Initial Evaluation of a Public School Drug Abuse Program: Student Service Center

David J. Potts
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INITIAL EVALUATION OF A PUBLIC SCHOOL
DRUG ABUSE PROGRAM:
STUDENT SERVICE CENTER

by

David J. Potts

A Thesis
Submitted to the
Faculty of The Graduate College
in partial fulfillment
of the
Degree of Masters of Arts

Western Michigan University
Kalamazoo, Michigan
August 1975
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My grateful appreciation goes to Howard E. Farris for his continual guidance and critical evaluation of this thesis. My thanks also to Malcolm Robertson and Chris Koronakos for serving on my thesis committee. I would like to acknowledge Barb Farris and John Woodrow, my co-directors in the Student Service Center, for their help in the implementation of the program and the collection of data during the research conducted.

David James Potts
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I  The number of student contacts, different students and average visits per student as a function of grade level.

II The number of student contacts and corresponding percentages as a function of student source.
Drug use and abuse have been in existence for centuries. Until recently, within the last decade, the problem was viewed as being specific to certain groups or locations and generally rather isolated. Because of this, the problem has historically received little public attention. In the mid 1960's, however, the drug scene moved into middle class America. Educational institutions began to recognize the problem and along with governmental authorities instituted a campaign of what might be best described as "Scare Tactics" (Triad, 1974). In March of 1970, the Office of Education in Washington, D.C. was given $4.2 million to set up the National Drug Education Training Program. The December 1970 passage of the Drug Abuse Education Act provided for an additional $58 million over a three year period. By September of 1971, 400,000 people in 55 states and United States Territories were qualified to train drug experts in local schools (Today's Education, 1972). At that point, the Office of Education identified five essentials for drug education to be: 1) people to people approach, 2) community-wide participation, 3) participation by a cross section of the youth population, 4) integration of this program into the total school program, and 5) honesty. A great deal of time and money was spent making films depicting the evils and aversive consequences of drug use. These films, such as Narcotics: Pit of Despair, placed heavy emphasis on the negative outcomes of drug use and presented only the most extreme examples of drug use, abuse, and overdose. In the literature, errors were made in discussing
drugs and drug use such as the mislabeling of marijuana as a narcotic (Bureau of Narcotics and Dangerous Drugs, 1972). In some cases, statements were made regarding drug use that were untrue or unrealistic, such as "probable hospitalization" for use of marijuana (Gross, 1968).

As early as December of 1971, people in drug education began questioning the overall effectiveness of this approach to drug education. In an evaluation of drug education programs, Smith (1971) stated that the past attempts were not extremely effective. He pointed out that films typically depicted heavy drug addiction, severe withdrawal, and $100 per day habits, while student populations were experimenting mainly with marijuana and "uppers and downers". In that same report, he urged the use of "Tell it like it is" programs.

Subsequent to the effort to scare potential drug users, educators entered this "Tell it like it is" phase. This phase was a campaign to educate students as to the pharmaceutical nature of drugs, their function, dosage and potential danger. This approach, according to an Ann Arbor survey (Triad, 1974), produced sophisticated drug takers and contributed to increasing the problem of drug use. However, good evaluations of these programs were limited (Seabright, 1973). The most common technique used was a pre-post measure of drug knowledge. Findings show knowledge increased, but little change in attitude toward drug use was noted.

In February of 1973, an Office of Education staff member asked for a moratorium on the making and use of drug films. Dr. Helen Nowles stated that "There is some suspicion that drug use has actually increased after the media blitz," (Nowles, 1973). At the same
time, the National Coordinating Council on Drug Education reported that only 16% of the films examined were found to be scientifically based and conceptually acceptable (Berry, 1973). With the move toward accountability in the Human Services area, drug abuse education programs began to undergo more critical evaluations. In the fall of 1973, a critical study was conducted on a "Tell it like it is" program. A comparison was made between groups of students who had participated in the drug education program and those who had not (Linder et al, 1973). This study revealed that the group who had not participated in the program used all drugs to a lesser extent than those who had participated. Subsequent to this study, the President's Commission on Drug Abuse declared a moratorium on federally funded drug education programs (Triad, 1974).

