

ACHIEVING STUDENT DRUG AWARENESS THROUGH
AN INDIVIDUALIZED COUNSELING PROGRAM

by

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Chapter I

INTRODUCTION AND PROBLEM STATEMENTS

Background to the Problem

The attempt to achieve drug awareness among students poses many discipline and social behavior problems for teachers, counselors, and school officials. If the above problems are to be solved through the utilization of counselors or student personnel in drug education programs, recommended approaches should be utilized and highly organized programs followed to ensure positive results among students who participate in drug counseling programs.

Statement of the Problem

It was the purpose of this study: (1) to review research and professional literature; (2) to survey counseling programs and students for a planned drug program; and (3) to synthesize subsequent findings in order to identify positive approaches utilized in individualized drug counseling programs; finally, the study attempted to synthesize the findings into conclusions and recommendations for further study of the individualized drug counseling program.

Procedure of the Study

An investigation was made of recent research, professional literature, and other materials about drugs and drug abuse. In Lincoln Parish, a survey of drug programs in ten schools and a survey of twenty-five students ranging from high school to college grade levels was made. The surveys

were conducted to obtain information for constructing a planned drug counseling program. The findings and results were subsequently drawn into conclusions and recommendations for further study of the individualized drug counseling program were made.

Definition of Terms

1. Drug abuse — (a) Legally, a criminal act involving the selling or buying of drugs without a legal permit for personal use. (b) Psychologically, a form of scapegoating designed to overlook the problems one might have. (c) Medically, drugs used by persons who have not been prescribed to do so by a medical doctor. And (d) socially, the misuse of drugs for bodily gratification and fulfillment with the in-crowd.

2. Drug problem — (a) The widespread misuse of drugs by individuals to settle inner questions that they are incapable of handling alone. (b) An unsettled dilemma of the society which is rapidly spreading.

3. Drug program — An organized plan which deals with giving out information and decision-making procedures on drugs.

4. Small-group counseling — A group of six to ten individuals having similar problems engaged in trying to help each group member to reach solutions.

5. Peer counseling — The counseling services performed by a student who is providing assistance to another student.

6. Questionnaire — An instrument which served the purpose of gathering information and providing a descriptive reference about the study.

7. Marijuana and Marihuana — Different spellings for the same drug.

Chapter II

REVIEW OF RECENT RESEARCH AND PROFESSIONAL LITERATURE

Social and Legal Background

The drug problem in our society and more particularly in our schools has recently come to the attention of law officials, governmental agencies, professionals, and educators. The drug problem seems to have sprung up over-night; as a result, the responsibility of finding a solution to it has been shifted among various groups. The responsibility of achieving drug awareness has gone from the court to the jails, from the doctor's office to institutions, and from the school counselor's office to the street or home. Drug misuse seems to occur because no one person or group has the answer to reducing drug usage for combating the problem or for deleting the entire drug issue. Efforts have been made on the parts of all concerned in trying to confront the drug problem. School counselors have set up drug programs; the government has passed laws; and medical research has been continuous in trying to eliminate growing drug misuse. It seems that little has been accomplished while the continuing drug problem seems to be fatal to our youth. As a result, various responsible groups of persons are still probing and trying to seek "the approach" to end drug abuse and to make students aware of drugs.

The problem of drug abuse is not a new one however it seems the problem is becoming more widespread. Our society faces a crucial problem as the drug proposition attracts the youth of our country. For many

centuries, man has used some form of drugs for the same purpose our youth find exciting. According to the Bureau of Narcotics and Dangerous Drugs/ U. S. Department of Justice (1972:2):

Man has used drugs since the beginning of time. He also abused these powerful drugs to escape from life and betrayed their medicinal value. Today, drug abuse remains a problem to society.

The use of drugs in the United States appears to be somewhat an old issue, too. There has been a great deal of historical documents or literature written which state that at the turn of the nineteenth century drugs were being brought into the States for its bodily and emotional gratification. A report in the Bureau of Narcotics and Dangerous Drugs/U.S. Department of Justice stated (1972:9):

Hemp was first brought to the Western Hemisphere by the Spaniards who introduced it to Mexico. Somewhat later, the New England settlers brought it with them from Europe to make rope for ships, and as well as to make clothing and hats.

However, a short time afterwards, the use was not for material purposes. The Bureau of Narcotics and Dangerous Drugs/U.S. Department of Justice reported (1972:9):

By the nineteenth century, some prominent European and American writers were making use of cannabis for purposes of 'self-exploration.' Mark Twain's character in The Adventures of Huckleberry Finn smoked hemp. In 1919, Mexican laborers brought it into wider use in the United States. Its use spread gradually at first but rapidly in the 1960's to its present extent.

Although few books or other literature is available about drug abuse in the late 1920's and early 1930's, there is some evidence that drugs were being

highly misused in the Black and Mexican ghettos in the large cities of the United States. Many researchers seem to differ as to how or when drugs entered into the ghetto. Some seem to feel that drugs entered through organized crime groups during the first economic depression and war years. This seems to have been during a great psychological depression as well which might have been the opportune time for its grand entrance. However, according to the Bureau of Narcotics and Dangerous Drugs (1972:36):

Ghetto youth are also the heirs of a decades-long tradition of Marihuana use. For them, marihuana serves as the mark of the 'cool' style.

Whatever social and behavioral scientists may have gathered as evidence to support their conclusions may be considered as one among many views of the authentic cause.

The efforts seemed to have been lagging in controlling abuse, and the continuous use of drugs lasted until the 1960's. This period became known as the drug era. Alarmed, shocked, and disturbed were the reactions of the law officials, educators, middle class society, and researchers as the misuse of drugs moved into white middle class schools and communities. During this era, many myths have been destroyed. No longer can one limit the user by his economic, racial, or environmental status or background.

A Federal Source Book stated (1971:3):

Until recently, almost all heroin use was confined to males in urban ghettos. Now this pattern is changing. A few young people in suburban areas use heroin. Marihuana formerly was seen primarily in disadvantaged areas. . . . Today, marihuana smokers and users of hallucinogens are found among middle class and upper class young people and other groups.

The information about the historical background of drug abuse can be related to these questions. What importance does history have upon drug abuse, if any? And, what implications does history have for the counselor? These questions shall be reviewed and hopefully answered in the section of the paper for implication.

The government has had a role to play in drug awareness, probably the largest; however, it seems the role is not played well. There seemed to have been a lack of efforts made to institute programs or to pass laws which may have had a positive result. Knowledge of drug misuse was apparent to governmental representatives who in turn could have made the drug abuse problem knowledgeable to the public. Governmental officials entertained the opinion that the use of drugs is a means or symbol of protest against society or the establishment, while the mass of the people were quite uninformed about drug abuse.

There was a law passed, as early as 1937, against the possession or sale of drugs. However, recent widespread misuse and knowledge about drugs have almost forced the government representors to take further action. Many law officials are enforcing the law of 1937, and drug programs are being established. Commercials which warn against the misuse of drugs can be viewed as one watches television. Governmental research is still in process. The researchers are studying the psychological and physical effects drugs have upon people. Very little research is geared toward the "problem." Many of the attitudes that officials have may need to change before further progress can be made. According to a report from the Bureau of Narcotics

and Dangerous Drugs, Answers to the Most Frequently Asked Questions about Drug Abuse, (1971:3):

At one time we thought that if we could eliminate poverty, drug abuse would fade away."

