person who is advancing toward wholeness learns how to integrate goals and roles in ways that are consistent with his perception of his identity.

The saying in therapeutic communities that "the only constant is change" has considerable credibility in practice. It would seem appropriate that an educational model that confronts persons with their need to change would also be willing to undergo change in its procedures and structure. Change is the eighth element of the TC environment to be included in these observations.

Daytop Village, as experienced between March, 1980 and September, 1985, has evidenced quite a break from its own past. The change which is the most germane for this discussion is the movement from a treatment center for drug addicts to an educational center for the development of whole persons. Daytop Village has broadened its base, reflecting in part a heightened awareness of the value of academic as well as experiential learning. The new inclusiveness means that we are willing to recognize the worth of the recorded experience of others in addition to our own experience.

Don Ottenberg, a long-time member of the TC family, contributed to an understanding of different but equal when he originated the descriptive terms "experientially-trained professionals" and "academically-trained professionals." Hobart Mowrer, regarded as the modern philosopher of the self-help movement, suggested that the ideal might be an alloy, a combination of the two. The alloy is becoming a reality at Daytop Village by greater numbers of experientially-trained staff persons seeking academic training and by a larger number of academically-trained persons becoming staff persons. Both of these trends represent a natural evolution, but the third kind of alloy is a product of the system itself.

Mention has already been made of the Daytop Miniversity. The Miniversity group is being simultaneously academically and experientially trained. A therapeutic community with an academic component is building one of its own change agents if the Miniversity is making a meaningful difference. It is recognized within TCs that to effectively educate for wholeness the TC itself has to be willing to change and to grow. The Miniversity at Daytop Village would seem to be evidence of such a willingness.

Perhaps the integrating factor of Therapeutic Communities that gives stability through all the changes is a ninth characteristic: the pervasiveness of the values of honesty, responsibility, and involvement. The question frequently arises in American education where church and state defend their territory: "Whose values are going to be imposed on whom?" That education could be value-free is a myth; to insist on detachment makes the statement that detachment has value. It would seem to be self-evident that it would be impossible to educate for wholeness without teaching values. However, we need not dwell on this dilemma; whether we should or should not teach values is not an issue in TCs. Teaching values is the top priority. Even when residents do not graduate, we console ourselves that we have affected their values for the better.

We do have our own dilemma in TCs, however. How do we define "spiritual" or "religious" values? At the First World Conference in Sweden in 1976, Hobart Mowrer analyzed the nature of the self-help movement. He concluded that TCs are religious, for they are reconciling environments which reconcile persons to other persons. Mowrer interpreted the caring, sharing, interdependent relationships of therapeutic communities as a kind of horizontal theology--the relationship between persons as distinguished from a vertical theology--the relationship between persons and God. A tenth feature of therapeutic communities is their basically religious nature.

Americans would tend to know more about Christianity than about any other world religion. Christianity and therapeutic communities are very compatible ideologically. Both center on love, involvement, and relationship. If we think of spirituality as detachment from the world, in that sense, Christianity is not particularly spiritual. The Christian God is so involved that He became man. Then, a model having been provided, persons are advised to love one another "as I have loved you."

We experience a great deal of responsible love, concern and involvement in TCs. If we follow through with Mowrer's logic that to care profoundly about our neighbor is religious, then we could agree that therapeutic communities are religious.

An American psychiatrist, Robert Coles, recognized for his work with children in crisis, told this story to a university audience attending a "Religion in Life" lecture at an American university:

> The son of a Florida orange grower became, over time, friendly and involved with the migrant children working in his father's groves. Sometimes he even worked in the field beside them. The closer he got to them the more upset he became about their living conditions. He began to raise his concerns with his parents and to interject it in discussions at school. The family was very religious and the boy wanted to know whether Jesus would have wanted people treated this way. He began to have dreams that his hands were covered with blood. Finally he even began to challenge his parents about their treatment of the migrant workers.
>
> At the urging of teachers and friends his parents took him to a psychiatrist. After "therapy" the boy ceased being an advocate for the children in the fields. He ceased being concerned about anything except fitting into his parents' world.

As reported, Cole's evaluation of the function of the psychiatrist in this instance is that the psychiatrist had been used to "amputate" the boy's conscience rather than to give it direction. Coles indicated that conscience doesn't just happen, it has to be nurtured. "What are you doing about nurturing the conscience of the young people in your care?" is not a question we ask to evaluate public education, but it is a question Coles asked the clergy in the audience, the designated religious educators.

Mowrer, a religious psychologist and one-time psychoanalyst, said repeatedly that it is not our over-developed, repressive conscience which gets us into trouble, but our under-developed conscience. Part of the growth toward wholeness in therapeutic communities is the nurturing of conscience--the capacity to distinguish between right and wrong, to feel guilty when we are wrong, and to change our behavior.

Therapeutic communities have a number of so-called unwritten philosophies. The first is trust; in other words, have faith. Another is truth. A third is "responsible love and concern." Three of the philosophies are similar: it's better to give than to receive; understand rather than be understood; and you can't keep it unless you give it away. These philosophies do not represent the values of the "secular" culture. By a simple process of deduction, some of us would therefore tend to think that since they do not reflect "secular" values, but they do reflect values, then they must reflect spiritual values.

We are ambivalent and uneasy in TCs when we talk about spiritual values. We would seem to be in the reverse of the more usual condition which is to profess values without reflecting them in practice. We give spiritual values meaning in our relationships in TCs, but have an adolescent shyness about admitting that we do.

At the final plenary session of the World Federation of Therapeutic Communities Conference in Rome in September of 1984, one of the speakers forecast we would be talking more about spirituality in therapeutic communities as we continue to meet. It has been impossible to think about education for wholeness without including spirituality. As we mature in therapeutic communities, it seems natural that we would gradually become more open about our spiritual selves and less reluctant to be articulate.

A Swiss psychiatrist, Paul Tournier, in a book, The Whole Person in a Broken World, quotes a colleague who reportedly said, "Men are different, but they are neighbors. Men are persons in whom God's spirit has become incarnate." Tournier added, "Ultimately it is the spiritual destiny of man which is being played out in his psychological and artistic destiny, and in his mental and intellectual destiny."

Therapeutic Communities present an intriguing paradox. They have gone forward by going back, going back to our roots and our values, particularly to the spiritual value of recognizing the inherent dignity and worth of each person. Therapeutic communities make a unique statement to the total educational community, for they demonstrate that in a broken world it is possible to educate for wholeness.

TC'S CONTRIBUTION TO MULTICULTURAL PREVENTION

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In medicine, social work, criminal justice, mental health, alcoholism or drug addiction there is no treatment that is not also useful for prevention. But the field of drug abuse prevention has not benefited much from the knowledge base built by the treatment field because there is a large gulf created by professional turfdom and competition for dwindling dollars.

This conference on therapeutic communities and this workshop on prevention offers a unique opportunity to look at the basic components of the therapeutic community and compare it to what we know (or believe) to be important to prevention. First, however, let's consider some differences in the role of prevention vs. treatment.

Prevention usually seeks to insure against vulnerability to drug and alcohol abuse by impacting early in one's life to help provide the balance, strength and consciousness necessary to avoid the pitfalls of chemical abuse. Treatment intervenes later, after abuse has already begun. But despite the difference in timing their aims are the same, i.e., to provide the balance, strength and consciousness necessary to render us drug-free (or at least abuse-free).

Another difference between treatment and prevention is the size of their target populations. By definition, therapeutic communities treat relatively small numbers of addicts while prevention attempts to empower communities. But, again, whether personal empowerment or community empowerment, the road to empowerment is the same.

The National Institute of Drug Abuse (NIDA) asserts that, although the most expensive, the therapeutic community is the most effective method of treatment used in the United States. The most important thing therapeutic communities have always done is exactly what the recent Rand Corporation study of prevention programs recommends, i.e., it offers not one, but several coordinated techniques and integrates the client's experience with his or her peers and significant others. It represents a wholistic approach. It tries to impact all the important aspects of one's life. The therapeutic community doesn't just feed information, it deals with food, clothing, shelter, responsibility, relationships, respect, employment readiness, education and training, physical and mental health, and culture. Therapeutic communities make you aware of your environment and provide you with the skills to survive and develop in that environment. They provide the courage and consciousness to change the environment to the extent necessary for collective growth and development.

These are exactly the principles the Multicultural Prevention Resource Center MPRC promotes as the goals and objectives of drug prevention, especially with regard to prevention among the most drug-involved and at-risk groups, i.e., ethnic and social cultural populations such as brown, yellow, red and black people, gays, women, seniors, youth cultures, etc.

Therapeutic communities have developed a greater multicultural consciousness than other treatment methods be-cause the residential facility physically contains many different cultures and orientations under the same roof and has had to find ways to weld this disparate mob into a family without assaulting (or insulting) cultural differences. Thera-peutic communities are multicultural families. It must be admitted, however, that some therapeutic communities have developed greater multicultural consciousness than others. This is in part because a multicultural residential facility faces two problems:

1) It seems easier to melt different cultures into a single pot than to take the time to celebrate each different culture, and the fight against cultural chauvinism and narrow nationalism is a constant one.

2) The therapeutic community itself has involved a rather unique culture and there seems to be a tendency to superimpose the therapeutic community culture on the various cultural groups. Also, the therapeutic community culture is more closely related to white, American, male culture than to any non-white or minority culture.

But overall, therapeutic communities have a rather progressive political and social consciousness and history. They go a long way toward fighting racial and sexual bias within the therapeutic community and have been known to get involved in community issues and demonstrations. Again, these lessons and principles could be very useful to prevention programs because from the point of view of MPRC, that's what prevention is all about, i.e., political, social and economic cultural empowerment of communities.

Prevention is the coming megatrend in drug abuse as well as human services as a whole. There are three recommendations MPRC makes to advance prevention and to advance the contribution therapeutic communities can make to prevention now and tomorrow:

1) Therapeutic communities must study, analyze and isolate the many valuable prevention techniques and principles they advocate and market them as important components of prevention programming.

2) Prevention programs should learn as much as possible about therapeutic communities' techniques so as to incorporate them into their prevention models, where appropriate.

3) Dialogue should commence among all drug program personnel so as to distill the valuable knowledge accumulated over the last 20 years of treatment and apply that knowledge appropriately to prevention.

The Multi-Cultural Prevention and Resource Center stands ready to participate and assist in the above-mentioned recommendations.

THE ROLE OF EDUCATION IN THE TC

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Each year in the United States, thousands of individuals seek treatment for substance abuse problems of one kind or another. Outpatient counseling or psychotherapy of one form of another is adequate for some; however, an ever-increasing number require residential treatment in a therapeutic community designed to treat substance abusers.

Since the number of such therapeutic communities has rapidly grown as has the variety of formats offered by such programs, much debate has arisen respecting the following question: "What are the necessary components that should be included within the structure of the therapeutic community?" The present discussion is concerned with just one facet of treatment....that of the role of education.

Before proceeding with further discussion on the subject, it is important to address the following question; namely: Is there a need for therapeutic communities to include within their treatment structure an educational component?

A look at the educational background of individuals who seek residential treatment for substance abuse can provide useful information for answering the above question.

Individuals within this target population generally fall into one of the three groupings listed below: (See Table 1)

Group 1: Approximately 51% of those entering the therapeutic have not completed high school or the equivalent thereof.

Group 2: Approximately 49% of those seeking residential treatment are high school graduates with some even completing some college coursework. However, of this group very few actually have 12th grade level skills. In fact, only half of the 49% with a 12th grade or beyond education have reading, writing and basic mathematical abilities at or beyond the 12th grade level.

Table 1

Highest School Grade Completed

Years of Education	Percent
Grade 8 or Less	3.77%
Grade 9 - 11	47.17%
High School Graduate	37.74%
Some College	11.32%

*Based upon 1984 Tuum Est, Inc. Northern Facility client population.

For example, of the 49% with a 12th grade education or beyond, only 25% of the total 1983-1984 sample population demonstrated reading, writing and basic mathematical abilities at or beyond the 12th grade level when administered Form B of the General Educational Development Pretest on the above three basic subject matter areas. Thus, it clearly can be seen that the skills of many of such clients have become "rusty" due to lack of use or other factors related to their substance abuse.

Group 3: Included in this group are persons who have completed high school or some college but who have no skill deficits, i.e. persons who passed all three of the above-mentioned sections of the Form B General Educational Development Pretest. Twenty-four percent of the 1983-1984 client population can best be characterized by the above "Group 3" description.

The above breakdown demonstrates the existence of a need for educational assistance within this target population. Some might argue, however, that the role of the TC is not that of an educational institution, but rather is that of a treatment center to provide clinical services such as psychotherapy. These same individuals may feel that including an educational component within the structure of the therapeutic community is an unnecessary and therefore inappropriate adjunct to psychotherapy.