A nation-wide drug problem still existed. Law enforcement agencies in all states found this to be a major problem among young and old populations. Arrests were common for possession, sale and use of illegal drugs had increased as much as 200% from 1972-1973 in the community where the study was conducted (Wheeler and Pikkaart, 1974).

The most recent approach in dealing with the problem of drug use and abuse began in Michigan in the fall of 1973. The Michigan State Department of Education initiated a project entitled Student Service Centers (SSC). The three major goals expressed for this project were: 1) to have people examine their own behavior relative to drug use, 2) to examine and understand the factors relating to
those behaviors, including individuals, institutions, and social structures, and 3) to provide ways to alter or deal more positively with these factors (Triad, 1974).

In initiating the SSC programs, a task force from the State Department of Education visited public schools that had existing drug programs or had expressed an interest in starting one. Based on these visits, some schools were selected to participate in a pilot program on SSC development. Portage Northern High School was one of seven schools chosen. The directors for the local program were chosen by the school administration and received orientation and initial training in December of 1973.

The general format posed by the State for Student Service Centers consisted of a full time director, a backup director, and a complement of student staff to function as peer listeners. At the Portage facility, this format was modified somewhat to include a tri-directorship arrangement (three professional staff members at 1/3 time each).

Although the original intent of the Student Service Center concept was to curb drug abuse, its existence and mode of operation lent themselves to a much broader scope of human services. At the time of this study, the scope of the problems dealt with in the local Center were drug use and abuse, family related problems, student/teacher conflicts, problem pregnancy, runaways, criminal offenses, venereal disease, personal hygiene and job related conflicts. Traditionally, guidance and counseling departments have been the mainstay for student
assistance within the secondary schools. However, due to the tremendous amount of time and energy spent on academic counseling, college application, program administration, etc., the guidance counselor typically spends little time dealing directly with the personal problems of students. The need for some kind of on-site assistance was apparent; hence, the expansion of services supplied by the Student Service Center occurred rapidly.

The directors of Centers across the state vary tremendously as do the type of services their Centers offer. Educational levels and backgrounds of SSC directors range from high school graduates to doctoral candidates. Qualifications of the personnel operating the Student Service Center at Portage Northern High School are equally varied. The three directors include a reading instructor, a physical education teacher, and the author, a psychology instructor. The student staff is made up of a basic cross-section of the student body, ranging in academic capacities from the intellectually gifted, highly motivated student to the non-academically motivated, low achieving student. Student staff contact with drugs and history of use also vary. The common qualification for all staff, both professional and student, is an expressed interest in helping people cope with and adjust to their environmental circumstances in an effective manner.

In June of 1974, direct state funding of Student Service Centers was discontinued, and the individual school systems became responsible for continuing SSC programs. However, some state support was supplied at the regional level of drug programs and included a coordinator.
and in-service training for existing Centers. But local support is necessary for program continuance. The community in which this study was conducted indicated their support in response to a recent poll. Based on that questionnaire, parents of the Portage community recently listed drug related programs as the number one issue on their list of concerns (Kettner et al, 1975). Regarding the SSC, many questions still remain. Is the SSC approach more effective than past practices? Should the programs be continued? How can program effectiveness for centers of this type be determined?

In this study, the author attempted to begin the process of local evaluation of SSC programs initiating 1) a method for population identification and 2) for evaluating center usage. Once the population was identified, one measure of program effectiveness was taken. Due to the nature of the problems dealt with in the Center, confidentiality had to be maintained. Therefore, the measures of 1) numbers of students visiting the Center, 2) frequency of visits, and 3) student report of experience while in the Center were selected as variables to be measured.
METHOD

Subjects: The target population is defined as all students grades seven through twelve presently enrolled at Portage Northern High School or North Junior High School. (The combined enrollment is approximately 2100.) These students come from the upper middle class community of Portage which is adjacent to the City of Kalamazoo. Estimations provided by the Juvenile Division of the Portage Public Police Department indicate that as high as 95% of the high school population and 60% of the junior high students are presently experimenting with or involved in the use of illegal drugs, alcohol, or other controlled substances.

