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THE EVOLUTION, DEVELOPMENT AND  
IMPLEMENTATION OF A DRUG TRAINING  
PROJECT: A CASE STUDY



KINSELLA

1972



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THE EVOLUTION, DEVELOPMENT AND IMPLEMENTATION  
OF A DRUG TRAINING PROJECT: A CASE STUDY

A Dissertation Presented

by

James Kevin Kinsella

Submitted to the Graduate School of the  
University of Massachusetts at Amherst in partial  
fulfillment of the requirements  
for the degree of

Doctor of Education

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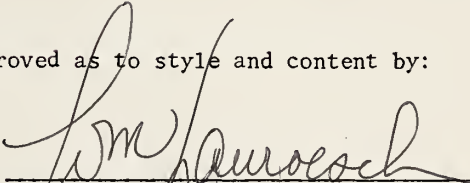
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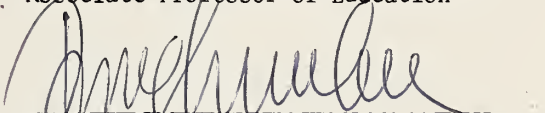
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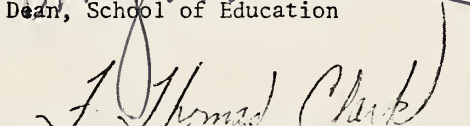
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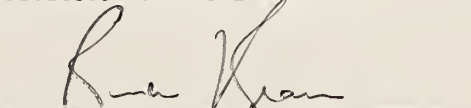
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## CHAPTER I

### INTRODUCTION

#### INTRODUCTION AND PROBLEM STATEMENT

Today's world, like yesterday's and the worlds to come, are constantly about the business of creating and singling out social problems which have an effect on individual members of a culture or society as a whole. Some of these social problems are "eliminated"<sup>1</sup> by various methods, such as the action of citizens, war, peace, industrialization, and resource investment. Others, however, seem to linger around from century to century going up and down on the problem scale according to the particular time, place, affect, and interrelation with the various factors that hinder or enhance societal functioning. One such social problem, which has managed to span the centuries, is drugs--their use and abuse. As far back as one cares to read, drugs, herbs, or potions have been a topic of discussion and controversy. Their relative place on the social problem scale varies sharply not only from year to year but from culture to culture. In today's time (the late 60's and early 70's) and culture (the United States) drugs are viewed by most as a large social problem and are the subject of daily conversation, political debate, and judicial and legislative concern.

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<sup>1</sup>Whether or not social problems are ever eliminated is a matter of interpretation. Some would argue they are only reduced or displaced.



We have many ways of dealing with social problems such as drugs. The powers of a given society can legislate against certain types of behavior and attempt to control its prevalence through the mechanisms of incarceration or confinement in certain types of institutions. On other occasions social problems can be handled by ad hoc mechanisms that exist solely for the purpose of abolishing the problem. More often than not, however, official agencies are set up specifically with the task of solving or eliminating certain problems which society views as dysfunctional. These agencies, both public and private, can be divided into three types, each with an area of concentration: (1) those which do research into the causes and effects of the problem; (2) those which are currently involved in coping with or controlling the problem; and (3) those which attempt to educate and inform the public and specific interest groups about various aspects of the problem.

In the first two areas ample methods and means exist to document relative success and failure. This can be evidenced by the voluminous amount of research going on in the "hard sciences" around social problems such as pollution and in the "soft sciences" with the work being done on the subject of alienation. Much is also being done in the way of evaluating attempts at possible controls and solutions, such as the much publicized forms of treatment for drug addiction and the pros and cons of new methods of waste disposal. The last area of concentration (education) has developed extensively of late through large amounts of state, local, and federal funding, and the concentrated efforts of many

concerned individuals. Ironically, little if any documentation exists concerning the results or progress of these educational agencies.

True, records are kept as to what they say they did, and indeed in some cases, what they did, in fact, accomplish. Rarely, however, does evaluation take place as to the nature of the why's and how's of agency evolution, subsequent development, and actual implementation.

It was with such an educational agency that the researcher was associated for a period of two years--from the conception of the initial idea all the way through to the functional delivery of services. Because of the rapid growth and, on occasion, quick death of such agencies and the overwhelming mandate and predisposition to action, evaluation, if done at all, is usually non-applicable and suffers from a large time delay. It is hoped that this study has overcome these shortcomings by providing insight by the researcher's presence as a participant observer (action) followed by a return to academic study (reflection).

Purpose of the Investigation. The ultimate purpose of this investigation has been to open the way to improved organizational performance. Towards this end the study provided a perspective intended to facilitate organizational self-understanding as a possible means for initiating changes and goal clarification in a funded program for the training of individuals involved in drug education, treatment, and rehabilitation. In addition, the investigation began to explicate how such agencies evolve, are shaped, and influenced.

### Sub-Problems

- 1) To reconstruct through historical analysis the goals, theory, philosophy, and original purposes of the project.
- 2) To trace the development and organization of the project vis-a-vis the initial functional stages of staff development and assimilation and the running of the first training groups.
- 3) To document critical interventions both internal (intra-organizational) and external (social and environmental) and analyze effects on the goals and functions of the organization.
- 4) To evaluate and document performance in terms of meeting original goals and purposes of the project.
- 5) To recommend strategies for mitigating effects and suggest more plausible modes of organization.

Postulates of the Study. This study is predicated upon four postulates. The first postulate is that external elements (social and environmental influences) are the greatest influencing factors in organizations funded to work in the field of social problems. These external elements are also a prevalent factor in the development of internal organization.

The supposition that external influence by funding sources and surrounding organizations as exercising the greatest influence on funded projects has long been recognized but not widely documented. Connery (1968) touches upon the political influence on programs and their ideologies in writing about federal funded community based mental health programs. A reader by Etzioni (1961) covers briefly environmental influences on organizational behavior. Comparative Studies in Administration

includes a collection of articles on organizations in several cultural settings and the effect of the cultural ethos upon the organizations. The most important work, however, is by Selznick (1953) which documents through the case study method the relationship between government agencies and the people they set out to serve. Of extreme importance is Selznick writing on the subject of commitments enforced by social and cultural environment.

Any attempt to intervene in history will, if it is to do more than comment upon events, find it necessary to conform to some general restraints imposed from without. The organizers of this attempt are committed to using forms of intervention consistent with the going social structure and cultural patterns. Those who ascend to power must face a host of received problems; shifts in public opinion will demand the reformulation of doctrine; the rise of competing organizations will have to be faced; and so on. The institutional context of organizational decision, when not taken into account, will result in unanticipated consequences. Thus intervention in a situation charged with conflict will mean that contending forces will weigh the consequences of that intervention for their own battle lines. The intervening organization must therefore qualify decision in terms of an outside controversy into which it is drawn despite itself. More obviously, the existence of centers of power and interest in the social environment will set up resistances to, or accept and shape to some degree, the program of the organization.

This passage crystallizes why external influences have the greatest influence on what direction organizations will take and in the case of governmental agencies that influence is paramount in deciding goals, philosophy, and program or input, through-put, and output.

Little exists in the area of systematic theory about the way in which internal power structures react to outside influences. In a study by Thompson and McEwen (1958) the importance of environment to

these power adjustments is discussed. They hypothesize that one way of analyzing the degree of power exercised by outside influences is to identify the time of entry of these forces into the decision-making structure. The earlier the entry, the greater the power. Four models are established for entry: (1) competition, which is a condition of influence but not one in which formal entry occurs, (2) bargaining, in which separation of power centers is retained, (3) cooptation, by which the informal sharing of powers occurs, and (4) coalition. Selznick (above) also talks about cooptation and defines it as "the process by which power, or the burdens of power, are shared." He then goes on to differentiate between informal and formal cooptation. Selznick's work is the most beneficial in explaining the relation between external influences on internal structure.

Of additional interest is the work done by Lawrence and Lorsch (1969) in the area of organization-environment interface. Their thesis is that the characteristics of an organizational unit have to in some way match up with those of its segment of the environment if healthy transactional relations are to prevail. Along with this certainty-uncertainty continuum the concepts of stability vs. change and organization-environment mismatch are developed all demonstrating the large effects of various external influences on organizations and their internal structure.

Finally, in a study by Dickson (1968) environmental influences are discussed in relation to the Federal Bureau of Narcotics. In this work it is argued that similar to the earlier expansion of narcotics

legislation, the Marihuana Tax Act was the result of a bureaucratic response to environmental pressure--that the Narcotics Bureau faced with a non-supportive environment and a decreasing budget which threatened its survival, generated a crusade against marihuana use which resulted in the passage of the act and the alteration of a societal value.

The second postulate that led to this study is that leadership is a prime factor in the evolution and development of organizations and in their resulting products or programs.

Essentially, leadership means power over those people, and power over others enables a man to do things, to get things, to accomplish feats that, by himself, are unattainable (Fiedler, 1971). This is one of the many definitions of leadership taken from one of the many studies available. Others (Etzioni, 1964; Hutchinson, 1967; Cartwright, 1965) provide variations on the same theme--that leadership is often regarded as the important modifier of organizational behavior (Pffifner and Sherwood, 1969). The leader of an organization, regardless of type of leadership he employs--Scientific Management (Taylor, 1911) or Human Relations (Mayo, 1945; McGregor, 1967; Argyris, 1964) to be effective, will have to in some way deal with the concepts of power, control, influence, motivation, direction, and authority. In discussing leadership within the context of this study, this document specifies the type of leadership employed, how the above concepts were operationalized, and the effects on the development of the organization and implementation of the program.

A third postulate underlying this study is that what actually



gets done (reality) in implementation is much different than what organizations state they are going to accomplish (theory).

This postulate really addresses itself to the area of goals and goal measurement. Organizations which are involved in endeavors that do not produce material output are extremely hard to evaluate (Etzioni, 1964). Depending on the measuring tool, social problem organizations, by and large, wind up fairly low on the scale of meeting stated goals. This is due to both the lack of agreement on the method of attainment and the overwhelming size of the task. Organizations such as hospitals, schools, and social service agencies can never effectively cure everybody, teach all, or service every individual need. Etzioni (1964) talks about the concepts of goal displacement, (Selznick, 1943) goal succession multiplication, and expansion and multi-purpose goals (Pfiffner and Sherwood, 1969). All of these play a role in the process by which what gets accomplished is different than what is stated.

The final postulate: Intra-organizational activity plays a large role in the setting of intermediate goals, staff and functional relationships, organizational philosophy, and outcome of eventual product or program.

All the activity which goes inside an organization; organizational, intra-personal, and inter-personal can be considered intra-organizational (Zaleznick, 1965). This activity on the intra-personal level has a heavy influence on the development of staff relationships both in the carrying out of the task and in the socialization process. In the day-to-day behavior of the group, activity also becomes centered around specific problems and approximate goals which have primarily internal relevance,

these can be termed intermediate goals (Selznick, 1943). Selznick suggests further that through intra-organizational activity the organization acquires a self, a distinctive identity which might be labeled "organization character." The existence of organization character is to be seen in the frequency with which new organizations are created to administer new programs, for the chances of adjusting the character of old organizations to new requirements are remote indeed. The character of an organization develops through the same general processes as that of an individual.

The development of organizational character might be another way of saying "organizational philosophy." When such a philosophy is established, (i.e., certain beliefs are verbalized by majority of the group that relate to the task) it has a direct bearing on the outcome of the product or in this case the individual being trained.

Need for the Study. It is imperative in a time when social problem agencies are rapidly expanding that research be undertaken that will provide such organizations with relevant data (both empirical and descriptive in nature) and analysis thereof with the expectation that it will be of benefit for evaluation and continued and improved functioning. Many social problem agencies are started and often quickly abandoned on the basis of apparent effectiveness on the multiple imperfect criteria available (Campbell, 1969). What needs to be demonstrated is that a type of social research can be carried out on programs such as these that begins to look at operations in context to see what, in fact, goes into the making of the



final evaluation that will determine the fate of such organizations. Just as programs can be political, so can evaluations--political in the sense that evaluation of social-educational programs is subject in large part to individual interpretation and bias, which can easily be influenced by a number of sources. This is not the case in the evaluation of scientific programs where there is a large knowledge gap between program officials and consumers, and where the criteria for measurement is so exact that it leaves little room for any type of influence. The results of social-educational program evaluation carry with them so many behavioral and social implications relevant to everyone's life that that in itself becomes a variant which colors the quality of the investigation. The time has come when evaluation must begin to allow room for discussion of such intervening external variables as politics in an attempt to more fully understand the results or products of social problem agencies.

#### Definition of Terms.

Drug Dependence - the state or condition of being addicted to or dependent on drugs other than alcohol, tobacco, and ordinary caffeine-containing beverages. Dependence on medically prescribed drugs is also excluded here as long as the drug is medically indicated and the intake is proportionate to the medical need. Classification requires evidence of habitual use or a clear sense of need for the drug. Ordinary examples are with drugs such as opium and its derivatives, barbiturates, and tranquilizers. Also included in drug dependence are cocaine, hallucinogens, and Cannabis sativa, which do not have the characteristics withdrawal signs.

Mental Health - used in the context of meaning an informal collective action or "movement" which advocates a particular approach to living, working and being as a means to the achievement of a more perfect society through the prevention of mental illness.

Community Mental Health Center (CMHC) - a cooperative endeavor of Eastern University and the State Department of Mental Health serving as a major facility for patient care, research, training, and community mental health activities in a designated catchment area. CMHC consists of several divisions: Research, Consultation, Clinical, Drug Services, and Emergency Service.

Drug Service Division (DSD) - a federally funded demonstration unit that provides a full range of services for drug dependent individuals through a multi-modality approach. These include out-patient therapy, in-patient therapy, a day program, a residential treatment center known as Pittstop, a methadone maintenance program, and a community referral and education unit called Street Front. In addition, the DSD has a Screening and Placement Unit and a Research Section.

Catchment Area - an area comprised of approximately ten to fifteen towns surrounding CMHC. This area was singled out as the area for service delivery to meet population quotas required by the 1963 legislation on community mental health center funding.

Rehabilitation-Education-Treatment Foundation (RET) - a non-profit corporation, organized for the purpose of finding solutions to all aspects of drug abuse problems and as a private alternative for receiving federal funds. RET is directed by a representative community board.

Drug Training Project (DTP) - a national training center established by LFA to train individuals in the area of drug dependence.

Clinicians - individuals involved in direct work with patients. DTP considers physicians, psychologists, social workers, psychiatric nurses, and individuals working in drug programs such as ex-addict counselors and crisis intervention workers as clinicians.

Educators - individuals working in schools, social service agencies, etc. Administrators were also placed in this category as well as all others who were not defined as clinicians.

Interns - individuals who came to the DTP to take the two-week training program.

Grant - the original award which established the DTP to train people exclusively from the catchment area representing educational institutions.

Contract - an additional award which expanded DTP to a national training center and included the training of clinicians.

Intra-Organizational - referring in this case to all activity, personal and organizational, which existed within the DTP. Internal factors such as staff relationships, leadership, power, position, etc.

Large Funding Agency (LFA) - a governmental agency which provided the funds for both the Grant and Contract awards to the DTP.

Social and Environmental - all external forces, pressures and factors which effected the DTP. Examples would be LFA, Eastern University, the Community, etc.

Delimitations. The investigation will be limited to the first year (June 1970-June 1971) of actual operation of the DTP. The initial year of conception (June 1969-June 1970) will be discussed in relation to historical analysis. Data used in the study will be drawn from statistics gathered during the 70-71 period unless otherwise indicated.

#### PROCEDURES USED IN COLLECTING AND TREATING DATA

Rationale for Procedures. Evaluation in the area of the behavioral sciences has made advances in the past century, not only in the increase in tools available for the quantification of data but also in the recognition of the many diverse methodologies needed to begin to understand why individuals and organizations behave, function, or operate as they do. The procedure employed here presents a relatively new way of approaching institutional evaluation. It could be best explained by the term, "participant observation" (Goffman, 1961; Becker, 1958), only in this case, I, the observer, did not enter the agency with the expressed purpose of evaluation. It was only after working in the formulation and implementation of the organization that I decided on an evaluation based on: (1) historical analysis of the 1969-1970 period, (2) my observations and personal notes, (3) data gathered during the 1970-71 operational year, and (4) an analysis of the critical internal and external interventions. The final outcome could best be termed a "case study" (Clark, 1961), for while making some generalizations, the research concentrated in depth on one organization--the DTP.

The selection of this particular design was made for several reasons. First, in the evaluation of "broad-aim" social programs, experimental design creates technical and administrative problems so severe as to make the evaluation of questionable value (Weiss and Rein, 1970). The experimental model has been criticized by Stufflebeam (1968), Suchman (1968), and Schulberg and Baker (1968) as being intrinsically unsuitable to the evaluation of broad-aim social programs. A more historically orientated, more qualitative evaluation has more value (Weiss and Rein, 1970). Second, the case study approach enabled me to analyze several different aspects of the organization incorporating various research designs, which allowed me to present a total picture of the organization, showing the interrelation of all the segments. In addition, the organization has been presented with the most applicable type of research for self understanding and possible change. Finally, this method was the style which I was most comfortable with and competent at.

I must include a note of caution in relation to the type of research I undertook. This has been the kind of study which probed rather deeply into organizational and human behavior. In the process a veritable hornet's nest of interests and involvements have been raised and more questions were probably asked than answered. Because of my prior position with the organization and my access to certain information, situations, people and experiences, there is no possibility that another researcher could validate my findings. There have been enough studies in the social sciences by now to verify that error and bias are integral parts of all evaluations.

This type of study, if anything, is more open to those possibilities. In an attempt to limit (not eliminate) the extent of error and bias, I checked my findings whenever possible with other members of the organization.

Procedures. The collection of data was accomplished by review of original documents (Grant and Contract); relevant statistics compiled in the data keeping system, informal interviews, and conversations with members of the organization; and personal observation, participation, and recollection. The analysis of this data was by researcher selection and amalgamation.



## CHAPTER II

### EVOLUTION AND DEVELOPMENT

#### PRE-FUNDING

Conception of the Idea. The concept of a training program in drug education originated from George Clifton who was then Assistant Director of the Drug Service Division of the Community Mental Health Center. Mr. Clifton developed the idea of organizing a program for area teachers to be run during the summer of 1969. My participation began in late May of 1969 with an appointment as Research Assistant in the Department of Psychiatry of Eastern University. I was hired to plan, organize, and direct the summer training program. The work was to serve as part of my internship requirements for graduate school and to last through September. My major role was one of a planner. The idea was to design a program and test it, modifying and changing it where necessary, in order to have a viable and relevant model that might operate on a regular basis starting in the fall.

The Setting. The physical setting for the training program was the Drug Service Division of the Community Mental Health Center. The CMHC is a cooperative endeavor of Eastern University and the State, serving as a major facility for patient care, research, training, and

community mental health activities. The Center provides, among its many services, treatment for drug dependent individuals through the DSD, which officially became a part of CMHC in July of 1968. At that time the Division received a five-year grant from the National Institute of Mental Health. The grant involved a commitment on the part of the state to matching funds starting with ten per cent the first year and rising ten per cent every year until fifty per cent is reached at the end of five years. The Director of the Drug Service Division is administratively responsible to the Director of the Community Mental Health Center, who in turn, is jointly responsible to the Chairman of the Department of Psychiatry, Eastern University School of Medicine, and the Commissioner of Mental Health for the State.

During the first year of its operation, the goals of the Division were to establish the various treatment, education, and evaluation components, recruit appropriate staff, and locate a physical plant in which the Division could be housed. Despite marked difficulties in staffing and housing, the Division was able at the end of the year to open all of its components. Over 400 patients were treated during the first 11 months of operation.<sup>2</sup> In addition, all Community Mental Health Center Units were involved with the program to some degree, especially the Emergency Treatment Service and the Clinical Division which saw 35 patients with drug problems, 11 of whom later entered the Methadone Maintenance Program.

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<sup>2</sup>Unless otherwise specified, numbers of patients are for the period July 1, 1968 to May 1, 1969.



There are six major components to the Drug Service Division, all of which were used in our training program. These components, each with its own head are: Pittstop (sic), Methadone Maintenance, Outpatient Clinic, Street Front (sic), Research, and Education. Street Front and Pittstop are related to the Drug Service Division on a contractual basis. (See Figure 1)

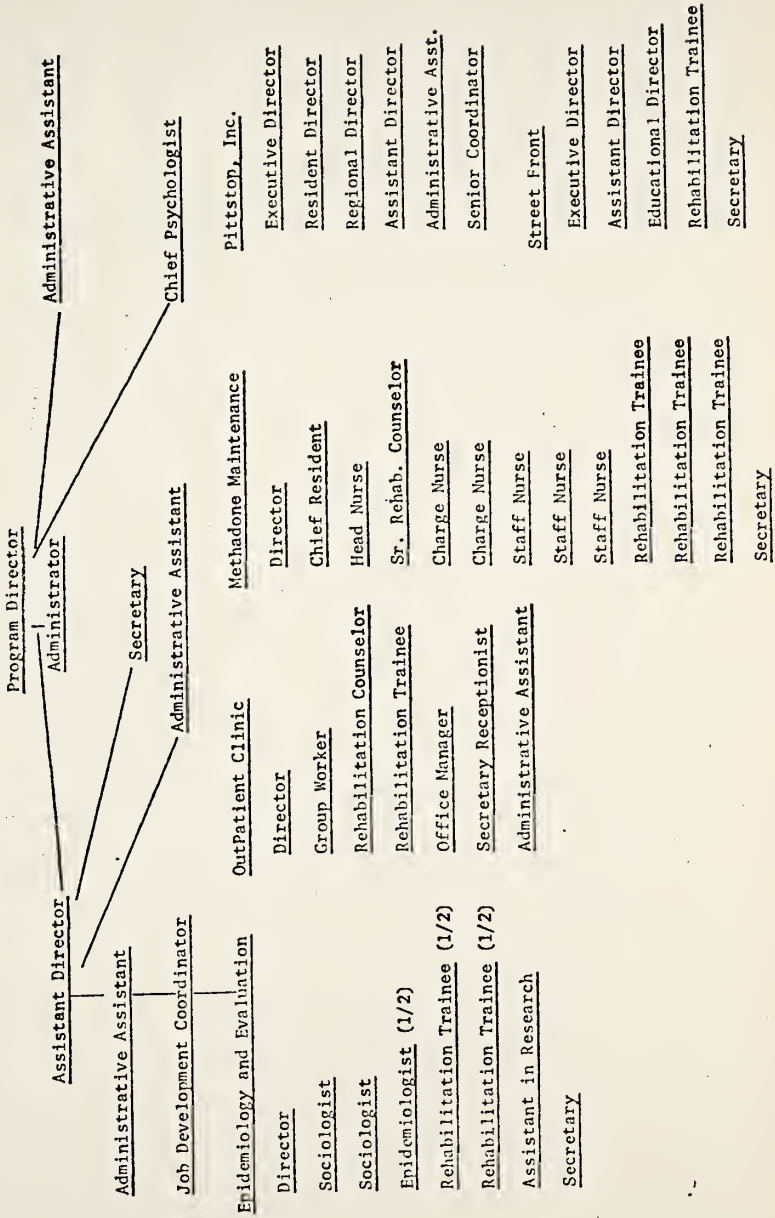
1. Pittstop

Pittstop is a residential treatment community, staffed entirely by ex-addicts who are Pittstop graduates. The Pittstop staff arrived in Elm City on August 8, 1968, and until November 25, 1968, were housed in a building too small to permit admission of new patients. During that time period, prospective patients were referred to the Pittstop facilities in another state. In November, a temporary facility was found which housed twenty-five patients, and served as their base of operation until June, 1969, when a new facility was located. In November, 1968 the staff of Pittstop voted to disassociate themselves from their parent organization and incorporate as a non-profit corporation. A Board of Directors was formed, comprised of local citizens and professionals.

In June, 1969, Pittstop moved to a building in a suburban area which is approximately twenty-five minutes from the Community Mental Health Center. This facility accommodates fifty patients and provided a place to carry on all phases of its therapeutic work.

FIGURE 1

ORGANIZATIONAL CHART OF THE DRUG  
SERVICE DIVISION - JULY, 1969



## 2. Methadone Maintenance

Initially this program required patient hospitalization in the Community Mental Health Center for periods of between four and eight weeks. In the Fall of 1968, an attempt was made to accommodate patients on an outpatient basis without any initial inpatient stay. However, this arrangement did not work out well and a day hospital program evolved which subsequently became the mainstay of the program.

Patients came in Monday through Friday from 8:30 a.m. to 4:00 p.m. During this time they received their methadone and were involved in a variety of therapeutic and rehabilitative measures. Urines were checked twice a week for narcotics, quinine, amphetamines, barbiturates, and cocaine. The great majority of the patients were either in school-vocational training programs or steadily employed. In addition to receiving methadone, patients continued to remain in group therapy for at least six months after being discharged from the day hospital program. In the first year of operation the program had fifty-five members. Their median age was thirty-two; the median years of addiction was twelve.

## 3. Outpatient Clinic

After wrestling with severe problems of both staff and space, the Outpatient Clinic was finally able to recruit sufficient staff and move into partial occupancy of a building in April, 1969. Full occupancy occurred at the end of September.

As of May, 1969, 69 patients were seen at the Clinic and 110 had withdrawn from either the treatment or evaluation stage. The primary therapeutic modalities during the first year were group therapy, family therapy, and individual therapy, in that order of frequency.

Difficulties with relapses, especially among adolescent drug users, led the Outpatient Clinic to formulate new programs. These included a Naloxone maintenance program and an expanded rehabilitation program which involved adolescents in a variety of vocational, education, and recreational programs simultaneously with more traditional therapeutic endeavors. The Naloxone maintenance program was also available for methadone patients as a transitional stage before complete abstinence.

#### 4. Street Front

Street Front is a grass roots organization founded and directed by ex-addicts, whose primary concern is the rehabilitation of drug dependent persons. Street Front offers a variety of services, including screening and referral to treatment centers, legal aid, personal and family counseling, pre-release program in which Street Front representatives visit penal institutions to help prepare inmates to function after their release, and an educational program.

#### 5. Research

This Section was responsible for the operation of the data gathering and record keeping systems. A long range epidemiological

study and the techniques for overall program evaluation were also planned.

## 6. Education

This component was headed by the Assistant Director of the Division. He and representatives of Pittstop, the Methadone Maintenance program, Street Front and the Outpatient Clinic conducted hundreds of speaking engagements, panels, workshops, and meetings with agencies in an effort to inform the community to the facts about drug abuse. Education and training programs were conducted with many teachers, community leaders, students, youth workers, mental health professionals, and inner-city youth not attending school. The training program described in this dissertation originated from this section.

The decision to use the Drug Service Division as the setting for the training program evolved for several reasons. Both the Assistant Director and I thought it would maximize training if teachers were to come to the consulting agency rather than have the agency go to the school. This way, the program would have a degree of realism impossible to achieve in the school, and a sense of urgency which comes from a clinical setting. The agency setting also provided a time, apart from regular working schedules, where individuals could interact with a training group, staff and patients to gain some insight into their own attitudes and values. By removing teachers from the school setting, they wouldn't be additionally burdened with the day-to-day activities and would be able to concentrate to a greater degree on the training

program. Secondly, by coming to the Center, they would be able to observe patients and staff in a clinical setting. If staff and patients were transported to the schools, the environmental situation would be altered in a way which teachers would miss normal daily routines and interaction. Hence, in the setting we chose, teachers would have an opportunity to see patients, observe a wide range of mental health activities, and to come into contact with professionals, non-professionals and student trainees using and acquiring many diverse skills.