The purpose of the present investigation is in no way to belittle the critical role of individual and/or group psychotherapy, but rather is to show that education is also an important factor in affecting behavior change and therefore should be included in the treatment plan of the therapeutic community on a systematic basis. Besides establishing the need for an educational program within the confines of the therapeutic community, the present discussion also outlines the subject matter areas that should be included in the curriculum of such programs. However, before going into a discussion of what should be included in the curriculum of educational components, it is important to discuss the benefits of such a program.

These five major benefits are discussed below:

Benefit #1: Concerns those individuals who dropped out before completing high school (or in some cases grammar school.) An educational component within the TC provides these individuals with opportunity to complete the course they need to bring their educational level up to that of a high school graduate by providing the required coursework needed to obtain a high school diploma. A G.E.D. preparation course, too, may be offered to prepare clients for a high school equivalency exam such as the G.E.D. (General Educational Development) test.

The above is critical to treatment, in part, because of the finding of the U.S. Bureau of Labor Statistics over several past years that individuals who are high school graduates fare much better in today's job market than their non-graduate counterparts.

Obviously the benefits such individuals receive are far more than monetary and also involve the self-reinforcement that comes from finishing their education and obtaining their diplomas of G. E. D. Certificates rather than giving up, as many have done in the past.

Benefit #2: Concerns persons who have a high school or better education but do not have skills that measure up to 12th grade standards.

It should be obvious that merely possessing a high school diploma is a meaningless phenomenon if an individual's skills have fallen well below the 12th grade level, as happens in many cases (see Table 1). Therefore, individuals in these circumstances too, greatly benefit from an educational component because it provides them with an opportunity to refresh or renew their basic educational skill deficiencies and bring them up to what they once were (at or beyond the 12th grade level).

Benefit #3: Concerns all three of the educational groups listed above, even those with high school and/or college coursework with strong skills and no skill deficits. It involves the healthy effect that exposing clients to education and the learning process has within the confines of the therapeutic community.

In many instances, this healthy effect is derived from the fact that many clients have not been in contact with the learning process or the educational setting in years.

In fact, many clients, even those with good educations, report they have not exercised their mental faculties in the months (in some cases even years) prior to entering treatment when they were engaged in spending large amounts of their time under the influence of drugs and/or alcohol.

Truly, the primary benefit of including an educational component within the therapeutic community structure is that clients "learn how to learn" again and experience both the internal non-tangible reward of self-reinforcement and external tangible rewards such as completing required coursework and getting passing grades.

Unlike many traditional educational programs, these rewards should be built into the well-structured, but client-oriented, educational component and thus should be inherent for the majority of clients involved in such classes. This is because a primary goal of such programs should be to provide clients with a successful encounter with the learning environment and educational processes.

When clients experience these successful encounters with learning, such experiences provide them with a basis for viewing themselves in a more positive light and thus fostering a heightened level of self-esteem.

Benefit #4: Is related to Benefit #3 and concerns the fact that, overall, clients seeking residential substance abuse treatment typically have poor study habits, work methods, and problems solving methods (See Table 2 for mean percentile scores).

Table 2

Mean Survey of Study Habits and Attitudes (Brown-Holtzman, 1965) Percentile Scores* based upon client population - Tuum Est, Inc. Northern Facility 1984-1985 Academic School Year

Category Measured	Pretest	Mean Post Test
Delay- Avoidance	27.8 percentile	36 percentile
Work Method	48 percentile	59 percentile
Teacher Approval	51 percentile	67 percentile
Education Acceptance	36 percentile	39 percentile
Study Habits	36 percentile	44 percentile
Study Orientation	37 percentile	46 percentile
Study Attitudes	40 percentile	50 percentile

*Note: The above 1984-1985 percentiles are based upon Form C, Grade 13 norms. Further detail respecting the precise variability of scores may be obtained by contacting the author.

As can be seen from Table 2, an educational component within the therapeutic community can be associated with changes in study skills such as those measured by the Survey of Study Habit and Attitudes (Brown - Holtzman, 1965). Such mean scores show a significant increase in measurable study habits and skills from pretest (given at the onset of educational therapy) to post-test (ad ministered after a three-month junior college level course in study skills within the therapeutic community). Such a relationship is significant because good study skills and work methods are known to correlate highly with academic success and successful performance in a job setting. These are crucial to clients upon re-entry.

Benefit #5: Concerns the fact that many clients of such therapeutic communities report negative attitudes toward teachers and educational institutions (see Table 2) and many times have a history of poor relationships not with teachers, but also with other authority figures such as parents, bosses at work and law enforcement officials.

Including an educational component within the confines of the therapeutic community provides clients with the additional opportunity of interacting with an authority figure, namely the teacher, within a controlled atmosphere. This situation many times brings to the fore past problems the client has had in dealing with such persons. In fact, many clients entering treatment report negative and many times humiliating interactions with school and with teachers.

A well-structured but client-centered educational component within the therapeutic community can be beneficial by endeavoring to provide positive interactions with the instructor and with the learning atmosphere that are so greatly needed, and so often associated with changes in attitude toward teachers, education, and authority figures in general.

In summary, it can be seen from the above five benefits discussed, that including an educational component within the structure of the therapeutic community can be of benefit to clients in several ways.

However, it is one thing to demonstrate a need for such a program, and quite another to outline the specific components that should be included in one. These are discussed below.

When developing an educational curriculum within the confines of a therapeutic community, it is important to first assess relevant intellectual, educational, and psychological characteristics of the target treatment population. With respect to the above-mentioned Tuum Est, Inc. Northern Facility educational component, several standardized tests are administered for various purposes (see Table 3 for an outline of the client characteristics assessed and the tests used).

Table 3

Characteristics Assessed, Tests Used to Assess, and Mean Test Score Based Upon Tuum Est, Inc, Northern Facility Client Population 1984-85 Academic School Year

Client Characteristic	How Measured	Mean Score
Intelligence	California Short Form Test of Mental Maturity - advanced Grades 9 - Adult	97 Total Intelligence Quotient
Self-Concept or Self-Esteem	Tennessee Self Concept Scale	39 Percentile of mean positive scores (self-esteem)
Educational Grade Level for High School or Beyond Clients	G.E.D. Pretest Form B	43 Average Score on all 5 subsections

Data collected from these test during the 1984-85 school year reveals that, on the average, clients in residential treatment at Tuum Est, Inc. Northern Facility can best be characterized as:

1. In the average I.Q. range.

2. With a lower-than-average level of self-esteem or self-concept.

3. With a demonstrated level of academic performance equal to or beyondgrade 10.

With These factors in mind, the picture that emerges of the typical client in treatment at the above-mentioned therapeutic community is that of

1. One who has either dropped out of high school or graduated in the past but now has basic skills which are below the 12th grade level, and

2. One who has low motivation to learn, and little confidence in his/her ability to learn.

Given the above, the question that arises is: Precisely what can the educational component do to assist clients in affecting an improvement in the skill and attitude areas mentioned above. Five suggestions are outlined below:

1. It is important that at the onset of educational therapy, clients be provided with a clear-cut set of objectives; i.e., the client should be informed as to both the reasons why a school program is required and what specific knowledge and skills she/he can expect to gain in class and how these prove useful in their present therapy and later re-entry process.

2. If testing services are available, each client should undergo intelligence, educational achievement, and, if possible, personality testing, to aid the instructor in both placing the client in his/her proper grade level of materials and understanding relevant to personality factors.

3. Many times the modes of individual and group psychotherapy clients receive in TC's leave them open and quite vulnerable to experiencing the wide gammet of human emotion, including pain and hurt.

It is important then, that educational classes within the community be viewed as an extension of the therapy provided rather than as a separate entity, and that the instructor or teacher be a sensitive individual in tune with both his/her own personality and the personality make-up of the chronic abuser.

4. In terms of teaching technique, it is important that the instructor or teacher organize the material to be included in each subject (whether it be elementary, high school or junior college level) into short, easy-to-master segments.

This is critical because the chronic substance abuser in residential treatment has difficulty sitting in class for long periods of time and also has difficulty with completing lengthy, complex assignments. Thus, if assignments are too long or demanding, clients of this character type will generally simply become frustrated, give up, and do nothing.

On the contrary, if clients are given shorter, more reasonable assignments, they have a better chance of giving correct responses on assignments, tests, etc.

Correct responses lead to a feeling of accomplishment...of success and improve the client's self concept and let her/him see that he/she, in fact, is an intelligent being, that she/he is capable of learning new things and improving his/her present status, educationally and in many other ways.

Thus when developing classes for the therapeutic community it is just as important to give consideration to the way in which you teach as it is to consider what you teach, i.e. the specific topics or subjects you teach.

5. Finally, how can one know what courses should be included in the curriculum of a therapeutic community?

There is certainly no magical formula or easy answer to this question. However, if you have followed suggestion 2 mentioned above, you are aware of the general pattern of educational need of the program in question and can better select from elementary, high school or junior college course offerings (perhaps utilizing more than one level of instruction as is often times needed.)

In conclusion, it should be evident that the providing of educational assistance programs within the therapeutic community offers a meaningful adjunct to traditional clinical techniques and represents truly exciting and promising direction for the future.

REFERENCES

Brown, W. F., & Holtzman, W. H. (1965). Survey of Study Habits and Attitudes. New York: the Psychological Corporation.
Fitts, W. H. (1965). Tennessee Self-Concept Scale. Nashville, Tennessee: Counselor Recordings and Tests.
General Education Development Testing Service (1979). G.E.D. Pretest (Form B). Washington, D.C.: The American Council on Education.

THE EFFECTS OF A SCHOOL-BASED EARLY INTERVENTION PROGRAM ON HIGH RISK PRE-TEENS

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Project 25
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INTRODUCTION

The Self Awareness Center is a component of Project 25, Community School District 25's Drug and Alcohol Prevention and Intervention Program which has been funded by the New York State Division of Substance Abuse Services since 1971. Project 25 provides education, information, individual counseling, group counseling, family counseling, crisis intervention and referral services to staff, students and their families in 22 elementary schools and 6 junior high schools in a multi-ethnic, socio-economic middle class community with pockets of families on public assistance.

The Self-Awareness Center was developed in response to an in-house evaluation of Project 25's school program. Each staff member articulated the needs of a specific target population among the 6th grade students. The problems of these students appeared to stem from a wide range of family situations including a recent divorce of the parents, a second marriage of the parents, both parents working, older siblings involved in drug abuse, alcoholic parent's, drug abusing parent's and loss of a parent. These problems included poor self-image, depression, loss of self-confidence, isolation, feelings of abandonment, alienation, poor peer relation ships, resistance to authority, decrease in self-discipline, and a drop in academic grades. Research in the treatment field indicates that drug abusers suffer from the same feelings and act out these feelings similarly-i.e. decrease in self-discipline, resistance to authority, and dysfunctionality either in school or in the job market.

In addition, from our experiences with the early adolescent (7th - 9th grade, 13 - 15 years old), who was already experimenting with and/or abusing drugs, we knew that there was a high correlation to the probability of their younger siblings becoming involved at an early age.

Project 25 staff therefore recommended that an intensive program of individual, group and family counseling in conjunction with remedial instruction be offered to students who were "at risk" as a result of multiple family problems in order to provide early identification, diagnosis and intervention. A pilot program was introduced and implemented for one year in 1974/75. At the end of that year an internal evaluation showed significant changes had taken place in each student in behavior, self esteem and academic performance. Unfortunately, in the summer of 1975, Project 25"s budget was substantially cut as a result of changes in the administration of the funding agency and changes in policy and guidelines for funding. Consequently, Project 25 could not continue or expand the Self Awareness Center at that time.

Once again, at the close of the school year 1979/80, when conducting our internal evaluation for that year, Project 25's elementary school staff expressed serious concerns regarding the increase in the number of 6th grade students identified as "high risk" youngsters from multiple-problem families. In addition to the problems stated above, there were new problems. With the increase in our district in the number of immigrant families and non-English speaking families, problems related to cultural differences, problems related to rejection, isolation, antagonism and scapegoating had become more frequent and serious. Other new problems included an increase in adolescent criminal involvement, an increase in the incident of incest and child abuse, an increase in alcohol and drug abusing parents, and an increase in children becoming sexually active at an earlier age - all of which further compounded the effects on the individual child and resulted in negative acting-out behavior.

DESCRIPTION OF PROGRAM

Goals of the Self Awareness Center:

1. To identify 6th grade students who are experiencing difficulty in school or who exhibit dysfunctional behavior, all of whom may be considered "at risk" of becoming alcohol and/or substance abusers.

2. To provide these selected students with intensive group, individual and family counseling in order to:

   a) improve self-image

   b) develop positive decision-making skills

   c) develop problem-solving skills

   d) improve communication between students and parents

   e) help students decrease negative acting-out behaviors

f) help students become responsible for their behavior

3. To provide support for families in crisis.

4. To enhance the over-all classroom atmosphere and environment by providing intervention services to difficult students.