Facility: The Student Service Center is located on the third floor of Portage Northern High School. The physical facility consists of an office area approximately 10' x 10', and a drop-in room approximately 10' x 20' in which most of the interaction takes place. The floor is carpeted, and the only furniture in the room is large pillows and bean bag chairs. Indirect lighting is used to provide a more comfortable atmosphere. Along one wall is a mural of mountains and ocean, placed there by the students. On a second wall, there are shelves containing pamphlets on drugs, venereal disease, birth control, values, and community referral sources. The wall leading into the office has a bulletin board supplying students with information as to the time, place, and cost of local concerts. A radio playing continuously provides a background for interactions. The office has the usual complement
of desks, file cabinets, and supplies. It doubles as a consultation area for students who are emotionally upset or for private conversations.

**Student Use:** High school students come to the Center under one of the following provisions: 1) the teacher of a regular class may issue a pass; 2) the student may request a pass from one of the Student Service Center directors (this pass must be countersigned by the classroom teacher); 3) the student may come from the commons; or 4) the student may come in during an unassigned or free hour. Junior high students may request a pass from one of their guidance counselors and have it countersigned by their study hall teacher. In all of the above provisions, the student is also requested to sign in upon entering the Center. The sign-in register is located at the entrance to the facility and can be easily monitored from both the office and the drop-in room.

**Procedure:** All students entering the Student Service Center during periods when professional staff were on duty, were requested to sign in. The student was asked to supply his/her name, grade level, and teacher issuing the pass. Although the Center is open all six of the school hours, data could only be obtained for hours one, two, five, and six. The accuracy of the data received from the sign-in register was checked by comparing the information supplied by the student with the corridor passes issued by the teacher, as well as with a computer printout listing the names and grades of all students enrolled at
Portage Northern High School. An overall head count was also taken by the staff members and checked against the sign-in register. If a student was present and had not signed in, he was asked to do so before leaving the Center. This procedure was followed throughout the twelve week period.

Phase I: Baseline data were collected for a six week period. During this period, the only change from normal operating procedure was the introduction of the sign-in register. Data were collected on the sex, grade, and the teacher issuing the pass for each student using the Center.

Phase II: During the next three week period, all staff were instructed to say the phrase "tell a friend" at the end of each interaction with a student in the Center. No explanation was to be offered unless requested by the individual. If requested, the staff would explain that this was a campaign to increase student awareness of the Center.

Phase III: During the remaining three week period, baseline conditions were reinstated. This reversal phase was an attempt to measure the relative effectiveness of "tell a friend".
RESULTS

Phase I: Baseline During this initial baseline period, a total of 855 student contacts were made, an average of 142.5 per week. As can be seen in Figure 1, there was an initial drop in student contacts during weeks two and three followed by a recovery during week four. The number of student contacts stabilized at approximately 146 contacts per week for the last three weeks of baseline.

The dependent measure of different students entering the Center per week showed slightly more variability than did student contacts. The general trend, however, was similar. The mean number of different students per week was approximately 85.5 students.

The target population, students entering the Center for the first time, was variable throughout Phase I, showing an overall decline with some stability in the decrease being reached during the last three weeks of baseline.

Phase II: Tell A Friend Initiation of Phase II was followed by an initial drop in student contacts. However, weeks eight and nine showed a gain, reaching as high as 190 contacts per week. Overall frequency increased from a mean of 142.5 to a mean of 157.3 contacts per week.

The number of different students entering the Center was slightly higher than during Phase I, showing a positive acceleration (mean = 96.7 students per week).