Planning For The Program. The summer training program evolved out of many planning sessions with the Assistant Director. These sessions took place in May prior to the actual start of the program in the second week of June. The first few meetings consisted of "getting a feel" for each other's ideas, which proved to be quite similar, the only differences centering about some organizational matters. Both of us had attended the same undergraduate institution, were educated as teachers, taught for three years and were now in public health work. This similarity of backgrounds probably accounted somewhat for our agreement on educational philosophy.

Our immediate task was to determine principles for teacher selection and participation in the program. We agreed that teachers could not be considered unless they meet the following criteria: First, participation would have to be entirely on a voluntary basis--the teacher should not be forced into the internship program by employers if he saw



no value in it or it posed any type of threat to him or his position. Second, teachers would not be participating in the hope of becoming counselors, diagnosticians, or therapists. Instead they would remain teachers, but teachers better equipped to help their students. Third, the teachers who would participate would try to understand the program and its concepts by trying to better understand themselves. They would be expected to gain insight into students' problems through self-evaluation. Fourth, the program being elective and voluntary could be terminated at any time by the teacher-participant. Fifth, because of federal and state service restrictions of the DSD, only teachers from the catchment area could be considered.

After the formulation of these requirements, we drew up an application for the program which would give us some basic information on the teachers that would be participating. The Assistant Director distributed these at various schools throughout the area while on speaking engagements and followed up with some mailing. We emphasized to all applicants the four points which we felt were necessary before entering the program.

With the teacher selection process decided upon, we moved on to the area of planning the program. We held a number of planning sessions which always seemed to slip back into recalling our teaching experiences. We decided to use this recall to facilitate the planning process.

#### A. The Profession of Teaching

One of the most important concepts we took into account in the planning phase was attempting to understand teachers in their professional roles. In order to do this, we examined the current state

of the teaching profession taking into consideration such things as; the attractiveness of the profession, teacher problems, and group attitudes and values of teachers.

All of the above considerations are a part of the many elements in the composition of today's teacher. The characteristics which identify an individual as a member of the profession are something I call "teacher-ness." This "teacher-ness" varies in extent and mode in each individual, but nevertheless is present in some recognizable attitude, belief, or value. Many people have discussed this idea with reference to the professions of medicine and law. Countless educational texts and journals have also worked around this idea of teachers having traits particular to the profession.

Teachers today are encountering problems and opportunities quite different from those their predecessors faced. The demands made by a complex society have radically altered the teacher's role and conditions under which that role is carried out. The prospective teacher finds that the concept of teaching he formed as a student, or the concept internalized in his training, is either obsolete or irrelevant. The ways in which the teacher's role is changing and the forces that are reshaping programs and procedures in the schools are of vital importance in understanding teachers as a group and as professionals.

There is still a wide-ranging debate as to whether or not teaching has achieved full stature as a recognized profession. While this might not seem a serious problem to many, it is to the teacher. He debates



this question daily while interacting with other professionals, students, or members of the community. Teachers believe they are professionals, like to be referred to as professionals, and compare themselves with other professional groups.

The public attitude concerning teacher professionalism is somewhat mixed. Although most people are aware that teaching requires professional preparation and certification, they do not, as yet, regard teaching as being on the same level as law, architecture, or medicine.

What is a profession? That question is a hard one to attempt here, for it has been defined so loosely that its meaning is now quite ambiguous.<sup>3</sup> The National Education Association, however, comprised a list of characteristics or distinguishing marks of a profession that are used frequently by teachers' organizations in defense of their cause. They are as follows:<sup>4</sup>

- 1) a profession involves activities essentially intellectual
- 2) a profession commands a body of specialized knowledge
- 3) a profession requires extended professional preparation
- 4) a profession demands continuous in-service growth
- 5) a profession affords a life career and permanent membership
- 6) a profession sets up its own standards
- 7) a profession exalts service above personal gain
- 8) a profession has a strong, closely knit, professional organization

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<sup>3</sup>For a full discussion, see H. Vollmer and D. Mills Professionalization, New Jersey: Prentice Hall, 1966.

<sup>4</sup>National Education Association, Division of Field Service. "The Yardstick of a Profession," Institutes on Professional and Public Relations. Washington, D.C.: The Association, 1948, p. 8.

Teaching certainly meets all of the preceding criteria, but what is more important is that the teacher thinks of himself as a professional. Identification as a professional then becomes a major concern in relation to both occupational and social roles. Our planning for the training program was to emphasize the role of teacher as a professional among other professionals.

Teaching, like other professions, attracts people for many reasons which vary greatly from individual to individual because teaching affords many different things to many people. The particular reasons or combinations of motives for entering teaching often can determine success or failure in the classroom.

Redl and Wattenburg<sup>5</sup> categorized teacher choice reasons in an attempt at organization.

- 1) Status
- 2) Family Pressures
- 3) Love for subject field
- 4) Identification with a former teacher
- 5) Love of children
- 6) Fun in teaching
- 7) Helping to build a better world
- 8) Self-sacrifice for an ideal
- 9) Correcting the shortcomings of one's own past
- 10) Reliving childhood patterns
- 11) Desire for affection
- 12) Need for security
- 13) Halfway house to another ambition
- 14) Need for power and group leadership
- 15) Guaranteed superiority

The Assistant Director and I worked out the following categories based on interaction with school personnel and our own teaching experi-

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<sup>5</sup>F. Redl and W. Wattenburg, Mental Hygiene in Teaching (New York: Harcourt, Brace & World, Inc.), pp. 479-81.

ence. They reflect the views of younger teachers about their decisions to enter teaching.

### 1. Indecision

This category includes people who find themselves in teaching because they can't quite make up their mind what they want to do in life. Teaching provides a safe, secure place while decisions are made on other careers, such as law, medicine, business, or homemaking. The person "who's teaching in order not to get drafted" would be included here.<sup>6</sup>

### 2. Tract or Way of Life

Teaching is a way of life for many individuals; it's what they're exposed to, especially if their parents were teachers. Many other people become locked into teaching as a choice early in life because of the nature of society and the educational system. Women are often told that an ideal occupational role choice is nursing or teaching. Young students particularly good at organizing, leading, and understanding are told that they should be teachers. "Just always wanted to be a teacher" would fit into this category.

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<sup>6</sup>We felt the draft was not the issue in this case but rather occupational confusion. Teaching to beat the draft became the socially acceptable thing to say, while teaching because "I don't know what I want to do," is and never was quite acceptable as an occupational choice. We felt there were some exceptions to this, especially as Vietnam escalated and many individuals chose teaching because of its deferred status category.

### 3. Social Change and Idealism

Many individuals see teaching as a way to change and re-structure society. Society and social problems can best be affected and ultimately changed for the better of mankind via teaching. People in this category enter the profession in hopes of developing alternative forms of living and learning for future generations.

### 4. Escalation Process

Teaching is the first step up for many minority groups in the U.S. It's a way out of the ghetto and the stepping stone to a better life and other professions. Examples of this would be the jews in New York City, the Italians in Boston, and in most large cities, the Negro.<sup>7</sup>

In thinking about the reasons for getting into teaching, we were better able to understand teachers and plan the way in which a program would be of most benefit to them. For example, we planned to include the issues of draft and indecision in our program, not only because of their relationship to high school students and drugs, but also because of their importance to the young teachers that would be entering the summer program.

No matter how successfully teachers may adjust to change in motivation or to the conflict between their hopes and reality, there

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<sup>7</sup>Kenneth Clark, *Dark Ghetto*, (New York: Harper & Row, 1965), p. 36.

are a number of frustrations and problems which are almost universal. These problems seem to present themselves in a number of ways.

a) The Teacher and Administration - School systems have traditionally employed administrators who think in terms of the system--centralization, uniformity, organization, standardization, and control. Teachers are more apt to be concerned with growth and development of student personalities and as a result are often in conflict with school schedule rigidity. This is particularly the case in drug education work, where no matter how sensitive the teacher might be in developing needs and interests of his students, he has to end a session at a certain time because of the ever present and inflexible schedule. The result often traps teachers helplessly between students who want to continue sessions and meetings beyond the normal schedule or after regular school hours, and administrators who insist that rescheduling or added sessions are an impossibility.

b) The Teacher and the Curriculum - The nature of curriculum policies and the role played by the classroom teacher in the formulation of these policies is of great importance. Most school systems have a prescribed curriculum in all areas of instruction. In areas which are relatively new, such as drug abuse education, the first move is in the development of curriculum rather than an investigation of needs. Curricula in the past have served as restrictors or "locks" on teachers and students rather than guides. No matter how sensitive the teacher may be

to the changing and unpredictable needs of his students, he will constantly be thwarted by the demands of the curriculum guide. Teachers and students have not been given enough of a voice in the preparation of curriculum materials and how those materials should be employed.

c) The Teacher and the Community - At present there is considerable emphasis by teachers and parents upon making the school a more dynamic and socially significant agency in the life of the community. The communities' expectations of the teacher's role in this process has taken a marked turn in the last decade. One only has to look at the now famous Oceanville-Brownsville situation in New York City concerning the issues of decentralization and community control in the running of local schools as an example of this. The nature and structure of school systems (as they exist today) is in direct conflict with the philosophy of community involvement. The teacher who wants to reach out to the community in which he teaches find himself in a double dilemma. First, he is quite unprepared to deal effectively with the complexities of community education and action. Teacher preparation has only recently initiated course work in the areas of urban and black studies, community sociology and field work in community settings. Until recently teachers teaching in inner schools came from the suburban, white, middle-class. There is a lack of understanding of the culture and ethos of minority groups, and lack of identification by members of the minority community. Secondly, the structure of the school does not allow him to reach out. All too frequently teachers still feel somewhat restricted in social, political, and community affairs. The process of



scheduling and the complex internal structure discussed previously also hamper opportunities for such activities which might take place in the community rather than in the school.

d) The Teacher and His Colleagues - Teachers interact most often with other teachers both on the job and in leisure.<sup>8</sup> For quite a few teachers the decision to stay in the profession or leave it hinges upon the satisfaction they get out of their faculty associations. In many instances these peer relationships are not satisfactory to teachers.<sup>9</sup> Today the conflict between teachers is seen quite openly by students and parents. It no longer extends only to the younger-older split in philosophy or "generation gap" but has increased with teacher involvement in politics, community participation and the total societal process. The schools at present are finding it difficult to present a united front to any outside opposition. They are now instead striving to obtain a group spirit within the faculty where difference in opinion is encouraged and seen as a benefit to the advancement of education.

e) The Teacher and His Image - The issue of what a teacher's image should be is a source of constant conflict for the individual who chooses teaching as a career. What teachers are or should be depends upon who does the viewing; community residents, parents, students, other teachers or school

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<sup>8</sup>Nathan Edwards, "Sociology of Teaching II: A Study of the Male Classroom Teacher." Ph.D. dissertation, State University of Iowa, 1952, University Microfilms Publication, #4061. In Mental Hygiene in Teaching, Redl and Wattenburg, N.Y.: Harcourt, Brace & World, Inc., 1959, p. 498.

<sup>9</sup>W. C. Kvaraceus, "Mental Health Hazards Facing Teachers," Phi Delta Kappan, Vol. 32 (1951), pp. 349-50 in Ibid.



administrators. The group that exerts the greatest amount of pressure on the teacher is the school administration. Their perception of the teacher too often has been that of a person who has a primary job of teaching specific material, which will, in turn, enable his students to pass standardized tests. In this process he must keep discipline and a "quiet classroom" and in doing so adopt an attitude of "masked authoritarianism."<sup>10</sup> These demands create conflict in many teachers who reject the idea of "silence for silence sake," as the primary goal of the educator.

We felt we had to take these problems into consideration in our program. We hoped that as the teacher gained insight into his role, he could handle these problems more maturely, particularly as they would affect his teaching around drug abuse. We wanted to reinforce his image of himself as a creative person while giving him some competence in dealing with the administration about problems, rather than just complaining, for instance, about schedules.

The purpose of this descriptive narrative on the teaching profession was to try to identify those elements that go into "teacher-ness" so that we could capitalize on them in planning. This type of review could and probably should be undertaken for any in-service workshop to be conducted with teachers in order to better understand and plan for the participating group.

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<sup>10</sup>Term used by M. Parker in Mental Health In-Service Training, N.Y. International Universities Press, Inc., p. 68.

## B. Teachers and Mental Health Professionals

1. Teachers and Mental Health Consultants - Because our project had to do with drug abuse education, we explored at some depth the relationship of teachers to health services and health professionals. We thought this would be of benefit in planning the meeting and discussions between teachers and the staff of the Community Mental Health Center, Drug Service Division.

Consultation practices and principles have been analyzed by many writers, who seem to agree that in preparing for a consultation program in a care-giving institution, the consultant must go through a complicated and sometimes lengthy operation building up relationships. According to Gerald Caplan, three factors must be taken into consideration in this process:<sup>11</sup>

- a) First, the consultant must be aware that in interactions with the staff of the institution, both he and they are to be regarded as emissaries of their respective agencies, rather than individual professional workers.
- b) The second essential element is for the consultant to make personal contact with the authority figures of the consultee institution as soon after his initial entry as possible, no matter how or at what level he comes into the system.
- c) The mental health consultant must, as quickly as possible, explore the organizational pattern and social system of the

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<sup>11</sup>Gerald Caplan. Theory and Practice of Mental Health Consultation, Draft Copy (1967), N.Y., Basic Books, 1970, p. 6.1-6.3.

institution in order to gain knowledge regarding communication networks and hierarchical patterns.

While this "exploration" is being carried out, the mental health worker is trying to achieve two other goals. He is building channels of communication to key members of staff of the institution and with them he is developing a common verbal and nonverbal language.<sup>12</sup> Key members of the staff range from the principal and superintendent of schools to guidance and health personnel. Many obstacles lie in the path to free and open communication, the most common being:

a) Conflicts of Interests - This happens often between the consultant and members of the problem-solving staff. For example, in a system it is likely that a variety of ways of dealing with problems of mental health and mental disorder among the students has developed over the years and that various staff members have been allotted functions in this connection which have become part of their professional domains. These will probably include the principal, educational worker, guidance counsellors, and school psychologist.<sup>13</sup> Each of these individuals will have their part to play in the solving of school problems, and each may feel, with some justification, that a mental health consultant may in some way trespass on his area or change his mode of operation. Unless the consultant finds out what each has been

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<sup>12</sup>Ibid., pp. 6.4-6.5.

<sup>13</sup>Ibid., p. 6.11.

doing and carefully defines his own role so as not to overlap their domains, and unless he succeeds in communicating this clearly to them, it is likely that some of them will overtly or covertly oppose his entry into their system.

b) Distortion of Perception and Expectation - It is likely that mental health consultants will produce a variety of anxiety-provoking fantasies on the part of the school personnel. Some of the distortions of perception and expectation revolve around the traditional concept of mental health as being analagous with psychotherapy or that mental health specialists have as their prime task the identification and isolation of individual pathology rather than institutional pathology. Also, if the consultant comes from an agency with which the institution has had previous dealings, he is likely to inherit past difficulties which may have been involved in their relationship.<sup>14</sup> For the most part mental health consultation work that is done with schools on a crash or emergency basis violates all the rules for establishing a good working relationship between the school and the consultant. This was the case in the Elm City area schools where many scars were formed over the year in consulting relations.

There seems to be a definite pattern that schools follow prior to inviting the Community Mental Health Center or a similar agency into the system. A situation develops within the school with which the authorities

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<sup>14</sup>Ibid., p. 6.16.

cannot cope for a number of reasons, principal among them being the nature and structure of the school system. Common problems today range from alcohol and drugs to race relations. The first reaction of the school system is to deny that the situation exists in "their" system. This is followed by a period of strict enforcement, where rules and regulations are enacted to the letter. During this time the "devil" or "cause of it all" is usually identified. Culprits range from a few students caught with drugs in their lockers, to a teacher who mentions marihuana in class, or the black kids, the white kids, etc. In the final stage a crisis occurs, i.e., a student dies of an overdose of drugs, a race confrontation takes place in the school cafeteria, or a death occurs as a result of alcohol and driving. At this point the community--parents, newspaper, clergy, and other local agencies get "up in arms" over the situation and begin crying for some type of action to be taken. A panel or committee is then formed, composed of town officials, school officials and health officials, to "look into" the matter. Out of these meetings comes the invitation to a local agency, in this case the Community Mental Health Center, to consult with the school system to help "solve" the problems.

The "therapy charge" is then advanced into the school. The committee thinks that the agency will be the solver of all problems. By setting up some sort of model program it will alleviate the problem with a minimum of time, money and effort. Reliance on this "quick cure" usually means that no thought is given to the idea of changing

the structure of the institution; and efforts at such change are resisted. The agency usually tries to establish from the onset that it cannot do all these things and that consultation is a long and hard process which might result in many changes. However, the press of time, sense of urgency and a need for immediate action usually persuades the agency to participate.

The results of this type of school-agency relationship are familiar to us all. Both the agency and the school suffer in some way as a result of the contact, and the outlook for future consultation work is even less favorable than before.

We knew it would be hard to overcome the stereotypes and preconceived ideas of mental health specialists and in our case "Drug Men." Like it or not, we would be saddled with the past successes and failures of the Community Mental Health Center in school consultation.

Keeping in mind past mental health consultation experience, we formulated two of the goals of our program.

- a) To bring the teachers to the agency rather than the agency to the school so that teachers could deal with their stereotype by meaningful contact with mental health workers.
- b) To give teachers the chance to learn outside of their own system, in which we thought they had been inhibited from trying new ideas. Upon returning to their system, teachers might act as agents for program change.



2. Referral and Consultation - As part of the program, we also planned a procedure for future consultation work. The Assistant Director was directly responsible for initial contact and entree into the school systems. Preliminary contacts with systems were established through pamphlets, newspaper articles and radio and TV interviews. When schools contacted the Drug Service Division requesting consultation work, the following agency-school referral policy was put into effect:

- a) Requests for consultation would come from the school system, not the Mental Health Center.
- b) The formal request would have to come out of the superintendent's office.
- c) A preliminary meeting between all involved (the superintendent, principal, guidance personnel) would be held.
- d) An assembly of all faculty members would be held for formal introduction and explanation of what was happening.
- e) Teachers were asked to volunteer for the program and meetings would be scheduled for work and planning sessions.

This system seemed to eliminate a lot of confusion and gave the Assistant Director easy and direct access to the teachers.

Probably the biggest problem and source of irritation for teachers in the whole area of mental health is referral. When teachers encounter students in their classes who have problems that go beyond their professional competence, they are asked by the administration to refer. When teachers do refer students to a local child guidance clinic or mental



health center, one of two things happen; (1) the student is seen and tested and results are not fed back to the teacher, or (2) the student is accepted for treatment and the teacher is never informed or consulted on current status or future prognosis. This situation leads to frustration on the part of the teacher and conflict for the student who becomes divided between the two institutions.

With this in mind, we built into the program from the beginning, facilities for student and teacher referral. These referral routes were worked out during the summer with the help of the teacher-participants.

3. Teachers' View of Medical Professionals - The relationship between medical and teaching professions is a long and interesting one. Teachers for the most part view the world of medicine with a sense of awe and mystery. Comments such as, "he's a doctor, he must know" and "that's a medical matter, we can't do anything" are quite common remarks. Physicians are respected not only for their skill but also for their long investment of time and great expenditure of money in the educational process. They are thought to be competent not only in medicine and related fields, but also in almost all fields of human endeavor. For example, the pediatrician is called upon for advice ranging from reading problems and sex education to curriculum guides in math and science. In essence, the physician when involved in any educational team will most likely be thrust into a leadership role or be regarded as "captain of the team."

In view of these existing attitudes, we felt that utilizing the physicians in the Drug Service Division and at the Mental Health Center as much as possible would be of benefit to our program. The Assistant Director also used this technique in his initial visits to school systems by having the Medical Director of the Division give the first in a series of presentations for teachers.

Psychologists have developed the reputation of "testing and nothing else" among teachers. This is due to a number of factors. School systems traditionally have employed only one full time or in some cases only a part time psychologist. Because of case loads up to 500 and more, time permits him to deal with individual students only on a testing basis. He subsequently has to neglect his obligation to the school as a whole, the community and teachers resulting in frustration on the part of those being referred and those doing the referring. His involvement on a group or community level has been minimal which adds to the stereotype of "the man in the testing room."

"School nursing, as a recognized entity within the nursing profession, is now over sixty years old. Throughout the years, school nurses have consistently made a conscientious effort to define their role in the school health program and promote standards which will assure a high degree of proficiency in meeting the health needs of children."<sup>15</sup> This statement by the School Nursing Committee would probably fall upon deaf ears in the teaching profession. Teachers

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<sup>15</sup>American School Health Association. The Journal of School Health (Feb. 1967), Vol. XXXVIII, No. 2a, p.4.

for the most part view the school nurse with indifference. This is a result not just of her role within the school, but of her role in today's society. The nurse is bound in almost all ways by occupational restrictions. Not only does she have rules imposed on her by the medical profession, state and federal governments, but also, in the case of the school nurse, by the Board of Education. Consequently, the statement, "she can't even give a student an aspirin," becomes the standard remark in faculty rooms.

In spite of these existing attitudes, we decided to involve the school nurse and psychologist in our program. If they didn't attend the training program, we would try to engage them in program planning along with the individuals from the system who did attend. This was done for two reasons. First, whatever the opinion of the teaching staff, nurses were, in some ways, directly responsible for the health of the students and should be consulted. Secondly, by the mere nature of the program at the Mental Health Center and its relation to their occupational role, they were bound to feel somewhat threatened. If excluded, it could result in undue problems for the proposed drug abuse education program.

#### C. Needs and Expectations of Teachers in In-Service Training

The teachers who would be coming to the training program would be bound to have expectations. With this in mind, we discussed some of the teachers' reasons for attendance to give us a better "handle" on understanding their ideas about an in-service drug abuse education course.

The American public today is certainly aware of the drug problem as it is constantly informed by all modes of media. The situation is said to have reached "epidemic proportions" in some states and there is a constant cry to do something about the problem. Teachers are the one group, as viewed by citizens, in the position to make a large contribution towards "solving" the problem. Consequently, there is a pressure by community groups and boards of education to get the teachers moving in this area. Pressure also exists in the area of student-teacher relationships. Students are exposed to the same media and societal influences and are concerned about the use and abuse of drugs. They are also subject to peer relationships and the student sub-culture and, in turn, look to the teacher for guidance and information.

The teacher's response to the pressure is simple--where can I get the needed experience and training to help my students and the community? The answer is to take a course. The reason for that particular response is interesting in that it explains part of the structure of our internship program.

Teachers take courses for everything: for job advancement, for advanced degrees, for increases in salary, for prestige, for increased knowledge, etc. Courses exist or are created whenever there is a problem--sex education, driver education, home and family life education, urban education and now drug education. It is no wonder that when the drugs became a problem, teachers reacted in the way they did--after all they

were trained in that way and would receive no recognition unless they followed the set procedure.

Because of their past experience of taking many six or eight week courses in which information was presented, in the expectation that it would be committed to memory and little time spent on practical application, teachers had the same expectations of our program. Recognizing this, we built into the structure of the program information sessions where such items as pamphlets and mimeographed materials were distributed. Suggestions were also given about materials for professional libraries, films and periodicals for classroom use. A certificate was designed to be awarded at the end of the two week course as material recognition to the school system that the teacher had successfully met the requirements and indeed was a "drug expert."

In addition to the discussions for planning purposes, I undertook background reading and study to comprehensively review the drug field and related literature. An updated version of the type of work I did in preparation for the teachers can be found in Appendix I.

### The Program.

#### 1. Objectives

Having reviewed those qualities that go into "teacherness" and having made some decisions about how to meet teachers' expectations of a learning experience, we could formulate what we wanted to accomplish in a two-week training program. Four specific objectives evolved:

- (1) To provide information and materials about drugs and drug education.
- (2) To expose teachers to professionals and non-professionals with varying views about drugs and treatment modalities.
- (3) To acquaint teachers with treatment programs-- and patients--in a clinical facility.
- (4) To provide a group setting for teachers compatible with developing insight into their own attitudes and opinions about drug usage.

If these four objectives could be accomplished, the training program would turn out teachers who would know certain facts, yet know there were no certain answers, who, by developing insight through a group process, could deal with their student groups and hear what their students were saying. These teachers would have more rational views of treatment, treators, and patients than before training and would be more open to referral, consultation and treatment. It was important that our program did not turn out teachers with pre-packaged ideas or pre-arranged programs of drug abuse education.

Under the information and materials section (objective numbers 1, 2, 3) the following areas were covered: (1) history and legal facts of drug use, (2) classification of drugs, (3) treatment modalities, and (4) epidemiology of drug use.



(1) History and Legal Facts of Drug Use. This section covered the following items:

- a) History of drug use in the United States
- b) The Harrison Act of 1914
- c) The Marihuana Tax Act of 1937
- d) Public Act #555 and #753 of Connecticut
- e) Drug Laws vs. Alcohol Laws
- f) International trends in drug abuse and control
- g) State and federal legislation

(2) Classification of Drugs

- a) Opiates and barbiturates
- b) Hallucinogens and amphetamines
- c) Cannabis derivatives
- d) Miscellaneous drugs and aromatic hydrocarbons

(3) Treatment Modalities

- a) Methadone maintenance
- b) Therapeutic community (Pittstop, Eastern Psychiatric Institute, Tompkins I)
- c) Outpatient group work and life adjustment
- d) Individual psychotherapy
- e) Naloxone and cyclazocine
- f) Encarceration
- g) Crisis centers and storefronts

(4) Epidemiology of Drug Use

- a) Who uses drugs? (age, sex, groups)
- b) Extent and type of usage
- c) Where and when drugs are used
- d) Concomitant social problems (street crime)

The fourth goal of the program--to provide a group setting for teachers compatible with developing insight into their own attitudes and opinions about drug usage--included both the areas of education and decision making and group work.

a) Education and Decision Making - The effort in this area would be to stimulate thinking about the learning and decision process, focusing



on such things as why students chose to use and abuse drugs, what the best possible setting is to conduct learning sessions, who does the educating and who is educated. Time would be spent trying to develop greater knowledge concerning: (1) what is possible and desirable in a drug education program, (2) what information students need to know to make decisions, (3) when this information should be given and how, and (4) the process of informing all interested parties, i.e., communities, boards of education, parents, etc. about extent of problem and developing program.

b) Group Work - The role that groups can play in the drug abuse education process would be explored by placing teachers that attended the training program in groups. Issues concerning size of groups, their structure, composition, setting, and role of leader and participants would be covered.

As expected, teachers could absorb the written and didactic information. More difficult was helping them with their own feelings about the role of drugs in relation to societal functioning. My role concentrated on developing their ideas and opinions by exposure to information, treatment facilities, patients and staff.

## 2. Operation of Program

The training took place at the Community Mental Health Center between 9:30 and 4:30 each day, Monday through Friday. Four different two week training periods were offered and because of the concentrated nature of the program and heavy reading requirements, no part-time interns were accepted. Trainees participated in a wide range of activities

including: (1) discussion with addicts, ex-addicts and many of the leading theoreticians and practitioners in the field, (2) reading assignments on the historical, psychosocial, cultural, pharmacologic, education, legal and treatment aspects of drug dependence, (3) problem solving and planning sessions in drug education, (4) field trips to a variety of treatment facilities, (5) group work sessions with emphasis on self evaluation and decision making, and (6) talks with mental health personnel and allied health scientists.