5. To provide an evening parent group focusing on parenting skills.

Program Services:

The Self Awareness Center has been implemented for the past 5 years in essentially the same form with some adjustments as we learned more from the extensive evaluations done each year. The initial task was to select the schools. Early in June a district circular was issued to all elementary school principals announcing the advent of the Self Awareness Center for the Fall term. The circular informed the principals that selection of the schools to receive the services (2 schools per semester) would be based on need (number of high risk students), available space (minimum of 2 rooms), request of the principal, and Project 25's prior experience with the school. These responses were reviewed and analyzed in conjunction with Project 25's knowledge of and experience with the students in these schools and/or their siblings. Once the schools were identified, one was designated to receive the Self Awareness Center services 3 mornings a week and the other 3 afternoons a week for 2 cycles of approximately 1 semester each (half a school year).

Intensive self awareness groups were held twice a week for approximately 1 hour per group for approximately 14 weeks. Individual counseling was provided weekly for a minimum 1/2 hour session per child. Articulation with school staff, case consultation, follow-up and feedback took place on a regular weekly basis. Outreach to families and family counseling wee an integral part of the program. In addition to contacts with individual parents, at least 2 parent group per cycle were offered to provide orientation to the program, dialouge between staff and parents, and an opportunity for parents and children to interact in a group setting. Weekly evening parent groups were also offered.

In the first year of the program tutorial services were provided. This proved to be difficult to coordinate with individual classroom teachers especially in those schools that operated their 6th grades on a departmental basis involving different teachers for major subjects. In addition, many of the selected students were already receiving remedial instruction through other school programs. We therefore decided to eliminate the tutorial services. However, we discovered that even without the additional academic services each of the children's academic performance improved as their acting-out behavior changed.

Program Staff:

Staff for the first year included a coordinator, school social worker, and a family worker. This has remained essentially the same in terms of positions with a second family worker added when budgetary considerations made it possible. However, changes in personnel filling these positions have resulted in varying needs for staff orientation and training and impacted on the responsibilities of the coordinator for upgrading skills and developing teamwork.

Selection Process:

A. Referral Procedures

1. Orientation of school administration, faculty and PTA -

Self Awareness Center staff presented the program at grade conferences including 5th and 6th grade teachers and the principal, and at a PTA meeting in order to acquaint both groups to the concept, philosophy, design, criteria for selection, and behavioral goals of the program.

2. Reasons for referral

School staff were asked to refer students fitting one or more of thefollowing criteria:

a) poor self-image

b) holdover (retention from promotion)

c) disorganization in school work

d) anxiety

e) poor work habits

f) short attention span

g) negative attitude towards school

h) hostility towards authority figures

i) incomplete classwork/homework

j) negative leader

k) follower of negative peers

l) lack of responsibility

m) poor interpersonal relationships

n) fighting

o) disruptive behaviors

p) alcohol/substance use or experimentation

q) recent family crisis; i.e. serious illness, separation, divorce, divorce, death

r) alcohol/substance abusing parent or sibling

s) poor parental supervision

t) withdrawn or depressed behavior

u) truancy

v) frequent absences

w) habitual lateness

It is stressed to the referring person that the dysfunctional behaviors should be of fairly recent origin (within the past 2 years) and, to the best of his or her knowledge, not be due to long-standing, deep-rooted emotional and/or psychological pathology.

B. Intake and Screening Process

A profile of each referred student was completed from the permanent school record cards including recent grades, city-wide reading and math test scores, personal and social adjustment, general health, basic family information, previous efforts to help the student, and any referrals or placements. Each youngster was then interviewed by staff and asked to fill out an intake card consisting of 3 basic components: 1) routine questions such as name, age, address, grade, telephone number, place of birth, primary language spoken in home; 2) family structure including parents; marital status, parents' places of birth, relationships and work or school status of persons living in the youngster's home; 3) questions designed to communicate a sense of how the youngster spends after-school time, his or her self-image, whether there are any concerns around the issues of alcoholism, physical or sexual abuse. This interview also affords an opportunity for the staff to explain the program and respond to the student's concerns or questions. Additional sociological, academic and behavioral information was obtained from the guidance counselor and other appropriate school staff.

C. Parent Contact

Parents were contacted to orient them to the program and to request written permission.

D. Staff Consultation with Director

The Self Awareness Center team met with the Director of Project 25 to conduct an in-depth review of all intake and screening material. Children were then selected for each group based on the following considerations:

1. number of reasons for referral and degree of dysfunction;

2. ability of youngster to function in and benefit from group;

3. staff's assessment of appropriateness of referral (e.g., can youngster interact productively with peers? Is presenting behavior a result of long-standing pathology? Is child in therapy or counseling?)

4. the need to balance groups, in terms of ethnicity and gender (e.g. the difficulty in establishing a working group if there is only one female in a group of males, or one white in an otherwise black group);

5. receipt of written parent permission

E. Principal Consultation

Consultation was held with the principal to inform him or her of the outcome of the screening.

F. Alternate Recommendations

If a child was referred and was not selected, appropriate recommendations were made for alternate referrals.

PROGRAM MEASURABLE BEHAVIORAL OBJECTIVES:

Measurable behavioral objectives were developed for the program in general as well as individual treatment plans including goals and activities specific to each child. The overall measurable behavioral objectives are listed as follows:

1. By the end of the program cycle at least 16 students will have been screened and accepted for the Self Awareness Center.

2. If a student had been truant, there will be an improvement in attendance by end of cycle, as measured by school records.

3. If a student had been habitually late, there will be a decrease in lateness by the end of cycle as measured by school records.

4. Each student will improve in at least one academic area, by the end of cycle, as measured by school records.

5. If a student was experimenting with alcohol and/or substances, the experimentation will cease by the end of cycle, as measured by self-reports, parent reports, and/or peer reports.

6. If a student had exhibited negative behavior, i.e. fighting, calling out, hostility towards authority figures, there will be a decrease in the number of incidents by the end of cycle as measured by teacher and principal evaluations.

7. The student will show an improvement in at least one area of personal adjustment by the end of cycle, as measured by teacher, principal, and parent evaluations.

8. The student will be able to identify at least 3 positive qualities about himself/herself by the end of cycle as measured by pre and post test questionnaire.

9. The student will show an improvement in self-image by the end of cycle, as measured by pre and post questionnaires.

10. The student will be able to express at least 3 responsibilities and demonstrate how at least 1 responsibility was fulfilled by the end of cycle, as measured by contracts through individual counseling sessions.

11. By the end of cycle, the student will be able to cope with his or her problems more effectively by identifying at least 1 problem and how it was worked out, either in group or in individual counseling.

12. By the end of cycle, family relationships will have improved, as measured by parent evaluations.

METHODS OF EVALUATION

The evaluation design of the program was developed at the same time the program was developed during the Summer of 1980. It was felt that every person who came in contact with the student should provide feedback and evaluation. Therefore, the evaluation of the Self Awareness Center involved: students, teachers, principals, parents, and Project 25 Self-Awareness Center Staff.

Pre and post tests measuring self-image were administered to each student. During the last week of the cycle, each student completed Group Evaluation Form which is a self evaluation of the group dynamics and group process.

Since teachers initially identified the behaviors for which the students were referred, in consultation with the principal and Project 25 staff, the teacher and principal evaluation forms were administered at the completion of the cycle. Both groups were asked to evaluate the behaviors for which the students were referred and also to indicate any changes they observed in other behaviors. The range of measurable change included: no change, slight improvement, marked improvement, regression.

Parent evaluations were more global because parents were not advised specifically as to why a teacher referred the student, since we felt this might be counterproductive to the receptiveness of the parent. If persons were unable to attend the final session, they were contacted by telephone, advised that a form would be

mailed to them and asked to complete the form for our evaluation. The parent evaluation form consisted of three areas: general comments concerning the parents' perceptions of the benefits the children derived; positive changes they had observed in their children's behavior, and any additional comments they wished to make.

The Self-Awareness Center staff were required to maintain various records. These included an Intake and Screening Form, developing of specific behavioral goals for each student, ongoing progress reports for group, individual and family counseling and termination forms. The termination report evaluated the student's progress or lack of progress in accordance with the reason for referral and the specific goals established for each student.

CONTINUING SERVICES

In an effort to implement a longitudinal study through the 9th grade, Project 25 staff were used to provide supportive services where they were needed, and, if not needed, to monitor academic and behavioral performance to determine the carryover effects of the program. Since all other regular services had to be maintained, the limitations on staff time had a serious effect on the thorough scientific implementation of this study.

In the 5 years the Self Awareness Center has operated we have services approximately 125 students in a total of 14 groups in 7 different schools. To help us zero in on an assessment of the program and how it impacted on youngsters we have selected one group and provided case histories for each young-ster. We have also indicated the final assessment and recommendations at the close of the program plus a brief description of continuing services and status of the client through 7th, 8th, and 9th grades.

This group came from multi-ethnic, middle socio-economic families living in Flushing, Queens, New York. They entered the program at the beginning of the Spring term of 1982. Their progress was followed through June, 1985 as they progressed through Junior High school. Evaluations were done by teachers, principal, Project 25 staff, student and parents as described in the methods of evaluations.

Brief Case Histories

Student #1 (Female) - Age at Intake: 12 yrs. 9 mos.

Reason for Referral: Holdover in 2nd grade, poor self-image, lack or responsibility.

Background: Intact family, Spanish-speaking (Columbian), youngster in Resource Room, one older sister. Test Scores (4/81): Reading- 5.2; Math- 4.5 Grades(6/8): Failed Math, passed other subjects. Personal Adjustment (6/81) - Satisfactory

Assessment & Recommendations at Close of Program: Overall slight improvement in presenting behaviors, slight improvement in academics; followup services - individual counseling.

Followup: 7th grade - Individual counseling, referred for private therapy. 8th grade - attendance, grades and behavior improving, receiving followup services (periodic monitoring) only.

Present Status: 9th grade - good adjustment, graduated junior high school, no substance use.

Student #2 (Male) - Age at Intake: 12 yrs., 3 mos.

Reason for Referral: Poor self-image, short attention span, holdover in 4th grade, disruptive, dissociates (tunes out in classroom), child of alcohol abuser.

Background: Parents divorced for 6 years, child lives with father, mother was an alcoholic, sees mother once a week, child attends Alateen, in Resource Room. Test Scores (4/81): Reading - 5.4; Math - 6.4

Grades (6/81) - passed all subjects. Personal Adjustment (6/81) - Unsatisfactory in self-control.

Assessment & Recommendations at Close of Program: Slight improvement in all presenting behaviors except for no improvement in disruptive behavior; followup services - continue in private therapy.

Followup: Removed from public school system by father. Present Status: unknown.

Student #3 (Male) - Age at Intake: 11 yrs., 1 mo.

Reason for Referral: Poor self-image, inappropriate anger.

Background: Intact family, Greek-speaking, 4 older brothers, 1 older sister, 1 younger brother. Test Scores (4/81): Reading - 6.3; Math - High School level. Grades (6/81): Passed all subjects. Personal Adjustment (6/81) - Unsatisfactory in self-control.

Assessment & Recommendations at Close of Program: Slight to marked improvement in presenting behavior; followup services - periodic monitoring.

Followup: 7th grade - monitoring only, continued improvement. 8th grade - demonstrated leadership qualities, on Audio Visual Squad.

Present Status: 9th grade - excellent adjustment, graduated from Junior High School, no substance use.

FINDINGS AND CONCLUSIONS

1. General Findings

Based on the teacher, principal, parent and Project 25 staff, there is a population of students in Community School District 25 who evidence school difficulties, who also have familial problems and are in need of intensive services. The intensive services are needed to provide for early identification, diagnosis and prescription including group, individual and family counseling. These findings corroborate the initial Project 25 staff perception of need.

2. Responses and Perceptions

Principals and assistant principals were very supportive of the program. Some of the teachers were resistant at the outset to having children removed from class but became more accepting as they observed he positive behavioral changes exhibited by students. Generally, parents were receptive to their child entering the program. Most of these parents had experienced being called to school many times for problems involving their child. Once a trust level was established, most students were very verbal, open and had little difficulty in identifying their problems. In many instances, they were able to identify other problems in the family.

3. Other School Services

Some students had been referred to the Committee on the Handicapped and were evaluated as inappropriate for Special Education. Some were referred but parents did not give permission for testing. A few were placed in the Resource Room and/or received pupils with Special Educational Needs services. Through the efforts of Self Awareness Center staff some students were identified as needing special services. Although the school did not follow through on staff referrals to Committee on the Handicapped our findings were validated when these students were tested by private agencies to which they were referred. We found that there is a population of acting-out students who are not being referred to other school services and as a result their behavior either shows no improvement or deteriorates. There is also a population of acting-out students whose parents refuse to allow the child to be tested for diagnosis and evaluation. The Self-Awareness Center then becomes a first step in identifying problems and providing referral services.