During Phase II, the number of new students entering the Center
Figure 1: Total student contact per week during Phases I, II, and III.
Figure 2. The number of different students entering the SSC graphed as a function of weeks over Phases I, II, and III.
NUMBER OF DIFFERENT STUDENTS

TOTAL
HIGH SCHOOL
JUNIOR HIGH

PHASE I

PHASE II

PHASE III

WEEKS

FIGURE 2

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initially increased. But, as can be seen in Figure 3, the number of new students seen during weeks eight and nine was comparable to the last two weeks of baseline.

**Phase III: A Return To Baseline** The number of total client contacts during this phase shows a return to a slightly lower rate (mean = 123 contacts per week) than occurred during initial baseline (Figure 1). This drop in rate was experienced for both the junior high and high school populations. The number of different students using the Student Service Center also shows a return to a rate lower than initial baseline (mean = 70.7 different contacts). This trend also existed in the measure of new students per week during Phase III.

It should be noted that week eleven included Memorial Day, so the data shown is for a four day week.

The checklist was administered to 144 high school students in the third week of Phase III. From this source, it was noted that 135 or approximately 94% of these students listed other students as one source from which they learned of the Center's existence (Appendix A). It was also ascertained that the two major reasons for going to the Center were: 1) general personal problems and 2) parent hassles. Of the 144 students completing this checklist, 79 or approximately 55% had been to the Center during the school year. Of those who had frequented the Center, 76% of them stated that they had a very good or a quite good experience. Eighty-nine percent of the student population completing this questionnaire stated that the Center
Figure 3. The number of new students entering the SSC graphed as a function of weeks over Phases I, II, and III.
FIGURE 3

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should remain in existence at Portage Northern High School.

The sign-in register produced data showing the total number of student contacts per week, the number of different students served, and the number of students entering the Center per week. Data were also retrieved from this register concerning the sex, grade level, and the teacher issuing the pass for each contact.

The data retrieved from the register concerning population identification yielded some interesting findings. Using a t-test of significance difference, no difference was found \( t = .065 \) between the number of male students (864) and female students (831) frequenting the Center. Grade level findings showed the most concentrated use of the Center to be by juniors and sophomores respectively. As can be seen in Table I, the average number of contacts per student varies between 5.0 and 5.2 for grades ten through twelve, and, on the average, the junior high population showed a lower contact rate of 3.3 visits per student. Over the twelve week period of this study, a total of 1696 student contacts were made by Center personnel. This number included 15.4% of the high school population and 22.2% of the junior high. Figure 4 shows data similar to that collected prior to this study on numbers of student contacts made per six week periods. A cost analysis for all student contacts, based on the salary paid for professional staff, produces a figure of $2.04 per client contact.

The participation of the professional teaching staff employed at Portage Northern High School included 47 teachers, or approximately
Figure 4. Percent of the total enrollment for Portage Northern High School and Junior High graphed as a function of weeks over Phases I, II, and III.
FIGURE 4

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Figure 5. Total client contact for the second through sixth marking period (six weeks) during the school year 1974-1975.
NUMBER OF STUDENT CONTACTS