More recently appropriations have been poured into research and law enforcing projects rather than emphasis placed upon the "problem". Some new laws were passed, according to the United States Department of Health, Education and Welfare, Marihuana: Some Questions and Answers, (1971:4):

New Federal penalty schedules have been enacted by Congress to replace those established under the Narcotic Control Act of 1956. . . .

The Comprehensive Drug Abuse Prevention and Control Act of 1970 stipulates that illegal possession is punishable as follows: (1) first offense—imprisonment of up to one year and/or a maximum fine of five-thousand dollars; (2) distribution or possession with intent to distribute may bring up to five years imprisonment and/or a maximum fine of fifteen-thousand dollars; and, (3) continuing criminal enterprise carries a penalty of from ten years to life imprisonment and up to a fine of one-hundred thousand dollars.

According to the National Commission on Children and Youth: The American Legion, (1971:1):

No one knows really the extent of drug abuse among young people. Estimates range from several hundreds of thousands into the millions. Between 1960 and 1967, juvenile arrests for illegal use of drugs increased eight-hundred percent.

Searching into the causes and solutions to the increase of drug abuse, the government research team continues its research and possible will continue for a long time to come. The National Institute of Mental Health Research

Center for Studies of Narcotics and Drug Abuse is supporting approximately sixty research projects. A report on LSD: Some Questions and Answers, stated there are presently:

. . . 58 research projects which include the extent of the use of LSD by students and by the general population and LSD's biological, psychological, and effects in animals and in humans . . .

More specifically, there have been studies on the effects on memory and performance, acute adverse reactions, effects on driving ability, experiments with animals, personality changes long-term effects, and others. The government has sponsored many programs. Some of these are called Half-way House, Walk-in counseling offices, The Narcotics Information Services, Hot- Lines, Crisis House, and others.

Communities throughout the United States have established programs, conducted surveys, and performed research. Many of the projects seem to have been effective since each was designed to meet the particular needs of its own community. Until the beginning of the drug era, the small communities have experienced very few drug abuse problems. Therefore, reports, surveys, and most of the other literature have been about large communities. Some of the larger communities have put money into a drug program according to what the officials deemed necessary. Some of the programs seem to have been beneficial for a somewhat large number of addicts who do seek their services. Yet, some have reached no appreciable result. It seems that the community has a definite responsibility for and to its youth. Though, many responsible persons seem to disagree as to the extent to which the

community should be responsible, there is nonetheless a consensus that it should assume some of the responsibility. A report in the Guidelines for Drug Abuse Prevention Education, (1972:1) stated:

. . . the communities should be informed of their roles in preparing young people to mature successfully in our culture, by programs that increase adult participation, understanding and support.

These larger communities dealing with the growing drug problems seem to have followed some common procedures. Visits were made to other cities which had a successful drug program. Professionals were invited to come to their communities to help institute drug programs. With different methods being employed in trying to solve one problem, one underlying concern was providing a setting for the drug abuser to go and talk at the right time. From this basic concern, different methods included a twenty-four hour hot-line service, a walk-in street clinic that caters to teen-agers under eighteen, a one-man outreach operation, ex-addict counselors, paraprofessional counselors, methadone programs, special employment agencies, and other emergency units. All of these different methods show immediate concern for the drug abuser.

Many communities have passed laws that are unique to its own society. Some communities have hired special law agencies to help them to identify drug abusers. These persons have been secret agents, medical professionals, psychologists, psychiatrists, or lay personnel. Different emphasis is apparent in a report in Look Magazine (1971:81):

City police date their drug boom from early 1968 and

estimates about 4,000 heroin addicts in the area. The city's narcotic and vice squad was beefed up to 24 men, while Metropolitan Dade County cops now have 25 men working on drugs, and a school security force runs a six-man team.

In a similar report from the Chicago area, the reinforcement squad had almost doubled. Likewise, in other large communities, such as, New York, Los Angeles, Louisville, Tacoma, New Haven, and Washington, D. C., the number of special police have been increased. Much commonality exists in the kinds of innovative programs which have begun to effect a significant decrease in drug traffic and in drug abuse.

Educational Involvement in Drug Awareness

Although in many schools most of the responsibility of student drug awareness has been assigned to the guidance personnel department, administrators have assumed some of the responsibility, too. Many schools have devised programs and created rules which were to some extent unknown only a few years ago. Some of these schools have been very successful while others seemed to have been failures. First, to name preliminary features of these programs will help the reader to understand why these schools were successful. These factors were:

1. Common philosophies about drugs were established by the faculty and staff;
2. The faculty and the staff were educated about drugs;
3. Factual information such as films and film strips, literature of books, pamphlets, and documents and were given to the faculty and staff.

(This included information on physical affects, legal penalties, approaches in the classroom, and general education.)

These three elements seemed to have been established prior to the programs or rules being made. Therefore, these schools seemed to have had an effective teamwork going for them which seemed to have been the foundation of each success. This kind of format augmented coordination and definition of each person's role. As a result, there was little conflict or haphazardous planning which seemed to have provided organizational rapport.

Many schools which had a tremendous amount of drug abuse established programs that were congruent to their needs. Some schools found to first plan some kind of orientation for parents was an excellent approach. During this orientation period, parents were given the kind of literature the faculty and staff had received. Also, there was an oreintation period for student drug awareness. During this period, professionals, along with counselors, conveyed drug knowledge to students and allowed students to interact with them. A second step was the use of entertainment. A film or play would be useful in deglamorizing drug abusers. A third step that some schools took was probably most effective to students; it is called group discussion. This approach allowed students to relate on a personal basis. Group discussion would have great influence on students' decisions.

Many schools have improvised local and federal laws concerning drug abuse. Many school officials feel that their new approach is more beneficial to the student offenders for many reasons. However, reported in Guidelines for Drug Abuse Prevention Education, (1972:15) maintains:

. . . Tough enforcement of drug laws relating to marihuana may not be desirable since the offender is not usually a so-called 'bad' child and may be corrected without moving him from home; the detention environment may harm rather than help. . . .

Therefore, many schools have laws so that these laws will not be too strict or punitive. Within many schools, rules are being improvised to meet each student's need. For schools currently practicing such policies, attitudes and approaches have proven effective to the student. However, new trends have caused conflicts with law officials and with community agencies or representatives. Each representative seems to have its own philosophies and laws. According to a report in Guidelines for Drug Abuse Prevention Education, (1972:16):

After the arrest the legal apparatus must attempt to make a just determination in the case. Present laws in many states make reasonable disposition of cases difficult. It is no compliment to our legal system that for 30 years ghetto youth have been subject to the same laws that middle class parents in the suburbs now find do not fit offenses their children are charged with.

Would the outcomes for drug awareness in schools across the nation have a better chance if there were some common philosophies that all of them could share? Would there be a better chance for harmony among the school, community, and legal agents if these groups established some common ground? What would happen if more schools bind toward a less authoritarian policy in dealing with drug abusers? The final recommendations will deal with these questions.