4. Specific Findings

(a) Of the children who completed the program, 85% exhibited at least one positive behavioral change.

(b) The number of positive changes per child ranged from one to thirteen.

(c) Many children improved in at least five behaviors.

(d) Most of the children (75%) exhibited improved behavior in areas for which they were not referred.

(e) In some cases, children were identified early in the program as inappropriate because of an inability to function in group. These youngsters were referred to the School Based Support Team for testing. In all cases, where this recommendation was followed, referrals for placement in Special Education were made.

(f) In some cases, recommendations for testing were not followed by the school. The parent was then referred by Project 25 staff for private evaluation and testing. Again, in all cases where this recommendation was followed by the parent. Evaluation determined the need for placement in either Special Education or private therapy.

(g) Most of the children referred for poor self-image exhibited improvement in the area.

(h) Every child referred for negative attitude towards school showed improvement in that area.

(i) In many cases where children were referred for specific behavioral problems, and improved in these behaviors, their attitude towards school also improved.

(j) Most of the children referred for negative acting-out behaviors showed improvement in those behaviors.

(k) Most of the students showed multiple behavioral difficulties ranging from a minimum of three to a maximum of seven.

(l) Most of the students accepted in the Self Awareness Center were reading on or above grade.

(m) Many of the students accepted in the Self Awareness Center were on or above grade in mathematics.

(n) Most of the children referred for poor interpersonal relationships showed improvement in this area.

(o) Some of the children who improved in the behaviors for which they were referred also improved in classwork and homework even though they were not referred for this.

(p) Most of the students who showed improvement in classwork and homework had shown improvement in other behaviors.

(q) Most of the students responded favorably to the group experience and no student had a negative response to the group leaders.

(r) Most of the students were able to identify ways in which the program had helped them.

(s) Most of the parents who participated in feedback sessions responded favorably to their child's participation in the program.

(t) Of the two students referred for truancy one showed marked improvement: the other student showed no improvement in truancy but did show improvement in two other areas.

(u) In every category for which there were referrals some children showed improvement.

(v) There are three males to every female who fit the criteria for the Self Awareness Center in the selected schools.

(w) The one student who had experimented with marijuana prior to admission to the Self Awareness Center stopped experimenting with the substance.

(x) Six of the families of the students in the program included an alcoholic parent.

(y) Some of the multi-problem families with whom the school had had prior contact with little or no success were identified by Project 25 staff as needing follow-up diagnostic services; however, the school administration was resistant to following through on Project 25 recommendations because of the preconceptions concerning the family's response.

(z) Every principal who had the program wanted it again.

(aa) The longitudinal study is difficult to implement because of the limitations of staff time since all other regular services must be maintained.

(bb) Many of the principals indicated that they would have liked to have the program in their schools but were unable to accommodate it because of space limitations.

5. Conclusions (Based on findings)

(a) There is a need for early indentification, diagnosis and intervention services (group, individual and family counseling) at the 6th grade level. The problems of self-identity, self-image, anticipation of the forthcoming transition to junior high school combined with family problems warrant the focusing and treating these problems in the protective enviornment of elementary school. In addition, it is a know fact that the earlier the intervention, the easier it is to reverse behaviors which are detrimental to self-image, self-identity, social, emotional and physical development and academic performance. This is very important with regard to the developmental tasks of the preadolescent and the early adolescent.

(b) Full cooperation of the principal, guidance counselor, and School Based Support Teams is essential for the success of the Self-Awareness Center program in reaching its goals regarding diagnosis of children.

(c) Multiple-problem families who previously were unresponsive to school Administrator's referrals do respond and follow through on a referral when they fully understand the reason for it.

(d) There seems to be a relationship among several variables.: one parent families, negative acting out behaviors and negative attitudes towards school. There seems to be an additional relationship between these variables and parent substance abuse. There seems to be no relationship between holdovers and any of the other indicators.

(e) There seems to be a school population in need of services (other than basic adademic tutorial services) for whom there are no traditional Board of Education services. The funded school based drug programs

seem appropriate to meet the needs of these students to help students maximize their development and progress.

(f) It would seem that additional data would be helpful in order to determine whether or not the same conditions exist in other schools. Based on the fact that we have implemented the program in four schools, we would concluded that there would be a core group of students in most 6th grades that would fit the profile of the Self-Awareness Center child and thus be in need of intensive services. Space problems prohibit many schools from requesting the services.

(g) There is no evidence of boredom and/or anomie among the 6th grade students. All research in substance abuse indicates that one of the primary causes of adolescent substance abuse is boredom, particularly at ages 13, 14 and 15. This boredom progresses to anomie at ages 15, 16, and 17 and 18. The substance abuse problem progresses in incidence, variety and intensity with the chronological age. It would therefore, seem appropriate that the best possible point of diagnosis and intervention might be at 6th grade.

(h) One may conclude that when a negative attitude or behavior of a student is identified, intervention services provided resulting in positive changes, there is a corresponding positive change in classwork, class participation and homework.

(i) Any program that is developed for holdovers or behavioral problems (for example Resource Rooms) should include a component to address self-image, decision making, problem solving and responsibility for one's behavior.

(j) There is no basis for a correlation between Reading and Mathematics scores and students who are "at risk" of becoming substance abusers.

(k) Other than Reading and Mathematics scores, there are other factors that result in poor academic performance and students being held over i.e. family problems.

(l) Students who exhibit three or more of the variables included in this pilot program are in need of intervention services.

(m) There is a need to differentiate between recent behavioral and psychiatric indicators so that appropriate placements can be made for all students.

(n) Short attention span problems may be a problem of listening skills rather thatn an organic problem.

(o) The general climate and environment of the classes from which the children in the Self Awareness Center Program were drawn had to improve as a direct result of these students' positive changes. Therefore, all students in these classes benefited in their learning experiences.

(p) Since males outnumber females in the profile of referred students it would be important to further research the reasons e.g. do boys act out differently from girls or earlier?

(q) The earlier the intervention the easier it is to reverse the specific abusing behavior.

(r) When students have exhibited a negative attitude toward school and receive group and individual counseling which focuses on student's individual responsibilities there is a significent positive change in their attitudes towards school teachers and administrators.

(s) Since ten out of twenty students improved in five or more behaviors, we may conclude that once one negative behavior is identified and intervention is provided there is a positive ripple effect on other acting-out behaviors.

(t) Where you have an alcoholic parent along with other indicators, it is more likely that a child will exhibit negative acting-out behaviors.

(u) Once the program is implemented in a particular school it is seen by the school's principal as worthy of continuing each year.

(v) The validity of a longitudinal study is affected by the limitations of staff time since all other regular services must be maintained.

IMPLICATIONS OF FINDINGS AND CONCLUSIONS FOR THE SUBSTANCE ABUSE TREATMENT FIELD

Of the specific group cited in this paper, six of the students did not become drug abusers. Two students are currently abusing drugs - of the two, one was referred to Daytop Village Inc. but the parents refused the referral, and the other was placed in Special Education, as a result of the parents' uncooperativeness. Two of the students left the system after the first year of their participation in the Self Awareness Center. One students was placed in Special Education (Class for the emotionally hadicapped), and we lost contact with the child and family.

At a critical time in the child's life - early adolescence (ages 11-15) - children who exhibited all the symptoms of susceptability to drug usage, i.e. poor self-image, angry, irresponsible, negative attitude towards authority figures, alcoholic or substance abusing parent or close relative, hostility, single parent or in the process of a divorce half of the students given intervention services during this time did not choose the drug scene. Quite the opposite, they improved in self image, made successful adjustments and progress academically, socially and within the family.

The results of the group discussed herein are typical of our experiences and results with all of the groups who have participated in the Self Awareness Center.

Therefore, by focusing on the symptoms and the related acting out behaviors prior to the onset of drug abuse at a pre-adolescent stage, and maintaining contact with the child during the early adolescent years, in at least 50% of the cases, drug abuse was prevented.

This does not mean that treatment programs will no longer be needed or cease to exist. There will always be failures. The human relations field had never been 100% efficient. We will always have parents who refuse to accept early diagnostic findings or referrals, or who choose an easier way out such as incorrect placement in Special Education Programs.

In addition, each child's need differed in accordance with his/her individual developmental stage and in relationship to the current conditions within the family. One might conclude that, at least for the adolescent substance abuser, there is a need for the individualized treatment plan.

We found that there is a direct correlation between the parents' involvement, reaction and/or response and the progress or regression of the child. This would highlight the absolute need for parent programs in adolescent treatment programs. Parent programs that focus on parenting skills, limit setting skills, communication skills, problem solving skills which is different from most parent programs which exist in therapeutic programs today. Therapeutic parent programs provide orientation sessions for the parent to learn about the program, how to communitcate to staff for the purpose of providing feedback, provide pre-confrontation sessions to prepare the parent for participation in the confrontation group where the parent will focus on his or her or their problems. The responsibility of the parent for the child is taken from the parent and given to the therapeutic program. It then becomes extremely difficult to return that responsibility to the parent at the end of the child's treatment. The problem is entirely different when dealing with adults in treatment and their families. One is more often dealing with the parents' guilt than parenting skills.

Academic achievement improved in every case where other behaviors improved without any tutoring services being provided. One might conclude then that the need to focus on educational services when treating the substance abuser does not exist. It is only in the mind of the helping person. When education is emphasized or prioritized over treatment issues, the entire process is clouded.

Most of the students in the Self Awareness Center were functioning above grade in Reading and in Mathematics. We know from our experiences of working with junior high school substance abusers, that if intervention is delayed, Reading and Math grades decrease as the level of dysfunction increases.

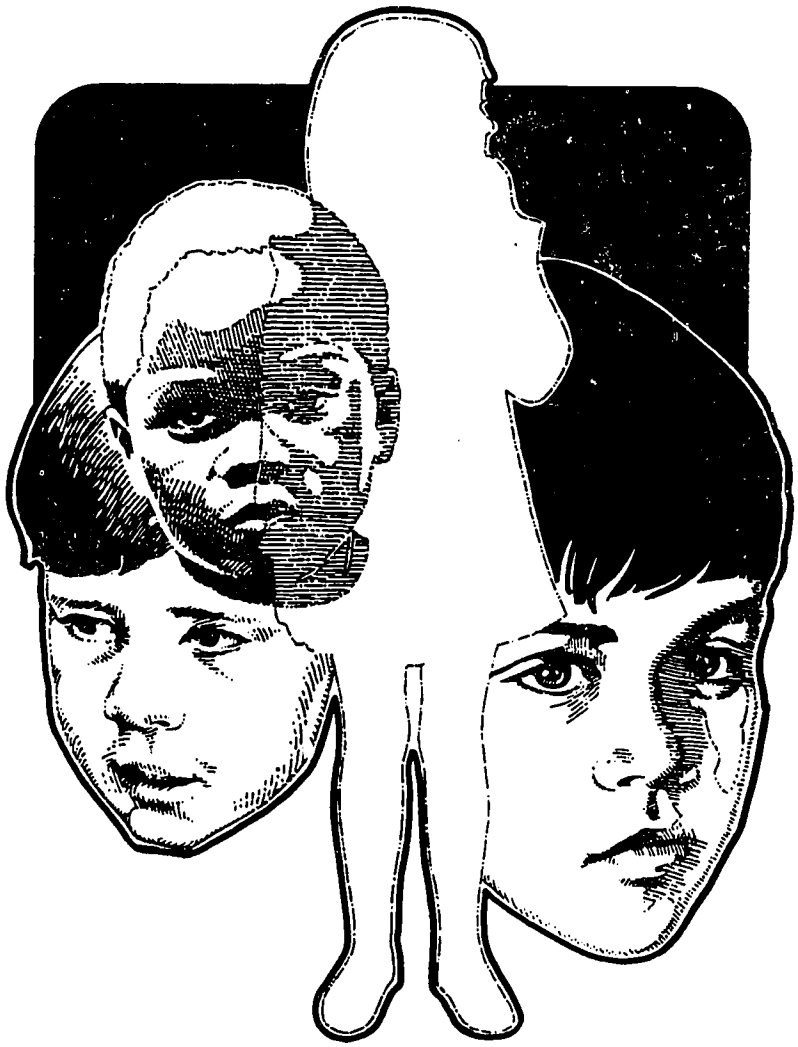
In this early indentification and intervention program, there are three males to every female who fit the criteria for the Self Awareness Center which is a combination of two or more of the following: Substance abusing/alcoholic parent, ex-offender parent, single parent, recent family crisis i.e. separation, divorce, serious illness, death, remarriage of parent, truancy, excessive lateness, Negative acting-out behavior, holdover, poor self-image, hostility toward authority, and withdrawn.