The first day of the program began at 9:00, at which time I conducted an orientation session for the participants. During this session, I tried to acquaint the teachers with the schedule for the two weeks as well as get to know a little bit about them and their school systems. This was followed by a tour of the Community Mental Health Center and the administration of a knowledge inventory test on pharmacology to give me an idea of how much background each individual had in this area. After a meeting with one of the staff, the daily reading and discussion period was held. In these sessions, teachers had a chance to gripe, prod, question, complain and it worked as sort of a release valve for emotions built up during the day. The teachers would also question and discuss with me various things over lunch and while going from one appointment to another. Each day followed approximately the same format (see Appendix II for sample of two week program) with the exception of the days where field trips were scheduled.

An edited booklet of approximately three hundred pages was de-

veloped specifically for the training program. It consisted of articles from medical, legal and social journals, excerpts from books and six articles written by me on various aspects of drug abuse. The book served as a centralized reader by which the teacher-participants could gain information and material for their discussion groups and detailed explanations of various programs and terminology.

The teacher-participants had the chance to see all the treatment modalities function and to "rap" with each section about its approach and philosophy. For instance, the group would spend a day apiece visiting Pittstop and Methadone Maintenance. Since these two visits were usually in the same week, it gave the participants a chance to compare the two types of treatment programs, weighing advantages and disadvantages of both.

Most staff members of the Drug Service Division had an opportunity to meet with each group. In these meetings, staff members would do more than describe the operation of the program, instead they would offer their opinions on all aspects of the program including their own philosophy on drugs, drugs and society and marihuana. Here teachers were able to get an idea of various philosophies and the amount of disparity that exists among professionals. Teachers were also challenged by staff and patients to relate their own ideas and were in a sense forced to interact on a more meaningful basis than they were accustomed to. As an example, one physician mentioned he believed that they shouldn't

have a "pat answer" or be clear on the question of marihuana. "Why must they as teachers feel they have to have a sense of clarity on all issues?" This question seemed to set the stage for the start of a real self evaluation of their own beliefs.

In a sense, patients, staff and facilities of the Drug Service Division and of the Mental Health Center became the instructors of the two week training institute. Staff "taught" the teachers by letting them observe daily procedures and ask questions. In this way teachers were able to observe people with varying degrees of experience; patients who used drugs for years or only a few months; and clinicians with a wide range of experience, and those with very little. Participants in the program were sometimes asked to join group therapy sessions upon invitation by the group. Here they were able to see treatment and confrontation mechanisms at work. These sessions not only served the purpose of seeing patients confronting other patients, but also stimulated some self appraisal on the part of the teachers.

In reviewing the experience of the first two groups, searching for areas in which we could strengthen the program, we learned the teachers' reactions to the individual staff members varied considerably. They clearly placed the two physicians in the leadership role, viewing them as the people with all the answers and as a result had little trouble understanding their role and function in the program. This was also the case with the Methadone Maintenance program where they could observe a clearly defined system of treatment.

On the other hand, teachers had a difficult time comprehending the many different modes of treatment in the Outpatient Department. This unit had the direct responsibility for the treatment of adolescents on an outpatient basis. In the treatment process, they employed many forms of therapy ranging from group process and individual psychotherapy to psychodrama. The members of this unit had extensive experience in working with school systems and teachers. As a result of their experience, they had developed a philosophy of education quite different from the teacher-participants. Statements such as, "The entire educational system has to be turned upside down, begun all over again and anything short of this is a cop out," did not rest well with some of the teachers. The teachers did not react so much to what was being said as to the style it was delivered. "Treaters" often speak in the vernacular of the people being treated. In discussions with the teachers, four letter words were interspersed with mental health terminology and popular colloquialisms. This, combined with almost an animosity on the part of mental health professions against the ill-conceived society we live and somehow function in, created a personality style which was quite offensive to teachers. They tended to categorize the treaters as "idealistic liberals" who didn't know what it was like out there in the schools.

The teachers tended to have an easier time relating to the Assistant Director and me because we had been teachers and they felt we understood their problems. I think an additional factor was at work here in the

case of the Assistant Director's relationship with the participants. In his talks at schools, before the training program, he went through the process of establishing credibility; he made himself known, his competence in field known, and the relationship he wished to have with the teachers known. This enabled them to "place" or "fix" him and eliminated any type of mystery, guessing, or stereotyping as to what he was all about.

The teachers had some interesting reactions to the Drug Service Division, the staff and patients, and the Community Mental Health Center as a whole. For the most part, it was the first time they had spent any time in a treatment center in an observation role. Their only previous exposure was either as patient in a hospital or as a visitor to someone who was hospitalized. The stereotypes concerning the "mental hospital" or "mental health center" still existed. In this particular situation where interaction with "mental patients" on the floors (who were hospitalized for a wide range of reasons and not just drug dependence) took place, a certain amount of anxiety was created amongst the teacher-participants. I made no attempt to deal directly with this anxiety except to accompany the teachers and be constantly available to them. The input of factual information they got each day may also have made the situation less threatening, giving them some familiar structure to work with. Questions about patients were dealt with factually and openly.

It was fairly obvious from the start of the first group that we



made a mistake in the arrangement of the program. We should have scheduled more information and material sessions in the first few days. Other than that the program arrangement seemed to be acceptable to the group and most had little or no complaints about the scheduling. Even though the teachers thought some parts of the program were not directly relevant, they nevertheless thought they were in some way valuable and should remain as a part of the schedule for incoming groups.

The most important change was made as a result of the first group's experience. For this group, we had only scheduled one group work session. The response to this session was overwhelming. All the participants wanted more time in this area for a number of reasons: (1) The individual who conducted the sessions had an affable personality and the ability to meet the group where it was "at" and move them from there. They felt he had the ability to understand their school situation and work "within to change," (2) Teachers felt that group work was the "key to drug education," (3) Group work helped them in the self evaluation process, and (4) because group work, sensitivity training, marathon therapy groups were quite in vogue, the teachers were inquisitive and anxious to get some exposure in this area.

We rearranged the program with the cooperation of the Outpatient Department to include four separate sessions of one hour apiece. In



these sessions the leader used the group to demonstrate some of the basic mechanics of groups such as: (1) tuning in, (2) setting the contract, (3) work phase, and (4) termination.<sup>16</sup> He used role playing as another technique. It met with a high degree of success with the teachers. He also spent time answering questions, pertaining to items such as: What is the best size of a group? What is the best situation in which to conduct a group? Do adolescents respond to an indirect leader?

In the end, group work became seen by the teachers as the largest and most valuable part of the total program.

3. The Teachers - Fifteen teachers attended representing six towns in the catchment area of the Community Mental Health Center. They attended any one of four sessions held at various two-week periods in June, July and August. All but three of the individuals who started the program completed it successfully. Of the three who did not complete the program, all left for personal reasons (time, money) rather than dissatisfaction with the program. Individuals who participated were from a wide range of teaching and personnel specialities. Backgrounds, amount of education and teaching experience varied considerably.

(See Table 1)

At the end of August, the last of the four sessions were concluded. Because of a shortage of staff only part-time training programs were planned for the fall. I returned to school and worked part-time helping the Assistant Director to conduct a training program approximately once every other month.

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<sup>16</sup>Concepts originally designed by W. Schwartz in Neighborhood Social Service to Public Schools, B.U. School of Social Work Press.

TABLE 1

TEACHER-PARTICIPANT DATA - 1969 SUMMER PROGRAM

Total Teachers Trained - 15\*  
(8 Male - 7 Female)

<u>TOWN</u>		<u>DEGREE &amp; SEX</u>					<u>FIELD OF COMPETENCE</u>									
<u>N.H.</u>	<u>W.H.</u>	<u>M.</u>	<u>E.C.</u>	<u>G.</u>	<u>B.S.</u>	<u>M.S.</u>	<u>MSW</u>	<u>6th Yr.</u>	<u>Ph.D.</u>	<u>Eng. Guidance</u>	<u>History</u>	<u>Psychol.</u>	<u>Science</u>	<u>Soc. Wk.</u>	<u>Spec. Ed.</u>	
5	6	1	2	1	3-M	2-M	-	2-M	1-M	3	4	2	1	2	2	1
					3-F	2-F	2-F	-	-							

\*Three additional started program but did not complete.

Part-Time Programs. If popularity and response are indicators of success, then the summer training programs were a success. Several newspaper articles and word of mouth spread the news of the training program to many of the surrounding school systems. We ran three more training programs in the fall to meet the requests for training. The first two were more or less carbon copies of the summer program. In the third program, we tried a few new things in hopes of improving the program.

1. The Greenwood Experience - The Greenwood school system, a suburban community located twenty minutes from Elm City, contacted us to deliver a few lectures and possibly conduct a training program. After talking with school officials, we found a committee had already been formed, composed of teachers, students, and a few administrators. We decided to work with this group for a number of reasons. First, we wanted to include all the constituencies within a school. Second, the more people involved, the better, as long as adequate leadership developed. Third, we had decided to discontinue talks in the auditorium and go entirely with training programs.

The existence of the group eliminated one of our chief road-blocks--selection. After we had decided upon representing groups as best suited for the training process and subsequently to run drug education programs, how would we select them? Several methods were thought of such as a list to be given to students with all the teachers'

names on it. Names of teachers who were checked by both students and administrators would be the best individuals for the program because they could communicate with both factions. However, lists such as these either are not taken seriously, turn out to be popularity polls, or eliminate the person who might be interested and willing to work quite hard.

We worked with the group and encouraged them to try to get parents and other community people involved. Since they were too large for one group, we split them, taking into consideration relative representation, and they came for training a few weeks apart. We increased the time spent in groups and used the sensitivity training approach. After training, the two groups returned to their town and became group one and two, met separately to continue their process and talked in terms of our group is better than your group and forgot the task of starting a drug program.

2. Lessons Learned - We learned several lessons from the Greenwood experience.

(1) Group time should be increased but should be oriented towards task.

(2) Students were an invaluable part of the process and must be a part of all training groups.

(3) Towns should come in teams, and all at the same time if possible.

(4) Follow-up after training is an essential element and responsibility of the training program.

Soon after this experience, the Assistant Director developed a guide for starting and developing drug education programs in schools, which was to become the philosophy of our future training programs. (See Appendix III) At the same time we were running programs in the fall, two school systems that had sent teachers during the summer were developing programs. The programs that developed differed from town to town and were adapted to fit local situations and needs. They were each planned and implemented entirely by the teacher-participants of the summer program; the Assistant Director and I following up only on a consultation basis.

The Wildwood teachers developed the largest program of the towns represented in the summer internship session. The program was initiated in September, had the consent of the administration and was directed by a guidance counselor who had attended the summer program. The teachers were assigned three regular classes in their speciality and two drug classes. Students (beginning with sophomores) selected the drug period on an elective basis in lieu of a study hall. Classes varied in size from four to nine. The drug classes or groups were conducted in a room physically different from a regular classroom. Traditional desks were abandoned in favor of old chairs and sofas and the room assumed an identity apart from the school atmosphere. Students attended the sessions of forty-five minutes in length every day for a period of four weeks. At the end of the four weeks, groups were reassigned to study

hall and new individuals had the opportunity to elect the drug period. Other faculty and school personnel were informed of the program at the end of the previous school year and again in September. Parents and community were contacted by a story in the local paper and by a presentation at a special parents' night.

Some of the early reactions and impressions of the teachers to the new program were interesting. These were transmitted to me at one of the follow-up meetings which the Assistant Director and I held for the Wildwood group, and include a selection of the more pertinent comments by teachers and student responses.

#### Teachers

Teachers are finally becoming totally involved with students in a meaningful way.

I've gotten more help out of the program than the kids.

The kids had trouble with the termination of their group and are still coming back to me to talk about things.

Kids just want to talk and want someone to listen.

It's hard to present two images--one in regular class and one in drug class.

The drug class started kids thinking again.

#### Students

In here I feel like I'm not a desk.

You're different in here from regular class.

Why couldn't regular classes be like this one--we would learn so much more.



This is the only time I've felt like talking.

You can smoke in here and I don't feel as uptight as in regular class--I'm more myself.

The drug group makes one want to come to school.

We just don't talk about drugs in here, we talk about what's important to us--life.<sup>17</sup>

Some of the problems that arose in Wildwood High School as a result of the program were not unanticipated. A friction developed between the guidance department and the drug team over occupational roles. Traditionally the guidance department has been the sole vehicle within the school (with the exception of the school psychologist) for personal counseling and any type of prolonged group work. The drug team was doing both in its program, and both were indeed vital to the success of the program. The guidance people resented the infringement upon their job category and possibly the success the drug team was having in relating to students. The position of drug coordinator (which was created by the administration) also caused some conflict due to its conflicting role between the teachers and administration. These problems and the ever existing problem of scheduling were to be considered for future planning.

The program developed much differently in Garden Valley. It was begun in October with an in-service presentation for the school district entitled "Drug Abuse Education Workshop." The workshop was

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<sup>17</sup>Comments of Wildwood teachers.



divided into elementary and secondary levels and presented a series of lectures and group sessions conducted by members of Community Mental Health Center and the Drug Service Division. It was the purpose of this workshop to inform and educate the faculty as well as "kick off" the program for the coming school year. People who attended the summer internship program set up the workshop and acted as assistants to the speakers.

As a result of the summer program and the workshop, a guidance counselor was given all his school time to devote to the drug program. He was designated a "group counselor" by the administration and the "drug man" by the teachers. He and a social worker were the core of the program, running ongoing groups from study halls.

With the conclusion of the fall programs, which afforded us the opportunity for some refinement and experimentation on the summer pilot program, a fairly comprehensive package began to take shape--a program, a philosophy, the beginning of a staff, and a few results or products of our labor (people trained). All that was needed was funds to carry out the program on a full time basis.

#### FUNDING

Application for Funds. Early in 1970 we found ourselves with a working model of a training program. Logic would have it that an effort would be made to find a funding source, however, as happened ( continues to happen in Elm City via Eastern University), the funding source found

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Application for Funds. Early in 1970 we found ourselves with a working model of a training program. Logic would have it that an effort would be made to find a funding source, however, as happened ( continues to happen in Elm City via Eastern University), the funding source found

us. This is an important point for it demonstrates how, at an early point in the agency's development, external sources exerted considerable influence on what was to become the Drug Training Project. The two external sources were the Drug Service Division and the Large Funding Agency.

Writing of the Grant Proposal. H. Washington, Director of the Drug Service Division, in his frequent talks with officials of the Large Funding Agency in Washington, mentioned our training program and included it in his annual report, as it was part of the activities of the Division. This was met with interest and the "word" was passed that the Large Funding Agency was about to release bids for training and education projects in drug dependence.

George Clifton, the Assistant Director, then went about the work of writing the proposal. Although the work was written by Clifton, keep in mind that the goals, philosophy and direction, as well as coming from innate ability and experience in the pilot programs, were heavily influenced by the staff and the agency (DSD) that he worked for and was a part of. The following are sections of the proposal, which although lengthy, must be included here because of the inherent nature of the writing:

A) Goals and Philosophy

The basic philosophy behind all education programs is that youths make their own decisions about drug use, and that an education program can only provide them with better information and tools with which to make decisions. On the one hand we reject exhortations and threats as educational tools, and on the other we reject the notion that the presentation of facts by themselves will suffice.

We hold that a sound education program must be much more than either of these.

First of all an education program must have goals. Without question, one of our goals is to decrease the incidence of drug abuse. We do not, however, hope to indoctrinate youths into our personal philosophy on the use, misuse, and abuse of substances. We do hope to transmit our information and our knowledge on decision making, to enable youths to make better decisions based on their own priorities and needs. We hope to intervene in the sub-culture to cause the group to re-evaluate its position on the safety and utility of drug use. We are prepared to provide certain guidance and informational inputs in this effort, and we are prepared to accept the youths' decisions whether they correspond to our prior notions of propriety or not.

Finally, it is our feeling that for drugs to become ultimately less attractive to youth, key social institutions must become more relevant and attractive. To this end we encourage teachers and administrators to think through with our staff what changes can be made in content and attitude in the school situation to make it more relevant to today's conditions of living.

The Drug Service Division staff reaches a very wide audience through meetings, lectures and discussion groups, but because of staff limitations will never be able to provide the sustained, qualitative, personal contact with the general public to have a great impact on the drug abuse problem. Because of this we have concentrated on training key people in the formal and informal education spheres. Training is geared to the gathering of information and to the development of skills necessary to work intensively with small groups of young people to help youths to find ways of coping with the frustrations and problems of adolescence without the use of drugs.

## B) Proposed Training

### 1. Overview of the Project

The Training Project would be administered by the Eastern University Department of Psychiatry through the Drug Service Division. The training project would be physically located in the Eastern Medical School, Community Mental Health Center, Hospital complex and would utilize the facilities of all of these institutions.

Part-time faculty will include all Drug Service Division staff members, selected Eastern faculty from other units, a forensic scientist, state police staff, Legal Assistance Association attorneys, and Drug Service Division patients. Staff will include the Project Director, his administrative assistant, two training associates, two trainees, a research assistant and a secretary.

Three types of training will be offered: 1) open-ended afternoon or morning series, 2) three day short courses, and 3) seven to ten day intensive sessions. For each training program the training project will meet with sponsoring agencies to negotiate course content and training time.

Eligible trainees during the first year will include:

1. Educators: primary, secondary and college.
2. Public Officials: including departments of health, mental health, probation, parole, police and others.
3. Community leaders and community workers.
4. Supportive professionals: including lawyers, clergy, physicians, psychologists and social workers.

## 2. Scope of Procedure

The Training Project will begin on a relatively small scale, offering training for eligible groups from our catchment area and for state officials. In subsequent years we will expand our coverage first to the rest of the state and later to the entire New England region. Groups from outside our catchment area or groups otherwise ineligible for training will be accepted in emergencies. In these cases a tuition fee equal to Training Project expenses will be charged.

Though the Training Project may employ specialists from private practice or non-related agencies for special programs, it is anticipated that more than eighty-five per cent of the training will be led by the Training Project and Eastern University faculty. The greatest strength of the Training Project will be its access to



a comprehensive treatment program and the subsequent availability of ex-addicts, addicts in treatment, and many of the leading practitioners and theoreticians in the field of drug abuse and adolescent behavior. These individuals will be available not only for formal course work but for informal discussion ("rapping") as well.

All training will be tailored to the specific needs of each group and of each individual. Schedules and content will be negotiated in a series of pre-training meetings between Training Project staff and the prospective trainee agencies. Training for law enforcement agencies, however, will be chiefly related to their functions as educators rather than their roles as policemen. This training is necessary because policemen often speak to youth and adult groups and have in the past often been guilty of miseducating more often than educating their audiences. The Training Project will call upon the Federal Bureau of Narcotics and Dangerous Drugs and the State Police to cover the police science aspect of training when this is specifically requested. The Training Project is requesting funds for the education and counseling portion of training only.

Ordinarily training will include experiences in the following areas: 1) lectures and demonstrations, 2) supervised readings and discussions, 3) group sensitivity training, 4) interaction with patients, 5) field trips to selected programs, and 6) evaluation seminars.

a. Lectures and Demonstrations

This phase of program is designed to make trainees more familiar with the terminology, the pharmacology and the physical appearance of drugs. A common language and common understandings develop that facilitate communication during training.

b. Supervised Readings and Discussions

An individual who hopes to work in the drug field must become familiar with all of the relevant literature in the field. These sessions will emphasize readings, understanding, and application of facts, figures and theory. Our experience has shown that mastery of the essential literature adds immeasurably to the competence, the confidence and ultimately the creativity of trainees. This material will be pre-

sented in different ways, consonant with the educational level of different trainees.

c. Group Work Training

Whenever a group enters into a training program, the individuals involved bring with them varying amounts of suspicion, hostility, uneasiness, feelings of inadequacy, and fears of rejection. These feelings normally remain below the surface and often impede group cohesiveness and group progress. The learning experience in these cases is often diluted by unnecessary competitiveness and destructive one-upmanship maneuvering. Trainee groups will be set up to deal with these problems before they occur. The "group" model used will be the social group work model rather than the "T-group" model.

Through study of group work theory and through actual participation in groups, trainees will learn how to organize and conduct groups for use in the educational process.

d. Interaction with Patients

The best way to become familiar with the problems and experience of drug dependent people is to talk to them. Trainees, therefore, will spend a considerable amount of time in groups with drug dependent patients, asking questions and being asked questions, discovering the patients' hang-ups, biases, and blind spots - and in the process learning how to recognize and deal with their own prejudices.

Trainees will learn what the various treatment modalities are about and will examine them to find elements that may be adapted for prevention programming.

e. Field Trips

There are many different treatment philosophies and many different prevention models being utilized at different centers throughout New England. To avoid unintentional brainwashing and methodological paroch-



ialism, we hope to expose trainees to a variety of program approaches. Trainees will see excellent programs, mediocre programs, and atrocious programs. They will see glaring differences and common threads that bind the more successful, and will view the differences and commonalities between the least successful programs. (What category any particular program should fall in will be determined by the trainees - not by the Training Project.)

f. Evaluation Seminars

In these seminars trainees will reflect on their training experience, evaluate their own efforts and understandings, and evaluate the experience the Training Project has provided.

Trainees will be expected to synthesize all that they have learned and to develop a rather broad outline of how they intend to utilize their new knowledge and understandings. The Training Project will evaluate itself through study of trainee comments and through evaluation of trainee performance on the self test and oral group quizzes (no scores, however, will be given on either).

3. Training Units

Two types of training units will be available. Trainees may select either depending upon their needs.

a. Intensive

This training unit will consist of seven to ten full days at the Training Project. Trainees will be exposed to the general sequence described above and will be given a choice of several areas of specialization. These specialities will include: a) education, b) counseling, c) group work, d) treatment, research and epidemiology, f) pharmacology, and g) legal, historical, sociological and psychological aspects.

b. Afternoon and Morning Series

This training unit will consist of six to eight half days at the Training Project or at the trainees own

facility. Trainees will be exposed to the general sequence described above, and will be given a similar choice of specialities.

Field trips and supervised reading sessions will, of course, be greatly curtailed in this program, but trainees will be encouraged to make these up on their own. All training gaps will be filled through continuing in-service training over a six month period and through on-going consultation.

c. Stipends

No tuition charges or fees will be levied by the Training Project for individuals in our geographic area. When possible sponsoring organizations will be asked to support their own trainees during the training period. When this is not possible the Training Project will provide stipends to twenty dollars per day for each full time trainee. When possible these payments will be made directly to sponsoring organizations, who will in turn distribute the funds, supplement them when necessary, and provide fringe benefits when appropriate.

These stipends will be for general support of trainees and will be taxable income. No provisions will be made for home-to-Training Project travel, meals, entertainment or other ordinary expenses. Exceptions to this will be trainee travel on field trips, and Training Project faculty and staff expenses incurred in conducting official Training Project business.

d. Program Development

In addition to, and as a corollary to, its formal training functions, the Training Project in cooperation with Drug Service Division staff will develop a training aid library. This will include copies of the latest texts, novels, articles and studies on drug abuse, an extensive slide and video tape film collection and a series of updated illustrations, posters, and epidemiological charts and graphs.

These materials will be available not only to Training Project staff and trainees, but to area schools

and social agencies also. The Drug Service Division has already begun to develop such a library - the Training Project will enlarge upon and coordinate this effort.

As part of its continuing education efforts, the Training Project will experiment with new educational tools, materials and methods of improving information transfer and communications for behavioral change.

In addition, the Grant specified that we would be responsible for training 180 individuals in a year's time; the number of training sessions was left up to us.

Notification of Award. In the early spring we were informed that the proposal would be funded at approximately the level of \$150,000 to begin on June 1, 1970. The acceptance of the proposal had to do primarily with three factors:

(1) Large Funding Agency was just beginning to move into the area of training and education concerning drug dependence. Monies granted previous to this had been in the area of treatment. It was a case of being in the right place at the right time with some program (summer) experience.

(2) Large Funding Agency held the Drug Service Division in high regard. It was considered one of the most successful and innovative program of all the projects funded to date. The grant to begin the Drug Training Project was viewed in Washington as being an extension of the services of the already successful DSD.

(3) The impression that Clifton made in Washington as a person, competent and knowledgeable in the field.

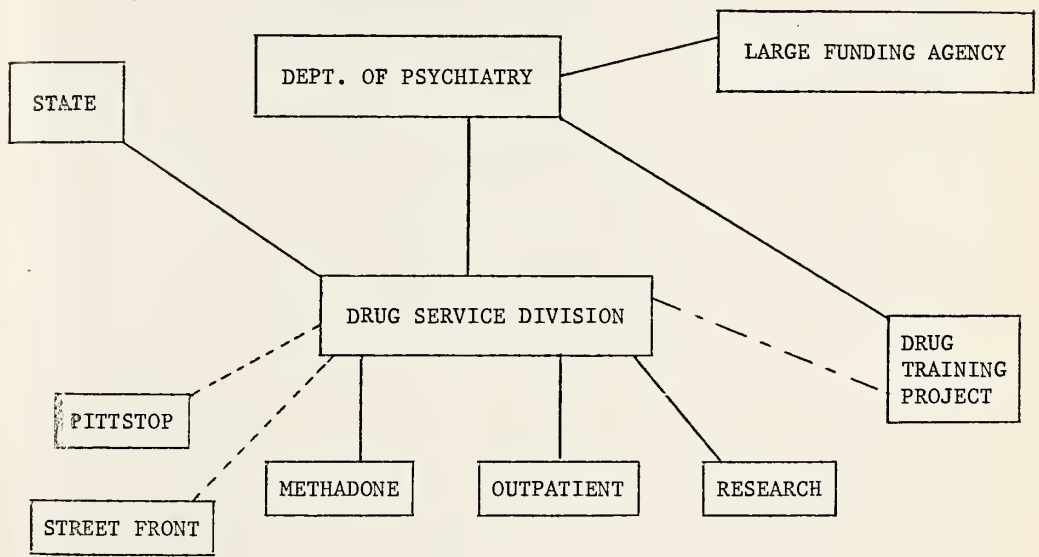
So, in a sense, a new baby was born, but a baby which was still very much attached to its mother--the Drug Service Division. Although funded via the Department of Psychiatry of Eastern University and accountable to the Chairman of that Department on paper, in practice, the Drug Training Project and the DSD were one. The Assistant Director of DSD became Director of DTP and retained his former title. In a way he wore two hats, but given the nature of the mutual purposes of the agencies, it was not seen as a conflict of interest. (See Figure 2)

Planning. The initial planning was done by the Director. On the basis of his proposal he estimated he would need seven staff members besides himself: one administrative assistant, two training associates, two trainees, a research assistant, and a secretary. The main thought was to begin to organize this core staff, for most of the auxiliary staff would be coming from the DSD. Program planning was not given much time at this point for it was envisioned that the basic program we had run in the past would be modified slightly, adding some things and deleting others. A lot of time was spent at this time locating facilities, ordering equipment, and renovating quarters.

1. Staffing - The staffing of the agency (as in most funded agencies) did not evolve as was planned in the proposal. Instead what was done was to structure the staff according to who was available and could do what, and what needed to be done. Patronage also entered the picture as a number of people had been involved in the pilot program. This was different from patronage in the classical sense, e.g., giving

FIGURE 2

ORGANIZATIONAL CHART OF DSD AND DTP - JUNE 1970



\_\_\_\_\_ = Direct Relationship  
----- = Indirect Relationship  
- - - - - = Combined Relationship

a person a job as payment for past services or they needed one, etc. It was a case of people working and working well at something, believing in it, and doing it because they felt it was important. With the exception of three individuals, the core staff was composed entirely of people who had in some way participated in the pilot program. I was offered the position of Assistant Director, a friend of the Director who had prior experience in administration was appointed administrator, and a member of the Outpatient staff was hired to coordinate the group training portion of the program. This last appointment turned out to be quite significant because it marked the first in a series of conflicts that were to develop between the DTP and its mother agency, the DSD. What was at issue here was--could an employee move from one section to another in the total complex? The emerging issue answered that question by pointing out that, in fact, the DTP and the DSD were not sections of a whole, but two different agencies cooperating for common purposes. This, plus a continuing personality clash between the Director of DTP and the Outpatient Department, affirmed the beginning of what was to be a process of separate but common roads.