Individualized Drug Counseling. The drug problem has become a crisis to many counselors across the United States. The counselor is often given

the responsibility to set up programs, to organize groups and organizations, and to sponsor other programs in order to find an effective way to deal with the drug problem. Drug awareness may be most effective in the degree to which it encourages the counselor and the student to enter into honest, interested exchanges of self-perceptions. If the exchange between counselor and student is positive, then it is likely that the outcome will be satisfactory. Establishing the willingness to listen to the other will help to enhance drug education. The search for approaches on behalf of the counseling program can be a unique and unified drive if the counselor and student have ways to start meaningful communications. Counselors have employed the individualized counseling approach.

An important issue of the individualized approach is how effective it is and has been for counselors who have used this approach. According to a report from Nation's Schools (1970:52):

For any drug program to be effective, it must relate to the student on a personal basis . . . especially the student with a drug problem.

However, a counselor should consider the disadvantages, advantages, characteristics, and techniques of an individualized drug program.

Some of the disadvantages of an individualized counseling program are:

(1) the counselor cannot utilize time economically; (2) counselors might tend to generalize or categorize students; (3) the counselors predict erroneous outcomes; (4) the counselor might develop personal biases or emotional involvements; (5) the counselor and counselee might become involved in personality conflicts; (6) the counselee might develop a dependency on the

counselor; or (7) the counselee might experience fear of the adult role that the counselor portrays. Too often, counselors may tend to generalize or to categorize students who have drug problems. Maybe, the reason is that myths or personal feelings can distort the counselor's professional objectivity. A lack of open-mindedness can destroy a counselor-student relationship. Some advice to counselors is offered by Flack (1972:182):

Counselors may need to consider a fact that students are human, not numbers to be dealt with. Students, like most individuals, prefer being met on a personal basis.

Without the counselor's awareness of this thought the drug program might become ineffective. The counselor may need to appraise himself often and objectively at the outset of the drug program. A warning is given in a report in A Federal Source Book (1971:5):

. . . the counselor whose approach is punitive is unlikely to succeed. Channels of communication must be opened, and the patient must acquire some measure of trust in the counselor.

Therefore, if negative attitudes on the part of the counselor arise within the counseling session a counselor might fail to produce effective leadership or rapport.

Advantages of individual counseling exceed the disadvantages. It provides (1) the opportunity for a counselor to become knowledgeable of specific or unique personal problems; (2) the opportunity for the counselee to receive special attention in dealing with his problem; (3) aid for counselors to make valid predictions; (4) the opportunity for helping the student to become a decision-maker; (5) the opportunity for making long and short range plans; and, (6) the opportunity for the counselor to build his skills in drug counseling.

Other advantages of individualized drug counseling would depend upon the extent to which the counselee benefits from the sessions.

A counselor who is considering innovating an individualized program may find some guidelines helpful to him in building his program. Some suggestions in a report in Nation's Schools (1970:52):

(1) Students will be able to ask all the questions which relate to their problem, (2) students will be able to ask as many questions as they desire, and (3) students will be able to listen without interruptions.

Other characteristics include: program direction, a set of goals, purposes, and objectives, all of which are necessary elements for a drug program. Counselors can develop relationships with students that have all of these characteristics by; according to Jones and others, (1970:149-53):

. . . (1) assisting students to examine conflicting values that are the root of a personal problem or to weigh information as they make plans . . . and (2) establishing of objectives or goals towards which the conversation might point.

The individualized counseling program can serve as a means of clarifying the helping process, a medium of assisting to students in examining the psychological dimensions of what they are thinking and saying, and a means of developing a sound relationship between the counselor and the student.

Approaches Utilized to Achieve Student Drug Awareness. There are many techniques which can be employed in the drug program to help the counselor to gain a better understanding of the student. One technique is the use of appraisal devices such as, sociograms, personality tests, autobiography, case study, cumulative data, and anecdotal records. Other

resources available to the counselor to help him understand the student are: Consultants; (a) psychologists, (b) parents, (c) teachers, (d) students, (e) social worker (or any member of the guidance personnel), and (f) other influential persons not a part of the school's system.

Techniques which appear to have been effective are the use of case studies and consultants. The case study can be utilized within the individualized setting to increase student drug awareness. The counselor who employs this technique can find it useful since the case study is a record of the problem. It may include those factors such as personal, environmental, and social backgrounds which may facilitate the counselor's knowledge of the student's self-perception, weaknesses or strengths, and failures or success. Thus, the counselor can make accurate predictions of the student's future. Finally, the case study can serve as a reference for consultants such as, physicians, teachers, parents, and law officials.

Students can be allowed to develop case studies as well. The case study can be very effective because it can be improvised and serve as practical experience. The learning process can enable the student to be useful to himself and to others. It can help to build the student's self-concept and to give him a sense of responsibility and achievement. Counselors may rely upon this concept in their approach if they choose to use case studies as viable means to improve student drug awareness.

The student needs a plan for case study. The case study may be simple in content so that the student can easily follow and understand it. Erickson (1959:85-91) stated:

. . . it may develop around this list of definitions and explanations: (a) Analyzing problems — diagnosing the case; (b) Deciding what is valid — how much of the information is factual; (c) Identifying problems — being able to pin point the issues; (d) Case planning— involves and encourages subject to participate in his own problem; (e) Understanding social setting — subject may behave differently out of his environment; (f) Interpreting information — one should be able to understand information received; (g) Developing plans — preparation of course of action in combating problems; and, (h) Closing study — student should be able to evaluate his findings and make desirable conclusions.

Even though the student may work on his own, the counselor may need to have periodical meetings with the student for guidance purposes.

Often times, a counselor can receive aid from the teacher. The teacher is involved with students on a more daily basis than the counselor; consequently, teachers may help him to recognize drug abusers or a need for drug counseling. Therefore, if the teacher's relationship with the student is a positive one, then maybe the teacher can be effectually involved in the helping process. Also, the teacher can be allowed to make case studies which could be more effective than if the students were referred to the counselor. However, the teacher may need to exchange ideas and to discuss plans with the counselor. The case study could be even more effective if the counselor, teacher, and student were involved and if all involved persons were working in a harmonious relationship.

It appears that not all schools, even colleges and the top-ranked high schools, are equipped with the persons needed for a complete guidance program. In these instances, the counselors are the lone representors for the helping services. The counselor may not be able to do the work

effectively with all of the students. The counselor is trained primarily in the counseling field. Therefore, when the counselor confronts students with problems that are vague, far-reaching, or too difficult to analyze, the counselor may need to employ the services of consultants. Doctors, lawyers, ex-drug addicts, psychologists, policemen, and psychiatrists can work with students in an efficient manner because of their training, knowledge, or experience in their fields. The consultants may be able to recognize the core of the problem more quickly than the counselor. Patten (1972:182) pointed out:

Consultants can help provide students with information and knowledge so they themselves can make disciplined decisions about pleasureable activities as well as internalizing a set of positive value affirmations regarding self-respect and acceptance.

The consultant can be of valuable importance in lessening the limitations and augmenting the training of the counselor. A counselor may feel that a student is using drugs because of social or emotional problems. A person who has specialized in another area may detect an oversight. A person trained in the area of sociology might first inquire into the social background of the student. A person who is trained in the medical profession may make inquiries about the student's physiological record. Or, a consultant who is trained in the area of law might first want to see the student's disciplinary record. However effective or ineffective the consultant is may depend still largely upon the counselor's ability to make a somewhat accurate diagnosis of the student's inner problem. Then from this initial point, the student may receive the needed assistance.