This is comparable to the population in treatment programs. There is no evidence of boredom and/or anomie among the 6th grade students. All research in substance abuse indicated that one of the primary causes of adolescent substance abuse is boredom, particularly at ages 13, 14 and 15. This boredom progresses to anomie at ages 15, 16, 17 and 18. The substance abuse problem progresses in incidence, variety and intensity with the chronological age. It would therefore seem appropriate that the best possible point of diagnosis and intervention might be at 6th grade. Motivation to change behavior and attitudes becomes more difficult as boredom and anomie increase.

Consequently treatment programs might explore the issue of advocacy for meaningful early indentification and intervention services and for research of these programs including longitudinal studies. If we are ever going to break the cycle of addiction and decrease the numbers of those in need of treatment or rather have treatment available for all of those in need of it, then we must focus on prevention. That does not mean that treatment programs have to provide the prevention but it does mean that networks between treatment and prevention programs are essential.

Since 50% of the students in the overall Self Awareness Center Program (125) improved in five or more behaviors and we concluded that once one negative behavior is identified and intervention is provided, there is a positive ripple effect on other acting out behaviors, then perhaps therapeutic communities might want to reasearch prioritizing behaviors or attitudes because some of the behaviors might be easier to change than others or have more of a ripple effect on other behaviors.

Programs for children of substance abusers are vital. They need not be provided by the treatment program but may be offered "in school". Furthermore, given the possibility of a genetic factor for a predisposition for substance abuse (as had been indentified by the alcohol field) there may be a need for early indentification and intervention programs for children of substance abusers regardless of the length of time they have been rehabilitated.



AN EXPLORATORY STUDY OF SCHOOL AFFECT OF ADOLESCENT LEARNERS IN A RESIDENTIAL TC

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Although treatment in a therapeutic community focuses primarily on clinical aspects of behavior, schooling, education and learning has become an increasingly more important part of the learning milieu. (Kajadan and Senay, 1976). Many studies have cited the importance of education in a therapeutic setting thus demonstrating the logical interface of clinical and educational components (Levant 1974, Biase 1983, and Biase and Sullivan, 1984). An ever growing number of youngsters in need of treatment for substance abuse and a high school education (Johnson 1984, Silverstein and Derivan, 1984) only underscores the need for a greater understanding of the part therapy plays in the schooling process. Both educators and mental health professionals support the notion that education may be a vehicle for creating integration of ideas, goals and clarification of values (Allinsmith and Goethal, 1972) note that the purpose of learning is not merely quantitative accumulative facts, but is instead an active cognitive construction and transference of reality. In summary, both mental health professionals and educators view learning from an ubiquitous base, nourished by a healthy self concept. Moreover, earlier studies of adolescent populations in the therapeutic setting report youngsters with poor attention span, fear of competition punctuated by high anxiety, lack of school success, corrosive family ç relationships illustrating the fundamental need to understand the total process of therapy and schooling (Bookbinder, 1975).

Therefore, the purpose of this paper, then, is to investigate the attitudes, feelings, self concept (school affect) of adolescent learners receiving their high school education within a residential therapeutic community.

Method

An original focused interview instrument was created to provide a frame of reference for the subjects' responses. The questions were designed to provide data on school affect (attitude toward academic subjects, school personnel, self concept as a learner in the school context, and the role of therapy in the schooling process. Questions were divided into five groupings: namely, (1) general feelings of self perception as a learner; (2) feelings related to curriculum/preference for academic subjects; (3) feelings related to teachers and other school personnel; (4) self perception as a learner in the therapeutic context; (5) the role of therapy in the schooling process.

Three groups of six, 18 subjects, were randomly selected from a pool of adolescent learners who had received treatment from zero to twelve or more months. Group one is described as young learners and received therapy zero to four months. Group two is described as advancing learners and received treatment five to eight months. Group three is described as mature learners and received treatment nine to twelve months. All of the subjects received their high school education within the residential facility.

The subjects were asked to respond to five open-ended questions during a face-to-face interview. An audio tape recorder registered all that was said during the interview. The interview was conducted at a leisurely pace. Each protocol was typed from the audio tape recording that was made during the interview session. Coders read the interview transcripts line by line. Any item of information in response to a question that could be construed as a descriptor, a concern, or an issue was abstracted onto separate 3 x 5 file cards. Different color cards were used to distinguish each category. The cards were cross referenced to the interview transcripts so that the context of the item could be reassessed when necessary. No attempts were made to eliminate items, inclusiveness rather than exclusiveness was sought.

In order to determine emerging categories, the coder sorted the cards into look alike piles according to similar responses. The first card automatically formed a category in response to the question. Then, the second card was assessed to differentiate it from the first. If it was different, it became a new pile. The process was repeated until cards were exhausted. Cards that did not seem to fit into existing piles were put into a provisional category.

The coder gave a title or name to each pile. Categories that were similar were subsumed under one of the major groupings (Guba and Lincoln, 1983). The coder assessed the provisional categories which emerged. Coders who did not take part in the actual data collection were used to analyze the data. Inter-rater reliability was established by computing the percentage of agreement between coders.

The following instrument was administered to adolescent subjects at a rural residential therapeutic community.

School Affect

(1) Academic self esteem/perception of self as a learner.

Do you think you are a good learner? Probe: Do you see yourself as a successful student? Why?

(2) Feelings related to curriculum/preference for subjects.

Do you have any school subjects that you enjoy? Why do you like that subject? Probe: Some people have good feelings about particular school subjects. Which subject is your favorite school subject? Do you have any school subjects that you dislike? Why do you dislike that subject? Probe: Some people have feelings connected with certain school subjects. Which subject do you dislike?

(3) Feelings related to teachers.

Did you ever have a teacher you liked a lot? Why do you suppose you liked that teacher? Probe: Some teachers and other people in school we like better than others. Tell me about your favorite teachers and why you liked this teacher. Did you ever have a teacher you really disliked? Why do you suppose you disliked that teacher? Probe: Some teachers and other people in school we like better than others. Tell me about the teacher you disliked the most.

(4) Self perception of learner in the therapeutic context.

Now that you are in treatment, do you see yourself as a successful learner? Probe: Do you see yourself as a person who can succeed in school now that you are in treatment?

(5) The role of therapy in the schooling process.

Is there anything that you can take away from treatment to school? Probe: Do you think there is anything that you learn in treatment that helps you in school?

Results

In this study, the verbal reports generated by the focused interview caused the subjects to render a large quantity of data and numerous pages of transcripts. All audio tapes were transcribed and then coded. In order to present data in a manageable format, the results are reported by directly addressing each of the research questions listed below:

1) How does time in therapy affect academic self esteem (self perception of learner and student) in young, advancing and mature learners?

2) How does time in therapy affect attitude toward curriculum/preference for academic subjects in young, advancing and mature learners?

3) How does time in therapy affect attitudes toward school personnel (teacher/principal)?

4) How does time in therapy affect perception of learning in the therapeutic context?

5) What is the role of therapy in modifying or changing the schooling process?

Frequency summaries were made of emerging categories and the number of responses made in each category. Ipsative analyses were made to describe the qualitative differences between subjects.

1) How does time in therapy affect academic self esteem (perception of self as a learner and student) in the young, advancing and mature learners? As shown on table 1, salient patterns of responses appear to emerge. Young, advancing and mature learners appear to express doubt in regard to their self image as a learner and student. Many stated, "I could learn if I really wanted to learn." Others merely state that they could learn if they pushed themselves. Similar responses emerged across groups.

2) How does time in therapy affect attitude toward curriculum (favorite subject, disliked subject) in young, advancing and mature learners? Table 2 shows that subjects in all groups appear to choose reading as their favorite subject and mathematics as the subject they dislike the most. This pattern appears to emerge across groups.

3) How does time in therapy affect attitudes toward school personnel (teacher/principal) in the young, advancing and mature learner? Young learners explained that their favorite teacher was "funny" or didn't yell. Advancing learners described their favorite teacher as one who had a sense of humor, others said, "My favorite teacher made me feel good about myself, cared about me, and I felt I could talk to the teacher." Mature learners described their favorite teacher as one who showed, "love, concern, made me feel good about myself." The negative probe or most disliked teacher probe elicited responses that were dissimilar. Young learners described their most disliked teacher as one who yells a lot or does not explain things. Advancing learners stated that the teacher they disliked the most made them feel bad about themselves. The mature

learners characterized the teacher they disliked the most as one who did not show "concern and didn't care about them as human being." One subject noted, "Mr. X just couldn't communicate with me."

4) How does time in treatment affect perception of schooling, education and learning in the therapeutic context? Young learners described schooling and said that the teacher has more patience, the school has smaller classes. Advancing learners viewed schooling from a different perspective and focused on the difference in their fellow students' behaviors and attitudes, i.e. "Kids are different; we help one another and I feel I am not alone." Another subject stated that other students showed concern. Mature learners described schooling in the therapeutic context as, "A place where the teacher is a friend, father-mother figure, a helper," as shown on table 4. These learners also reported that school is a place to plan for the future and a place where "I don't give up on self."

5) What role does therapy play in the schooling process? Young learners viewed school and therapy as two separate parts of their lives, although one subject stated that therapy "raises levels of awareness." Advancing learners remarked that therapy made them "look at themselves and things they needed to learn." Mature learners viewed school and therapy as interactive modalities. Mature learners suggested that they carried ideas from therapy to school. One subject stated, "People can learn who they are and want to be." Another subject said, "Before I used to give up on myself, but not now!" Another subject noted, "Learning changed my life!"

Emerging patterns related to most disliked academic subject indicates that learners dislike subjects with structure and self discipline. Youngsters expressed dislike for mathematics, which is a highly structured and sequential subject discipline. This pattern emerged across all three groups and it may indicate that these learners lack prequisite skills for mastery of mathematics and fear repeated failure. Additionally, the hierarchial process in treatment is revealed in the affective relationship and quality of academic preference.

Emerging patterns related to attitude toward school personnel and preference for teacher suggest that as learners progressed with therapy they began to appreciate the role of teacher as facilitator of learning. Young learners judged teachers in a superficial manner and said that they preferred teachers who were funny or did not yell. Emerging patterns of advancing learners reveal a continued narcissism. These learners viewed the teacher as one who provided learning for them. This group failed to recognize their role in the learning partnership. Mature learners spoke of interpersonal relationships with their teacher. These learners appeared to be standing back from the classroom scene and stating that they liked teachers who cared for them as human being and motivated them to be motivated. Mature learners appreciated supportive educators and indicated that they had succeeded in assuming responsibility for their own learning.

Advancing and mature learners responded to probes related to school in the therapeutic setting by describing school as a place where there is love and concern. The patent implication may be that as youngsters spend more time in treatment they incorporate these ideas into every aspect of their existence and are then able to translate these therapeutic concepts into modes of self actualization. Clearly, learners who had been in treatment longer indicated that they viewed the teacher as a motivating source, a facilitator of learning, and that school was the focal point for making a future. Young learners failed to make a connection between school and therapy, while advancing learners indicated an appreciation for school which they attributed to treatment. These learners were able to articulate a "world view."

Another aspect revealed in the investigation may be the Yin and Yang idea, the simultaneous growing of one self by helping others to grow. This is suggested by references to peer involvement and tutoring and helping within the context of the lesson. Learners take ownership for their feeling and learning experience.

Summary and Conclusions

Clearly, this exploratory study presents preliminary findings.Small groups of subjects were used. It is a truism that these findings cannot be generalized to a target population. However, the nature of this research should not negate the importance of the data. Naturalistic research has as its goal the development of working hypotheses, rather than a priori testing of hypotheses. Guba and Lincoln (1981) suggest establishing a degree of structural corroboration by cross-checking different data sources through triangulation or combination of multiple investigations. Therefore, we contend that as statistical means are more stable than single scores, so triangulated conclusions are more stable than single scores, so triangulated conclusions are more stable than any of the individual vantage points from which they were triangulated. It then follows that this exploratory study should be followed by other instrumentation. Other investigations should be done in order to verify working hypotheses, to clarify, extend or modify the result of this current study.

Patterning does occur across groups. Youngsters in all three groups appear to have doubts about themselves as learners but seem to express their reservations with differe . rhetoric. Differences in responses occur when youngsters in advancing and mature learners groups characterize their most favorite and disliked teachers. Salient issues emerge, the youngsters appear to respond on three levels. These subjects demonstrate differing levels of awareness. Young learners indicated that they were going to maintain a safe position--they were not going to engage in risk taking. Advancing learners maintained their

TABLE 1 Emerging Categories and Number of Responses Related to Academic Self Esteem (Perception of Self as Learner)

Group	Emerging Categories		
Young	I can learn when I feel like it. 4	I think so, yes, maybe 1	I don't know, was getting nigh 1
Advancing	I could if I pushed myself	Yes, now I can but not before 2	
Mature	Yes, I am certain	I can --sometimes I do get lazy 2	

TABLE 2 Emerging Categories and Number of Responses Related to Curriculum (Preference for Academic Subjects)

Group	Categories	
	Favorite Subject	Disliked Subject
Young	Reading 4	Math 2
Advancing	Reading 4	Math 1 Social Studies 1
Mature	Reading 5 Science 1	Math 3 Science 1

TABLE 3 Emerging Categories and Number of Responses Related to Attitude Toward School Personnel (Preference for Teacher).