In addition to the professional and secretarial staff, we hired three ex-addicts (one to be hired later). After lengthy discussion and thinking on the subject of ex-addicts in treatment programs, I was able to isolate some of the following indices for employment. Although they are directed at employment in the treatment field, they are readily transferable to training and education.



(1) Role Model - The successful ex-addict could provide an example of one who had "made it," thereby encouraging those currently in treatment that indeed addiction could be defeated.

(2) Communication - Ex-addicts were adept in communicating in the language of the drug culture and in the vernacular of the street or minority group. This would be extremely helpful in assimilating individuals in initial stages of treatment.

(3) Life Style - The customs, values, and mores of the drug culture and the minority group could serve as a valuable identification tool for new program members.

(4) Experience - As philosophized so well by Alcoholics Anonymous, one cannot possibly internalize the scope and depth of addiction unless one lives it. Ex-addicts could help professionals in this process.

Our agenda was to utilize ex-addicts in lectures to training groups, community talks or forums, street work, and in talks and consultation to schools. In-service training of our own staff was also a consideration.

Along about this time in the staffing process, we received "word" from Washington that three contracts were going to be put out to bid for the training of clinical personnel in drug treatment and we were asked to submit a proposal. Clifton submitted the same proposal that was funded (Grant) with some modifications to take into account composition and direction of training. Below is the introduction to the contract proposal giving some of the specifications and goals:



This proposal is for a program to provide ten, four-week training programs per year for a total of 180 professional and paraprofessional persons who work, or plan to work in the field of drug dependence treatment, rehabilitation or prevention. Trainees will be accepted from communities throughout the Northeast Region.

Training will center around a variety of experience including lectures and demonstrations, field trips, discussions, role-playing and group work experience. Attention will be given to the social, legal and historical forces that contribute to the current drug dependence phenomenon, and also to the intra-psychic mechanisms that contribute to deviance.

No attempt will be made to produce walking encyclopedias jammed with facts, figures and theories. Instead we hope to turn out well informed, sensitive individuals who are capable of creative planning, efficient administration and competent execution of programs.

It was assumed that we would be funded and on that basis proceeded to hire another group worker, ex-addict and an experienced person to coordinate the program and also run groups.

In addition to our own staff, a number of new people were hired by the Drug Service Division and payed out of our budget. This was done for a composite of reasons:

- (1) Treatment money was scarce--and the DSD desperately needed funds for additional personnel.
- (2) The DTP would be using DSD personnel in the training program and could be considered payment for services rendered.
- (3) The relationship between the Director of DTP and DSD was such that there was mutual cooperation to combine forces or share within the family.

To augment our staff, several consultants were hired on a full time basis to do speciality work, such as pharmacology. With the approach

of June, the staff was relatively complete (See Figure 3) and we were nearing the approach of implementation.

Before the beginning of staff training, we had our first visit from Washington in the person of our Project Director for both the Grant and the Contract. He met with the Director and me one evening to discuss implementation and our plans. At this meeting the following things were discussed, reinforced and decided:

(1) The number of people we were expected to train (~~180~~ Grant, 180 Contract).

(2) The length of time they should be trained. The Contract originally called for ten, four-week sessions, this was changed to two-week sessions, as many as needed to meet the numbers quota.

(3) A little about program content. A suggestion was made as to field visits or placements.

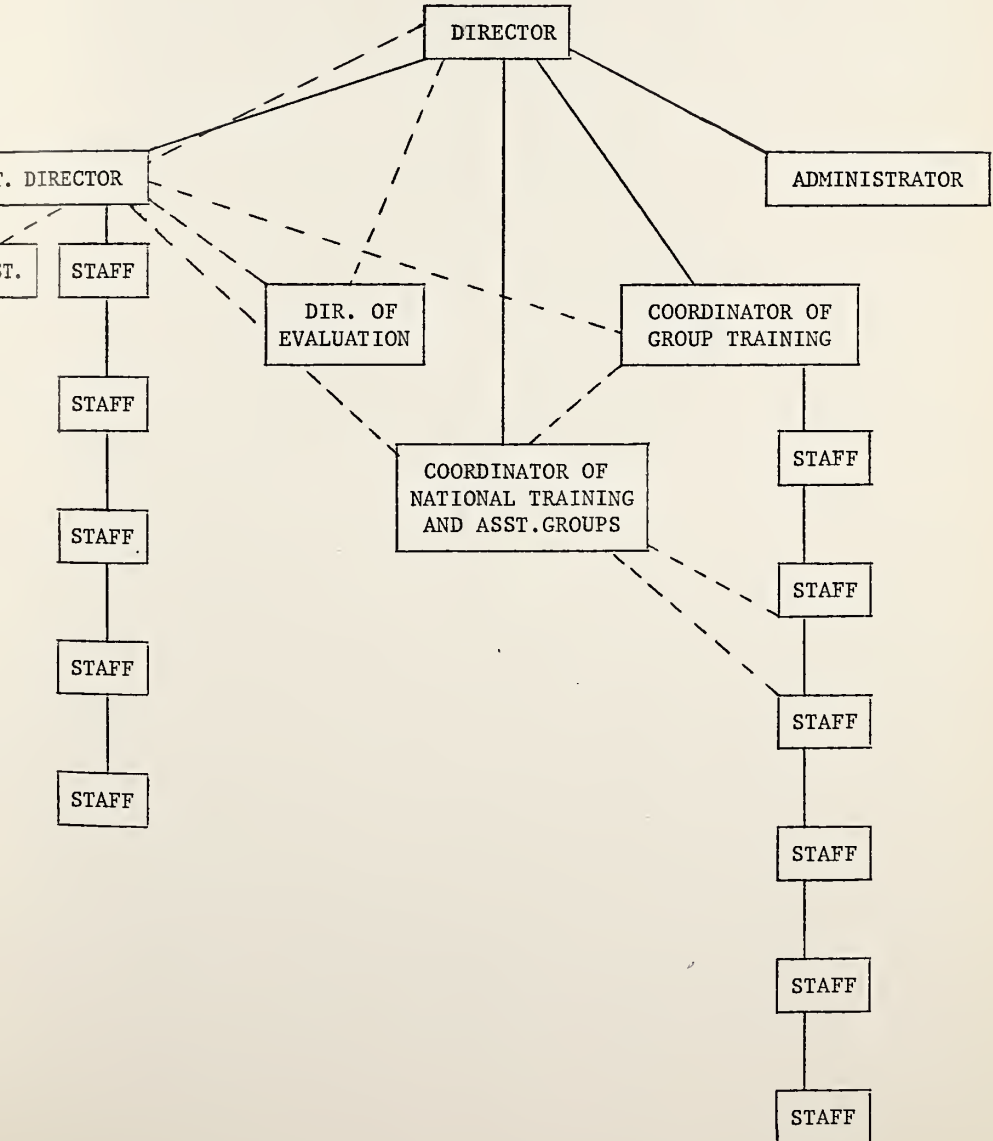
(4) How we proposed to spend our budget.

(5) How we were progressing compared to the two other centers in Hayward, California and Norman, Oklahoma.

The tone of this meeting was that the Large Funding Agency had put money into something and now was going to press a button and the whole thing would begin to run and turn out a product--trained people. They clearly were interested in product, for they were under pressure to produce from higher governmental sources and the general public.

FIGURE 3

ORGANIZATIONAL CHART OF DTP - JUNE 1970



the framework in which we were to work began to take shape--they would tell us how many, how long and what kinds (the meeting also indicated that probably clinicians would become an increasingly important part of our training), little would be said on "how to;" it was assumed we knew. With these boundaries, however, little room was left for the "how to."

2. Staff Training - Staff training was planned as the first operational entity because of its value as an educational concept. That is to say, a trained staff is a better staff. Through training, we could facilitate the "getting to know you" process, and at the same time educate the staff as to what we wanted done in the program and what their role would be. The training schedule was constructed by the Director and myself, and included talks by many of the people on staff. (See Appendix IV)

During staff training, two key sessions were given by the Director: (1) "Design of Education Programs" and (2) "Philosophy of Training." The purpose of these sessions was to inform the staff of the Director's, and hence the project's philosophy, and mode of operation. Also established were leadership roles and structure of the organization. What was overlooked from an organizational viewpoint was not what we were going to do, or how, but why we were. There was a disparity from the beginning between the staff and leadership as to why we existed. Leadership knew that we existed for the convenience of the Large Funding Agency (government), and somehow we assumed staff knew this, and took it for granted

that it wasn't even at question. Staff, however, either did not know it, or chose not to, and formulated the attitude that the Grant and Contract were for us to do "our thing" to improve conditions we thought needed improving. The reason for this disparity was probably faulty communication in staff training and in the staffing process where candidates should have been told what, in fact, they were buying into.

The end of staff training found the Drug Training Project equipped and trained, with a sense of the mission in mind. Soon after staff training, we were informed that we had received funding under the contract proposal at the level of \$140,000 to begin October 1, 1970.

## CHAPTER III

### IMPLEMENTATION

#### OPERATIONAL

The Two Week Program. The operation of the DTP revolved around the execution of the basic two week training program. The first few training groups were a composite of individuals with varied backgrounds (teachers, probation officers, community workers, clinicians, etc.) and were referred to as "mixed" by the staff. These individuals applied for training mainly on heresay of the old pilot program. Soon after the June opening, a brochure was developed which explained the program and eligibility for training, and articles appeared in local newspapers as well as federal news releases. Finding trainees or interns was not a problem after the first month, and waiting lists quickly developed. Interns were classified into three distinct groups according to the information on their applications: (1) educational, (2) clinical, and (3) mixed. Although schedules did vary somewhat from group to group, by and large, a regular schedule developed for each of the corresponding tracts. (See Appendix V)

In the first half of the training year (June-November), we trained mainly educational groups. Going along with our philosophy and past experience, a number of teams were trained both from suburban and urban

schools. Because of the expense of releasing teachers for training, it was a staff decision to try to allocate the majority of the stipends in the grant for inner-city school districts.

Educational groups that came to the DTP were visited in advance by staff members to negotiate the terms of training. We had several conditions before we accepted groups for training:

- (1) That the team must be comprised as equally as possible of teachers, administrators, guidance, students, community residents or town officials, such as police, recreation workers, etc.
- (2) That students were absolutely essential and teams would not be considered without them.
- (3) That individuals must be representative of the group, e.g., if the school population was comprised primarily of students who did not plan education after high school, the student representatives shouldn't all be members of the honor society.
- (4) That some commitment on the part of the administration that what the team does will be taken seriously and that the team be given latitude in planning and implementing its program.
- (5) That the school agree to some mechanism for on-going consultation--need not be with DTP.

When the groups arrived for training they were classified "educational." Along with special sessions designed in pre-planning meetings



to fit their specific needs, the didactic portion of the program (two-thirds of time) was to include some lectures from the educational tract (See Figure 4); the other one-third of the time was to be spent in team building sessions. The goal for this type of group experience was to assist the team in becoming a cohesive, functioning body of individuals who could plan and carry out programs within their school or community. The group would study its own structure and behavior in order to identify personal or group dynamics which might have obstructed the progress of the team towards its goal.

If groups of clinicians attend the DTP from the same agency, they would also have as part of their program team building sessions. Most often the clinical groups were made up of individuals from many different institutions and, as was the case with mixed groups, the program contained group process sessions plus the lectures and discussions.

The group process sessions consisted of twenty hours of the program with individuals in small groups of six to twelve. The task of each group was to study its own structure and dynamics. Within the group, the individual had an opportunity to examine: (a) his own attitudes and how he affects and is affected by others; (b) how he affects and is affected by the group situation; (c) the nature of group boundaries; (d) responses to authority and power relationships; (e) the rewards and risks of honesty, confrontation, expression of feelings and open interpersonal relationships.

In addition to the group process sessions and lectures, there

\*SESSIONS FOR TRAINING PROGRAMS

<u>Educational Tract Only</u>	<u>Sessions Done in Both Tracts</u>	<u>Clinical Tract Only</u>
Design of Prevention Programs	Methadone Maintenance Program	Psycho-active Drugs: Current Biologic Research
Mental Health Consultation	Methadone Patient Group	Mental Health Administration
Literature Review	Therapeutic Communities	Role Playing: Walk in My Shoes
Films and Discussion	Philosophy of Treatment Modalities	Detoxification Procedures
Evaluation of School Drug Programs	Counseling & Helping Relationships	Role of Nursing
Drug Laws and Confidentiality	Field Trips	Pregnant Mothers' Program
Parent and Family Perspectives	Psychiatric Implications of Drug Abuse	Treatment & Rehabilitation Issues
School Drug Groups	Outpatient Programs	First Aid Procedures
Developing School Drug Programs	Daytop vs. Group Psychotherapy	Design of Treatment Facilities
Small Group Discussion Methods	Screening & Evaluation	The Psychoanalytic Approach to Treatment
Marihuana	Open Rap	Special Clinical Issues
Adult and Youth Caucus	Individual Conferences	Problems of Running a Detox Center
Youth Presentation	POINT Improvisational Theater	New Directions in Therapy
Program Planning Sessions	Military Caucus	Evaluation of Treatment Programs
	Epidemiology & Evaluation	Trainee Presentation
	Adolescence	Debate: Prevention vs Treatment
	Role of Ex-Addict in Treatment and Educ.	
	Re-Entry	
	Counter Culture	
	Street Life	
	Street Work	
	Adolescent Use of Hallucinogens	
	Pharmacology	
	Drugs and the Bodily Processes	

\*Based on Sessions Two through Twenty

were field trips to treatment and education programs, informal meetings with patients and staff, conferences and time for interns to exchange information and learn from each other.

The programs were planned by the Assistant Director and sessions were added or dropped according to a number of issues:

- (1) Pre-planning session with training group--expectations.
- (2) Ratings the sessions received from the last training group (See Appendix VI).
- (3) Information and feedback received at the last evaluation session (last day of program).
- (4) What staff wanted to accomplish--what they thought was important.
- (5) Developing a program so all staff would have a chance to participate.
- (6) Leadership decision or influence.

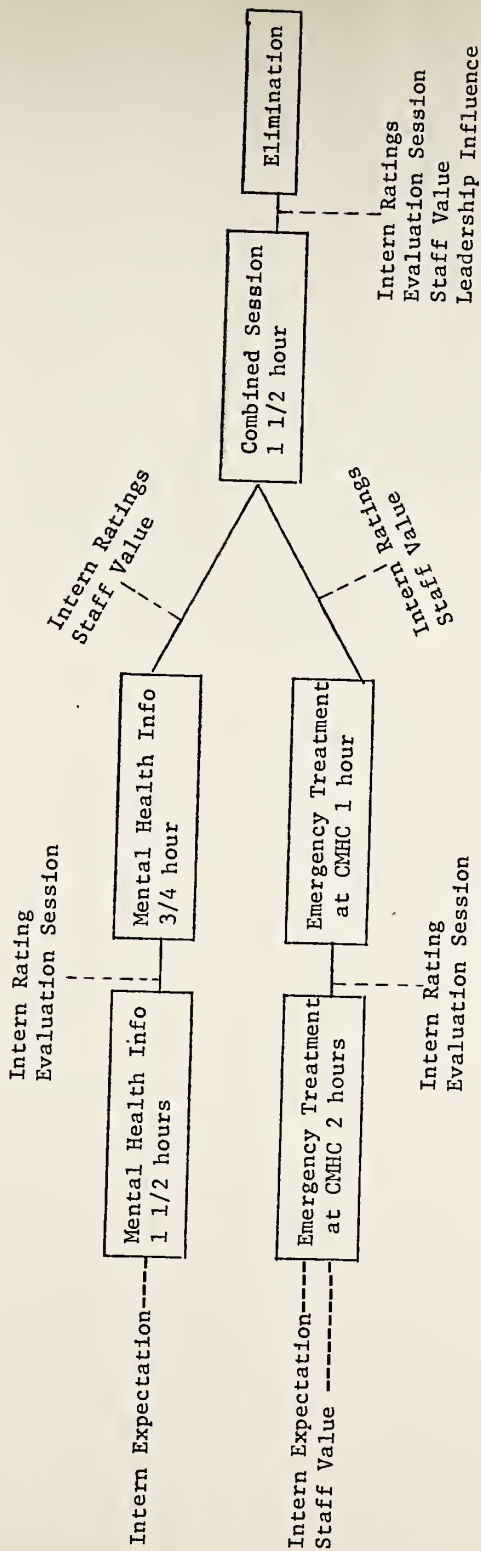
Figure 5 illustrates the process of how one particular session was changed and finally eliminated. Figure 6 is a compilation of the sessions and the corresponding programs in sessions two through nineteen.

The Training Process. After discussing how the program was planned and structured, the next step is to describe the process of training.

Upon arriving at the DTP, interns met and assembled at the orientation session where they were exposed to some of the staff, heard brief talks on the structure and philosophy of the organization, and the schedule

FIGURE 5

LIFE AND DEATH OF A SESSION



SESSIONS AND CORRESPONDING PROGRAMS 2-19

	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19
Pharmacology	x													x	x			
Pharmacology I	x	x																
Pharmacology I & II	x		x	x	x	x	x	x	x	x	x	x	x			x	x	
Therapeutic Uses of Drugs	x	x	x															
Drugs and the Bodily Processes						x	x	x	x	x	x	x	x	x	x		x	
Methadone Maintenance Program	x	x	x	x	x	x	x	x	x	x	x	x	x	x	x		x	
Methadone Patient Group I & II	x	x	x	x	x	x	x	x		x	x	x						
Methadone Patient Group I									x				x	x	x	x	x	
Medical Aspects of Drug Dependence	x	x	x	x														
Treatment Programs and Philosophies	x	x	x	x	x	x	x	x	x	x	x	x	x	x	x	x	x	x
Mental Health Information	x	x	x	x	x	x												
Therapeutic Communities	x	x	x	x	x	x	x	x	x	x	x	x	x	x	x	x	x	x
Emergency Treatment Services	x	x	x	x	x													
Literature Review	x	x	x	x		x	x	x	x	x	x							
Outpatient Programs	x	x	x	x	x	x												
Epidemiology & Evaluation	x	x	x	x	x												x	
Marihuana	x	x	x			x	x	x	x	x	x	x						
Design of Education Program I	x	x	x	x	x	x	x	x	x	x	x	x	x	x	x			
Design of Education Program II								x		x	x	x	x	x	x			
Counter Culture	x	x	x	x	x	x	x	x	x									
Movie & Discussion	x																	
Street Life	x	x	x	x	x	x	x	x	x	x		x	x	x	x			
Drug Laws & Confidentiality	x	x	x	x	x	x	x	x		x	x	x	x	x	x	x		
Evaluation of School Drug Programs		x	x		x	x	x	x		x		x						

	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19
Open Rap					x	x	x	x		x	x	x	x					
Psychiatric Implications of Drug Abuse					x	x	x	x				x	x	x	x		x	x
Problems of Running a Detox Center					x				x							x	x	
Application of Group Process					x	x	x	x	x	x	x	x						
Parent and Family Per- spective							x	x										
Ex-Addict in Treatment and Education											x	x	x	x	x	x	x	x

FIELD TRIPS

Pittstop	x	x	x	x	x	x	x	x	x	x	x	x	x			x	x	x
Dartec	x	x	x	x	x	x												
Street Front	x	x	x	x	x	x	x	x	x	x	x	x	x	x	x	x	x	x
Number Nine	x	x	x	x	x	x	x	x	x	x	x	x	x	x	x	x		
Vitam House														x	x	x	x	x
Confrontation House														x	x	x	x	x
Horizon House														x				
Horizon Ambulatory Center														x	x	x	x	x



was reviewed. Interns were told that we did not have the answers to the many perplexing questions, such as: "Should marihuana be legalized?" In many cases they would know more than the staff--we were not pharmacology experts, but only individuals who could facilitate the learning process. After orientation, interns went immediately to their assigned process groups where they began to get to know each other. The afternoon and early evenings were taken up by lectures and discussions. In response to interns' expectations, sessions such as "Pharmacology" or "Drugs and the Bodily Processes" were scheduled the first few days of the program. During the rest of the week, between group process and the informational sessions, interns began to develop friendships and feel at ease. For a time the staff gave a party in the middle of the first week for each training group to enhance the socialization process. By the second week interns went from being individuals to being and functioning as a group. As a result they were more active, probing, willing to speak out as opposed to their listen and learn behavior of the first week. Towards the end of the two weeks, they began to answer some of their own questions. The answers came from a combination of sources: (a) their own soul searching; (b) members of the staff; and (c) other interns. However, there were probably more questions raised than answers found and interns left feeling more confused (in a profound sense) than they had at the beginning of training. This confusion was viewed as "good" by the staff, as they were now at least asking the "right" (as defined by the staff) questions and beginning to look at the real issues behind the symptomatic problems.



Interns experienced the process in a much different manner. In the process of a year I met with and observed hundreds of individuals who came to the DTP. I would like to attempt to interpret the training process from their standpoint. The process began before they arrived in Elm City, for by applying they were admitting they needed assistance to deal with part of their job function. Whether it was being put in charge of a detoxification ward or heading up a new drug education program, they felt in some way inadequate to fulfill the job function without training. This put them "one-down"<sup>18</sup> in relation to the staff of the DTP who were the people who knew--who were doing the training. Being "one-down" does not necessarily denote a state of feeling bad about one's self, it can be a comfortable position. Most teacher-learner interactions are one-up, one-down situations. Interns felt somewhat comfortable coming to training feeling one-down because they were one-down to the best in the business--Eastern University. In addition, they would only be one-down for two weeks and when they returned to their jobs, they would be one-up on everyone who didn't attend. The first day they were told that nobody was one-up on anybody, all were in it together. That caused a lot of frustration, much in the manner leadership exercises can. After a slight adjustment, interns quickly discovered that the staff did know and was, in fact, one-up, only slightly different than in the traditional manner. If questions were framed in the appropriate way, one could get answers,

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<sup>18</sup>"One-down" is technically defined as that psychological state which exists in an individual who is not "one-up" on another person. "One-up is technically defined as that psychological state of an individual who is not "one-down." J. Haley, The Power Tactics of Jesus Christ. (New York: Grossman, 1969), p. 3.

and if one listened closely in sessions, the staff did have a philosophy on drug use, on legalizing marihuana, etc. Whether the staff wanted interns to absorb and assimilate their views or not, they did. They did for a number of reasons; (a) if people at Eastern believed such and such, it must be right, if it wasn't, they wouldn't be there; (b) the staff had access to more information, people, and expertise than interns and their opinions were well grounded; (c) the staff had mastered the art of manipulation (teaching process) and pretty much could get people unfamiliar with a highly controversial subject to believe what they wanted them to believe; and (d) it was convenient and easy to assimilate rather than discover and develop their own answers and theories.

The staff unconsciously acted in a way that reinforced this process. If an intern took the advice given on the first day and was responsible for a large part of the learning process, adopting the attributes of a teacher rather than a learner, he was looked upon as someone who was "acting-out." Acceptable intern behavior was to take a small part of the learning process upon themselves, and the rest of the time lie back and observe what was to be digested (learned).

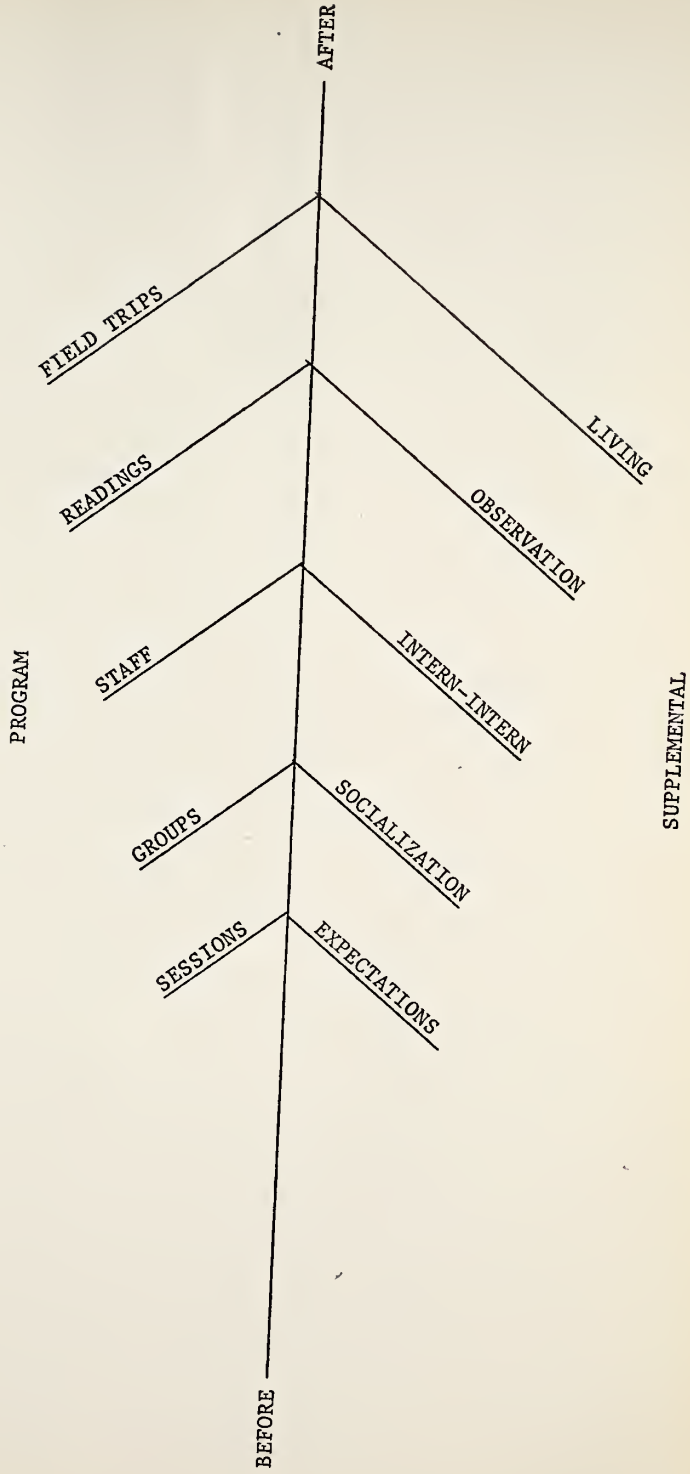
Not only did interns assimilate ideology, but in a sense, assimilated life styles. The DTP was seen by many as an attractive and exciting place. The staff was young, "with it" and all "into" what they were doing. Often interns would grow beards, change clothing styles, or pick up "in-house" vocabulary. Being away from home had a great

deal to do with this and, in an anthropological way, one could say they were adapting to our environment. If, in fact, they continued to act and dress in their new manner when they returned home it might indicate behavioral change. However, my sense was that most went back to their original behavioral patterns.

The most influential part of training was undoubtedly the group process section. Many of the interns had never been in groups before; others had led groups for years. The mix was great and affected each end of the spectrum in different ways. For the individuals who had led groups, the situation was a frustrating one, for now they were no longer the leader, but a member. For individuals never before in groups, the experience (like all first experiences) was memorable. I use that word for a lack of a better one, for it is hard to generalize the group experience, or for that matter, the training program. Some individuals "turned on" to the group experience while others had a bad experience. I hesitate to say most had a "good" experience, for that doesn't really say much; it might be better termed as useful. The interns felt that the group experience would be useful in their work or in some way would assist them in developing or running their programs.