1. Peer Counseling. Peer counseling has become a new dimension in the helping services. Research points out that even though this approach has been used for many years, peer counseling was not actually designed for the same purposes as for which it is now used. Since the new use has been implemented and has become widely accepted, it is necessary for the counselor to explore and to evaluate peer counseling as an approach to solving student drug abuse and to establish drug counseling programs.

In order to appraise peer counseling, a list of four questions has been designed. (1) What is peer counseling? (2) What is known about it from professional literature? (3) What are various dimensions of peer counseling? (4) What are disadvantages and advantages of peer counseling? The above information was considered essential in devising an individualized drug counseling program.

A peer counselor denotes who is performing the counseling services. Peer counseling is a student who is providing assistance or counseling services to another student. This explanation should not imply that a student counselor acts alone. A peer counselor may depend upon the adult counselor for advice or guidance and as a referral agent. Peer counselors work with others in small-group settings or individualized settings. The peer counselor is one who accepts the responsibility of aiding the counselor in matters whereby a model may be a decisive factor. Many students who are reserved with the adult counsel, feel free to express themselves to a peer. The utilization of peer counselors in drug counseling would be extremely advantageous to an effective counseling program.

Maslow's Hierarchy Theory states, individuals do not seek self-esteem only, but also relate to those who understand, sympathize, and share similar problems. According to Jersild (1970:254):

When an adolescent finds a real friend he possesses something very precious. He is not only tasting the joys of companionship but is also discovering himself. To the extent that he is able, he brings out, for open display, doubts, resentments, and gains a deeper assurance of his own worth.

Jersild indicates further that adolescents desire to become accepted among their peers, to be liked, and to belong. As a result, students have confidence in another's opinions, thoughts, behavioral patterns, and loyalty more than in anyone else's. Therefore, a student would seek the advice of a peer; and the adult may well be his last alternative. A person, regardless of age, may naturally seek a friend's or peer's help.

As early as 1963, The American Association for Health, Physical Education and Recreation published a book, Drug Abuse: Escape to Nowhere, which included reasons for the innovation of peer counseling. Peer counseling was a complementary and stronger approach for reaching students who were involved with drugs. (When the problem is the inability to communicate with counselees, experimenting with peer counselors is recommended.) The Personnel and Guidance Association, reporting on the drug problem in the Los Angeles area, highly recommends peer counseling implementation in drug awareness programs. Further, the report stated many high schools in the Los Angeles area had successfully instituted peer counseling as an approach to dealing with student's problems with drugs.

As peer counseling is being instituted into some of the counseling programs, counselors should be concerned with intended goals and specific purposes of the peer counselor. Dias and Main (1972:54-56) identify the following goals of peer counseling:

- (1) To provide for feedback through the formation of advisory groups representing students, teachers, and the community;
- (2) to use the peer counselors as persons of liaison for student and community;
- (3) to help build self-identify;
- (4) to improve peer relationships;
- (5) to identify ineffective behavior; and,
- (6) to improve the ability to plan for the future.

Those goals associated with self-identity and indentifying ineffective behavior may become those which peer counselors may use as methods for direction or guidelines.

Many of the problems of teen-agers stem from emotional uncertainties. Such questions as: Who am I?: What is my purpose in life?: Am I worthy?: How can I become a part of my group?: or Why don't my parents understand me?: are typical of the doubts and inquiries that challenge young people. Many young people differ as to their abilities to cope with or effectively handle each of their problems. To the teen-ager, his problem might appear unique. As a result, he might begin to try to solve his problems in a way totally unaccepted by society. He begins to look for measures by which he can escape the pain of his family or school life.

If the youth has chosen the drug route to escape, a peer counselor who has experienced a drug problem can be most helpful. A peer counselor who has not experienced drug abuse can become an effective counselor. Students may appear less critical and less demanding of their peers than adult

counselors. As a result, if the peer counselor is properly guided, those goals and purposes of peer counseling can be reached.

The forms and types of peer counseling comprise three major dimensions: (1) Rap Sessions, (2) Hot Lines, and (3) Peer Counseling.

Rap sessions would consist of a gathering of a small group of six to ten counselees. This group may consist of students who have similar problems and difficulties. During these gatherings or sessions, they would be allowed to freely "rap" about whatever they choose. The objective of these sessions is to bring out or discover answers, to share ideas, to build an understanding of others and of self. The peer counselor's duty is to help each student to examine the nature of and to discover his particular problem. The peer counselor may employ various techniques with the aid of the adult counselor.

The idea of rap sessions, also rap rooms, seems uncommon to the mass of many school personnel and guidance services. Even though it may be growing, many counselors and other school personnel authorities do seem to recognize little value in the idea. However, those schools which have growing problems of drug abuse may find the advantages stimulating and effective in their drug counseling services. According to a report in the Personnel and Guidance Journal (1972:53):

These groups have been used and proven extremely effective in increasing a person's ability to fulfill his potential and increasing person-to-person communication on a human level.

Also, the report suggested that the rap sessions helped to the extent that

the subject of drugs was dropped. Because drug use was a means of emotional escape or social influences, many students began discussing the underlying causes. Another report reflects that students had been helped in these sessions referred to by the Personnel and Guidance Journal (1972:57):

I really feel different about them (parents). . . . Just last night I told my dad that I loved him, which is something I haven't done . . . as long as I can remember, and he smiled and . . . that was enough for me. . . . It's really beautiful just knowing that there's somewhere I can go.

Many students who are drug users often may have related problems.

Therefore, a rap session can help each student to realize his own problem. Many students find it difficult to discover methods which they can use to solve their problems. Yet, other students may need to only be encouraged to take the initial step to solve their problems. When students enter into encounter groups, they may begin to build self-identity and to identify positive behavioral patterns.

The second of the three dimensions of peer counseling is the hot line technique. Hot line refers to services rendered to students who use the telephone as their media. This method is more popular on college campuses, but seems to be becoming popular in large high schools. Hot lines would be most effective when students are too self-conscious or who wish their identity to remain anonymous. However, many students trying to "kick the habit" or during emergencies, in many instances, would greatly benefit from this kind of service. Rendered on a twenty-four hour, seven-day basis, the hot line service involves peer counselors who use their home telephone to receive the hot line calls and to respond to the caller's need for help.

The suggested advantages of the hot line service include: (1) To provide immediate service for potential drug victims, (2) to help to eliminate drug use and the traffic of illegal drugs, and (3) to provide learning experiences for students who participate as peer counselors.

The last dimension is individualized peer counseling itself. The peer counselor acts as a paraprofessional counselor performing on an intimate or one-to-one basis. The peer counselor would not be haphazardly chosen. He may be more effective and a greater asset to the drug counseling program if selected carefully. Various qualities which may be required of peer counselors, according to Merckle and Wrenn (1970: 687-91) include: (1) personality, (2) leadership ability, and (3) interest in the program. To further emphasize the importance of the techniques counselors would use during the selection process, Merckle and Wrenn (1970: 687-91) suggest that a counselor would choose the peer counselor from his performance on (1) panel discussions on (a) sexual mores, (b) dream interpretation, (c) marriage problems, (d) death, and (e) parapsychology; and (2) autobiographies. Other techniques depend upon the creative ability of the counselor or reliable literature available to the counselor.