Group	Emerging Categories			
	Favorite Teacher		Disliked Teacher	
Young	funny 4	does not yell 2	mean 4	yells 2
Adv	Made me feel good about myself 2	Made me feel Special 4	Made me feel stupid 2	Really didn't care 4
Mature model	would really listen 4	Supportative 2	No personality Couldn't relate 1	wasn't role 1

TABLE 4 Emerging Categories and Number of Responses Related to School in the Therapeutic Context

Group	Emerging Categories		
Young	School is no different 1	Teachers are friendly 3	Smaller classes 2
Adv.	Can learn better 1 I don't give up on myself 2	Encourages me to try to learn 2	Helps me plan for the me plan for my future 1
Mature	really pushes the motivation issue	motivated to be motivated	teacher is a helper, mother, father figure

TABLE 5 Emerging Categories and Number of Responses Related to the Role of Therapy in the Schooling Process

Group	Emerging Categories		
Young	Learning to deal with things 2	people have time for one another 2	Raises levels of awareness 2
Adv.	Makes school more important	I don't give up on myself	Makes me think about my future
Mature	Makes me more responsible	Makes me look at who I am	Puts pressure on me
	Helps me see my potential 1		

safe position and put the issue of responsibility under the teacher's control while nature learners indicated that they had a greater willingness to accept the responsibility for their education. These previously cited learners also indicated a higher level of risk taking and greater self confidence. Emerging patterns across all three groups related to attitude toward curriculum or preference for academic subjects appear to indicate that learners favor unstructured self absorption in their choice of reading. All groups indicated that reading enhanced their daily existence and it was something they could do alone. In short, it could be done in isolation.

A final issue should be the overall educational ramifications of therapeutic intervention on self esteem and self concept. Some educators have been preoccupied with awesome heights of scholarship, therefore causing an emotional toll and scar tissue on the learner. In many instances, this scar tissue has had profound effects on youngsters, and this problem seems to have gone un-corrected. It is possible that therapeutic intervention makes schooling a constructive rather than destructive experience. The therapeutic community may recognize the true spirit of schooling, education and learning (Silverstein, 1983). Ralph Tyler (1976, p. 56), a distinguished educator, noted: "It is my belief--certainly that is not held alone--that the proper function of schooling ought to be that of making human beings better." In the same spirit Albert Einstein noted that, "knowledge is dead; the school, however, serves the living. It should develop in the young individual those qualities and capabilities which are valued for the welfare of the commonwealth." He then added, "...the aim must be the training of independent acting and thinking individuals who, however, see in the service of the community their highest life problem." Perhaps the final proof of the supposition that the therapeutic community's approach to learning and schooling is credible may be found in a description of Daytop Village, a highly regarded East Coast therapeutic community. Visiting Daytop Village Maslow noted,

> And this brings out the idea of education, and of Daytop as an educational institution. It is an oasis, a little society which supplies the things all societies should supply but don't. In the long run, Daytop brings up the whole question of education and the use which cultures make of it. Education does not mean just books and words. The lessons of Daytop are for education in the larger sense of learning how to become a good adult human being. (Maslow, 1971, p. 220)

It is our contention that the therapeutic community is a learning environment which serves as a change agent. In this institution, the role of schooling plays a significant part to the greater end. Learning and schooling are viewed as an interactive partnership and schooling is an integral part of the self actualizing process.

In summary, there is a cogent need for more and varied research. There is a need for naturalistic process studies, ethnographic investigations, single case studies of behavior, interview and observation research. Clearly, continued investigation of the role of the therapeutic community in the schooling process will add to the body of research on school affect and self concept.

REFERENCES

Allinsmith, A.E. & Goethal, (1980). W.K. In Adolescent Psychiatry. S.C. Feinstein (Ed.) Chicag University of Chicago Press.
Biase, V.D., & Sullivan, A.P. (1983). Daytop Miniversity in a drug free therapeutic communit a five year longitudal research study. Paper presented at the Plenary Session at the 13th International Institute on the Prevention and Treatment of Drug Dependence The International Council on Alcohol and Addiction, Oslo, Norway, October
Bookbinder, S.M. (1975). Educational goals and schooling in a therapeutic community. Harvard Educational Review. 45 (1) 71-94.
Conrad, D.& Hedin, D., (1932). The impact of experiential education on adolescent development. Child and Youth Services, 3 (4), 57-76.
Einstein, A., (1979). In A.P. French (Ed.) A centenary volume. pp. 315-316. Cambridge, MA. Huncin Press.
Feinstein, S.C. et al. (1980). Adolescent psychiatry. vol 8. Chicago, IL. University of Chicago Press.
Guba, E.G. & Lincoln, Y.S. (1983). Effective evaluation. San Francisco, CA. Jossey Bass Publishers.
Hammill, D.D & Bartal, N.R., (1982). Teaching children with learning behavior problems. Boston, MA. Allyn and Bacon, Inc.
Hummel, R. & Roselli, L., (1983). Identity status and achievements in female adolescents. Adolescence. 18(69) 17-27.
Johnston, L.D. et al. (1981). Student drug use in America. 1975-1981. Rockville, Maryland. U.S. Department of Health and Human Services, Public Health Service. N. I. D. A
Jordan, T.J., (1981). Self-concepts, motivation and academic achievement of black adolescents. Journal of Educational Psychology, 73 (4) 509 - 17.
Kajdan, R.A. & Senay, E.C., (1976). Modified therapeutic communities for youth. Journal of Psychedelic Drugs, 42-53.
Maslow. A.H., (1971). The farther reaches of human nature. New York: Penguin Books.
Masqsed, M. (1980). The relationship of sense of powerlessness to antisocial behavior. The Journal of Psychology. 105(2) 147-50.
Mitic, W.R. (1980). Alcohol use and self-esteem of adolescents. Journal of Drug Education. 10(3) 19a7-208.
Rubin, L.J. (1973). Facts and feelings in the classroom. New York: Walker Publishing Co. Inc.
Silverstein, N.A. (1983). School, education and learning in therapeutic community. Paper presented before the 7th World Conference of Therapeutic Communities. Chicago, May.
West, C.K. & Others. (1981). What does what to the adolescent in the high school relationships among resulting affect and self-concept and achievement. Adolescence. 16 (3) 657-61.
Svobodny, L.A. (1982). Biographical, self-concept and educational factors among chemically dependent adolescents. Adolescence. 17 (68) 847-53.

THE REVOLUTION OF THE RESPONSIBLE ROLE MODEL

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John Dewey's Educational Thought: Its Relevance to the 21st Century

Dewey was influenced by the times when he lived. He wrote about "new education" during the 1890's but was influenced by the works of Rousseau (1768), Pestalozzi (1827), and Herbart (1901). Even though Dewey formulated most of his educational philosophy before the impact of the Industrial Revolution had been experienced, his beliefs remain remarkable contemporary. The authors have no vested interest in attempting to resurrect Dewey but do so only because his progressive ideas may be more relevant today than ironically when the philosopher-psychologist-educator wrote. Dewey died before the advent of the nuclear age and the invention of the computer which has transformed society and education. Neither the past nor the future can be ignored because to stay relevant, education must continually change. We use Dewey as a point of departure only because many of his concepts have vitality today. We use Dewey because to deny his existence and subsequent impact on education would be to acknowledge our ignorance. Our humility and sense of scholarship compels us to re-read Dewey because we do not wish to re-invent the wheel.

Dewey (1899) proclaimed; education is experience; it is growth. Actually, the educative process is an interaction between experience and growth which becomes what Dewey (1936) has termed "self-renewing." Undeniably, the singular aspect in the spectra of human beings is the capacity for growth. To be alive educationally suggests growth; when individuals stagnate conversely they cease to learn. Hence for Dewey the optimal concern of education involved experience which produces catalytic growth necessary for learning. Dewey (1902) has identified three kinds of growth which encompass learning -- i.e., intellectual, emotional, and moral. To this end, the John Dewey Academy believes that the social, cognitive, creative, ethical and academic development of the student is enhanced when the individual is expected:

- to develop a positive concept of self and a proactive philosophy of life;
- to assume responsibility for one's behavior and recognize that constructive change is possible;
- to formulate intermediate and long term goals;
- to be aware of meaningful rewards for productive behavior and tangible consequences for irresponsible acts;
- to learn how to use, rather than continue to abuse, his or her potential and talents;
- to understand one's role in society and to contribute creatively to its betterment;
- to love and be loved, to trust and be trusted, to respect and be respected, and to help and be helped;
- to work with teachers who genuinely care and sincerely believe each student is capable of improving his or her academic performance;
- to want to learn and to improve one's self;
- to become involved in a rigorous learning process and to determine to some extent what is important to learn;
- to think abstractly and to problem solve;
- to achieve written and verbal communication competences;
- to attain mathematical and computational competences; and
- to appreciate intellectual, cultural and artistic achievement.

In order for education to be meaningful, it must include more than academic material. Recognizing this reality, Torrey (1974), a psychiatrist, pleads for the incorporation of relevant humanistic reform which requires the study of human behavior as it related to a comprehension of the student's behavior and the motivation of others:

> The consequences of omitting the study of human behavior from education have been devastating. They are seen in the banality and triviality of its curriculum. They may also be seen in the revolt of contemporary students against it. No longer content to accept tradition as the guide, increasing numbers of students are asking for an education which has both social and individual relevance. They want to know why people behave as they do -- both themselves and others -- and what the alternatives are.

A former student of Dewey who became a distinguished professor of philosophy, Hook (1956), believes that his mentor will be:

> Regarded as the philosopher of human growth in the age of modern science and technology, and the philosopher who saw man not as a creature with a fixed nature, whether conceived as a fallen soul or a souless configuration of atoms, but as developing mind-body with an historical career, who, because he does something in and to the world, enjoys some degree of freedom, produces consequences never witnessed before, and leaves the world different from the world into which he was born.

Dewey was explicit. The task of education is not to provide students with an abundance of information because the possession of knowledge must not be viewed as an end in itself. Education, to be effective, must become a way of living that stimulates and inspires learning by active effort as naturally as does education outside the formal confines of the classroom. Otherwise intellectual, emotional, and moral growth that involve the total growth of individuals will not occur. Most assuredly only when the individual is viewed as a living organism who has the capacity for rational thought but is nurtured by emotion can profound pragmatic education take place. The most meaningful aspect of education is that it helps the individual not only become more aware of the conditions that product growth, but also helps him/her to profit from experience. Usually the attitude developed in the process of learning becomes more crucial than the actual information acquired. The ultimate educational goal is to motivate students to want to continue to learn for the idealistic sake of learning so they can improve themselves and shatter the relatively restricting parameters of ignorance.

Tragically, much of the confusion and controversy which obfuscates Dewey's educational theory results from ignorance. Crosser (1955) and many others obviously do not understand Dewey's progressive education is that he anticipated the revolt against the sterility of the curricula. Nowhere does Dewey infer that disciplines such as grammar, arithmetic, geometry, astronomy, and the study of classical languages which involve rote learning and memorization be deleted from the curriculum. Quite to the contrary, Dewey recognized and appreciated the importance of informed awareness of facts and problems. Dewey recognized the numerous contributions which science and technology have made to the betterment of life. Dewey certainly would have endorsed Bernstein's plea to include science in the curriculum. Bernstein (1982), in fact, writes:

> We live in a complex, dangerous and fascinating world. Science has played a role in creating the dangers, and one hopes that it will aid in creating ways of dealing with these dangers. But most of these problems cannot, and will not, be dealt with by scientists alone. We need all the help we can get, and this help has got to come from a scientifically literate general public. Ignorance of science and technology is becoming the ultimate self-indulgent luxury.

Dewey did protest against knowledge and scientific discovery without seeking to show its relevance and relatedness to important personal and social concerns. To this end, pragmatic education needs to prepare students to anticipate and adapt to the future. No longer are teachers custodians for the past. In Toffler's (1974) important compendium about futology Buchen (1974) contends:

> Futurism...provides an excellent academic opportunity to test a student's true knowledge of what he has learned, for example, of the principles of sociology or economics. by asking him or her to design a new social institution or some new aspect of an economic system. Both history and futurism can be honored by reconvening the first Continental Assembly and drafting anew a portion of the Constitution..