1500
1350
1200
1050
900
750
600
450
300
150

SIX WEEK PERIODS

2 3 4 5 6

FIGURE 5

PRE BASELINE ○
PHASE I ●
PHASES II&III □

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TABLE I: The number of student contacts, different students and average visits per student as a function of grade level.
<table>
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<tr>
<th>GRADE</th>
<th>NUMBER OF CONTACTS</th>
<th>NUMBER OF DIFFERENT STUDENTS</th>
<th>AVERAGE VISIT PER STUDENT</th>
</tr>
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<tbody>
<tr>
<td>12</td>
<td>249</td>
<td>49</td>
<td>5.1</td>
</tr>
<tr>
<td>11</td>
<td>404</td>
<td>80</td>
<td>5.0</td>
</tr>
<tr>
<td>10</td>
<td>392</td>
<td>75</td>
<td>5.2</td>
</tr>
<tr>
<td>Junior High 7 thru 9</td>
<td>650</td>
<td>198</td>
<td>3.3</td>
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70% of the staff. Upon closer inspection, however, only 27% of the teachers issued more than five passes during the entire twelve week period. This source supplied the lowest number of contacts of all possible sources. Most high school students entered the Center during either an unassigned period or from the high school commons area, a modified study hall. All but seven of the junior high contacts were made from study hall.
TABLE II: The number of student contacts and corresponding percentages as a function of student source.
<table>
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<th>STUDENT CONTACTS</th>
<th>PERCENTAGE</th>
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<tbody>
<tr>
<td>Teacher Passes</td>
<td>393</td>
<td>23.3</td>
</tr>
<tr>
<td>Junior High Study Hall</td>
<td>650</td>
<td>38.3</td>
</tr>
<tr>
<td>High School Commons and Unassigned</td>
<td>653</td>
<td>38.4</td>
</tr>
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DISCUSSION

Population Identification: The population using the Student Service Center consisted of an almost equal number of males and females. Before the results of this study were obtained, the author felt that a much greater number of males were served by the SSC. This points out the necessity for data collection rather than relying on the "impressions" of someone who works in the given program. The consistency in average contacts per student across the high school was another unexpected finding (Table I). The author expected greater variability with the largest contact number for the eleventh grade. The data do not, however, bear this out.

Actual numbers of students per grade were the only measure that came as no surprise. The relatively low number of seniors was an expected outcome (Table I) as a drug program of some sort has existed at Portage Northern High School for the past six years; hence, seniors have had opportunity for a lengthy exposure to such programs. In addition, the fact that the study was completed the last twelve weeks of the school year with graduation swiftly approaching is a plausible explanation for this figure.

The checklist also supplied information which identified the service area needed by the population. This information seems to substantiate the reason for the Center's existence. The majority of the students cited general personal problems and parent hassles as being the most frequent reasons for Center use (Appendix A).
Although the program has emphasis on drugs, the findings clearly point to a need for a broader scope of human services. This expansion of services is in keeping with the major objectives of the program - helping people examine all of their behaviors, not just those related to drugs. Gryphon Place, a local drug crisis center, reports similar findings in that approximately 70% of the calls received on their crisis lines are personal as opposed to drug related (Arnold, 1975).

**Experimental Findings:** Baseline data on total student contact across all dependent measures were variable but showed a consistent trend throughout. This variability is not uncommon to the Student Service Center. The number of contacts depends upon the amount and nature of problems incurred by its service population. Considering the vast area of service delivery dealt with in the SSC, it would be unlikely that the same number of contacts would be made in any given week. For example, it would be unreasonable to assume that the same number of family fights, problem pregnancies, or boyfriend/girlfriend altercations would occur weekly. The number of people using the Center could also vary as the result of other circumstances, such as a fresh shipment of impure LSD or other drugs delivered to the area. Other variables such as time of year, weather, exams, and vacations from school could also greatly affect the number of students frequenting the Center.

There is a core of visitors who come to the Center. Inspection of the data shows that variation in the contacts cannot be attributed to these regular visitors. When compared to the general headcount
data taken prior to the study (Figure 5), one may note that overall student contact during the baseline period is similar to that experienced throughout the school year.

In examining Figures 1 through 3, it can be seen that the junior high population is fairly stable across all measures. This may be due, in part, to the process necessary for a junior high student to come to the Center. A student must first go to a counselor, sometimes as much as week in advance, and request a pass. Passes are limited to four an hour unless an explanation is supplied by the student regarding the nature of the problem. He or she must then wait until the assigned study hall period of the proper day, have the pass countersigned by the teacher, and proceed across the street to the high school and subsequently to the SSC. This process almost totally eliminates spontaneous visits to the SSC. Multiple visits by the same individuals would automatically reduce the amount of different or new students able to attend.