Disadvantages of peer counseling may need to be reviewed as a means of preventing ineffectual misuse of this approach. Many schools are not designed to use all of the new dimensions that are created for the guidance program. Some school officials would willingly accept the change while others would powerfully resist peer counseling. Reported in the Personnel and Guidance Journal (1972) some of the disadvantages were:

(1) Peer counseling develops autonomous individuals who could prove disruptive, and (2) the change could bring on chaos in the student body.

Some school officials opposed peer counseling because they feared students might lose their desired sense of perspective or begin to seek higher positions not usually assumed by students. Yet, other administrators feared peer counseling because they felt the responsibility should be assumed by responsible adult counselors only.

The advantages many counselors found as direct outcomes of peer counseling were numerous. According to a study reported by Merckle and Wrenn (1970), some of the advantages of peer counseling can be inferred because the student-to-student learning facilitates better listening and secondly students generally establish an atmosphere of trust most quickly in personal interchange between students within a topic structure. (It can help a student toward a career commitment, if he were to lead a group discussion within a class, an important aspect of paraprofessional counseling in the developmental impact of peer counseling. (It constitutes an attempt to integrate the student's classroom activities with his personal concerns. (It offers a new way to teach students at all levels what it is like to be a teacher or counselor without adding education courses to the curriculum. (It helps students to realize and communicate feelings. (It helps students to build better relations between people, and allows students to feel freer to speak without fears of rejection. These advantages may become a reality when a counselor has a considerable amount of knowledge about utilizing peer counseling in drug awareness programs. To facilitate a counselor's effort

to use peer counseling, he may need to become aware of other professional literature on peer counseling concerning the advantages.

Some highly recognized authorities in the helping services apparently uphold the idea of peer counseling. According to a report in the Personnel and Guidance Journal (1970: 53): Carl Rogers expressed the idea that rap rooms can be effective. "These groups have been used and proven extremely effective in increasing a person's ability to fulfill his potential and increase person-to-person communication on a human level." According to the same report, these goals of peer counseling would be worthwhile and logical when encounter groups are established for the purpose of increasing drug awareness. Reich stated that:

. . . goals for the encounter groups can have a greater reason, a more human community, and a new and liberated individual. . . a renewed relationship of man to himself, to other men, to society, to nature, and to the land.

In the same report Ohlsen expressed the idea that:

These groups can be especially appropriate at the secondary level because of the adolescent's strong desire to be a member of a group and his struggle for independence. It can also relate directly to the adolescent's search for identity, for increased understanding of himself, and for improved social skills.

Further study of the report indicated that others in the field have similar views of the peer counseling techniques. Gibbs and Gibbs expressed the idea that the effectiveness of peer counseling depends upon the quality of the personality of counselor and students. Nisbet held that peer counseling would bring out many hidden factors about students that adult counselors

are not aware of, understanding about, or share the youth's opinions of.

Peer counseling is apparently effective when it is used in an effective manner and after considerable planning. The counselor would need to have a sense of direction, and a planned and organized set of goals. If the counselor makes these goals explicit, he may be successful in his endeavors. Peer counseling may be more effectively utilized when this approach supplements other facets of a drug counseling program.

2. Small Group Counseling. Today, there appears to be an enormous shortage of professionally trained counselors; but, the population of students and their quests for assistance seem to have quickly mounted. Many schools have not been able to make available more than one counselor to its program, even though the population of the students has rapidly increased. As a result, the idea of group counseling in the guidance program was re-emphasized and re-innovated in order to make available its services to all students. There are many different ideas about what group counseling is. Many authorities have expressed different views concerning the definition, goal, objective, types, disadvantages, and advantages of group counseling.

The idea of group counseling may depend upon who is viewing the approach. Although there are several definitions for group counseling, a drug counselor may try to find that one which serves his student's specific needs. The drug problem is still somewhat a mystery, an equation, which seems difficult to solve. An individual counselor's particular application of group counseling may vary with specific program needs. Therefore, the drug counselor would be able to identify and to implement the form of group

counseling which appears most viable in his program design.

Jones and others (1970: 149-53) align varieties of group counseling into three categories, which are: group guidance model, group-process model, and group counseling model. The group guidance model refers to the interaction of the counselor with a relatively large group of students through the media of the lecture, discussion, and question-and-answer communication. The group process model refers specifically to those group experiences which have as their objective the development of the group as a functional unit. The group counseling model involves the counselor with more than one person concurrently. The latter model offers other helping relationships to the individual counselee.

Group counseling can also be viewed as awareness, encounter, or sensitivity groups. According to a report in the Personnel Services Review by Slone (1970: 1-4):

Awareness House began in 1968 when a high school counselor recognized a serious drug problem in the community. . . . The center continues to provide the following services: (1) group meeting of users and non-users with counselor-aides to improve communication and understanding; (2) counseling for parents who face family drug abuse problems; (3) referral agency for local physicians and others who are aware of individual drug abuse; and (4) education to young people and others on drug abuse.

Encounter or sensitivity groups are being tried by a number of schools and other institutions. An important requirement of the approach is specifically trained leadership and careful planning.

Group counseling can be an extremely difficult process. Therefore,

considerable preparation and organization may prove to be the difference in an effective or an ineffective group counseling program.

What is the nature of group counseling or how is group counseling applied? Important factors to be considered are the size, the goals, and the objectives.

The size of the group for individualized drug counseling may be of utmost importance. Lifton (1967: 133) suggested:

Size has a direct relationship not only with the defined purpose of the group but also with the possible relationships between group members. . . . The popular upper limits are between 8 and 15. When the group gets beyond this size the group may find the need to operate in sub-groups at critical points in order to re-establish the conditions needed for emotional involvement and release.

Members within the group would need to have similar problems or to have similar character traits. The size of the group would have no importance if each member of the group has problems or character traits that are dissimilar.

The goal or objective of the group would be to help each individual to increase knowledge about himself and others while engaging in a multiple help setting. Each person is ideally counseled as a separate entity. Yet, each individual depends interchangeably upon the other. According to Jones and other (1970: 162):

A counseling group has not a purpose other than to assist each member to obtain his individual objective. As members assess whether or not they have fulfilled the purpose for which they joined the group, those methods which are inefficient are replaced by new procedures. The counselor, as well as new members, learns effective group techniques through this process.

A counselor would select specific goals and objectives for his drug counseling program which may depend upon those specific needs of the group. However, goals and objectives would need to be flexible so that the program would still be effective as new needs arise.

The disadvantages may range from those weaknesses of each member in the group to the complexity of group counseling. The most common disadvantages of group counseling may fall under one of these categories:

(1) student problems; (2) counseling and counselor's problems; and, (3) problems of group counseling.