But to accomplish these crucial educational tasks, there is an undeniable need to subject students to some trivium and quadrivium. The actual learning of the facts may be boring, but are necessary before informed decisions can be made. Dewey protested against a sterile curricula divorced from interest and value. Rogers (1961) has placed Dewey's concerns into perspective when de defines significant learning:

> By significant learning I mean learning which is more than an accumulation of facts. It is learning which makes a difference -- in the individual's behavior, in the course of action he chooses in the future, in his attitudes and in his personality. It is a pervasive learning which is not just accretion of knowledge, but which interpenetrates with every portion of his existence.

Recognizing the importance of education, in general, and the role of the teacher, in specific, Hook (1946) confirms that, "The function of the teacher is among the most important in our culture. He not only transmits essential knowledge and skills but, when he takes his call seriously, strongly influences the formation of habits and development of a philosophy of life." Postman and Weingartner suggest that the teacher's task is to stimulate inquiry. Students need to learn how to examine and then deduce the truth. Using provocative rhetoric, Postman and Weingartner (1969) define the educational goal, "to help all students develop built-in, shockproof crap detectors as basic equipment in their survival kits." Writing a half a decade later, Griffith (1974) points to the obsolesence of Postman and Weingartner's thinking when she contends: "Yet the student needs more than a crap detector. He also needs a gyroscope. He must be able to act -- to adapt to change, to be a viable human being while undergoing a severe form of cultural stress, future shock."

Pragmatic education, according to Dewey, helps students grow itellectually to develop a positive philosophy of life, grow emotionally to become a responsible adult, grow morally to achieve a sense of integrity and decency. Dewey believed that the teacher's contribution to this growth triad was to be the overseer and facilitator. If we agree with this conceptualization, then we must examine specifically the educator's role in and contribution to the teaching-growing-learning process.

The Educator as a Responsible Role Model: The Crucial Ingredient to the Teaching Relationship

Despite Pestalozzi's (1827) and Dewey's (1897 and 1916) conclusion that the pedagogical relationship is synonymous with education, educators have been reluctant to modify the traditional authoritarian teaching concept which resembles the medical model. The doctor is seen as the expert and presumably to be healthy while the patient, in contrast, is ignorant and sick. By virtue of being placed in a position of superiority, furthermore, the physician prescribes and the patient is expected to conform. Bratter (1976) has condemned the misuse of the power which teachers can apply to ensure conformity when he writes, "Teachers, in addition, arm themselves with some necessary weapons to ensure sameness and conformity to the norm. They have the awesome power to label a person an 'A', 'B', 'C', 'C', or 'F'. Sometimes to be more scientific, a specific grade is assigned -- 98, 87, 76, 65..." The care-custody-control atmosphere can produce conformity which is anathema to the Rogerian concept of significant learning. Until educators begin to accept Barzun's (a colleague of Dewey's) definition of a good teacher, they will not modify the repressive traditional teaching model. More specifically, Barzun (1945) writes: "Consequently, the whole aim of good teaching is to turn the young learner, by nature a little copycat, into an independent, self-propelling creature, who cannot merely learn but study -- that is, work as his own boss to the limit of his powers." This is to turn pupils into students. No longer can educators afford to assume that their students want to learn for the sake of learning.

Before any meaningful learning can occur, the teacher must convince students that he or she merits their respect and trust. The human element, the charisma, indeed, the personality of the teacher becomes crucial. The pedagogical relationship becomes the foundation for any theory of education. Buber (1955 and 1958) has described the pedagogical I-Thou relationship as a special one, but does not discuss the aspect of the responsible role model which is predicated upon reciprocity and transparency. When prescribing future educational reform, Eurich (1974) proposes a radical modification of how teachers relate not only to students but also subject matter:

> We first need teachers and scholars eager to tear off their protective masks and engage personally with their materials -- people willing to say "I believe," or "I think," and take strong positions on whatever issue or question is at stake. While objectivity and critical inquiry are essential, they can no longer be tolerated as a shield against commitment; neither approach is exclusive of the other.

Eurich is correct in her assessment. Students, indeed, have a right to know what the teacher believes so they can place in perspective the mentor's biases to determine for themselves "truth." Unless the teacher abandons the more secure, hence more obscure, neutral position and becomes passionate and animated, students simply will "turn off and tune out" because they will lost interest.

The justification for teaching transparency and vulnerability is offered by Glasser, a psychiatrist, who has worked extensively with educators. Glasser urges therapists to become more involved with patients by becoming more personal and friendly. Though Glasser (1965) describes the personal attributes for therapists to acquire, certainly he would apply the same criteria for effective teachers:

> The therapist must be a very responsible person -- tough, interested, human, and sensitive. He must be able to fulfill his own needs and must be willing to discuss some of his own struggles so that the patient can see that acting responsibly is possible though sometimes difficult. Neither aloof, superior, nor sacrosanct, he must never imply that what he does, what he stands for, or what he values is unimportant. He must have the strength to become involved, to have his values tested by the patient, and to withstand intense criticism by the person he is trying to help. Every fault and defect may be picked apart by the patient. Willing to admit that, like the patient, he is far from perfect, the therapist must nevertheless show that a person can act responsibly even if it takes great effort.

While Glasser's thesis that the helping individual becomes a responsible role model appears logical and simplistic, tragically it is revolutionary. Freud (1912) urged the psychoanalyst to "put aside all his feelings and stated that "the doctor should be opaque to his patients and, like a mirror, should show them nothing but what is shown to him." This position of the detached observer has been repeated ad infinitum by the most respected psychoanalytic practitioners. Szasz (1965) urges psychoanalysts "not to show that you are humane, that you care for him (the patient)...Your sole responsibility to the patient is to analyze him."

A young psychoanalyst confesses his ambivalence regarding his adherence to the code of anonymity. An anxious homosexual patient feared that the analyst was attempting to seduce him. Rather than proclaim his heterosexuality, the doctor instead elected to analyze the patient's fears. Not receiving any reassurances from the analyst, the patient became so agitated that he contemplated terminating therapy. While becoming so anxious during one session, the patient nervously opened a little box on the therapist's desk. Glazer (1981) reports, "I clearly remember his smiling and visibly relaxing. Examining the box after the session revealed a love note to me from by fiance, from whom it had been a gift. I had never looked inside." The temptation if too

great not to editorialize by rhetorically asking "Is this typical psychoanalytic behavior, not to invest enough of one's self to open a box to peer inside knowing it is a present from your fiance? While Glazer realizes that, "My unintentional self-disclosure had facilitated the process," he is not convinced it is justified.

To its credit, Alcoholics Anonymous (1939 and 1952) recognizes the effectiveness of utilizing recovered persons to function as responsible role models to produce positive therapeutic change. The American self-help therapeutic community, as described by Bratter (1978 and 1985), has adopted with much success the model of the responsible role model as the primary treatment agent. Bratter (1977), in fact, writes: "The staff function as responsible role models who are living proof that creative and constructive personal change is possible." In addition, the staff is prepared to share significant experiences in an effort to identify with and relate to the resident. The staff becomes involved with the resident. credentialed professionals, in contrast, have been trained to treat symptoms, not to identify with the patient.

Children and adolescents, in part, gain their unique identities when they interact with others. The teacher needs to understand this crucial dynamic because it has profound implications for pedagogy. Simply states, there is a dearth of positive adult role models. The 1960's and 1970's witnessed the demise of the nuclear family. Grandparents no longer remained in the house. They elected to migrate to Florida, live in century villages, or else have been shipped to nursing homes. Families have been forced to re-locate as job demands required mobility. Some parents often are forced to work more than one job just to maintain, not improve, the quality of life. Others are forced to commit themselves totally to work so they are rendered virtually absentee because they are required to work long hours or travel extensively, so when they return home they are too drained from the demands of the job to be able to relate to family members. Adolescents discover there are few positive adult role models with whom they can identify. There is a sense of desperation, of insecurity, and frustration that causes adolescents to seek the authoritative adult source of wisdom, the Supreme Being, for security and mission. Wolfe (1936), the American novelist, recognized this need and cogently has summarized this pervasive search when he writes:

> The deepest search in life...the thing that in one way or another was central to all living was man's search to find a father, not merely the father of his flesh, not merely the lost father of his youth, but the image of a strength and wisdom external to his need and superior to his hunger, to which the belief and power of his own life could be united.

By virtue of the amount of time spent with students and frequent interactions, the teacher functions as a responsible role model. Adolescents unwittingly scrutinize and incorporate many of the educator's implicit beliefs and values. It is precisely in this realm that the caring and dedicated teacher must accept not only the challenges of providing a pragmatic education, but also the awesome responsibility of permitting him or herself to become a role model. Like it or not, the teacher by some sort of insidious default has become the parental surrogate. Perhaps, because the majority of teachers was unaware or maybe unwilling to assume this crucial developmental role during the late 1970's and early 1980's, as Bratter (1979) discusses, the educator became the enemy of the people. Adolescents derive a significant part of their personal identities by constant interaction with the teacher who transmits the values of society. Boyer (1983) is aware of the acquisition of personal identities and social integrity when he describes the characteristics of an effective mentor which include more human qualities than former times:

> There remain some old-fashioned yet enduring qualities in human relationships that still work -- command of the material to be taught, contagious enthusiasm for the work to be done, optimism about the potential of the students..., and human sensitivity, that is, integrity and warmth as a human being. When we think of a great teacher, most often we remember a person whose technical skills were matched by the qualities we associate with a good and trusted friend..

In her portraiture of "goodness" in six high schools, Lightfoot adds another crucial dimension to her description of a good teacher which is an intensely human quality. Lightfoot (1983) defines empathy as:

> ...the ability to place oneself in another's position and vicariously experience what he is feeling and thinking. The empathetic stance is a crucial ingredient of successful interactions between teachers and students. Empathy is not adversarial; it does not accentuate distinctions of power; and it seems to be an expression of fearlessness. By empathy, I do not mean something sentimental and çsoft. As a matter of fact, the empathetic regard of students is often communicated through tough teacher criticism, admonitions, and even punishment.

A component of empathy must be awareness of the continual societal changes and pressures which affect the individual. Before the 20th century, individuals essentially struggled to survive against the hostile environment and natural forces beyond their control. The individual's self-worth was determined by the personal goals attained. The role of the worker was the primary source of status and gratification. More recently however, there has been a significant shift. While survival remains primary, the battle no longer is against nature but instead desperately focuses on how to control lethal human created weapons which have the potential to produce mass annihilation of staggering proportions. In an important book which documents the individual's quest to gain acceptance as a person rather than a performer, Glasser (1972) reminds us:

> Led by the young, the half-billion people of the Western world have begun a rapid turmoil-filled evolution toward a new role- dominated society, the civilized identity society. Less anxious about fulfilling goals to obtain security within the power hierarchy, people today concern themselves more and more with an independent role -- their identity. Arising from our need for involvement, identity or role is either totally independent of goal or, if goal is role related, role is more important. Of course, people still strive for goals;

increasingly, however, they are goals, vocational or avocational, that people believe will reinforce their independent human role, their identity. The goals may or may not lead to economic security, but they do give people verification of themselves as human beings. For example, not everyone can work at a job that supports his role, such as doctor, artist, or teacher, but anyone can pursue a recreational goal, such as bowling or playing bridge, or a volunteer goal such as working at a hospital or fund raising, that reinforces his independent role.

Both Boyer and Lightfoot reflect Glasser's observation because they believe the effective educator, in addition to being a teacher, must become a responsible role model. The additional challenge and burden added to teaching is the fact that the educator is a parental surrogate. Students demand to be seen as people rather than as pupils. Students, in addition, demand that the teacher become human rather than to remain an automaton who disseminates information. Teaching can be painful because adolescents have been ruthless in their criticism and hostility which periodically have been focused against the teacher who represents noxious and repressive authority. The teacher needs to understand that when he or she is prepared to relate honestly and humanly, students will begin to trust and respect. Both Boyer and Lightfoot would agree that the effective teacher must have the courage of his or her conviction and be able to communicate rationally personal beliefs. Perhaps, in the final analysis, maybe the keys to being a responsible role model are courage and personal integrity:

1) courage to be human, to risk and invest in students when they continually hurt and disappoint those who care for them;

2) courage to be innovative and creative to devise compelling strategies to compel students to want to learn;

3) courage to stand alone against the class and insist they perform to the best of their ability;

4) courage to continue to believe passionately that anyone can improve his or her performance rather than accept continued mediocrity or failure; and

5) courage to never give up knowing that each individual is capable of achieving success and becoming a worthwhile person by becoming more responsible, honest and decent.

Maintaining high expectations for improved behavior is a necessity for any responsible role model who demands the best not only for but also from him or herself. Shaw (1913) has written a fictionalized play, "Pygmalion," which describes the impact that high expectations of a mentor has on the student. One need only to read about the heroic efforts of Anne Sullivan to tame, harness and direct the incredible energy and talent of Helen Keller which has been portrayed by Keller (1955) as an autobiography, by Gidson (1960) as a play, and by Lash (1980) as a biography of both women. Surprisingly, not much has been written about the impact of the positive self-fulfilling educational prophecy which has been described by Rosenthal and Jacobson (1968) and Rosenthal (1973). Predictably, Thorndike (1968), Jensen (1969), and Wilkins (1977) have challenged the methodological design of Rosenthal's work. Meichenbaum and Smart (1971), who reinforce Rosenthal's works, suggest that, "The expectancy statements resulted in greater self-confidence, greater expectation of academic success."