Introduction of the Experimental Phase II produced varied but independent effects on the three major dependent measures. The number of total student contacts for this period showed a rapid increase; the number of different students coming to the Center showed acceleration but at a lower rate; and the number of new students showed a rate increase for the first week only, with the remaining two weeks dropping to baseline rate.

Because of the afore mentioned process necessary for junior high contact, the author feels that client contact is regulated by a ceiling effect. This is also borne out by the stable rate (i.e.,
no effect) of the number of different students per week during the study. The new students per week would also be directly affected. One would expect, because of repeated contacts by the same individual, that the rate of new students per week would drop and become stable at a fairly low rate as was the case during Phase I. The introduction of Phase II saw an increase of almost 100% in the new junior high students. This was followed by what might be expected - a decline at about the same rate as seen previously. Return to baseline revealed the predictable stable rate (10 new contacts per week).

The high school, not affected by any ceiling variable other than the capacity of the room (which was never reached), showed more variability across all of the dependent measures.

**Total Client Contacts For High School** The first week of the study, more high school contacts were made than at any other point in the study. This seemingly unexplainable high number of contacts may have been due to any number of the previously mentioned extraneous variables. With the exception of this week, the baseline rate remained relatively stable (mean = 84). The introduction of Phase II, "Tell A Friend", resulted in an acceleration of the number of high school student contacts. This acceleration does not appear to be dramatic, but when compared with the data received during reversal, it takes on a relative significance. In effect, the independent variable may have interrupted a fairly stable, if not declining, population.
Number of Different Students in the High School  This measure produced only a slight effect that may or may not be attributable to the independent variable. One may note that the rate of different students per week was on the increase at the end of the Experimental Phase. Re-introduction of baseline conditions saw a drop to slightly lower than baseline rate.

New Students in the High School  These data are extremely variable. It appeared that the rate at which new high school students entered the Center remained within the same range throughout the entire study. (Week one, every student would be considered a new student, thus the drastic difference.) The data show an initial increase during Phase II followed by a rapid decline. The decline during week eight can be attributed to a drop in new high school contacts. The number of high school contacts during week nine returned to a rate higher than that observed at any other point in the study. This increase was reduced by a drop in the number of junior high contacts during this same period; hence, the total rate shows little gain. Upon calculation of means for each of the conditions, a slightly higher than average rate is noted for the Experimental Phase (Phase II).

The occurrence of Memorial Day during week eleven resulted in a four day week. A drop in frequency was observed in all three means for week eleven. Using an estimated 20% increase as a correctional factor, the data points for total student contacts (Figure 1) and different student contacts (Figure 2) during week eleven would be 135 and 77.5 respectively. This would, in fact, smooth out the
curve but have no real effect on the overall conclusions drawn. Application of the same correctional factor produces a data point of approximately 14 new students (Figure 3). This moved the total for week eleven toward the mean, but still showed a deficit when compared to weeks ten and twelve. The possible antecedent for this departure is unknown. Overall effects of the "Tell A Friend" campaign were small but, at the same time, observable. It appears that the time of year may have limited the results. Unpublished data from the Van Buren Mental Health Clinic (Wenger, 1974) indicates that as spring and summer months approach, the number of new clients decreases, therefore, it is possible that the number of new escape responses available and general mood elevation are contributing factors. It was impossible to measure the number of students who actually told a friend. Further experimentation is definitely warranted.

A final measure of effectiveness for Phase II can be obtained from the checklist. Ninety-four percent of the students reported that at least one source of information about the Center was other students. This was probably an indicator of success. Another possible explanation is that this manipulation was not necessary because students were already telling others about their experiences with the Center. It is the author's opinion that both are correct.

Throughout the entire twelve weeks of this study, numerous problems were incurred. The data that could have been obtained from the third and fourth hours of the school days were irretrievable. During the third hour, due to a scheduling conflict, no professional staff were assigned; hence, the Center was operating under different
conditions. The Center was supervised by two senior staff members. The author felt that it would be unreasonable to request that these students not only run the Center, but also take on the responsibility of making sure all visitors had signed the register. The fourth hour operation was supervised by a professional staff member, but that hour was the senior high lunch period. This resulted in numerous short interactions with drop-ins on their lunch hour. With the system used for recording data, it would have been difficult to monitor sign-ins and still maintain effective operations.