In describing the experience from an operational view and then an intern's view, one can begin to get a feel for what was learned (See Figure 7). Again, it is difficult to say exactly what was learned because so many different types of people came at so many different levels of experience and training. An attempt at generalization will be made in the following list:

FACTORS INFLUENCING INTERN LEARNING  
IN TWO WEEK PROGRAM



1. Specific knowledge was imparted in lectures, such as, the procedures for detoxifying someone from heroin, the best possible way to dispense methadone, or the pharmacology of barbiturates.

2. Techniques in education were observed (our teaching process) and used later in interns' own programs--especially group process.

3. Information and sources of materials were discovered.

4. Interns learned from other interns what types of programs were in operation from hospital to hospital and school to school.

5. Something was learned affectively. Interns either experienced a discovery of "themselves," vis-a-vis value clarification or reinforced their ethical and moral beliefs through new found arguments.

6. A perspective was gained that began to look at issues in terms of a social problem approach rather than just isolated incidents (drugs).

In addition to the above six points, interns learned many ancillary things which had to do with observing an actual treatment facility (DSD) and training facility (DTP) in operation.

Auxiliary Activities. The DTP was involved in many activities in accession to the two-week training program. These activities, although adjunct to the main mission, constituted a part of daily operation:

1. Special Clinical Programs - In recognition of the special needs and interests of clinicians, a limited number of one-week and two-week programs were offered throughout the year. These programs were developed upon request for teams of clinicians.

2. Special Courses - On occasion the DTP would offer special courses to meet the needs of additional training for interns. These courses were developed and usually taught by the staff in the evening after the conclusion of the regular training program.

3. Consultation - Acting both as a staff and as individuals, program and agency consultation was conducted. Consultation was initiated by request and usually came from former interns. Depending upon the nature of the request, either a team, a few, or one individual would make the visit. Consultation activities were on a fee for service basis and could be divided into two types:

(1) Educational - these were usually requests from rather rich suburban communities to do short training programs or do on-going program supervision (mainly group process).

(2) Clinical - these requests came from agencies such as hospitals (usually federal or state) or small clinics who had just opened a treatment program and the staff needed training. Also interns who worked in clinical settings would return, set up a training program for the agency, and hire DTP staff to participate.

4. Outreach - The DTP was involved in a number of projects apart from the two week program, for which no remuneration was received, and many times had no "visible" link to drug training type activities. Outreach can be divided into two categories:



(1) Street and Community - Two staff members spent a majority of their time (another half of his time) doing street work. This took place in inner-city areas and consisted of a whole host of activities, such as, working with local teenage groups, motorcycle gangs, giving talks at local community centers, spending time and becoming known in local neighborhoods, helping to get recreational or drop-in centers started. At times, the street workers would call other staff members as needed to help run programs or assist in fund raising, etc.

(2) School - The difference between this work and educational consultation was no fee for service. School consultation took place in the inner-city schools of Elm City and also the immediate surrounding towns (catchment area) on a regular basis. Most of this work consisted of brief talks or programs, although we did conduct long range consultation with two school districts.

5. University Teaching - As a number of DTP staff were also members of the Eastern faculty, they were expected to teach a certain number of courses each year, the exact requirements depending upon the Department or School in which they held an appointment. Because we were an official section of the Department of Psychiatry, there was also an obligation to medical, public health, and nursing students to provide some mechanism for independent study and advising.

After reviewing the operation of the two-week program, the training process, and the auxiliary activities of the DTP, it would be appropriate now to discuss the workings of the staff and leadership or intra-organizational aspects.

#### INTRA-ORGANIZATIONAL

In all organizations there is a great deal of interchange that takes place on both the staff-staff and staff-leader level. This intra-organizational activity plays a large role in determining what the final program (product) is, or what occurs in the staff-participant interchange. In the DTP, activity occurring within the agency revolved around leadership, staff behavior patterns, and sources of conflict.

Leadership. Essentially, leadership means power over other people, and power over others enables a man to do things, to get things, to accomplish feats that, by himself, are unattainable.<sup>19</sup> By understanding the leadership of an organization one can better comprehend the why's and how's of staff and product. It's much like looking at a cell for the first time in a microscope--one's attention is focused at first at the cell as a whole and its large distinct movements. The longer one looks, the more things seem to appear and one's attention begins to focus on the center or the controlling part of the cell, the nucleus. If he watches the nucleus carefully, he begins to get an idea of how and possibly later why those large distinct movements take place. The nucleus of

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<sup>19</sup>Fred E. Fiedler, Leadership (New York: General Learning Press, 1971), p. 1.

the DTP was George Clifton. By understanding Clifton, his philosophy and his leadership style (personality), one can understand the DTP.

Clifton's philosophy in regard to drug use-abuse could be summarized by saying that he looked at the causal factors in terms of social and institutional pathology and the cure as the restructuring of society's vital institutions through social change. In this case, social change is conceptualized as being metamorphosed rather than predetermined change, that is, change brought about as the logical consequences of the collective action of men, modified by natural pre-conditions. This is an evolutionary model of social change which holds that it is virtually impossible to change the direction of history (flow of social change), but it is possible for small groups of people to greatly accelerate change in opposition to an unsympathetic or passive majority (See Appendix VII). Examples of this might be the civil rights movement, anti-war groups and, hopefully, the DTP. Clifton believed that through the training program and other work, we would influence enough individuals both in and out of positions of authority to collectively cause a catalytic affect on the social change continuum.

Earlier in the definition of leadership, the word power was mentioned. Clifton's power, its extent and type, was the key factor in his leadership role. Power as used here means, "the capacity to secure the dominance of one's values or goals,"<sup>20</sup> as opposed to authority or, "the

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<sup>20</sup>John Pfiffner and Frank Sherwood, Administrative Organization (Englewood Cliffs, N.J.: Prentice-Hall, 1960), p. 77.

right to command."<sup>21</sup> Clifton's leadership style could be categorized as akin to the human relations school. He was young, dynamic, intelligent, had a great deal of charisma, was Black, and was willing to take risks. His reaction to people was warm and friendly, but also challenging. People reacted to him as a person who seemed to know, who could get things going, and might somehow be able to make a better world. Clifton's power, therefore, was based on identification (referent power)<sup>22</sup> which compared to the other four areas--reward, coercion, legitimacy and expertise,<sup>23</sup> as both the strongest and broadest type of power. This identification had to do with a number of things, of which the most important was the "feeling of oneness" in the area of social goals and values. People who eventually became a part of the DTP either had precisely the same goals and values or abandoned their former beliefs in favor of Clifton's. The identification process was the primary motivating factor working in the DTP.

The extent of Clifton's power and the way in which the DTP centered around him is illustrated in Figures 8 and 9. Both in decision-making and problem-solving (the major indices of power), the staff looked to Clifton, and his input became the final word. At the beginning of the DTP, participation in the decision process was shared by all at staff meetings, but soon after the staff began to grow, the planning committee

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<sup>21</sup>Ibid.

<sup>22</sup>Ibid., p. 333.

<sup>23</sup>Ibid., p. 332.

FIGURE 8

DECISION MAKING IN THE DTP

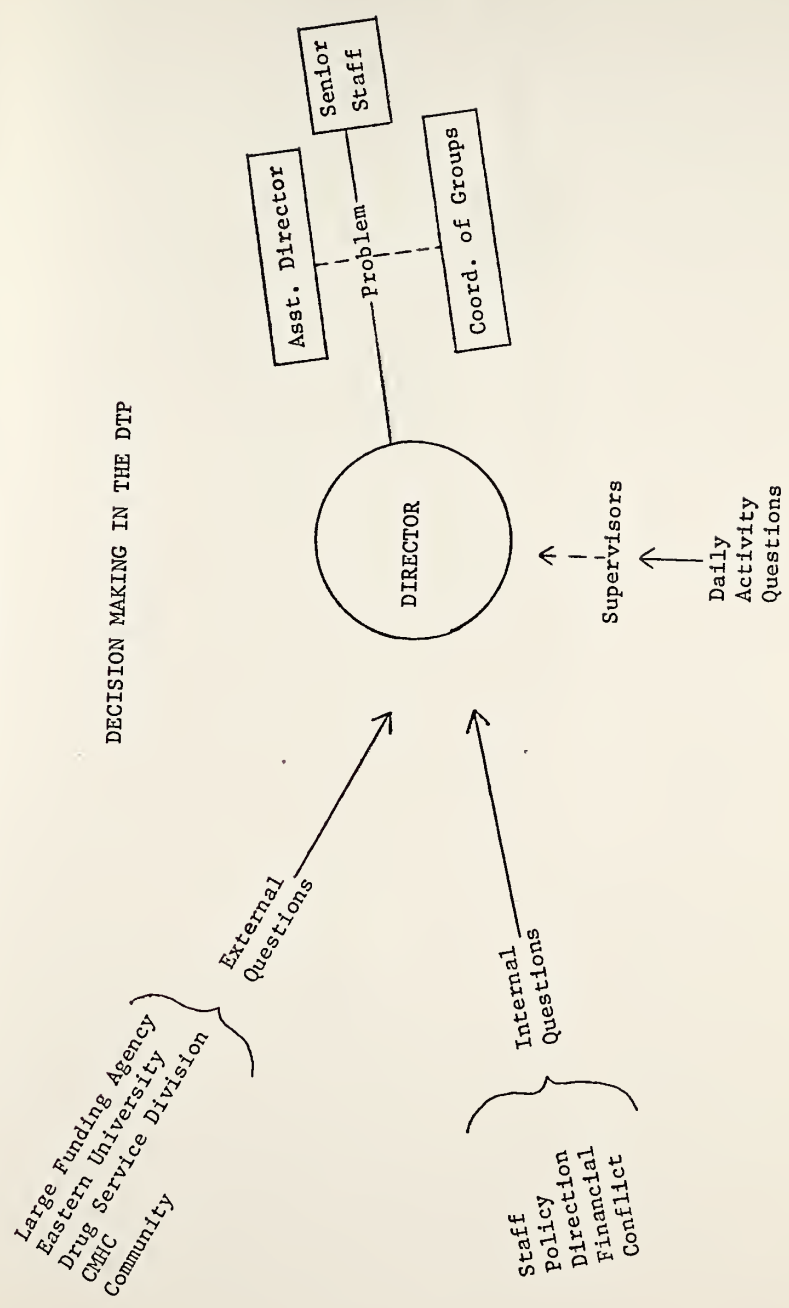
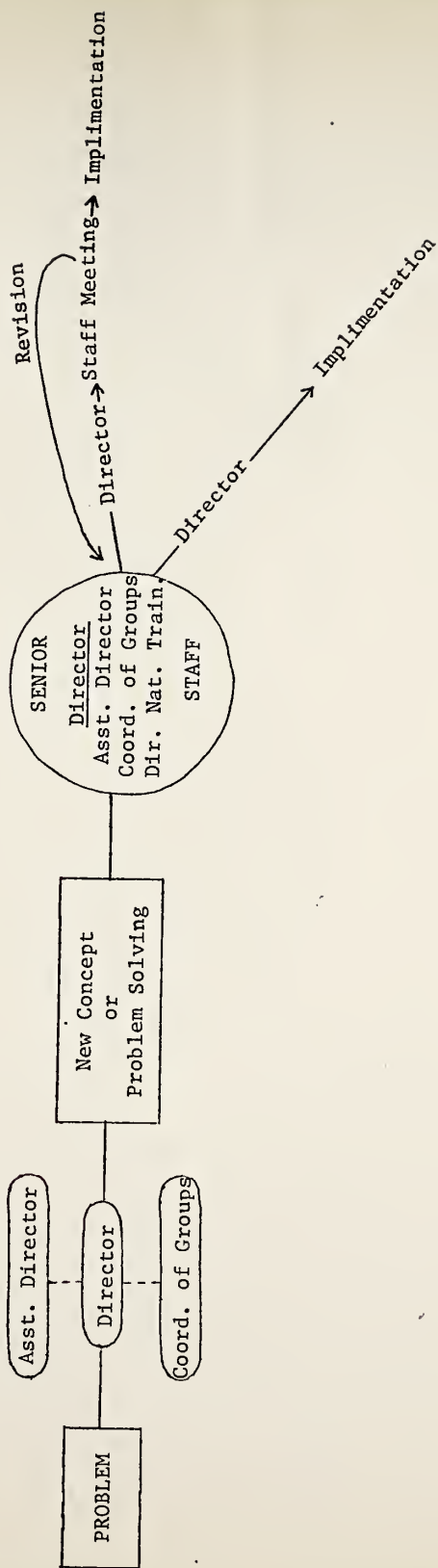


FIGURE 8

ORGANIZATIONAL PROBLEM SOLVING IN THE DTP





(Director, Assistant Director, Coordinator of Groups) with the addition of the Coordinator of National Training became the Senior Staff. To some extent, members of the Senior Staff shared in the decision-making and problem-solving process, but in the end it was Clifton's project. A relevant question might have been, was it the DTP or was it Clifton's Project? Well, they were synonymous or one in the same, not only because Clifton saw it that way, but the staff wanted him to see it that way and were comfortable with it that way.

Most of the staff, after meeting Clifton, believed in him. Part of it had to do with his charisma and another large part had to do with the individuals employed who needed desperately to believe in something or someone. One of the disadvantages of working in the drug or mental health field is that it's an area where little success is found and discouragement has a way of being forever present. Clifton became a visible sign of possible success, especially for the ex-addicts whose identification was extremely high.

Staff. When the staff was fully assembled and operating early in the fall, an observer might have commented, "They look like they're going to cure the world." The observer would have been correct except for the additional item of, "in one year." The staff in agreeing to employment also signed aboard their dream machine. The machine was going to be different than other machines (agencies); it was going to fly faster, look better, and most important of all, go--at last--in the

right direction. The behavior of the staff reflected this belief-- people were willing to work day and night at cranking up the machine. Their reward for this work was recognition by the leader. Other factors such as money entered into the reward system, but because Clifton's leadership was based largely on identification, approval ranked above money as a motivating factor.

Because the reward system was in essence Clifton's approval, activity within the DTP staff often took the form of "doing" not only to meet job requirements, but because Clifton wanted it done. An example of this could be found in the beginning of the first year when the staff recognized that Clifton looked favorably upon writing and publishing. Although this was expected of many because of their positions, it was not actively recognized until the reward became leader approval. This was also the case with the previously mentioned rating system. The leader placed a high value on the way interns rated sessions. The ratings reflected a whole host of things, among which was personal popularity. Although the actual process was highly questionable as a valid evaluation tool, the staff took their ratings seriously. If they rated low, an effort was made to increase their rating. Since the leader constantly led the ratings, an effort was made to copy the leader's style and method in sessions. Since the sessions were a prime place to demonstrate competency, an effort was made to have a session whether one had something to say or not.

In addition to the working situation, social behavior took a form which fit into the structured reward system. Socialization revolved around the leader and in a way one could say there was a definite pattern or way to come of age in the DTP. Among some of the things that loomed important were: hair, clothes, material possessions, verbalized commitment, vocabulary, sexual activity (verbal and non-verbal), socialization skills such as dancing, conversation, etc., and the proper political, social, and educational attitudes. This was not all completely directed to please the leader, for after a time, the staff became a group and cliques developed, each with its own mores and values. Behavior then became more group oriented than leader directed. If someone were not to adhere to this process and showed a marked deviation, he would be slowly excluded and eventually might leave the organization, as was the case with one individual the first year. The process really did not allow for individualism, it was an either-or situation. Which side of the fence one stood on was indicated by his presence and behavior at official and informal gatherings.

The performance at the DTP was geared at first to meeting leader and later group recognized standards. Because traditional mechanisms for self evaluation (job rating charts) did not exist, the staff gauged their activities towards self rating on leader or group basis. The leader recognized such things as intern ratings, publications, verbal competency, whereas groups reacted more towards social activities and

political attitudes.

There were three distinct cliques or classes in the DTP--Senior Staff, staff, and ex-addicts, each with separate requirements for membership and concomitant rules and values. The Senior Staff was composed of the director, assistant director, coordinator of groups, and coordinator of national training. This group was viewed by the other two groups as the "in group" or a group that membership in was desirable. Senior Staff was a place where decisions were made, where fate was cast, and where the leader really listened. The ex-addict group was composed of just that--the four ex-addicts on the staff. Although in many cases they did not care to be viewed as a group, the other two groups assigned them as such. The other group--the staff--consisted of everyone else. Within this group there were the sub-groups of faculty and non-faculty. The motivation here was towards the Senior Staff, whereas in the ex-addict group, it was towards the staff, both representing upward mobility.

The arena for group interaction was the weekly staff meeting where topics ranging from the training schedule to the philosophy and mission of the DTP were discussed. At the staff meeting, conflict arose over many issues and was settled either by the staff as a whole or by the leader. For the most part, after discussion, most things were resolved because of the similarities of goals and values. However, a major area of conflict developed over the period of a year which went unresolved and caused friction and division within the staff.

Conflict. As mentioned in Chapter II, there was a disparity between the staff and the leader as to why the DTP existed. The staff believed the way to approach the drug problem and hence drug training was by facilitating social change. The model they believed in was more revolutionary than evolutionary. The staff wanted DTP to begin to commit a major portion of its program, money and man-power in this direction. More emphasis was desired in the area of street work, community organization, and action programs. With this approach less time and effort would have to be devoted to the two-week training program. The leader and senior staff (leadership) agreed with the social change approach, but via a evolutionary model. Leadership contended the DTP existed because of the funding for the two-week program and although auxiliary activities, such as street work could take place, the main business had to be adhered to. Otherwise there would be nothing at all. Although the staff recognized this practically, they did not internally, and it became the major area of conflict--conflict on principles. For many on the staff it was interpreted as a backing down by the leader on the original goals of the project. Since their goals were his goals (identification), it was a betrayal.

The dream-reality conflict exists or takes place in most new organizations, especially in the area of social services where the identification plays a large role. With identification comes the tendency to believe both the explicit and the implicit. This was the case in the DTP, where the staff believed in the stated goals and philosophy



(explicit) and assumed the method of implementation (implicit). Fault for this conflict lies with both staff and leadership. At the beginning of the project, especially in the staffing process, leadership did not state what the DTP was about or why the DTP. This was overlooked by leadership, not on subversive grounds (as is the case in some organizations), but because it was pre-assumed that people knew and the auxiliary activities were more interesting to talk about or to emphasize. Staff, on the other hand, cannot be blamed for being swept off their feet because of their beliefs and strong sense of identification, but eventually should have realized the reality of the situation, i.e., government was not going to fund them to "do their thing," but instead funding was for the government's "thing"--the two-week training project.

The result of all of this was leadership stating at a later date the unsaid or unemphasized and in doing so alienated part of the staff. The alienation occurred because staff viewed the statement as either betrayal in an original subversive manner or the leader being "co-opted by the system." The prime example of this was with the ex-addict group, all of whom had come to work, not so much for the organization, but for the leader. Two individuals became heavily involved in the street work portion of the program. This constituted a great commitment of time, energy, and will. The type of commitment is evidenced below in the brief history of a storefront organization in Elm City as described by the outreach worker.



My first week at REACH was spent strictly observing. Joe Bando, who was supposed to meet me there, did not show up, so I was left on my own, with no one really interested in what I was doing there. After a few days people began saying hello to me, but kept moving past me or averted their eyes, unwilling to engage me in any conversation or activity.

The second week was different only because Robert Gali decided to talk with me and feel me out. This gave me an opportunity to win his friendship, and I tried to be as sincere as I could. I explained that I felt Bando had deserted me and that I was lost as to a direction or goal at that time. I also explained that I had come there only to help them do their thing; that I wouldn't judge them or expect anything from them other than a little cooperation. After this conversation, Gali got in touch with Bando, telling him to meet me at REACH. The third week Bando and I finally had a meeting in which he pledged his cooperation and support to me. Then he left, and did not return for another week or so. At this time REACH was going through one of its many money scares. There were doubts as to further funding, and paychecks would not be forthcoming until there were new funds. At that time the only regular staff at REACH were Joseph Gali, Ralph DeLuca, and myself. The others either did not show at all, or wandered in late in the day and left as they felt like it. There were many kids using the Teen Lounge at that time, and I took to hanging around the ping pong tables. After three or four days I was finally able to get a game going. From then on I could not walk into the Teen Lounge without a slew of challengers lined up to greet me. I played ping pong with the kids all day, making friends as we played. Some opened up to me, telling me about the drug usage in the state; others just played the game and left. Ping pong became the vehicle I used to gain a foothold in REACH.

Around this time I started getting phone calls from a boy who called himself Tony. He would talk to me for hours, telling me about school, home, and once in a while (I felt to entice me) he would say he was taking drugs and wanted to stop. I attempted in every conceivable way to get Tony to meet me, but he refused. All he wanted was to talk on the phone. He said he was calling from his home, where he must have spent a lot of time by himself, because he was able to talk without interruption for so many hours, day or night. Many times we would talk until

four or five o'clock in the morning. After about a week of this, I got the feeling that Tony might be one of the boys I had played ping pong with, even though he denied ever having been in REACH. By accident someone had given Tony my home phone number, and he took to calling my home at two or three o'clock in the morning, after which he would talk until five or six o'clock. It is strange that it is really difficult to remember any specific details of our talks. I remember feeling that he knew me and liked me, and wanted very much for me to like him. He was always pleased when I showed concern for him. Finally, though, my wife changed our phone number, and Tony called me one more time at REACH, after which he just stopped. I still have the feeling that he is one of the boys who regularly frequents the storefront.

Bando came back to REACH when funds became a little more certain, and he and I decided to talk to the community about my becoming a part of REACH and seeing if there might be suggestions from the community as to how it would be best to use my resources. We decided on a Wednesday night movie, offering this as an appetizer to the meeting. I drew up some flyers which I gave to Bando to have xeroxed and passed out on Friday. The following Monday morning the un-xeroxed flyers were still on the desk. He finally had them made up, but did not pass them out, so that I had to spend all day Tuesday and Wednesday passing them out myself. The meeting did not come off. No one showed up. I believe that was the first evidence of the community pulling away from REACH. Temporary funds had been gotten through D.C.A. and as the staff came back, they discovered that Robert Gali, Ralph DeLuca and I were pretty much in control of things. This had a very strange effect; one instance involving two younger boys and Tom ("Apple") Rascali almost resulted in my being beaten up, but the rest of the staff took my part against Apple, and I won a small victory. Apple resigned because of it, which made me feel guilty. I sought him out later to get him to reconsider, which he did. After the staff was back, there still seemed to be a lack of interest or effort on their part, so I developed the idea of making a movie out of the Creative Arts Workshop at REACH. It was to be about drug addiction ("A Day in the Life of an Addict"). The Elm City Foundation gave us funds to go ahead, and we proceeded full tilt for a while. I would have three meetings a week concerning the movie, and half the kids from the community attended these meetings. Most important, it gave me an opportunity to speak about drugs in

a very objective way. While the fervor lasted, the venture was a successful accomplishment, but as is the pattern at REACH, the project was shelved before it was completed. No matter how much effort I put into it, I could not complete it alone.

After that situation, I began a campaign of responsibility and accountability. People abusing drugs in REACH would be barred from the storefront unless they attended a Wednesday group meeting that I led. Any staff who were late to work were docked, and those who arrived on time would share the "dock" money. Some weeks the dock money was as high as \$100. to \$150. If any equipment was stolen, it would not be replaced. People were to call in sick if they expected to be paid at all for that day. These rules did not sit well, but I did get them pushed through, thanks to Robert and Ralph.

I had also been visiting churches, schools, and businesses in the area seeking support for and involvement in my scheme of a total community. The churches wanted to remain out of it, but did offer an auditorium for certain activities. A school principal agreed with my philosophy that the school should be more than a building in a community, and so Columbus School opened its doors to REACH, allowing regular activities in the Rec Room and gym to be supervised by REACH staff. I also began designing my Columbus School Drug Education course, which met on Tuesday and Thursday nights for eight weeks. I was beginning to be asked into the homes of Columbus Square. Parents would invite me up to ask about their children, and wanted to know what would be offered them if they were on drugs. Mrs. Mary Mastrani is a perfect example. I knew that her eldest son was on heroin, but I could not betray his trust, and instead, helped her to get into the Intern Program here at DTP, so that it would be easier for her to deal with her son and his problem. I tried repeatedly to sell him the idea of treatment, but he was too involved with drugs and was uninterested in becoming part of a treatment program.

About this time the principal of Jefferson High School, together with the vice principal and a guidance counselor, came to REACH to discuss whether REACH might be helpful in combating skipping of classes and other undesirable activities in the high school.

During this meeting, two Jefferson High School students were called in. One student was told to explain why he had been skipping classes; the other had been out of school for a year, having been expelled by a teacher for vulgarity. When the teacher told the boy he could not come back to school unless he brought his mother, the boy told the teacher to "go fuck yourself." I defended the boy's position from the standpoint that although he was seventeen years old and approximately six feet tall, he was being treated like a child by the school. I felt that the boy was the one who had been insulted by being asked to return with his mother, and that his offense was mild by comparison. It turned out that the school would allow the boy to come back to school provided I contacted his parents and accompanied him on his first day. The following day I did go to Jefferson with the boy, and had another meeting with the principal and the teacher who had expelled the boy. It was decided that the boy would have to return to his freshman year because of his lack of credits. I immediately bargained for a high school equivalency, and they agreed, if I would supervise the boy. They also offered a tutoring class. The boy seemed relieved and pleased with the outcome. He did go to tutoring, and in December received his high school equivalency.

Through the winter things started happening to REACH that would have to result in its being closed. There was no heat in either of the storefronts, and the Teen Lounge had to be locked for lack of funds. People stopped coming down to REACH. Joe Bando left REACH to become president of the Neighborhood Corporation, but his first priority would remain REACH funds. Mike O'Brien became director of Operation HELP, but did not like working with me. At that time he was heavily involved in heroin usage. My strategy with Mike was to heap responsibility after responsibility on him. Finally he realized that in order to do the job he would have to give up drugs. He was voted out of the position, and then decided to get treatment. I worked with him to get him into the methadone program, of which he is now a member. Mike then began working on a Music Workshop project. Frank DeZappa became director of Operation HELP, and he and I began working together. We got together the drug library and information center, and also made the rounds of families in the neighborhood. We discovered that a polarization was setting in between the community and REACH. The lack of funds made it impossible to channel any resources into the community, and DeZappa, Bando, Gali, and I were in daily meetings regarding money, going as far as Hirville to speak with people at the Capitol.



After a long, hard struggle, small funds came trickling in, but instead of immediately channeling the money into the community, DeZappa, Bando and Gali decided to change the face of REACH, hoping to change people's feelings toward it. They had new acoustical ceilings put in, painted the two big rooms, and built sound proof booths for the music workshop, but nothing happened. They were now and would remain separate from the community. At this time I became more of a private therapist to the staff than a community worker. Because they could not service the community, they said "the hell with it" and went about servicing themselves. It was at this state that I drew up the screening and investment proposal for REACH. Since the community itself was not using the facility, I felt that no one would object to its being used primarily for addicts. The people had the feeling, I believe, that REACH was dying, and I had the feeling that I could not let that happen. I kept holding meetings to discuss strategy for the New proposal, meeting with DSD and the Elm City Foundation trying to relight the spark that had once carried REACH so far. Just before the final meeting approving screening and investment, one of the staff who was high on pills came down to the storefront and caused a very bad scene with a gun. The neighborhood saw this scene and pulled back even farther from REACH. It resulted in Bando quitting the Neighborhood Corporation, DeZappa taking a leave of absence, and the man who did the "acting out" landing in CVH. I now have the feeling that the staff wanted to kill themselves off, and the only way to do this was to kill me off. The person who was "high" on pills was psychotic enough to be acting out these feelings. To date, REACH remains locked, with small activity out of the Creative Arts Workshop being carried on by Eastern University students. The people I was originally committed to are gone, and it is hard for me to think in terms of going back.