Students might encounter several different personal problems which the counselor may need to recognize as individual problems rather than as problems of the group. Instances of problems stated by Lifton (1967:115-153) are: (1) The silent member; (2) the resistance of members; (3) the overly-aggressive member, and (4) the talkative member. Just as students can present problems to the group counseling approach, counselors might present problems as well. A report in A Federal Source Book (1971:5) stated: the counselor whose approach is punitive is unlikely to succeed. The counselor whose approach is argumentative is unlikely to succeed. According to a report in Ebony Magazine (1969) the moralistic or prejudiced counselor might lose respect of his counselees before the session has begun. The complexity of group counseling is intensified by its inherent potentials for both success and failure. However, a counselor may be able to deal with the disadvantages in an effective manner if he creates equal but opposite forces must be utilized to achieve a viable construct. Lifton (1967:115-53):

suggests several dynamics concurrently operating, such as: (1) The initial leader. All groups depend upon a catalyst to merge the individuals into a cohesive unit. (2) Voluntary and involuntary groups. Although the group members may have a common concern, did they come together of their own volition or were they forced to belong? (3) Group composition. If the group atmosphere is a function of the composition of its membership, the question of who shall be included in the group is of importance. (4) Out-of-Group sessions. Confusion over how to preserve the confidential nature of the group, while recognizing that in most settings group members will have occasion to meet outside of the group, causes groups to examine early in their life how best to handle the multiplicity of relationships group members may have. And (5) Responsibility in a group. One of the fundamental assumptions behind the philosophy is that individuals, given the freedom to grow and to help to perceive what they are doing, will accept responsibility for themselves and others. A counselor would effectively control at times and enhance at other times these energies in order to shape the total impact of the different forces into a significantly positive encounter.

The goals which can be attained through small-group counseling have been variously analyzed by several professionals in the helping service. According to Driver (1954:19): learning in a small-group process takes place in four ways: through the discussion content and group activities, through personal relationships of group members, through the interactions of group members, with the leader during group sessions, and through the counseling process in private interviews with the leader. Also, singling out the

benefits to be gained from group counseling, Jones and others (1970:162): maintain that group counseling affords the student a greater potential number of helping relationships than is the case in individual counseling, and each member identifies a primary concern that he feels might be alleviated through group participation. Lifton (1967:23-1947. "T-Group Theory and Laboratory Method") stresses the influences of group counseling on the individual counselee. (Each individual may learn also about groups in the process of helping build one. He may develop skills of membership and skills for changing and improving his social environment as well as himself, as members develop their own skills in giving and receiving help.) Likewise, concerned with the individual in the small-group setting, Driver (1958:358): maintains that an achievement to be gained through group experience is the awareness on the part of each individual of his own customary pattern in group activity, and of typical roles emerging in a group.

Professionals describe the potential usefulness of the small-group process in terms of different goals. The different viewpoints have a common theme. Some students prefer or relate better in a group process. General conclusions about small-group counseling recognize that group counseling would provide a means of saving time, developing work relationships, improving interpretive skills or abilities, and developing peer and other relationships. Small-group counseling would be an effective approach to the drug abuse dilemma.

Chapter III

SURVEY OF APPROACHES UTILIZED FOR DRUG AWARENESS IN SCHOOL PROGRAMS

Counselor's Survey

A questionnaire survey was conducted of ten counselors in the Lincoln Parish Schools. The questions asked in the survey (Appendix A) were derived from the information in this report. The purpose of the survey was to gather information from counselors as a descriptive reference. The information was pooled to be used in the construction of an individualized drug counseling program.

The survey dealt with seven questions in which each answer was ranked and the results were tabulated. The seven questions surveying approaches utilized for drug awareness in school programs dealt with these factors: (1) procedures for constructing drug counseling program; (2) effective approaches for drug awareness; (3) ineffective approaches for drug awareness; (4) factors which most affect a program; (5) suggestions for future accomplishments in drug awareness; (6) other approaches utilized with individualized counseling; and (7) counselor's assets in strengthening the counseling program.

Fifty percent of the counselors agreed that surveying students is the initial step in the procedure for constructing the program. Formulation of a program by a counselor without aid received none of the counselor's

support. No particular approach for drug awareness received a majority consensus. However, forty percent of the counselors agreed that the best approach for drug counseling was individualized counseling, while large group counseling received none of their support. Relying upon their experiences, forty percent of the counselors agreed that lack of cooperation among those involved was the factor which most adversely affected counseling sessions. According to forty percent of the counselors, the factor which most positively affected a drug counseling program was the counselor's attitude about drugs. Rapport with students received the lowest rating. Sixty percent of the counselors agreed that greater accomplishments could be made through cooperation among students, faculty, counselors, and others who are involved. None of the counselors felt new laws or punishment for drug abusers could help to improve drug awareness. The counselors agreed by a sixty percent majority that the best approach to be utilized with individualized counseling was peer counseling. The classroom approach was rated least effective. Eighty percent of the counselors agreed that their ability to work effectively with students was their best asset in strengthening the program. Ability to formulate a program and knowledge about drugs and drug abuse received ten percent respectively of the counselor's support.

Taped Student Interview

Taped interviews involving various students were conducted to serve as a descriptive reference for formulating the drug program. The interview

dealt with four basic questions: (1) What would you suggest as various means for drug awareness programs? (2) What do you consider ineffective approaches in counseling student drug abusers? (3) Do you think there is a need for continuous drug counseling? (4) Would you be willing to participate in student drug counseling?

A majority of the students suggested that they would prefer seeking pastoral or medical services. Their reasons implied they could trust their ministers, and professional advice was more reliable than that of counselors. All of the students agreed that the most harmful approach in drug counseling involved punishment of drug users, movies that "play it up," and critical counseling. A majority of the students expressed the opinion that many counselors "ignore" the abusers as an approach based upon hopes the problem will "fade away." All of the students agreed that the drug problem was a growing dilemma; therefore, drug awareness programs need to be better provided for all students. A majority stated that an organization of some sort which involved students, counselors, and consultants needed to be established and continued. A consensus was that more sub-groups, models programs, services, and knowledge should be made available to everyone. When asked if they would participate in such a program, a majority stated that they would. Several reasons for participating were given: (1) gratification of helping others; (2) more effective counseling by students; and, (3) experimentation among siblings and friends — recurred in several explanations of their interest in drug counseling programs.

Chapter IV

FORMAT OF A DRUG COUNSELING PROGRAM

Goal of an Individualized Drug Counseling Program

The goal of an individualized counseling program is to provide services to students and to help them to become cognizant of drugs and of drug abuse. Through this effort, students may become knowledgeable of their particular problems which may be the core of their problems.

Objectives

The objectives of an individualized drug program should be realistic in nature. The stated objectives should be congruent with human needs. These objectives should be expressed as being the following, according to a report in Guidelines for Drug Prevention Education (1972:3-10) and Sloan (1970:1-4) :

1. To obtain information about drug problems in the nation, local community, school.
2. To develop or promote programs to combat local drug abuse.
3. To gain support for school/district drug abuse programs.
4. To increase teachers' and parents' knowledge, insights, attitudes, and skills:
 - a. Increased knowledge on drugs — pharmacological, psychosocial, or legal — or all three.
 - b. Ability to discriminate between fact and fiction regarding drugs.
 - c. Ability to recognize personality problems

related to drug abuse.