The actual sign-in procedures also proved to be the source of problems. Students either failed to sign in or gave improper information. In the future, it is suggested that a student or other non-paid staff member be assigned to continually monitor the sign-in register to insure that all students sign in and supply the correct information.

Another problem was that of consistency. During Phase II, there was no way for the author to monitor all the conversations to insure that "Tell A Friend" was implemented. In certain instances, the staff forgot to use the phrase and reported this at a later date. Inconsistencies were also due to some lack of communication between the author and the rest of the staff as to the actual onset and termination of Phase II. In the future, it is suggested that instructions be posted in the Center with cues to remind the staff members of the phase under which they should be operating. Daily reminders to all staff may also lessen confusion and insure more consistency.

It was the original intent of the author to sample the entire
student population when distributing the checklist. Due to the time of year, the administration failed to approve a school wide sample. Ten percent of the high school was sampled, however, using the classrooms of two directors and three instructors who agreed to help. Although this sample was not a true cross section, it is felt that it was a relatively reliable measure.

Along with the data already discussed, the checklist supplied useful information as to student perception of the Center and its usefulness. As a result of these data, changes may be initiated to increase the effectiveness of the student listeners and decrease the number of students using the Center to cut class.

The three measures selected for the study, namely, total contacts, different contacts, and new contacts, provided for an initial measure of program effectiveness. Data indicated the effectiveness of Phase II. However, what was not revealed was the reason for the visit to the Center. It is clear that the SSC has a large number of contacts, and this factor can be manipulated, but the current study did not provide adequate information regarding the student's purpose for being in the Center. Further research in similar settings may include an added measure of student purpose. The problem that needs consideration would be finding a data system that would supply this information without breaking confidentiality.

Much remains to be accomplished in the area of determining program effectiveness. Although this study was by no means conclusive, it is hoped that it will generate further research in settings similar to the Student Service Center.
APPENDIX A

SCHOOL SURVEY

1. What grade are you in? _____

2. Sex: 84 F 60 M

3. Race:
   _____American Indian    _____Black
   _____Spanish American   _____White
   _____Other

4. Age: _____

5. How many years have you been at this school? _____

6. Where have you heard about the Student Service Center? (Check as many as apply.)

<table>
<thead>
<tr>
<th>Percentage</th>
</tr>
</thead>
<tbody>
<tr>
<td>School newspaper</td>
</tr>
<tr>
<td>School bulletin boards</td>
</tr>
<tr>
<td>Teacher(s)</td>
</tr>
<tr>
<td>Student(s)</td>
</tr>
<tr>
<td>School announcements - public address system</td>
</tr>
<tr>
<td>Parent(s)</td>
</tr>
<tr>
<td>Class visits by member(s) of the Center staff</td>
</tr>
<tr>
<td>Other</td>
</tr>
<tr>
<td>Not at all</td>
</tr>
</tbody>
</table>

36
7. Based on your own perceptions or experience, how helpful is the Center to students who go there?

<table>
<thead>
<tr>
<th>Very helpful</th>
<th>Quite helpful</th>
<th>Not very helpful</th>
<th>Not helpful at all</th>
<th>I don't know</th>
</tr>
</thead>
<tbody>
<tr>
<td>41 28.5</td>
<td>42 29.2</td>
<td>10 6.9</td>
<td>2 1.4</td>
<td>50 34.7</td>
</tr>
</tbody>
</table>

8. Based upon what you have heard other students say, how helpful is the Center to students who go there?

<table>
<thead>
<tr>
<th>Very helpful</th>
<th>Quite helpful</th>
<th>Not very helpful</th>
<th>Not helpful at all</th>
<th>I don't know</th>
</tr>
</thead>
<tbody>
<tr>
<td>43 29.9</td>
<td>62 43.0</td>
<td>15 10.4</td>
<td>5 3.5</td>
<td>19 13.2</td>
</tr>
</tbody>
</table>