The type of work that this individual and others began to get involved in not only meant individual commitment, but agency or DTP commitment. This meant money and staff time, and when involvement rose as work continued, it meant program time. The DTP got in the age old-bind of a little bit, nothing, or everything that poverty programs have been caught in for years. The final outcome was a compromise of outreach after

knowledge and any move on the part of the ex-addict to further himself educationally was not disapproved of but also not encouraged.

Life style in a sense turned out to be nothing but voyeurism in its most blatant form. This was especially true in the training sessions where the ex-addict was seen as a "specimen," an audio-visual aid.

Role model and communication were quickly converted into paternalism and bodyguards. The theory that a successful ex-addict could provide a role model for other patients and better facilitate treatment was true in a much different sense. Just as there is a difference between truth and reality, there is a difference in what one means by "facilitate." In practice it turned out that the ex-addict was placed in a position (buffer zone) between the professionals and patients to act as a bodyguard.<sup>24</sup> This facilitated the treatment the professionals wanted to provide. The appointment of ex-addicts as counselors was seen as a large step by the professionals and sounded good, but the reality was that they had no power, they served as a sponge for all the patients' hostility, had no career ladders, and incompetence rather than competence was rewarded. For with competence came the realization of power, and power was not to be wrested from the grasp of the professional.

Power was seen, as interpreted by the professional (or anyone else who holds it), as a zero sum game. There is only a certain amount of

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<sup>24</sup>A parallel could be drawn here between the role ex-addicts played in the treatment program and the role some Jewish prisoners played as guards in Nazi concentration camps.



power and the dispensing of it would upset the totaling process. In order to obtain power, one must gain it or take it; if it is received, then it is not true power. People who hold power are not willing to give it up. People without power will compete to obtain it, but many cannot even compete, for competing in itself requires certain skills. The imparting of these skills would in the end result in the dispensing of power. Any training in this direction is avoided and interest is channeled to traditional forms of education, i.e., night school, where it's safe to assume that any learning of skills involved in power and leadership would at best be accidental.

Although the discussion is centered around ex-addicts working in the treatment program, they felt the same thing held true for their educational work at DTP, i.e., bodyguards became "flak-catchers" between interns and staff as outreach was cut off they spent more and more time with interns. The result of this process had a drastic impact on the lives of individuals we employed. It was impossible for them to function in a manner which would provide self-esteem, dignity, or purpose. Since the project (DTP) which gave the illusion of hope turned out to be crude reality in a new package, the only option was the old one--self destruction or inward hostility. Drugs were not the only vehicle--alcohol, suicide, and destruction of home life were also alternatives. Alcohol consumption and marital disharmony increased as the job continued to "lock in" individuals, and in some cases, the frustration became so intense, the only healthy option was attempted suicide.

What I have just described (focusing in on ex-addicts), was the process by which major conflict developed within the DTP and the concomitant results. Organizational theorists, such as Etzioni, would label the process "goal succession." In the case of the DTP with the original goals being training, intervening in sub-cultures, and changing institutions that were causal factors, it was not quite a question of goal succession, displacement, or even intermediate goals, as it was agreement on goals but disagreement on method of attainment. In the face of this conflict, individuals were asked to choose which method was most appropriate and in doing so the method then became the goal much as the mean often becomes the end.

This conflict that existed within the program affected the two-week program.

Results on the Program. Conflict within an agency rarely goes unrecognized by anyone who is able to spend some time observing the daily operation of the agency. The interns, as well as being participants, were very much observers. One thing that was immediately recognizable was the great emphasis on the part of the staff on methods or means to solve the drug problem. Staff conflict is readily discernable, for in constantly living and thinking through the problem, "they wear it on their chests," and one does not have to look far to see it or wait long to hear about it. In addition, interns did not expect to hear so much about social change theory. Their expectations of the program were more in way of hearing about specific skills and techniques in prevention and treat-

ment, i.e., what types of groups work best in educational programs?

The result of this was that the staff began to discuss personal thinking on the issue of social change in the sessions. The debate between philosophies was held in the arena which had the largest seating capacity and whose audience was most captive--the training program. Sessions began to appear which reflected both sides of the conflict. Interns began to question what the training program was about and what we were about, and got two different answers in response to their inquiry. This caused confusion among interns and added to the planned confusion around drug issues; it equaled a lot of frustration at the end of the two weeks. Not all wound up confused, some just "turned off" to talk concerning social change and listened only to sessions that were factual in nature ("Current Biological Research"). For others, the conflict in theory was of interest and was where they and their agencies "were at" at that particular time. The chance to listen and talk through ideas helped the sorting out process.

Eventually, as the end of the year approached, the issue began to fade as the leadership position "won out" or became the prevailing philosophy. Individuals who believed strongly in the opposing view either came over to the leadership side or relegated themselves to academic debate. One individual left the agency and another eventually terminated as a result of philosophy and several other factors.

Hard as it might appear on individuals involved, there was clearly no alternative. The mistake was made at the initial stages of agency

development and recommendations on how this type of situation can be remedied in the future will be made in Chapter VI.

## CHAPTER IV

### SOCIAL AND ENVIRONMENTAL

#### EXTERNAL INFLUENCES

It is a known fact that in order to survive organizations must carry on transactions with their environment.<sup>25</sup> Organizations are seldom truly closed systems. Most depend on some form of contact with the outside for their support and survival. It follows that the social and environmental factors or external influences<sup>26</sup> which are greatest are those on which the agency depends for most of its support--financial or ideological. The way in which agencies carry on transactions with these external influences is most crucial when examining final outcomes.

In this chapter, discussion will center around the external influences on the DTP. The external influences can be divided into three areas: (a) those which have direct influence, such as, money or power in determining what gets done; (b) sources which have an indirect influence, such as, input into philosophy on drug use or contributing ideas for training; and (c) areas of influence which are

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<sup>25</sup>Paul R. Lawrence and Jay W. Lorsch, Developing Organizations: Diagnosis and Action (Reading Mass.: Addison-Wesley Publishing Co., 1969), p. 23.

<sup>26</sup>External influence as used here can be defined as any force, pressure or factor not emanating from within (intra-organizational) the DTP, which had an effect on the program or function of the DTP.

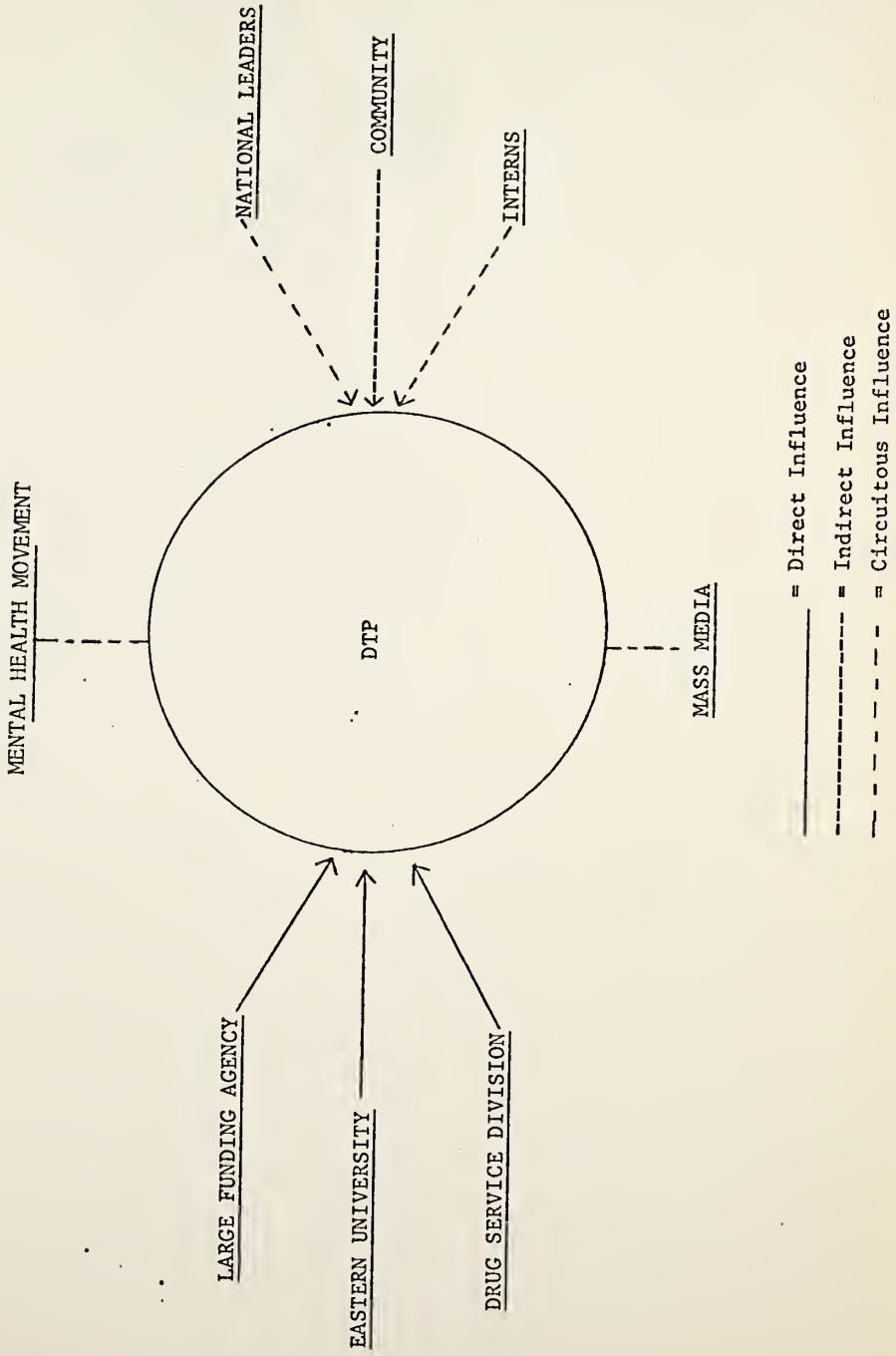
circuitous or roundabout, that is, they add to the climate of the environment in which the agency exists. (See Figure 10).

A. Sources of Direct Influence

1. Large Funding Agency - The greatest source of external influence on the DTP was the Large Funding Agency. Without its support the DTP could not have operated or existed in the form that it did. The controls and boundaries which LFA established were in evidence from the initial point of writing both the grant and the contract. A document had to be submitted that met their expectations in order for them to provide the funds for operation. Along with funding went stipulations on how the money could be spent or in what categories we could allocate funds. In return for the funding, we would have to deliver a certain product (180 individuals trained under the grant and 180 under the contract) in a certain period of time (two weeks) under certain conditions (composition of training).

Although these conditions were part of the agreement (in writing), the first verbal evidence of them appeared at a meeting in June of 1970 with the Project Director from LFA. At this meeting, the number of individuals to be trained was reinforced and for the purpose of counting, it was decided to treat the grant and contract as one, just separating the two week sessions by the designations, clinical, and educational. For mixed programs we would count people by listed





occupation. LFA influence on composition of training was indicated by the Project Director's request that we include more field trips in the program, direction was influenced by his remark that more sessions should be developed on the "how to" clinical aspects. This was to prepare for more clinical types who would be attending in the future. Although this was the major LFA site visit for the first half of the year, we were reminded of their influence by continued phone calls on whom we should accept for training.

At several points in the fall of 1970 several impasses were reached when we refused to 'bump' or refuse people for training who were scheduled (scheduling was first come, first served), in order to accommodate people requested by LFA. On these occasions, it was established that we--the DTP--existed for the convenience of the government and we were to train whomever they wanted us to train, when they wanted us to train them.

The influence of LFA on the DTP constituted the greatest source of external pressure. This is probably the case, however, with all government funded projects, and is an area of growing concern for universities who are rapidly becoming more and more dependent on grants as a major source of support. Although the influence was large, it could have even been

greater if it were not for the time of funding. As mentioned in Chapter II, at the time the proposals were submitted, no other similar projects were being funded--it was virgin territory. Even though the proposal had to be written in a style that would be attractive to LFA, they had no previous experience as a basis for comparison. That created a situation which gave Clifton, and hence the DTP, a kind of tabula-rasa. Since we were first, our proposal became the model, our training program one to be emulated, and our spoken word listened to as the voice of experience. This put us in quite a desirable position since we were then consulted on how to write the specifications for new awards, which meant helping to establish the guidelines that would eventually affect us. Working tabula-rasa, the DTP was less affected than other projects, but big brother still had overall influence.

Another example of such influence was witnessed in the summer of 1971 when the new Project Director wrote to us announcing his forthcoming site visit. An excerpt from that letter follows:

"When Dr. Green and I visit with you on September 2-3, 1971, our major topic of discussion will be the training of professional and paraprofessional persons who are employed in existing and future grant and contract treatment programs of the LFA. The accelerated establishment of treatment facilities which we anticipate as a result of the Presi-

dent's initiative in drug abuse adds to the urgency of focusing LFA contract training on the needs of this group. In addition, similar persons working in the expanded drug abuse treatment programs of the VA and DOD will need training on the treatment of the drug abuser. This shift in focus will probably require some modification in curriculum with a lessening emphasis on global issues related to drug abuse and increased attention to specific techniques of treating the abuser and addict. Also, it will probably require increasing the students' opportunity for clinical experience. However, these are issues we will discuss on September 2-3, 1971.

The immediate concern I have vis-a-vis your training effort and the shift in emphasis is your acceptance of persons requesting training. I would urge that at this time you not accept persons for training for those cycles which will be given after January 1, 1972. The shift in training emphasis would indicate that persons directly involved in patient care in LFA intramural and extramural drug abuse treatment programs, in VA drug abuse treatment programs and in DOD drug abuse treatment programs be given top priority and the training "slots" reserved for these personnel. "

The influence here again was who was to be trained and when. This added to the internal conflict (see Chapter III) when community types had to be "bumped" in favor of clinical. The final area where influence was exerted was in overall direction of the Project. If one wants to keep alive in the funding business, projects have to be developed that fit into the plans of the funding agency. For DTP to continue the program it had to direct its program toward clinical training.

2. Eastern University - The University, the School of Medicine (Dean) and the Department of Psychiatry (Chairman) in particular, had a great deal of influence in the DTP. The key to this influence was the power to accept the grant and the contract

as university approved (based) projects. Part of the drawing power of the DTP was that it was affiliated with a prestigious university and had access to all of its resources. The Dean of the Medical School, via the Chairman of the Department of Psychiatry, had to co-sign all applications for funding. In the past this was done almost as a procedural matter, but because of the current state of university finance, grants with low overhead were now looked upon unfavorably in light of a budget deficit. The acceptance of the grant and contract for the first year was done in a spirit of what was needed for the country--the large problem of drug abuse and Eastern's contribution. The influence of Clifton and Washington assisted in this process. However, the DTP was told that the university would not accept the contract for the following year unless the overhead was raised from the government allowance of 8% to the university expected level of 43%. This was the level the university contended they needed to operate or administrate the award. This forced the DTP to find another mechanism to act as a conduit for receipt of funds. Rehabilitation-Education and Treatment Foundation (RET) was formed to serve as the alternative to direct contract with the university. The contract was renewed for the second year via university

with RET as the sub-contractor. This was a compromise, as the government still wanted to make the award to a university rather than a private foundation. The extent of Eastern University's influence on DTP can be illustrated in a memo to the Chairman of the Department of Psychiatry during the negotiation process for the second year of the contract.

(See Appendix XIX)

In addition to acceptance-rejection power, Eastern had the say in several other matters. The type of individual employed by DTP was highly influenced by Eastern. They set the qualifications for faculty appointment, level of appointment, and amount of staff and faculty salaries. The extent of outside work (consultation-private practice) was regulated, as well as the type of activities engaged in while employed. Also, facilities and supplies were influenced by University rules and regulations.

3. Drug Service Division - It is hard to list all of the influences the DSD had on the DTP, for they were so numerous. As developed in Chapter II, the two agencies in the beginning were one and in many ways still function in partnership. The original proposal was submitted jointly by the two agencies and much of the philosophy behind the writing emanated from the DSD. The individuals originally employed in the DTP had



worked with the DSD where they had obtained their experience and developed their expertise. The DTP leaned heavily on the DSD for assistance in the training process through lectures and field visits. DSD influence with LFA and Eastern University were also of value to the DTP. In many ways, the DTP could have been considered an extension of the DSD. The leaders of DSD continued to influence what went on in the DTP and although this diminished with time, the effects were long term. At the beginning of the project who got trained was often influenced by DSD. Groups who were involved in some way with the operation of DSD and wanted (or needed) training were referred to the DTP. If they could not be accommodated, we instituted special programs. One such program was set up around the problems of running a detoxification ward. (See Appendix XX) Besides affecting issues such as the above, the extent of DSD influence was related to the close physical proximity of the two agencies, which meant even small, everyday matters were discussed and decided upon mutually.

B. Sources of Indirect Influence

1. National Leaders - One of the prime sources of indirect influence on the DTP was by a group of people I've chosen to call "national leaders." These were people who were known nationally for their expertise in the mental health field,

specifically for their work in the area of drugs. Their influence was not so much on the organization as it was on the leader. Clifton had gotten to know some of these individuals through his work at DSD. It was his feeling that the work of the DTP should be accountable (in an academic sense) to a body of experts. One of the first things he did after notification of award was to establish a Board of Fellows consisting of ten individuals who were considered foremost authorities in the field. The purpose of the Board was to advise and voice their opinions on the nature and progress of the DTP. In practice, the Board only met a few times, but in theory, an unnamed Board influenced Clifton--what people (experts) he respected said, often was implemented at DTP. Part of this had to do with taking advice from recognized authorities and the other part was getting the recognized authorities to approve (verbally) what he was doing. It worked as a reward system for Clifton. Just as the staff of the DTP sought approval from Clifton as their leader, Clifton sought approval from those in a position superior to his.

2. Community - The community as used here could be defined as the locale within a 100 mile radius of the DTP. The closer to the DTP, the more the influence, as in the case of Elm City. From the beginning, DTP activities were covered by local mass media, especially the auxiliary activities such as outreach

and speaking engagements. The community forced us to be accountable--to do what we proclaimed we were going to do. When on a speaking engagement, staff would often make proclamations and promises. People remembered this and would ask us to "ante-up" when they needed assistance. The problems of Elm City's inner city also made us aware of a responsibility for putting our money where our mouth was (theory-practice) and beginning to engage in the activities we constantly suggested to interns. The community also provided the DTP with program ideas and information. These were gained from field visits to surrounding programs. In that way the community had an indirect influence on program composition. The DTP was also influenced via public image. We made many public statements in support of various programs and individuals because of their power to reject (indirect influence) our continuing and planned operations on their "turf."

3. Interns - The interns had the least influence of all external sources affecting the DTP. Their main area of influence was in program composition. Programs were structured accordingly to the occupational background interns listed on their applications. Programs were changed in part on their recommendations (See Chapter III) and evaluations. Another area of influence was accountability. Some interns, especially

ones from the government agencies, had some influence in creating a self-imposed internal pressure within staff to live up to the advance press and expectations.

For a listing of these influences and for all the other factors, see Figure 11.

### C. Sources of Circuitous Influence

1. Mental Health - Mental health constituted a circuitous or roundabout influence on the DTP. The influence was one of being a part of the total "movement." Mental health as a social campaign began early in the century in conjunction with the generalized psychiatric movement. Clifford Beers in 1908 started what was called the mental hygiene movement and identified its primary goal as being similar to public health. In other words, it called for prevention, as well as care, community service, and public education. Adolph Meyer also pushed the concept of community psychiatry at an early date.<sup>27</sup> I use the word pushed because that is the way in which mental health became established. As with any new concept, before it is accepted or bought by professionals, or the general public, it must be hustled or sold. A lot of ground work was necessary in the early part of the century to

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<sup>27</sup>A complete review of the history of mental health in the United States can be found in G. Caplan, Principles of Prevention Psychiatry (New York: Basic Books, 1964).

DIRECT AND INDIRECT SOURCES AND CORRESPONDING AREAS OF INFLUENCE

<p>LARGE FUNDING AGENCY</p> <p>Money and Management          Number of People Trained          Type of People Trained          Length of Training          Composition of Training          Who Got Accepted</p>	<p>NATIONAL LEADERS</p> <p>Individual Philosophy          Program Philosophy          Who Would Consult          Program Creditability          Professional Relations          Other Centers - Oklahoma          and California</p>
<p>EASTERN UNIVERSITY</p> <p>Acceptance or Rejection          Faculty Level and Pay          Staff Pay          Facilities          Supplies          Program-Activity Sanction          Outside Work Regulations</p>	<p>COMMUNITY</p> <p>Accountability          Responsibility          Program Ideas          Program Composition          Public Image</p>
<p>DRUG SERVICE DIVISION</p> <p>Original Funding          Program Philosophy          Individual Philosophy          Composition of Training          Skills and Techniques Taught          Staff Selection          Eastern University Relations          Who Got Accepted          Large Funding Agency Relations</p>	<p>INTERNS</p> <p>Program Composition          Accountability          Creditability</p>

promote the concept or product before it became recognized as need. The catalyst which sprang mental health in the national limelight and defined its need was President Kennedy's 1963 message to Congress in which he called for a "bold, national program" containing a fresh approach to care of mentally ill.<sup>28</sup> The President contended that this goal could be accomplished through legislation to establish community facilities. Today we have over 260 such centers serving people in "catchment areas." The center which the DTP was associated with was such a facility and the first in the state.

The influence was tangential in that DTP was caught up in the aura of mental health--which included the movement towards a more perfect society. As the movement changed directions, expounded new postulates, invented new vocabulary, and widened its scope of activities, so did the staff of the DTP, both in writing and in lectures. Social change and community psychology were much on the minds of the movement and the DTP. The national leaders I made reference to earlier were a part of the mental health movement and contributed to this process.

2. Mass Media - It's hard to analyze the effect or influence on the DTP by all forms of mass media. Drugs are considered a

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<sup>28</sup>R. Connery (ed), Politics of Mental Health (New York: Columbia University Press, 1968), p. 4.



national problem; according to some, the nation's number one problem. The problem affects the many elements of the population in a number of diverse ways. The net result of these social maladies is the current campaign to curb or eliminate the "drug problem." Stories appear daily in newspapers, on television and radio. With increased publicity comes an increased awareness of the problem on the part of the general public. A greater recognized need for training equals more money for training, which in turn equals a larger allocation of funds to DTP. The subject of concern, i.e., heroin or marihuana, also influenced the types of people that came for training--education or clinical, which in turn, influenced the program or direction of the DTP. The mass media also added to the plenary environment in which the DTP conducted its work. The prevailing atmosphere was one of "mission in life" with a great sense of urgency. This was constantly reinforced by the large number of news items that made reference to the drug problem.

## RESULTS

The cases cited above all present some variant of organization--environment influence. Taken together, they serve to illustrate the considerable influence by external sources on the internal functioning of the DTP. The influence functioned in such a way that a number of boundaries were established. The DTP was free to function within these boundaries, but problems occurred when boundaries were crossed as in the case of

training priorities.

The success of the DTP depended on the relationships with these external sources of influence, success here meaning life, continued operation, and sanction. If one matched organizational units of the DTP with their relevant environmental sector (see Figure 12), it's possible to observe that one of the reasons DTP did well (viewed on a bigger is better perspective) was its capacity to carry on fully adequate transactions at each important area of organization--environment interface. "An organization in which each of its boundary-spanning units is well matched with its corresponding environmental sector is in a desirable position to detect opportunities for new kinds of favorable transactions with the environment and to anticipate newly developing hazards in the environment."<sup>29</sup> The DTP through its leadership was able to recognize the environmental or external sources of influence and carry on highly successful transactions by recognizing in advance demands and making necessary and adequate adjustments. Problems caused by external-internal conflict were regulated by seeking a change in the field of forces<sup>30</sup> by relaxing or displacing either a constraining force or enhancing a positive force as in the case of outreach vs. training.

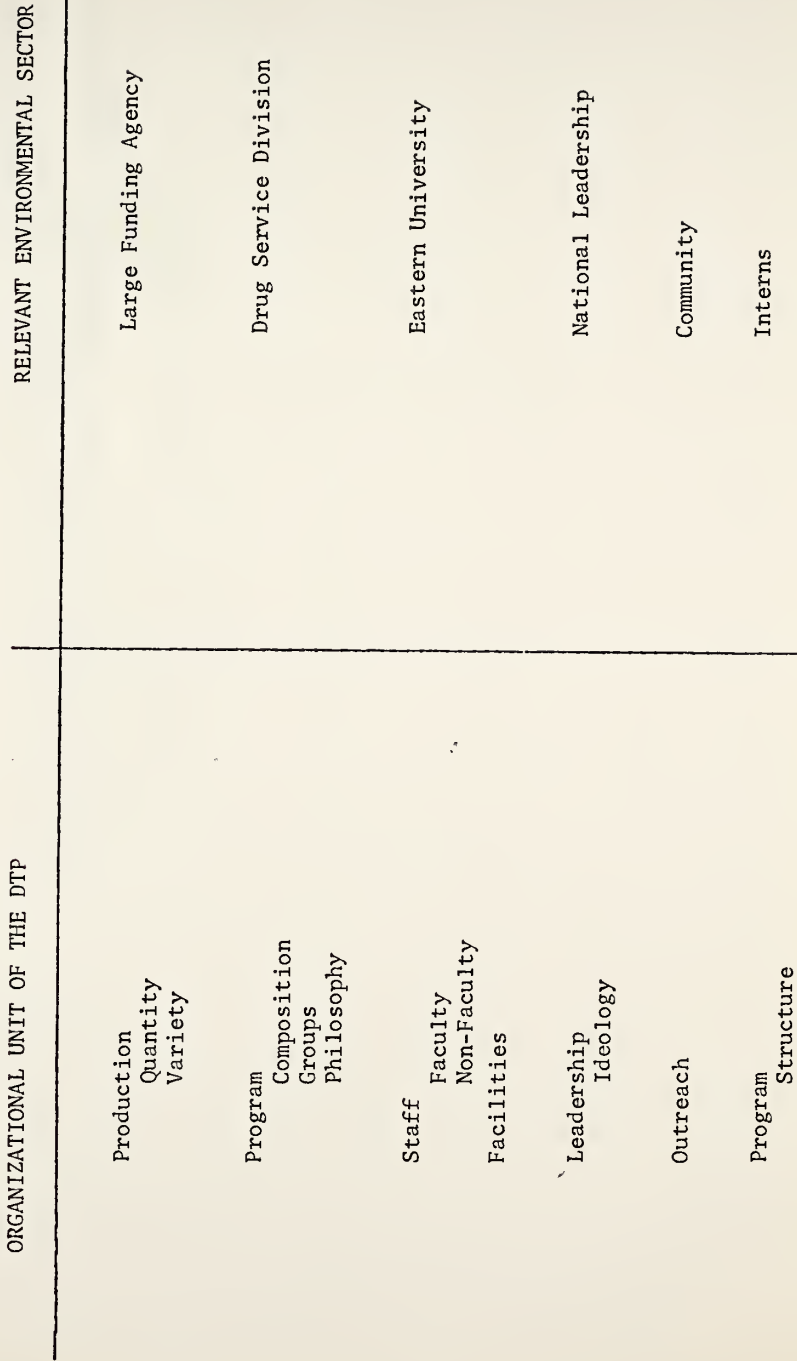
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<sup>29</sup>Paul R. Lawrence and Jay W. Lorsch, Developing Organizations: Diagnosis and Action (Reading, Mass.: Addison-Wesley Publishing Co., 1969), p. 28.