- d. Increased awareness of the youthful sub-culture and an accumulation of subconscious knowledge to assist in verbal and non-verbal communication skills.
- 5. To develop a more sympathetic attitude toward youth, with increased understanding of the stresses and problems they face.
- 6. To develop students' decision-making abilities.
- 7. To demonstrate the various concerns of the school in drug education for youth, and the need for parental and community cooperation.

Philosophy

A counselor's philosophy concerning drug abuse and abusers is of utmost importance and may determine his effectiveness. According to a report in Guidelines for Drug Abuse Prevention Education (1972:3-4), a counselor's philosophy may include these factors:

Effective drug education should take into consideration that we live in a drug-using society and that people look to drugs to alleviate a host of physiological, psychological or social needs, with varying degrees of success.

Some young people of all income levels adopt the theory that using marihuana is not vastly different from the use of alcohol, tobacco or pills.

Young people, in relation to drugs, can be categorized as: (a) non-abusers; (b) experimenters; and (c) abusers.

Surveys show drug abuse among the young is varied and frequently complex. Untruths, exaggerations, sensationalism, and moralizing kill the effectiveness of the drug education program. Some drug use in school presumably stems from dissatisfaction with the educational process. Young people delight in pointing out the inconsistencies and hypocrasies in drug legislation and enforcement.

Program of Activities

Peer Counseling. Peer counseling, in an individualized drug counseling program, can be effective. Those particular activities should be centered around student awareness utilizing the two approaches. Along with those objectives, purposes, and goals of peer counseling, a counselor may construct his program including activities for peer counseling.

The three forms or types of peer counseling follow these dimensions:

(1) Rap sessions: (2) Hot lines; and (3) Peer counseling. Rap sessions would include small group discussions. Each group would consist of six to ten students who have similar problems. Rap rooms would be provided for students through which many ideas, opinions, or suggestions are interchanged freely and willingly. Students have begun to view these rooms in a positive sense. Hot lines is a service rendered to students who use the telephone as their media. Many students use their home telephones in order to provide twenty-four hour seven-day services. Peer counselors act as paraprofessionals performing on an intimate or one-to-one basis. Peer counselors can be effective in rap sessions, hot lines, and personal or individual counseling. Peer counselors are most effective when properly guided. They are able and useful in suggesting activities, formulating organizations, initiating programs, and opening doors for communication with and for students.

Small Group counseling. Individualized drug counseling can be appreciably effective when utilized with small group counseling. There is a need for qualified counselors; therefore, small group counseling can provide services to a greater number of students. Small group counseling enhances

student participation in human relations. It provides opportunities for students to assess themselves and to become better decision-makers.

Some of the small group counseling activities which could be employed in individualized counseling include: field trips to half-way houses, hospitals, other schools and institutions; human relations workshops; honor's day activities for students who have participated; and art, music, poetry, drama, dance, reading, research and others. All activities should be suited to each grade level. Counselors can vary activities according to availability of time, space, and participants.

Chapter V

SUMMARY, CONCLUSION AND RECOMMENDATIONS

Summary

The purpose of this study was: (1) to review research and professional literature concerning individualized counseling, peer counseling, and small-group counseling approaches; (2) to survey counseling programs and students for a planned drug program; and (3) to synthesize subsequent findings in order to identify positive approaches utilized in individualized drug counseling programs; finally, the study attempted to synthesize the findings into conclusions and recommendations for further study of the individualized drug counseling program. The study was conducted on the hypothesis that individualized drug counseling is an effective approach to achieve student awareness of drugs. It was found that many highly professions; such as, Rogers, Wrenn, Driver and others, agree to the use of peer counseling and small-group counseling approaches as being effective approaches which can enhance student drug awareness. Secondly, the surveys of the ten counseling programs and of the twenty-five students reflected personal opinions as to how improved drug counseling programs can be instituted into a school program. Finally, the use of a drug program is thought to be an extremely effective instrument for counselors. If goals, objectives, philosophies, and activities of a program are stated, it can serve as a guide which can enable counselors to work more effectively with students. The above reported

research, surveys, and program were synthesized into recommendations for further study.

Conclusions

Efforts to combat drug abuse are numerous and diverse. Social organizations and socially-minded individuals are sponsoring drug centers and half-way houses. Local, state, and national governmental agencies are passing legislation and promoting research projects. However, the task of educating people about drug misuse has fallen to the schools.

Schools across the nation have had the major responsibility of educating youth about drugs and drug abuse. Much of this responsibility has become a part of the counselor's responsibility. As a result, many counselors have become confused as to how they can effectively approach the drug dilemma.

Some of the more effective programs in schools have been those which used the individualized counseling approach that was supplemented with peer counseling and small-group approaches. The approach seemed to have been effective because of a number of factors. Individualized counseling affords the counselor the opportunity to identify with the individual so that he, too, can identify specific problems. It aids in prediction and decisions for plans, and the individual receives special attention. The counselor can become more knowledgeable of the problem and aid the counselee in decision-making processes. The counselor can become more aware and skilled in working with drug problems. Unfortunately, the number of counselors in our schools are

not able to meet the demands of the heavily populated schools nor the enormous requests for answers to problems from students. Thus, peer counselors, students who assist other students, have become a part of the counseling program. Many peer counselors have been so effective that the services they have rendered have been highly appraised by those counselors who have worked with them. Students usually reveal their problems or joys to another student quite more frequently than to adults. Mainly, for this reason, the the counselors who recommend this approach have been able to receive appreciable results in their programs. The consensus opinion of Rogers, Dias and Main, Merckle and Wrenn, Ohlsen, and others is that such an approach can be of utmost importance when utilized with the individualized approach.

The small-group approach can be the most difficult of all approaches. However, if the counselor is able to guide a group to perform in other significant activities, he may be able to reach the goals of small-group counseling. Too often, a counselor may find himself at the point where he has neither time nor assistance favoring him. At this point, the counselor would likely recognize how viable small-group counseling can be.

There are other approaches that are considered as equally desirable as individualized counseling, peer counseling, and small-group counseling. But, a counselor would need to carefully and informedly consider all the advantages, disadvantages, and procedures before he begins to design his program. Then, the counselor may be creative and use other approaches along with these recommended methods.

A program, a plan of stated activities, goals, objectives, and

philosophies, would be derived from research and experiment. A program would be flexible enough to substantiate changes and reliable enough to help prevent reluctant assumption of responsibilities, leaderless numbers, or non-directive programming. The advantages of a well-planned program are numerous. Hence, the hypothesis that individualized counseling is an effective approach to achieve student awareness of drugs would appear to be both valid and reliable.

Recommendations

The process of achieving drug awareness is a most difficult and challenging endeavor. Present and prospective drug counselors need to understand the complexities of human behavior. Many of the drug abusers' problems stem from disarrangement of their emotional adjustment or social confrontations. For these student drugs abusers, the school counseling program could render an important service.

Counselors who desire to design a drug counseling program, would benefit from opportunities to visit hospitals, prisons, half-way houses, reformatory institutions, and school campuses. Perhaps through these visits and their conjunctual experiences, the drug abuser would become more clearly defined to the counselor.