It needs to be stressed that not every educator can or, in fact, should teach adolescents. Those who appear to be most effective possess a human quality which Tillich, a theologian, has defined as "caritas," which is a non-compromising and nonpossessive form of caring. Explicit is a toughness that each student is free to produce academic work of quality if only he or she will make the necessary investment. Glasser (1969) addresses this specific point when he suggests that adolescents need teachers "who will not excuse them when they fail their commitments, but who will work with them again and again as they commit and recommit until they finally learn to fulfill a commitment." The teacher unwittingly abets mediocrity and failure if he or she will accept excuses, no matter how valid and compelling, for a poor test performance or an assignment which does not reflect the best work the adolescent can produce. The effective teacher who serves as a responsible role model explicitly communicates a concern with the "bottom line," i.e., accountability and productivity, which is rewarded in the macrocosm. Demanding the very best from an individual is one of the primary ingredients of a caring relationship. Mayeroff (1971) writes, "To care for another person, in the most significant sense, is to help him grow and actualize himself." Fromm (1956) adds the crucial dimension of caring when he answers the rhetorical question he poses for readers to ponder:

What does one person give to another? He gives of himself, of the most precious he has, he give of his life...he gives him of that which is alive in him; he gives him of his joy, of his interest, of his understanding, of his knowledge, of his humor, of his sadness -- of all expressions and manifestations of that which is alive in him. In thus giving of his life, he enriches the other person, he enhances the other's sense of aliveness by enhancing his own sense of aliveness. He does not give in order to receive; giving is in itself exquisite joy. But in giving he cannot help bringing something to life in the other person, and this which is brought to life reflects back to him; in truly giving, he cannot help receiving that which is given back to him. Giving implies to make the other person a giver also, and they both share in the joy of what they have brought to life. In the act of giving something is born, and both persons involved are grateful for the life that is born for both of them.

It becomes imperative for the responsible role model to have formulated his or her own stable and unique identity. The authenticity of the educator's persona can be assessed by students on the basis of interaction when the teacher displays his or her social integrity. There exists a vital correlation between the

students' development of their ego identity and expressions of social integrity which Erikson (1968) has described. Fromm (1968) adds an important dimension when he suggests, "Integrity means a willingness not to violate one's identity." Erikson (1963) writes that children need to feel trust which can be nurtured with "the assured reliance on another's integrity." Students learn when there is a meaningful relatedness and respect between them and the teacher. Perhaps, the only way for the educator to achieve this meaningful relatedness is by functioning as a responsible role model which invariably thrusts the teacher into the charismatic role of parental surrogate who demands the very best from students. The teacher needs to be honest and transparent so that students can view him or her as a potential responsible role model; needs to be caring, optimistic, and passionate while concurrently being assertive, demanding and direct; needs to be definite by expressing personal values and opinions; and needs to be willing to develop a humanistic relationship predicated upon reciprocity, sharing and caring so students can have a meaningful dialogue and begin to develop their unique identities. This is the pedagogical relationship.

A Warning

Goodlad's (1983) sobering conclusion that "teachers are widely reported to be frustrated, burned out, uncertain as to what is expected of them and suffering from low morale" is a realistic appraisal of the current crisis which confronts education. Goodlad (1983) offers the reasonable explanation that "many of those persons coming into teaching today appear to be less well prepared intellectually and academically than their counterparts of an earlier time." The mistrust and disrespect for teachers both as technicians and persons is at its zenith. This has profound implications for the future of teaching. Kafka (1915) wrote a short story, "Metamorphosis," in which the protagonist who failed to actualize his humanness was turned into a cockroach. If teachers fail to become responsible role models who can inspire active and meaningful learning, they deserve to abdicate their profession. While some may dismiss Skinner (1984) as being too radical or cynical when he proposes that teaching machines can educate, they may underestimate the legitimacy of his concern. If teachers fail to teach, why not replace them with machines? The assembly line worker has been replaced by the robot. The elevator operator is extinct because elevators are not automated. Perhaps the classroom in the 21st century will have a teaching machine "lecturing" students. Teaching machines will be able to grade standardized tests objectively. Asimov (1960) philosophically ponders whether or not computers will replace persons in the evolutionary process. Unless the teacher is prepared to accept the challenge to make education vibrant and relevant, maybe he or she deserves to become extinct.

REFERENCES

Alcoholics Anonymous, Alcoholics Anonymous. New York: Alcoholics Anonymous World Services, 1939.
Alcoholics Anonymous, Twelve Steps and Twelve Traditions. New York: Alcoholics Anonymous World Services, 1952.
Asimov, I., I, Robot. New York: Fawcett Publications, 1950.
Barzun, J., Teacher in America. Boston: Atlantic-Little, Brown & Co., 1945, p. 29.
Bernstein, J., "Science Education for the Non-Scientist," The American Scholar, 1982(52), p. 12.
Boyer, E. L., High School: A Report on Secondary Education in America. The Carnegie Foundation for the Advancement of Teaching. New York: Harper & Row, Publishers, 1983, p. 149.
Bratter, T.E., "The Three 'R's' of Educational Reform," in A. Bassin, T.E. Bratter & R.L. Rachin, The Reality Therapy Reader: A Survey of the Works of William Glasser. New York: Harper & Row, Publishers, Inc., 1976, p. 413.
Bratter, T.E., "Confrontation Groups: The Therapeutic Community's Gift to Psychotherapy," in P. Vamos & J.J. Devlin (eds.), Proceedings of the First World Conference on Therapeutic Communities. Montreal, Canada: Portage Press, 1977, p. 166.
Bratter, T.E., "The Four 'R's' of the American Self-Help Therapeutic Community R, Responsibility, Reality and Respect," in J. Corelli, I. Bonefiglio, T. Pediconi & M. Colomb (eds.), Proceedings of the Third World Conference on Therapeutic Communities, Rome, Italy: Il Centro Press, 1978.
Bratter, T.E., "Educating the Uneducable: The Little 'Ole' Red Schoolhouse with Bars in the Concrete Jungle," Journal of Offender Counseling, 1980(4), p. 105.
Bratter, T.E., E.A. Collabolletta, A.J. Fesabender, M.C. Pennacchia, J.R. Rubel, "The American Self-Help Residential Therapeutic Community: A Pragmatic Treatment Approach for Addicted Character-Disordered Individuals," in T.E. Bratter and G.G. Forrest (eds.), Alcoholism and Substance Abuse: Strategies for Clinical Intervention. New York: The Free Press, Inc., 1985, pp. 461-507.
Bratter, T.E. & L.J. Greenfield, "Toward a Theory of Realistic, Relevant, Pragmatic Education: Challenges and Concerns for the 1980's and 1990's," in J. Corelli (ed.) Proceedings of the Eighth World Conference on Therapeutic Communities. Rome, Italy: Il Centro Press, 1985 (in press).
Buber, M., Between Man and Men. Boston: Beacon Press, 1955.
Buber, M., I and Thou. New York: Charles Scribners & Co., 1958.
Buchen, I.H., Humanism and Futurism: Enemies or Allies?" in A. Toffler (ed.), Learning for Tomorrow: The Role of the Future in Education. New York: Random House, 1974, p. 141.
Crosser, P.K., The Nihilism of John Dewey. New York: Philosophical Library, Inc. 1955.
Dewey, J., My Pedagogic Creed. New York: E.L. Kellogg & Co., 1897.
Dewey, J., The School and Society: Being Three Lectures by John Dewey. Chicago: University of Chicago Press, 1899.
Dewey, J., The Educational Situation. Chicago: University of Chicago Press, 1902.
Dewey, J., Democracy and Education: An Introduction to the Philosophy of Education. New York: Macmillan Co., 1916, p. 11.
Erikson, E.H., Childhood and Society. New York: W.W. Norton & Co., 1963, pp. 268-69.
Erikson, E.H., Identity, Youth and Crisis. New York: W.W. Norton & Co., 1968.
Eurich, N., "The Humanities Face Tomorrow," in A. Toffler (ed.), Learning for Tomorrow: The Role of the Future in Education. New York: Random House, Inc., 1974, p. 147.
Freud, S., Recommendations to Physicians Practicing Psychoanalysis (Standard Edition, Volume 12. London: Hogarth Press., 1912, p. 115.
Fromm, E., The Art of Loving. New York: Harper & Brothers Publishers, 1956, p. 25.
Fromm, E., The Revolution of Hope. New York: Bantam Books, 1968, p. 87.
Gibson, W., The Miracle Worker. New York: Bantam Books, 1956.
Glasser, W., Reality Therapy: A New Approach to Psychiatry. New York: Harper & Row, Publishers, 1965, p. 22.
Glasser, W., Schools Without Failure. New York: Harper & Row, Publishers, 1969, p. 24.
Glasser, W., The Identity Society. New York: Harper & Row, Publishers, 1972, p. 28.
Glazer, M., "Anonymity Reconsidered," Journal of Contemporary Psychotherapy, 1981(12), pp. 147-148.
Goodlad, J.L. A Place Called School: Prospects for the Future. New York: McGraw-Hill Book Co., 1983, p. 359.
Griffith, P.P., Teaching the Twenty-First Century in a Twentieth Century High School," in A. Toffler (ed.), Learning for Tomorrow: The Role of the Future in Education. New York: Random House, 1974, p. 199.
Herbart, J.P., Outlines of Educational Doctrine. New York: Macmillan & Co., 1901.
Hook, S., Education for Modern Man. New York: Dial Press, 1946, p. 189.
Hook, S., "John Dewey: The Philosopher of Growth," Journal of Philosophy, 1939(LVD), p. 232.
Janse, A., 'A Review of Pygmalion in the Classroom," American Scientist, 1969(51), pp. 44A-45A.
Jourard, S.M., Disclosing Man to Himself. New York: Van Nostrand Reinhold Co., 1968.
Kafka, F., "Metamorphosis," Judgment Day, 1915 (22-23). In F. Kafka, The Penal Colony: Stories and Short Pieces. New York: Schocken Books, 1961, pp. 67-134.
Keller, H., Teacher: Anne Sullivan Macy. New York: Doubleday & Co., 1955.
Lightfoot, S.L., The Good High School. New York: Basic Books, Inc., Publishers, 1983, p. 345.
Lash, J.P., Helen and Teacher: The Story of Helen Keller and Anne Sullivan Macy. New York: Delacorte Press, 1980.
Meyeroff, M., On Caring. New York: Harper & Row, Publishers, 1971, p. 1.
Meichenbaum, D., K. Bowers & R. Ross, "A Behavioral Analysis of Teacher Expectancy Effect," Journal of Personality and Social Psychology, 1969(13), pp. 306-316.
Pestalozzi, J.H., Letters on Early Education. 1927.

Postman, N., & C. Weingartner, Teaching as a Subversive Activity. New York: Dial Press, 1969.
Rogers, C.B. "Significant Learning: In Therapy and in Education," in C.R. Rogers (ed.), On Becomeing a Person: A Therapist's View of Personality. Boston: Houghton Mifflin Co., 1961, p. 280.
Rosenthal, R. & L. Jacobson, Pygmalion in the Classroom: Teacher Expectation and Pupils' Intellectual Development. New York: Holt & Co., 1968.
Rosenthal, R., "The Pygmalion Effect Lives," Psychology Today, 1973 (7), pp. 56-62.
Rousseau, J.J., The Education of Emile. Donaldson, 1768.
Shaw, G.B., Pygmalion. New York: Brentano's, 1914, pp. 109-224.
Sizer, T., Horace's Compromise: The Dilemma of the American High School. Boston: Houghton Mifflin Co., 1984, p. 194.
Skinner, B.F., "The Shame of American Education," The American Psychologist, 1984(39), pp. 946-949.
Szasz, T.S., The Ethics of Psychoanalysis: The Theory and Method of Autonomous Psychotherapy. New York: Basic Books, Inc., Publishers, 1965, pp. 114-115.
Thorndike, R., "Review of Pygmalion in the Classroom," American Educational Research Journal, 1968(5), pp. 708-711.
Torrey, E.F., The Death of Psychiatry. Radnor, Pennsylvania: Chilton Book Company, 1974, pp. 116-117.
Toffler, A., Future Shock. New York: Random House, 1970.
Wilkins, W., "Self Fulfilling Prophesy: Is There a Phenomeoplaint?", Psychological Bullatin, 1977 (84), pp. 55-56.
Wolfe, T., The Sto[illegible] of a Novel. New York: Charles Scribner's Sons, 1935, p. 39.