<sup>30</sup>See Kurt Lewin, Resolving Social Conflict (New York: Harper, 1948).

FIGURE 12

EXAMPLES OF ORGANIZATION - ENVIRONMENT INTERFACE



In toto, the DTP did not "do its own thing" but did a limited version of their "thing" within and by way of the established order (external sources).

## CHAPTER V

### EVALUATION

#### STATISTICAL REPORT OF FIRST YEAR INTERNS

This section of the evaluation contains and discusses statistical breakdown on interns trained in the first year of formal operations at the DTP. The information is based on the period of July 6, 1970, to July 2, 1971, and covers 23, two-week programs and 4, special one-week programs. Most of the information is based on the frequencies and percentages for the various record keeping system categories. These figures and other supporting figures and tables follow at the end of this section.

In addition to breakdowns and discussions of categories for all interns, analyses were done and are discussed with comparisons by time and location. The time analysis compares the first six with the second six months of operation, looking for changes and trends in the characteristics of interns and the composition of intern group. The analyses by intern location compare persons trained under the first year grant (catchment area) to those trained under the first year contract (rest of country) and projected second year grant trainees (within state) with projected second year contract trainees (outside state). The projections involve treating the first year trainees as if all those from

the state were covered by the grant and all others covered by the contract. Since this is the case for the second year of operations, this analysis gives a more accurate picture of the expected composition of grant and contract trainees.

Intern Groups. The total number of people trained in formal programs during the first year was 652. This included 602 in two-week programs and 50 in special programs. The number trained for both the grant (252) and the contract (400) were substantially more than 180 of each group required by our funding.

The average number of interns in a two-week program was 26.2, but this masks a trend. The average group size for the first half of the year was 20.3 and for the second half, 32.5. Judging from the first four groups of the second year and projected programs, the second half average would appear to be a close estimate for the average expected group size. The trend, then, over the first year, was one of increasing numbers per intern group, with some indication of leveling off at about 32 persons. Figure 13 shows the size of intern groups over time.

A second major change in the composition of the intern groups has been a shift away from grant (catchment area) interns to contract (rest of country) interns. When the first six months and the second six months are compared, there is a sizable decrease, both relative and absolute, in the percentage and number of interns from the catchment area. This decrease is matched by equally large increases for both the rest of the state and the rest of the country. There are



several ways of indicating these shifts numerically. Catchment area interns, as a percentage of total trainees, decreased from 53% in the first half year, to 27% in the second half. For the same periods, the percentage of interns from the rest of the state increased from 22% to 36%, and the percentage from the rest of the country increased from 25% to 37%. Put differently, of all the persons from the catchment area we have trained, about two thirds were trained in the first half year, while for the rest of the state and the rest of the country, about two-thirds of each of these groups were trained in the second half year. The reasons for these related trends are probably many. I would suggest: intensive early training of interns from local clinical and educational settings, expanded (or expanding) awareness of the program, an increasing demand for training from government agencies as they require it, and an increasing clinical demand as drug treatment programs are expanded and created and mental health workers are shifted or shift from other areas of treatment and prevention.

Age - Sex - Race. The average age of interns was about 32.0, with contract interns somewhat older than grant interns. We trained substantially more males than females and this changed with time. In the first six months the split was nearly even (51/49), while in the second six, it was not (60/40). Overall we have trained 370 males (57%) and 282 females (43%). This trend may reflect the increase in out-of-state interns, where the male/female split was (73/27).

By race, 87% of the interns were white and 14% non-white (78 Black and 7 other races). The percentage of non-white interns increased slightly over time, from 11% in the first half year to 14% in the second.

By location, interns from the catchment area were about 3 to 4 times as likely to be Black or other non-white as those from outside the catchment area.

Occupation. It is hard to summarize the occupation breakdown, but the frequencies are attached (see Table 5). Subject to the problems of classification and overly broad or narrow categories, the most frequent occupations for trainees were: high school teacher, high school student, mental health worker, social worker, mental health administrator or planner, and nurse. For the catchment area and the rest of the state there was a strong tendency for the most frequent occupations to be education related. For outside of the state there was a reverse tendency--most frequent occupations were treatment related.

TABLE 2

MOST FREQUENT OCCUPATIONS OF INTERNS

Catchment Area	Rest of State	Outside State
High School Teacher	High School Teacher	Mental Health Administrator
High School Student	High School Student	Social Worker
Nurse	Guidance Counselor	Clergy
Drug Treatment Staff	Mental Health Worker	Mental Health Worker

Comparisons of location groups (catchment area/rest of state/outside of state) by groupings of occupations are given in Figure 14.

Comparisons of occupation groupings over time can be found in Table 7. There were no major shifts in the occupations of interns. The occupation breakdown is not totally appropriate for comparing educational/clinical differences, since there is cross-over both ways (school nurses, college students working for drug programs). The setting/agency breakdown which follows gives further information.

Setting/Agency. The setting/agency coding attempts to classify interns by the "task" of their work place. The categories are treatment settings, educational settings, religious settings, government agencies, law enforcement and control settings, and drug prevention/information/education settings. The percentages for interns are shown in Table 3 below.

TABLE 3  
SETTING/AGENCY PERCENTS BY LOCATION\*

	All Interns	Catchment Area (1st Yr. Grant)	Rest of State	Outside of State 2nd Yr. Contract)
Education	49	56	67	25
Treatment	25	20	26	28
Prevention	8	15	1	4
Gov't Agencies	13	1	3	36
Religious	2	4	0	4
Law Enforcement	3	4	3	3

\*All entries are column percentages.

Overall, interns coming from educational settings account for about half of all interns trained. Treatment settings account for about 25%, so educational and clinical settings account for about 75% of the trainees. In terms of the breakdowns, the catchment town area and the rest of the state show very similar distributions, while the outside of state distribution shows a comparatively lower number of educational interns and a much higher percentage of persons from government agencies.<sup>31</sup>

Over time (see Tables 6 and 7), the only major change in the setting distribution was an increase from 5% to 19% in the government agency category, and small decreases in all other categories.

Location. The percentage breakdowns of trainees by location appears in Table 4 below.

TABLE 4  
INTERN LOCATION BY TIME

	Overall	First Half	Second Half
Catchment Area	38	53	27
Rest of State	30	22	36
Rest of New England	11	16	6
Mid Atlantic	7	2	12
South	7	4	9
Midwest	4	2	5
West	1	1	3
Outside of U.S.	1	0	2

<sup>31</sup>Trainees classified as coming from government agency settings, (local, state and federal) may, of course, have a large range of occupations. Our experience was that people we trained from these settings

About 70% of our trainees were from the state, and about 80% were from New England. Both of these percentages have decreased over the second half year, and this trend should continue, with the corresponding increase distributed among the other regions.

Education. There are several ways to look at these figures. The most frequent educational level overall and for all three location breaks is an M.A. or more. The median level (one-half have more and one-half less than the median) is a B.A. overall and for catchment area and rest of state interns; it is an M.A. for outside of state interns. The average level overall is about a B.A. (5.9) but increases with distance: catchment area interns (5.3), rest of state (5.7), outside the state (6.7). The reference point for these figures is 6.0 for a straight B.A. and 9.0 for a Ph.D./M.D. level degree.

If current high school students are eliminated from the averages, overall means and means for state group shift upwards slightly.

The Modal Intern. What were the trainees like? Empirically, it makes sense to talk about two groups, interns from the state and those from outside of the state. This involves combining the catchment area interns and the rest of the state interns and comparing them with other

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had mainly clinical or prevention related occupations. If this category were eliminated and those classified here distributed by next most applicable code, the outside of the state column would read: Education 25%; Treatment 50%; Prevention 9%; Gov't Agencies 9%; Religious 9%; Law Enforcement 6%. Thus, the location differences noted in the occupation discussion are affirmed here. However, for both conceptual and operational reasons, this category is more appropriate separate from the others.

interns.

The modal state trainee was male, white, and about 31 years old; he was likely to be a high school teacher or have some other education related occupation. His education was somewhat more than a B.A.--a masters or a 6th year certificate.

The modal contract (second year) intern was also white and male. He was slightly older (about 35) and his education level was higher (55% of these interns had M.A.'s or Ph.D.'s). His most likely occupation was in mental health treatment, as an administrator, a mental health worker, or a social worker. He was equally likely to come from the federal government or a treatment setting.



**Figure 13**  
**Size of Intern Group Overtime**



**Figure 14**  
**Type of Occupation by**  
**Location of Intern**

- A All Interns
- B Catchment Area Interns
- C Rest of State Interns
- D Outside of State Interns



Type of Occupation

TABLE 5

 STATISTICAL BREAKDOWN OF INTERNS  
 BY RAW FREQUENCY AND PERCENTAGE

 INTERN GROUP:
 

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I01	<u>17</u>	I10	<u>18</u>	I19	<u>49</u>	S01	<u>10</u>
I02	<u>16</u>	I11	<u>36</u>	I20	<u>47</u>	S02	<u>10</u>
I03	<u>12</u>	I12	<u>35</u>	I21	<u>28</u>	S03	<u>11</u>
I04	<u>23</u>	I13	<u>34</u>	I22	<u>24</u>	S04	<u>19</u>
I05	<u>14</u>	I14	<u>23</u>	I23	<u>34</u>		
I06	<u>12</u>	I15	<u>35</u>				
I07	<u>23</u>	I16	<u>25</u>				
I08	<u>19</u>	I17	<u>35</u>				
I09	<u>19</u>	I18	<u>24</u>				
						TOTAL	<u>652</u>
						MEAN PER I-GROUP	<u>26.2</u>

 AGE: Average = 32.0

 SEX: Female 282 (43%) Male 370 (57%)

 RACE: White 567 (87%) Black 78 (12%)

## OCCUPATION:

 Education Related 301 (46%)

<u>71 (11%)</u>	High School Student
<u>12 (2%)</u>	College Student
<u>2 (0%)</u>	Medical Student
<u>3 (0%)</u>	Nursing Student
<u>3 (0%)</u>	Public Health Student
<u>82 (12%)</u>	High School Teacher
<u>26 (4%)</u>	Junior High and Elem. Teacher
<u>32 (5%)</u>	Guidance Counselors
<u>16 (2%)</u>	Educational Specialists
<u>18 (3%)</u>	School Administrators
<u>5 (1%)</u>	College Administrators
<u>11 (2%)</u>	College Faculty (if not below)
<u>12 (2%)</u>	Community Workers & Parents
<u>3 (0%)</u>	Other Graduate Students
<u>5 (1%)</u>	Other Educational

 Clergy 34 (5%)

<u>26 (4%)</u>	Clergy
<u>8 (1%)</u>	Divinity Students

TABLE 5--CONTINUED

<u>Helping Professions</u>	<u>286 (44%)</u>	<u>Legal/Control</u>	<u>30 (5%)</u>
<u>24 (4%)</u> Physician		<u>5 (1%)</u> Policemen	
<u>22 (3%)</u> Psychologist		<u>8 (1%)</u> Probation Officer	
<u>38 (6%)</u> Social Worker		<u>3 (0%)</u> Parole Officer	
<u>38 (6%)</u> Mental Health Administrators		<u>4 (1%)</u> Corrections Officer	
<u>38 (6%)</u> Nurse (RN, LPN)		<u>4 (1%)</u> Prosecution; DA's	
<u>50 (8%)</u> Mental Health Workers		<u>4 (1%)</u> Other Lawyers	
<u>33 (5%)</u> Other Staff - Drug Treatment		<u>2 (0%)</u> Other Judicial	
<u>30 (5%)</u> Other Staff - Drug Education and Prevention			
<u>13 (2%)</u> Other Staff - Research Operations		<u>Other</u>	<u>1 (0%)</u>

## 6. SETTING/AGENCY:

<u>Treatment Settings</u>	<u>159 (24%)</u>	<u>Law Enforcement Settings</u>	<u>22 (3%)</u>
<u>24 (4%)</u> Drug Treatment (only)		<u>4 (1%)</u> Police	
<u>112 (17%)</u> Drug Treatment as part of agency		<u>8 (1%)</u> Probation	
<u>23 (4%)</u> Crisis Intervention or Re- ferral		<u>6 (1%)</u> Corrections/Parole	
		<u>4 (1%)</u> Prosecution	
<u>Educational Settings</u>	<u>321 (49%)</u>	<u>Government Agencies</u>	<u>85 (13%)</u>
<u>211 (32%)</u> High School		<u>7 (1%)</u> Local Agencies	
<u>42 (6%)</u> Elementary & Junior High School		<u>22 (3%)</u> State Agencies	
<u>57 (9%)</u> College & University		<u>56 (9%)</u> Federal Agencies	
<u>11 (2%)</u> Community Workers & Parents			
<u>Drug Prevention/Education/Info</u>	<u>47 (7%)</u>	<u>Religious Settings</u>	<u>16 (2%)</u>
<u>41 (5%)</u> Staff: Prevention/Education/ Info Agencies		<u>16 (2%)</u> Clergy, including Divinity Students	
<u>6 (1%)</u> Private or Corporate			
		<u>Other</u>	<u>2 (0%)</u>

TABLE 5 --CONTINUED

## LOCATION:

<u>252 (39%)</u>	Catchment Area	
<u>193 (30)</u>	Rest of State	
<u>71 (11)</u>	Rest of New England	(Rhode Island, Vermont, New Hampshire, Massachusetts, Maine)
<u>48 (7)</u>	Mid Atlantic	(New York, Pennsylvania, New Jersey, Delaware, Maryland, West Virginia, D.C.)
<u>45 (7)</u>	South	(Kentucky, Tennessee, Virginia, Georgia, South Carolina, North Carolina, Florida, Alabama, Mississippi, Arkansas, Louisiana)
<u>26 (4)</u>	Midwest	(Ohio, Indiana, Illinois, Missouri, Iowa, Kansas, Nebraska, North Dakota, South Dakota, Minnesota, Wisconsin, Michigan, Texas, Oklahoma)
<u>9 (1)</u>	West	(Washington, Oregon, Idaho, Montana, Nevada, Utah, Colorado, Wyoming, California, Arizona, New Mexico, Alaska, Hawaii)
<u>8 (1)</u>	Outside of United States	

## EDUCATION: (HIGHEST LEVEL)

<u>83</u>	Less than 12 years including current students
<u>28</u>	High School Graduate
<u>2</u>	High School Graduate <u>plus</u> (includes secretarial & technical school)
<u>61</u>	One to Three Years College
<u>42</u>	R.N. (includes R.N. plus B.A.)
<u>140</u>	B.A.
<u>14</u>	B.A. plus (includes some graduate school)
<u>255</u>	Masters (or more; 6th year)
<u>48</u>	Ph.D., M.D., Ed.D.

Mean = 5.9

TABLE 6

FIRST SIX MONTHS VS. SECOND SIX MONTHS  
BY RAW FREQUENCY

## INTERN GROUP:

I01	<u>17</u>	I10	<u>18</u>	I19	<u>49</u>	S01	<u>10</u>
I02	<u>16</u>	I11	<u>36</u>	I20	<u>47</u>	S02	<u>10</u>
I03	<u>12</u>	I12	<u>35</u>	I21	<u>28</u>	S03	<u>11</u>
I04	<u>23</u>	I13	<u>34</u>	I22	<u>24</u>	S04	<u>19</u>
I05	<u>14</u>	I14	<u>23</u>	I23	<u>34</u>		
I06	<u>12</u>	I15	<u>35</u>				
I07	<u>23</u>	I16	<u>25</u>			TOTAL	<u>294/358</u>
I08	<u>19</u>	I17	<u>35</u>				
I09	<u>19</u>	I18	<u>24</u>			MEAN PER I-GROUP	<u>20.3/32.5</u>

AGE: Average = 32.2/32.0SEX: Female 141/141 Male 153/217RACE: White 261/306 Black 30/48 Other 3/4

## OCCUPATION:

Education Related 134/167

26/45 High School Student  
6/6 College Student  
2/0 Medical Student  
3/0 Nursing Student  
3/0 Public Health Student  
33/49 High School Teacher  
19/7 Junior High and Elem. Teacher  
11/21 Guidance Counselors  
11/5 Educational Specialists  
10/8 School Administrators  
2/3 College Administrators  
4/7 College Faculty (if not below)  
3/9 Community Workers & Parents  
0/3 Other Graduate Students  
1/4 Other Educational

Clergy 8/26

5/21 Clergy  
3/5 Divinity Students



TABLE 6--CONTINUED

<u>Helping Professions</u>		<u>139/147</u>	<u>Legal/Control</u>		<u>13/17</u>
<u>14/10</u>	Physician		<u>3/2</u>	Policemen	
<u>10/12</u>	Psychologist		<u>5/3</u>	Probation Officer	
<u>17/21</u>	Social Worker		<u>0/3</u>	Parole Officer	
<u>16/22</u>	Mental Health Administrators		<u>1/3</u>	Corrections Officer	
<u>21/17</u>	Nurse (RN, LPN)		<u>3/1</u>	Prosecution; DA's	
<u>17/33</u>	Mental Health Workers		<u>1/3</u>	Other Lawyers	
<u>18/15</u>	Other Staff - Drug Treatment		<u>0/2</u>	Other Judicial	
<u>13/17</u>	Other Staff - Drug Education and Prevention				
<u>13/0</u>	Other Staff - Research Operations		<u>Other</u>		<u>0/1</u>

## 6. SETTING/AGENCY:

<u>Treatment Settings</u>		<u>77/82</u>	<u>Law Enforcement Settings</u>		<u>12/10</u>
<u>12/12</u>	Drug Treatment (only)		<u>3/1</u>	Police	
<u>51/61</u>	Drug Treatment as part of agency		<u>5/3</u>	Probation	
<u>14/9</u>	Crisis Intervention or Re- ferral		<u>1/5</u>	Corrections/Parole	
			<u>3/1</u>	Prosecution	
<u>Educational Settings</u>		<u>149/168</u>	<u>Government Agencies</u>		<u>16/69</u>
<u>87/124</u>	High School		<u>3/4</u>	Local Agencies	
<u>27/15</u>	Elementary & Junior High School		<u>10/12</u>	State Agencies	
<u>31/26</u>	College & University		<u>3/53</u>	Federal Agencies	
<u>4/7</u>	Community Workers & Parents				
<u>Drug Prevention/Education/Info</u>		<u>31/16</u>	<u>Religious Settings</u>		<u>7/9</u>
<u>31/10</u>	Staff: Prevention/Education/ Info Agencies		<u>7/9</u>	Clergy, including Divinity Students	
<u>0/6</u>	Private or Corporate				
			<u>Other</u>		<u>2/0</u>

TABLE 6--CONTINUED

## 7. LOCATION:

<u>155/97</u>	Catchment Area	
<u>64/129</u>	Rest of State	
<u>48/23</u>	Rest of New England (Rhode Island, Vermont, New Hampshire, Massachusetts, Maine)	
<u>6/42</u>	Mid Atlantic	(New York, Pennsylvania, New Jersey, Delaware, Maryland, West Virginia, D.C.)
<u>12/33</u>	South	(Kentucky, Tennessee, Virginia, Georgia, South Carolina, North Carolina, Florida, Alabama, Mississippi, Arkansas, Louisiana)
<u>7/19</u>	Midwest	(Ohio, Indiana, Illinois, Missouri, Iowa, Kansas, Nebraska, North Dakota, South Dakota, Minnesota, Wisconsin, Michigan, Texas, Oklahoma)
<u>2/7</u>	West	(Washington, Oregon, Idaho, Montana, Nevada, Utah, Colorado, Wyoming, California, Arizona, New Mexico, Alaska, Hawaii)
<u>0/8</u>	Outside of United States	

## 8. EDUCATION: (HIGHEST LEVEL)

<u>30/53</u>	Less than 12 years including students
<u>9/19</u>	High School Graduate
<u>2/0</u>	High School Graduate <u>plus</u> (includes secretarial & technical school)
<u>29/32</u>	One to Three Years College
<u>23/19</u>	R.N. (includes R.N. plus B.A.)
<u>67/73</u>	B.A.
<u>10/4</u>	B.A. plus (includes some graduate school)
<u>94/131</u>	Masters (or more; 6th year)
<u>25/23</u>	Ph.D., M.D., Ed.D.

Mean 6.0/5.8  
 Mode 8.0/8.0  
 Median 6.0/6.0

TABLE 7  
 FIRST SIX MONTHS VS. SECOND SIX MONTHS  
 BY PERCENTAGE

1.	SEX:	Female	<u>48%/40</u>	Male	<u>52%/60</u>		
2.	RACE:	White	<u>89%/85</u>	Black	<u>10%/13</u>	Other	<u>1%/1</u>
3.	OCCUPATION:						
		<u>Education Related</u>	<u>46%/46</u>			<u>Clergy</u>	<u>3%/7</u>
		<u>9%/13</u>	High School Student			<u>2%/6</u>	Clergy
		<u>2%/1</u>	College Student			<u>1%/1</u>	Divinity Students
		<u>1%/0</u>	Medical Student				
		<u>1%/0</u>	Nursing Student				
		<u>1%/0</u>	Public Health Student				
		<u>11%/13</u>	High School Teacher				
		<u>6%/2</u>	Junior High and Elem. Teacher				
		<u>4%/2</u>	Guidance Counselors				
		<u>4%/1</u>	Educational Specialists				
		<u>3%/2</u>	School Administrators				
		<u>1%/1</u>	College Administrators				
		<u>1%/2</u>	College Faculty (if not below)				
		<u>1%/3</u>	Community Workers & Parents				
		<u>0/1%</u>	Other Graduate Students				
		<u>0/1%</u>	Other Educational				
		<u>Helping Professions</u>	<u>47%/41</u>			<u>Legal/Control</u>	<u>4%/5</u>
		<u>5%/3</u>	Physician			<u>1%/1</u>	Policemen
		<u>3%/3</u>	Psychologist			<u>2%/1</u>	Probation Officer
		<u>6%/6</u>	Social Worker			<u>0/1%</u>	Parole Officer
		<u>5%/6</u>	Mental Health Administrators			<u>0/1%</u>	Corrections Officer
		<u>7%/5</u>	Nurse (RN, LPN)			<u>1%/1</u>	Prosecution; DA's
		<u>6%/9</u>	Mental Health Workers			<u>0/0</u>	Other Lawyers
		<u>6%/4</u>	Other Staff - Drug Treatment			<u>0/1%</u>	Other Judicial
		<u>4%/5</u>	Other Staff - Drug Education and Prevention				
		<u>4%/0</u>	Other Staff - Research Operations				
						<u>Other</u>	<u>0%/0</u>

TABLE 7--CONTINUED

## SETTING/AGENCY:

<u>Treatment Settings</u> <u>26%/23</u>		<u>Law Enforcement Settings</u> <u>4%/3</u>	
<u>4%/3</u>	Drug Treatment (only)	<u>1%/0</u>	Police
<u>17%/17</u>	Drug Treatment as part of agency	<u>2%/1</u>	Probation
<u>5%/3</u>	Crisis Intervention or Referral	<u>0%/1</u>	Corrections/Parole
		<u>1%/0</u>	Prosecution
 <u>Educational Settings</u> <u>51%/47%</u>		 <u>Government Agencies</u> <u>5%/19%</u>	
<u>30%/34</u>	High School	<u>1%/1</u>	Local Agencies
<u>9%/4</u>	Elementary & Junior High School	<u>3%/3</u>	State Agencies
<u>11%/7</u>	College & University	<u>1%/15</u>	Federal Agencies
<u>1%/2</u>	Community Workers & Parents		
 <u>Drug Prevention/Education/Info</u> <u>11%/4</u>		 <u>Clergy/Church</u> <u>2%/3</u>	
<u>11%/3</u>	Staff: Prevention/Education/Info Agencies	<u>2%/3</u>	Clergy, including Divinity Students
<u>0%/2</u>	Private or Corporate	<u>0%/0</u>	Other

## LOCATION:

<u>53%/27</u>	Catchment Area
<u>22%/36</u>	Rest of State
<u>16%/6</u>	Rest of New England (Rhode Island, Vermont, New Hampshire, Massachusetts, Maine)
<u>2%/12</u>	Mid Atlantic (New York, Pennsylvania, New Jersey, Delaware, Maryland, West Virginia, D.C.)