Perhaps the drug counselor, attempting to initiate the drug program, would contemplate where and how to implement drug awareness and counseling. The drug program would correlate each level of education, from kindergarten through college. The counselor would coordinate the efforts

of several classroom teachers. The general aim would be increased knowledge, improved attitudes, and liberated discussions about drugs. The program dimensions would be curative in the nature of drug abuse and preventative of drug abuse and drug ignorance. The primary clientele of the drug counseling program would be the student drug abusers. The secondary population would comprise other students and teachers. Alleviating or reducing drug misuse would require school-wide participation.

During an era of movies and music popularizing the flourishing drug culture, the devastating effects on students' attitudes and misuse of drugs would yeild areas where research is much needed. One such study might possibly analyze the role of drug abuse in the student displacement phenomenon which the National Education Association is presently pursuing. Displaced students are those who have involuntarily withdrawn from school at the administration's insistence, or as the result of tension at school.

Drug counseling is a new area of the school counseling program. The need for additional study, publications, and research in the area is as great as the need for student drug abusers to find an end to a dangerous practice.

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APPENDIX A

SURVEY OF APPROACHES UTILIZED FOR DRUG AWARENESS IN SCHOOL PROGRAMS

QUESTIONNAIRE

The purpose of this questionnaire survey was to serve as an informative reference. The data was collected from counselors in the Lincoln Parish Schools. The information was pooled so that a general consensus could be obtained for the purpose of formulating a drug counseling program.

The survey dealt with seven basic questions which were based on concerns reported in recent research and professional literature. Specifically, those questions were:

1. Rank the procedures listed below as you would proceed for gathering information for constructing a drug counseling program.

_____ Survey of students
_____ Survey of other drug programs
_____ In-service training for faculty and staff
_____ Formulating drug program

2. What approaches for counseling students do you think can be most effective for drug awareness?

_____ Individualized drug counseling
_____ Small-group counseling
_____ Consultants; ex-drug addicts, doctors, psychologists, social workers, etc.
_____ Large-group counseling
_____ Peer counseling

- _____ All approaches
3. During your drug counseling sessions, how would you rate the following for ineffectiveness?
- _____ Individualized counseling
- _____ Lack of variety in the program
- _____ Large group counseling
- _____ Lack of cooperation from those involved
- _____ Other factors (Name them)
4. Of the following, rank those factors which most affect a counseling program.
- _____ The counselor's attitude about drugs
- _____ The counselor's rapport with students
- _____ The counselor's ability to create or provide various services in the program
- _____ The student's desire to seek help
- _____ The counselor's knowledge about drugs
5. How could greater accomplishments be attained?
- _____ The faculty and administration pool their efforts and their support
- _____ Special consultants were made available
- _____ Other services were provided to students; such as, hot-line, encounter groups, or half-way houses
- _____ New laws
- _____ The pushers and abusers should be punished
6. Drug awareness can be made more of a reality to students if other approaches were utilized through
- _____ Classroom discussions and activities

- _____ Special assembly programs
- _____ Small-Group counseling
- _____ Counselor-counselee approach
- _____ Peer counselor approach

7. Which of the following do you think could be an asset in strengthening the drug counseling program?

- _____ Ability to work effectively with students
- _____ Ability to formulate a program
- _____ Knowledge about drugs and drug abuse

Personal Comments

APPENDIX B

Results of Survey of Approaches Utilized for
Drug Awareness in School Programs

Questions	Factors	Results
1. Rank these approaches for initial step to construct a drug program.	<ul style="list-style-type: none"> a. Survey of students b. Survey of other drug programs c. In-service training for faculty and staff d. Formulating drug programs 	<ul style="list-style-type: none"> a. 50% b. 40% c. 10% d. 0%
2. Rank these approaches according to their effectiveness for drug awareness.	<ul style="list-style-type: none"> a. Individual b. Consultants c. Large group d. Peer e. Small f. All approaches 	<ul style="list-style-type: none"> a. 40% b. 10% c. 0% d. 20% e. 10% f. 20%
3. Rank these procedures according to their ineffectiveness in drug counseling.	<ul style="list-style-type: none"> a. Individual b. Variety in programs c. Large group d. Lack of cooperation e. Other factors 	<ul style="list-style-type: none"> a. 40% b. 0% c. 20% d. 30% e. 10%
4. Rank those factors which most affect a counseling program.	<ul style="list-style-type: none"> a. Counselor's attitude b. Counselor's rapport c. Variety in programs d. Students desire to seek help e. Counselor's knowledge of drugs 	<ul style="list-style-type: none"> a. 40% b. 0% c. 10% d. 30% e. 10%
5. Rank procedures for attaining greater accomplishments.	<ul style="list-style-type: none"> a. More support from faculty and staff b. More use of consultants c. Provide more services d. More laws e. Stricter punishment for pushers and abusers 	<ul style="list-style-type: none"> a. 60% b. 20% c. 20% d. 0% e. 0%
6. Rank other approaches which could be utilized with individualized counseling for drug counseling.	<ul style="list-style-type: none"> a. Classroom activities and discussions b. Special assembly programs c. Small-group d. Peer counseling 	<ul style="list-style-type: none"> a. 0% b. 10% c. 30% d. 60%
7. Rank these personal assets of counselors that are most useful to drug counseling.	<ul style="list-style-type: none"> a. Ability to work effectively with students b. Ability to formulate a program c. Knowledge about drugs and drug abuse 	<ul style="list-style-type: none"> a. 80% b. 10% c. 10%

ACHIEVING STUDENT DRUG AWARENESS THROUGH
AN INDIVIDUALIZED COUNSELING PROGRAM

by

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ACHIEVING STUDENT DRUG AWARENESS THROUGH AN INDIVIDUALIZED COUNSELING PROGRAM

ABSTRACT

Statement of the Problem

It was the purpose of this study: (1) to review research of professional literature for a planned drug program; (2) to survey counseling programs and students for a planned drug program; and (3) to synthesize subsequent findings in order to identify positive approaches utilized in individualized drug counseling programs; finally, the study attempted to synthesize the findings into conclusions for further study of the individualized drug counseling program.

Procedures Used

An investigation was made of recent research, professional literature, and other materials about drugs and drug abuse. In Lincoln Parish, a survey of drug programs in ten schools and a survey of twenty-five students ranging from high school to college grade levels was made. The findings and results were subsequently drawn into conclusions, and recommendations for further study of the individualized drug counseling program were made.

Findings

Efforts to combat drug abuse are numerous and diverse. Such efforts have been made by the government, state, and local agencies. Some of these efforts have resulted in establishing drug centers, passing laws, promoting research projects, half-way houses, and other professional and non-professional groups, organizations, and projects.

However, the task of educating people about drug misuse has fallen to the schools. Some of the more effective programs in schools have been those which used the individualized counseling approach that was supplemented with peer counseling and small-group approaches.

A drug program, if the activities, goals, objectives, and philosophies are stated, should be flexible enough to substantiate changes and reliable enough to help prevent reluctant assumption of responsibilities, leaderless numbers, or non-directive programming.

Conclusions

The following conclusions can be derived as a result of this study:

- (a) individualized counseling when utilized with peer counseling and small-group counseling approaches can be extremely effective for student drug awareness.
- (b) a program, a planned statement of activities, goals, objectives, and philosophies would enable a counselor to be effective.
- (c) there is still a great need for further study and experiment to identify other positive approaches for student drug awareness programs.