9. How helpful do teachers seem to think the Center is?

<table>
<thead>
<tr>
<th>Very helpful</th>
<th>Quite helpful</th>
<th>Not very helpful</th>
<th>Not very helpful at all</th>
<th>I don't know</th>
</tr>
</thead>
<tbody>
<tr>
<td>23 16.0</td>
<td>52 36.1</td>
<td>25 17.4</td>
<td>4 2.8</td>
<td>40 27.8</td>
</tr>
</tbody>
</table>

10. According to your understanding, what are the main reasons students go to the Center? (Check as many as apply.)

<table>
<thead>
<tr>
<th>Reason</th>
<th>Percentage</th>
</tr>
</thead>
<tbody>
<tr>
<td>To get drug information</td>
<td>31.9</td>
</tr>
<tr>
<td>To get drug counseling</td>
<td>41.7</td>
</tr>
<tr>
<td>To cut classes</td>
<td>56.2</td>
</tr>
<tr>
<td>Parent hassles</td>
<td>64.6</td>
</tr>
<tr>
<td>School-related problems</td>
<td>60.4</td>
</tr>
</tbody>
</table>
90 To talk with their friends  
33 Problem pregnancy counseling  
118 General personal problems  
33 Because they can't get along with other people  
42 Runaway counseling  
88 Boy/girlfriend counseling  
49 Legal problems  
26 Employment problems  
30 To avoid facing real life  
27 Others (please specify)  

To rap, to listen to the radio, to come down

11. Of the above reasons, choose two that you think are the most common reasons why students go to the Center.

(69) General personal problems  
(45) Parent hassles

12. On the whole, what do you think of the job being done by the student listeners at the Center?

42 Very good  
62 Good  
31 So-so  
0 Bad  
3 Very bad  
6 No response

13. Do you think it is appropriate that students work as listeners in the Center?

67 Very appropriate  
65 Appropriate
14. If you have a problem meeting your teacher's classroom expectations, how likely would you be to go to the Center for help?

- 22 Very likely 15.2
- 33 Quite likely 22.9
- 58 Not very likely 40.3
- 28 Not likely at all 19.2
- 2 No response 1.4

15. If you had a personal problem of some kind, how likely would you be to go to the Center for help?

- 24 Very likely 16.7
- 49 Quite likely 34.0
- 43 Not very likely 29.9
- 27 Not likely at all 18.8
- 1 No response 0.7

16. Have you visited the Center to talk with a staff member during this school year?

- 64 No 44.4
- 79 Yes 54.9

If yes, what kind of experience was it for you?

- 30 Very good experience 38.0
- 30 Quite good experience 38.0
- 14 Somewhat good experience 17.7
- 2 Not a very good experience 2.5
- 1 Not a good experience at all 1.3
- 2 No response 2.5
17. What do you think are the major strengths of the Center?

18. All in all, what do you think are the major weaknesses of the Center?

19. Do you think the Center should continue to be in your school?

<table>
<thead>
<tr>
<th>Choice</th>
<th>Percentage</th>
</tr>
</thead>
<tbody>
<tr>
<td>Yes, definitely</td>
<td>68.8</td>
</tr>
<tr>
<td>Yes, probably</td>
<td>20.8</td>
</tr>
<tr>
<td>No, probably not</td>
<td>3.5</td>
</tr>
<tr>
<td>No, definitely not</td>
<td>1.4</td>
</tr>
<tr>
<td>No response</td>
<td>5.6</td>
</tr>
</tbody>
</table>
REFERENCES

Arnold, Jared, "Quarterly Report for Crisis Centers." Organization of Substance Abuse Services, November-March, 1974-75, 1-3.


Narcotics: Pit of Despair. Film: Film Digest Incorporated, 1967. 28 minutes.