TABLE 7--CONTINUED

## LOCATION:

<u>4%/9</u>	South	(Kentucky, Tennessee, Virginia, Georgia, South Carolina, Florida, Alabama, North Carolina, Mississippi, Arkansas, Louisiana)
<u>2%/12</u>	Midwest	(Ohio, Indiana, Illinois, Missouri, Iowa, Kansas, Nebraska, North Dakota, South Dakota, Minnesota, Wisconsin, Michigan, Texas, Oklahoma)
<u>1%/2</u>	West	(Washington, Oregon, Idaho, Montana, Nevada, Utah, Colorado, Wyoming, California, Arizona, New Mexico, Alaska, Hawaii)
<u>0/2%</u>	Outside of United States	

TABLE 8

CATCHMENT AREA/REST OF STATE/REST OF COUNTRY  
BY RAW FREQUENCY AND PERCENTAGE

## 1. INTERN GROUP:

101	<u>17</u>	110	<u>18</u>	119	<u>49</u>	S01	<u>10</u>
102	<u>16</u>	111	<u>36</u>	120	<u>47</u>	S02	<u>10</u>
103	<u>12</u>	112	<u>35</u>	121	<u>28</u>	S03	<u>11</u>
104	<u>23</u>	113	<u>34</u>	122	<u>24</u>	S04	<u>19</u>
105	<u>14</u>	114	<u>23</u>	123	<u>34</u>		
106	<u>12</u>	115	<u>35</u>				
107	<u>23</u>	116	<u>25</u>				
108	<u>19</u>	117	<u>35</u>				
109	<u>19</u>	118	<u>24</u>			TOTAL	<u>252/193/207</u>

2. AGE: Average = 30.0/32.0/35.03. SEX: Female 52%/50/27 Male 48%/50/734. RACE: White 78%/94/91 Black 21%/5/8 Other 1%/1/1

## 5. OCCUPATION:

Education Related 53%/62/21

<u>16%/13/2</u>	High School Student	<u>1%/0/0</u>	Other Graduate Students
<u>2/0/4</u>	College Student	<u>0/1/1</u>	Other Educational
<u>1/0/0</u>	Medical Student		
<u>1/0/0</u>	Nursing Student	<u>Clergy</u>	<u>4%/2/11</u>
<u>16/20/2</u>	Public Health Student		
<u>4/8/0</u>	High School Teacher	<u>1%/1/11</u>	Clergy
<u>3/12/0</u>	Junior High and Elem Teacher	<u>3/1/0</u>	Divinity Students
<u>3/12/0</u>	Guidance Counselors		
<u>2/3/2</u>	Educational Specialists		
<u>3/5/0</u>	School Administrators		
<u>0/0/2</u>	College Administrators		
<u>1/0/4</u>	College Faculty (if not below)		
<u>3/2/0</u>	Community Workers & Parents		



TABLE 8--CONTINUED

<u>Helping Professions</u>	<u>39%/33/62</u>	<u>Legal/Control</u>	<u>4%/3/5</u>
<u>2%/2/7</u> Physician		<u>0%/0/2</u> Policemen	
<u>2/2/7</u> Psychologist		<u>2/1/0</u> Probation Officer	
<u>2/5/12</u> Social Worker		<u>0/1/0</u> Parole Officer	
<u>4/2/13</u> Mental Health Administrators		<u>2/0/0</u> Corrections Officer	
<u>8/7/2</u> Nurse (RN, LPN)		<u>0/1/1</u> Prosecution; DA's	
<u>5/10/9</u> Mental Health Workers		<u>0/0/1</u> Other Lawyers	
<u>4/6/6</u> Other Staff - Drug Treatment		<u>0/0/1</u> Other Judicial	
<u>7/0/6</u> Other Staff - Drug Education and Prevention			
<u>5/0/0</u> Other Staff - Research Operations		<u>Other</u>	

## 6. SETTING/AGENCY:

<u>Treatment Settings</u>	<u>20%/26/28</u>	<u>Law Enforcement Settings</u>	<u>4%/3/3</u>
<u>7%/2/1</u> Drug Treatment (only)		<u>0%/1/1</u> Police	
<u>10/21/22</u> Drug Treatment as part of agency		<u>2/1/0</u> Probation	
<u>3/3/5</u> Crisis Intervention or Referral		<u>2/1/0</u> Corrections/Parole	
		<u>0/0/2</u> Prosecution	
<u>Educational Settings</u>	<u>56%/67/25</u>	<u>Government Agencies</u>	<u>1%/3/36</u>
<u>40%/50/18</u> High School		<u>1%/2/0</u> Local Agencies	
<u>6/14/1</u> Elementary & Junior High School		<u>0/1/9</u> State Agencies	
<u>8/2/16</u> College & University		<u>0/0/27</u> Federal Agencies	
<u>3/2/0</u> Community Workers & Parents			
<u>Drug Prevention/Education/Info</u>	<u>14%/1/4</u>	<u>Religious Settings</u>	<u>4%/0/4</u>
<u>14%/1/2</u> Staff: Prevention/Education/Info Agencies		<u>4%/0/4</u> Clergy, including Divinity Students	
<u>0/1%/2</u> Private or Corporate			
		<u>Other</u>	<u>1%/0/0</u>

TABLE 8--CONTINUED

## 7. LOCATION:

<u>100%/0/0</u>	Catchment Area	
<u>0/100%/0</u>	Rest of State	
<u>0/0/34%</u>	Rest of New England (Rhode Island, Vermont, New Hampshire, Massachusetts, Maine)	
<u>0/0/22%</u>	Mid Atlantic (New York, Pennsylvania, New Jersey, Delaware, Maryland, West Virginia, D.C.)	
<u>0/0/22%</u>	South (Kentucky, Tennessee, Virginia, Georgia, South Carolina, North Carolina, Florida, Alabama, Mississippi, Arkansas, Louisiana)	
<u>0/0/13%</u>	Midwest (Ohio, Indiana, Illinois, Missouri, Iowa, Kansas, Nebraska, North Dakota, South Dakota, Minnesota, Wisconsin, Michigan, Texas, Oklahoma)	
<u>0/0/4%</u>	West (Washington, Oregon, Idaho, Montana, Nevada, Utah, Colorado, Wyoming, California, Arizona, New Mexico, Alaska, Hawaii)	
<u>0/0/4%</u>	Outside of United States	

## 8. EDUCATION: (HIGHEST LEVEL)

<u>19%/16/3</u>	Less than 12 years including current students
<u>5%/5/3</u>	High School Graduate
<u>0/0/0</u>	High School Graduate <u>plus</u> (includes secretarial & technical school)
<u>10%/4/14</u>	One to Three Years College
<u>8%/7/3</u>	R.N. (includes R.N. plus B.A.)
<u>22%/24/19</u>	B.A.
<u>4%/1/1</u>	B.A. plus (includes some graduate school)
<u>28%/39/40</u>	Masters (or more; 6th year)
<u>4%/3/16</u>	Ph.D., M.D., Ed.D.
Mean	5.3/5.7/6.7
Median	6.0/6.0/8.0
Mode	8.0/8.0/8.0

SUMMARY OF AUXILIARY ACTIVITIES

This section contains a summary of the activities the DTP was involved in apart from the two week training program. Included here are: (a) Special Programs, (b) Outreach, (c) Consultation, (d) Leadership Training Course, and (e) University Teaching.

A. Special Programs - In the first year DTP held four programs designed for specific groups (see Appendix VIII). The first program had as its purpose providing a general orientation in the problems of drug dependence and specific training in the medical aspects and mechanics of detoxification. The trainees were the staff of the emergency room of St. Steven's Hospital. The second program was designed for the staff of a new research project at Eastern University, which had as its charge, evaluating the amount and type of drug usage in local schools. The next program was the special one-week program designed in response to government and consumer demand to try to shorten the amount of time of the training period. The program consisted of 16 individuals, half of whom were physicians and the other half, the staff of a drug drop-in center at a major Northeast university. The fourth program was follow-up training for teachers from the local school districts. This program was designed to impart further skills and techniques especially in the area of group process. This program preceded the establishment of the special course in leadership training. A total of 50 people were trained in special programs.

B. Outreach - Included here is outreach work done both in the community (street work) and in the schools.

1. Community Work - Three major projects were undertaken: Bradley Cove, Reach, and Essex and Lynn.

a) Bradly Cove - Bradley Cove is a predominantly Italian, Catholic community, politically conservative and middle class. Its inhabitants range from the very rich to the working poor; the average income is too high for the community to qualify for redevelopment or poverty funds.

Towards the end of the summer, a community worker invited us to run a three-session rap on drugs with the thirty or forty teenagers involved in the summer recreation program at the Nathan Hale School.

Through these raps, we became aware that the teenagers were upset with the absence of community concern for their needs, constant police harassment, the imminent closing of their meager recreational facility, and the steady growth of drug abuse in their own ranks. Several members of the recreation staff were boys who were just recently off drugs, through incarceration of one kind or another, and who had stayed clean (to the best of our knowledge) for the duration of the program. By the end of our third session, three had returned to drug use and a core group of teenagers were threatening to employ militant tactics against their school, Jefferson High School and the community. We suggested that they first try another

approach and promised our support of their efforts.

During the following three weeks, we set up meetings between the teenagers and various officials whom they viewed as adversaries. We met with representatives of:

- 1) local and state churches
- 2) local school administration
- 3) the Board of Education
- 4) the Police Department
- 5) city alderman
- 6) the Neighborhood Action Committee
- 7) the City Park Department
- 8) the adult community

Out of most of these meetings came various pledges of time, space, and money to meet the teenagers' principal demand for recreational facilities. The most profitable meetings were those with the local pastor, who promised both a room in his building and considerable "air time" from his pulpit. Through him a community meeting was organized.

The results of this meeting were largely positive: between 350 and 400 members of the community attended; verbal support for the teenagers was loud and spirited; considerable money, time, and materials were pledged to the establishment of a teenage lounge. A total of fifty-two concerned adults signed up for membership in a "Bradly Cove Neighborhood Association." Some negative notes were struck, however, as the pastor, buckling under the pressure of his less enthusiastic parishioners, withdrew his offer of recreational space. In addition, some arguments arose between several factions in the community.

The conflict between these factions was heightened in the next series of meetings, attended by 150 teenagers and a few concerned adults. Representatives of the two major geographical communities within the community struggled to obtain control of and credit for the proposed developments. Our staff fought to remain neutral as we saw our original cadre of teenagers and adults abused by members (mostly adult) of the opposing force. In an attempt to heal the rift, we facilitated the election of an all-community council and two directors of the project. Although candidacy was open to all ages, those elected were all under 24 years of age.

Concurrent to the establishment of this youth council was the organization of the adult council whose purpose it was to form a community corporation. Channels for communication between these two bodies were formalized and they both began their work. The mission of the youth council was to find a place for a lounge and funds for its staffing. Earlier pledges for both had either been withdrawn entirely or were non-collectable.

At this point, much of the community suspicion and anger was focused on the representatives of Eastern University. Our original purpose had been to assist in the establishment of an independent community organization, but since the development of conflict, our presence served to exacerbate conditions rather than minimize the struggles within the above-mentioned



power functions. Our staff, therefore, retreated to the role of consultant rather than active participant and catalyst. The community then began to explore several avenues for funding and organizational aid.

It is interesting to note that our role switch was interpreted by a new organization as withdrawal and a testimony to our insincerity. The Italian-American Civil Rights League, dedicated to the "destruction" of the pusher by whatever means possible, derived some of its strength by including us among its adversaries.

The Neighborhood Corporation went on to include the Italian-American Civil Rights League among its membership. When our consultation was completed at the end of the summer, the community appeared to be fairly active in behalf of its teenage population. It was hoped that the result of all this activity had some effect on drug use within the community and that when the political turmoil has settled, the community will address itself to some organized planning around activities long term in nature. (See Appendix IX)

b) Reach - In the early part of August, we were called upon by Operation Reach to set up an evening drug education program for the citizens of their community. Reach is a storefront operation located in a predominantly Italian neighborhood where the use of heroin and "soft" drugs were on the upswing.

Our original program at Reach consisted of pharmacology lectures, ex-addict presentations, movies, and discussions. The audience for these programs consisted of around twenty teenagers and twenty adults. After our fifth week there, the DTP decided it would place a staff member with Reach to help them organize their community program as well as establish a special drug oriented program. An ex-addict was assigned to assist Reach with this specific purpose.

This individual worked approximately fifty hours a week at Reach helping them to develop this program through establishing a rapport with the teenagers in the community and unfolding lines of communication with local churches and schools. He was also asked to provide individual counseling, give speaking engagements, and do consultation for various organizations within the community. His relationship with the teenagers became one of a big brother who was not as interested in telling kids how bad drugs are, but more interested in assisting in the decision process.

At the beginning of September, three paraprofessionals from Reach enrolled in the two week program. One of the three completed the course and went on to take the leadership training course.

Besides this involvement, we worked on two other special programs. The first was the making of a movie called, "The

Day in the Life of an Addict," written, produced and directed and acted by the membership of the Reach organization. This not only served to unify the organization in giving kids a constructive outlet for their energies, but also trained them in skills of film making and work cooperation. We hoped that this film would enhance the self-esteem of the individuals involved, and that their image of an addict via this film would become more realistic. Communication and interaction concerning drug use and abuse were additional considerations.

The second was a special drug education program we established in the local grammar school. This program gave thirty individuals a chance to go through a brief drug education program which was a compact version of our two week program. (See Appendix X)

c) Essex and Lynn - This outreach program can best be described in the following memo by one of the Outreach workers:  
(See Appendix XI)

Both Eddy and I are in the process of contacting churches in the Essex area so they may become more aware of what we are doing. It is hoped that through our efforts, different groups, centers, churches, and community people will touch base with one another so that everyone is in tune with what we are all striving for.

Every Saturday for two hours, we are involved in training the OIC staff in drug education. Tuesday evenings we are involved with a Lynn group called (PAD) Parents Against Drugs, working out of the Lynn Mental Health office. PAD's main goals are to establish a halfway house, or detox center and help the students in the area to broaden their scope

in other directions, other than the drug culture which is at an epidemic stage.

We are now in the planning stage at the Essex Community House. Located across the street from the Community House is a very young group we are working with. This group was founded by an OPC graduate, and we are now trying to set up goals and philosophy. Their home base is the Stetson Library.

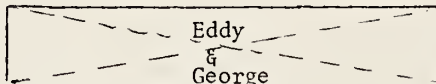
The main problem is trying to keep members of the group coming on a continuing basis during the summer months and school vacation. Eddy and I intend to incorporate our different bases of operation so everyone will have their thoughts in the same direction: whether it be a drug problem, school problem, or a rally to arouse the community support in becoming more aware of what is going on.

Also, we are working with a young group called (STALL), Stop, Take a Look and Learn, and are now involved in seeking summer employment. After a few visits to Hillhouse, High School in the Community, and Lee, we have found summer slots for students. We are hoping a couple will be employed at DTP or DDU.

Besides STALL, I have a group called the Soul Alternators, which consist of eight girls who are now in the planning stages to determine the directions they want to go. We also have a consultant from a Black drama group who will be working with us, to help the group learn more about Black culture.

While Eddy is in the 'South' I will carry on and keep you informed of our progress. Eddy and I feel that this will succeed because we are going to make it succeed.

Lynn  
Mental  
Health



Essex  
Community  
House

OIC  
Hqtrs.

Stetson  
Library

2. Schools - Outreach in schools consisted of two projects: The Prince Street School project (inner-city elementary school), and the three high schools of Elm City.

a) Prince Street School - Prince Street School is located in the Hill area of Elm City which is considered a high risk addiction area. Prince's student body is 70% Black, 20% Puerto Rican, and 10% white. The large majority of the administration and teaching staff are white, middle-class. A high incidence of poverty qualifies the neighborhood for Model Cities funding.

An interrupted in-service teacher training model was selected to provide teachers and administrators at Prince with knowledge about drug education-prevention. After initial contact with school administration and a subsequent meeting with the teachers and the parents. Twelve teachers of a staff of thirty, self-selected themselves for the in-service training on the basis of interest.

We at DTP felt that the underlying assumptions and the methodology for reaching inner city Black and Puerto Rican kids are essentially different from their white suburban counterpart.

(1) From a cultural-anthropological perspective, the social world of the Black urban inner-city student is essentially different from his white, middle-class counterpart. Conse-

quently, one would expect the patterns of addiction and the social meaning of addiction to be different.

(a) Black ghetto residents are just as much addicted to the "life styles" surrounding drugs as they are addicted to the chemicals themselves. The "cops-robbers game," the excitement of hustling and "chasing the bag" provide activity to counter the boredom and frustrations of the ghetto.

(b) Related to the second point above, the fascination with the addict as a cool cat and understanding the ghetto folk hero is an important path to understanding addiction in the inner city.

(c) Among Black inner city students, the peer group is a most powerful, most influential component of the socializing process, even more so than the Black family.<sup>32</sup>

(2) Because inner city Blacks tend to internalize the evaluation of themselves by the white racist society, they suffer from a very low sense of self-esteem which leads to self hatred. There is evidence that this form of internalized racism prevails.

(3) Contrary to popular misconception, the Black community is a highly sophisticated verbal community. Verbal facility is an extremely valuable asset to ghetto residents.<sup>33</sup>

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<sup>32</sup>Lee Rainwater, "Crucible of Identity," The Negro American, eds. Talcott Parsons and Kenneth Clark (Boston: Beacon Press, 1965), p. 160.

<sup>33</sup>Thomas Kochman, "Rapping in the Black Ghetto," Trans-Action, Vol. 6, No. 4 (February, 1969), p. 26.



(4) The Black community is not a monolithic social class entity. There is a social stratification system in the Black community which is so often overlooked in the planning of prevention programs in the ghetto. This recognition is crucial if we are to improve communication between inner city students and teachers, administrators, and guidance counselors.

(a) The Black middle-class professionals have key roles in providing alternative behavioral models for ghetto youth.

(b) The ex-addict "professional" has a critically important function of serving as the communicative link between the Black professional and the ghetto youth.

The objectives of the Prince School in-service program were as follows:

1. To provide for teachers a basic understanding of drug pharmacology, terminology, including slang, and various other aspects of the student drug culture as it exists today; so that they would begin to feel comfortable and relatively competent to deal with some individual and group drug problems among students.
2. To explore with the teachers their feelings about the potentiality or the likelihood that their students will abuse drugs in the future. Also, to examine their feelings about prevention and their responsibility as teachers

for it. To make them aware that Merton's concept of "self-fulfilling prophecy" may be operative in their attitude and behavior toward the child.

3. To provide an atmosphere where teachers can examine and ventilate their own fears, anxiety, and attitudes about drugs and the potential drug dependent child.
4. To provide the teachers with the knowledge about the psychosocial cultural world of the Black urban, inner-city youth. The concept of the "other America" or the "street life" is a reality in the minds of these kids which is a totally different system of values from the middle-class values espoused in their schools.
5. To assist the teachers in obtaining interpersonal skills and group process skills so that they will have concrete, specific tools to work in the area of drug prevention. To provide them with group process and program development consultation which specifically meet the needs of urban, disadvantaged youth. To help them to become "child" focused rather than "information" focused as it relates to drug abuse prevention.

This program involved 15 to 20 hours of group process with 5 hours of didactic theory about group dynamics. Seven hours were devoted to drug information, including pharmacology, the

history, and the legal aspects of drugs. Eight hours were given to the concept of "street life," a detailed exploration of the psycho-social cultural world of the lower class, urban ghetto youth. We also provided ongoing group process and program development consultation services.

b) Elm City High Schools

Hastings High School - We trained 17 students and faculty from Hastings High School. Faculty members included administrators, department heads, social workers, and teachers. This group came at two different times, one in the fall of 1970 and the other as a team in the winter of 1970. This group, along with approximately 10 other faculty and students, comprised the drug committee. The broad goals of this committee were:

1. To coordinate the drug curricula within Hastings High School so that departmental programs do not overlap with each other and teachers are aware of their colleagues' activity in the area.
2. To coordinate all drug programs within the Hastings High School.
3. To establish an in-service counseling training program for individuals who would be involved in the drug prevention program.

Jefferson High School - We trained ten teachers from this school, but were not able to follow-up on this program in any meaningful way.

Rogers High School - We trained a total of sixty people from the Elm City School system during the months of March and April with the bulk of these individuals coming from Rogers High School and surrounding community.

C. Consultation - Both school and clinical or treatment program consultation are included here.

a) Wildwood School System - Our involvement began with a team of teachers from Wildwood School system who came through our two week Internship Program. After training, they established a drug education program (drug discussion groups), which is now in its second year of operation. The group also returned for a one-week follow-up program and then was involved in our ten week course in group leadership. Besides the leadership course they had weekly DTP supervision of their groups, and, on occasion, invited members of our staff to their schools to demonstrate new education techniques.

The Wildwood School drug discussion leaders also held regular meetings together to discuss the various aspects of running a special program and ironed out problems in order to produce a more effective staff team.

b) Appleville School System - The Assistant Superintendent of Appleville Schools attended the two-week training program.

After completion he asked us to help him establish a drug program within his school. We met with him and decided the following: to use seventh and eighth graders in small groups of ten to discuss decision making, family and school problems, peer problems, social problems, etc. These groups would be run by two leaders, one a skilled trainer and the other a high school student.

The high school students would also form groups for discussion of the same topics. The high school students would be chosen for a perceived interest in self-evaluation and working with younger children.

Parents of the grammar school students and the high school students would have the opportunity to enter groups in which discussion would center around: our changing society, how do you set limits for children, how much do I tell my children about how confused I am, etc.

The final phase of this program was to combine the groups to establish communication between the two age groups (generations). The purpose of the exercise was to help people better understand their anxieties, conflicts and fears about each other.

c) Garden Valley School System - After the Garden Valley School system had sent a number of individuals through our

two-week Internship Program, we were contacted by Administrator T. He was interested in having a number of our staff come to Garden Valley to assist a group of teachers who were interested in the implementation of groups in the drug education program. Mr. T. made it very clear from the beginning that as a result of his training experience at the DTP he would not accept one member of our staff.

It was decided that we would work with Mr. T. under certain conditions and that the staff member he had the most concern about would not be the consultant. Several meetings took place between our consultant and their interested staff, during which we requested several conditions be a part of our consultation:

- 1) Students would be involved in the group with teachers.
- 2) Whatever programs started would be completed.
- 3) The students and teachers would meet on neutral ground--our office.
- 4) The confidentiality rule would be changed in the school so people could talk honestly about their drug experience without getting into trouble.

The community at this time was literally afire with concern that an earlier non-DTP drug education program had turned the students onto drugs. Mr. T. felt pressured by the community, the school board and administration on one side, and on the other by us, the teachers, and the students. For all practical purposes, our involvement in Garden Valley was ended at this point.



d) Greenwood - Greenwood is a suburban, middle-class community which was favorably inclined to the establishment of a drug education-prevention program within the school and in the community. Its single high school accommodates approximately 2,500 students.

The program itself is currently still in the planning stage. With the counsel of the DTP staff, the "drug education team," composed of teachers, parents, students, and one policeman, has divided into three committees whose goals are as follows:

- Committee A: To devise a drug education program for the schools
- Committee B: To devise parallel programs for the adult community
- Committee C: To develop social activities in the school and the community with opportunities for "alternative highs."

The goal of the planners is to institute better communication policies within the entire community, including student and parent groups and student-teacher groups.

The consultant provides whatever aid seems appropriate to the planning. This ranges from technical advice to employing group process techniques for team building.

e) Southport School System - Contact with the DTP was made by the Director of Human Relations for the school district. The Southport system agreed to participate in a short form of training

over a two week period, as they did not want to wait the necessary time to enter the regular DTP program. The program was worked out by the Director of DTP and Southport staff (see Appendix XIV). In addition to the short training program, they also participated in the leadership training course to gain more knowledge in this area.

At the end of the training program, the Southport community had organized themselves into school-community teams; they began to think through their problems and develop strategies for an effective program. They were a sophisticated, highly intelligent, articulate, and hard working group with above average cooperation from top administration.

f) Cannon School System - A short term training program was conducted similar to the Southport program. Its goals were to disseminate accurate information on commonly abused drugs; to explore the mythology and mystery that surrounds psychoactive drugs and drug users; to discuss the social and psychological implications of the drug dependence phenomena; and to begin to develop the communication skills and understanding necessary for the development of effective ameliorative programs.

As a result of this program, three training groups attended the regular two week program.

g) Banksville School System - Consultation was initiated by

a series of lectures given by DTP staff. (Training was requested by the Superintendent for an on-site short term program.) This group successfully re-directed the educational process from teacher-centered to child-centered. More small group methods are being used by the teachers who went through the program and by the many teachers they influenced within the system. Student participation in programs has increased dramatically, and drug information sessions have been integrated into normal subjects, such as, social science, physical science, and the humanities. Periods have been set aside where trained teachers and students meet for rap groups similar to the Wildwood model. Student and staff participation in decision making has been excellent.

h) City of Detroit, Methadone Maintenance Program- Response to a request to train from the Director of the Department of Health, City of Detroit, requesting admission for a number of his people in our training program. It was impossible to admit those people at that time, but the training needs of Detroit seemed crucial. We decided to work out an alternative program. We were also fascinated by the possibilities of providing consultation to an entire city, specifically one as big and with as many problems as the City of Detroit.

The general goals of the program were: (1) to provide a

short term training program to ensure rational programming, effective planning, and effective use of personnel in the Detroit program, and (2) to impart basic skills and understanding necessary to operate a comprehensive drug dependence program in a major metropolitan area. A three-day, mini-internship program, utilizing didactic and group discussion techniques, was the method employed.

Progress: Probably not very much, except that there were a number of people turned onto the possibilities of the programming. These possibilities have not yet been realized and it is questionable whether our program had any real impact.

i) Guilford County Mental Health Association, North Carolina -  
(See Appendix XV) Two interns who had come through our program from the Guilford County Mental Health Association wrote up their experience while at the DTP, which stimulated the Mental Health Association to initiate the workshop.

The general goals of the program were:

1. To familiarize participants with a variety of treatment modalities useful for serving drug dependent people.
2. To aid participants in evaluating the efficiency of various treatment modalities for different situations under a variety of conditions.
3. To discuss those aspects of social and behavioral theory that are useful in conceptualizing problems and possibilities of various treatment and prevention programs.

4. To share technical information on appropriate methodologies and procedures for program development and the delivery of services.
5. To explore problem areas identified by the participants.

j) South Carolina Department of Mental Health - Former intern requested a one-day workshop for staff of agency. The general goals were:

1. To familiarize people with the various drug treatment modalities.
2. To focus on the treatment of the drug abuser and user on an outpatient basis.
3. To emphasize current adolescent therapy groups.
4. To discuss professionalism and its relation to working with drug users.
5. To emphasize drug education prevention as possible area which their mental health organization could develop.

k) Southern Connecticut State College - Contact was made by college to assist their drug education program, especially in the group process section of the program. The goal of the program was to introduce group interaction as a method of drug education and prevention within the classroom.

l) Alabama Project - Contacted by the Office of Education to provide consultation (workshop) to eight Black colleges. The general goals of the program were to train and organize teams who would conduct short term training programs for other faculty-staff and students of the participating colleges and the communities they serve. Specific objectives included:

1. To provide the trainees with appropriate interdisciplinary training and experience which will give them an authentic and intimate understanding of the current drug scene.
2. To provide the trainees with the techniques and materials for working with people to affect behavioral and attitudinal change; to train them in the skills of more effective communication.
3. To provide the trainees with as much information as possible on drugs, current drug education programs and the whole range of resources for drug education.
4. To provide teams of personnel from each institution with leadership training to prepare them to return to their respective campuses to train others.
  - a. to supplement an on-going drug education program or to initiate a new program.
  - b. stimulate community awareness and to marshal campus and community resources in a drug education program.

m) Department of Defense - Consultation with the military was initiated because of an overwhelming amount of requests for training slots. These requests pressured us into arranging some discussions concerning the amount of people that we would be able to train. The general goals were:

1. To effectively assimilate the armed services in the DTP program.
2. Attempt to coordinate planning of training of all military personnel.
3. Try to initiate armed forces training internally.

D. Leadership Training Course - From the outset of the DTP, interns requested more training in group process. After several months of discussion, we decided to offer (in addition to the basic two-week program) an elective,



evening course for interns to begin to gain the experience and training necessary to lead process groups. The demand was overwhelming in the fall, and the course was offered again in the spring along with a secondary level course titled Supervision. This course provided the opportunity for interns to gain practical experience by co-leading groups with members of the DTP. For detailed description of the Leadership Training Course, see Appendix XVII.

F. University Teaching - Drawing from the basic two-week Internship Program and their own expertise, many members of the staff offered courses at various departments of Eastern University. This provided the opportunity for graduate and undergraduate students to be exposed to pre-training in drug dependence. By offering courses in different departments (e.g., Medicine, Public Health, Divinity), we were able to adjust content and experiences to fit the students' needs and interests. There were five courses listed in the University catalogue:

1. Epidemiology and Public Health 11A - Introduction to Public Health (programs in drug education)  
Mr. Kinsella and Mr. Clifton
2. Christian Social Ministry 203 - Mr. Macade
3. Health Education 187B - The American City: Selected Social Problems. Mr. Clifton
4. Psychiatry 145 - Drug Dependence. Dr. Washington
5. Mental Health 157 - Introduction to Social and Community Psychiatry, Dr. Nolan and Mr. Kinsella

In an effort to reach the entire University, we received approval

for the training program to be offered as a credited elective in all departments of the undergraduate and graduate schools.

One problem we encountered in training was the inability of the DTP to offer teachers academic credit through Eastern University towards their professional degrees. In order to provide academic credit, we associated with Southern Connecticut State College to offer a joint program which would allow teachers to gain six credits in Drug Education. This was accomplished by a student enrolling in the SCSC drug program, followed by the Internship Program. The details of this arrangement are described in Appendix XVI.

#### DISCUSSION OF PROGRAM EVALUATION

The purpose of this section is to present briefly the overall plan for DTP evaluation and to show where and how this work contributes to that scheme. In addition, observations concerning program results (goal attainment) will be mentioned.

Planned Evaluation. A condition of both the grant and contract awards was that an evaluation be undertaken. It would appear that what the government meant by evaluation was that record keeping data be available so they could say "we trained so many physicians or forty nurses from Maine received two weeks of drug education." Beyond basic statistical data, the government suggested little else, but wanted to see something (the usual something being attitude questionnaires and knowledge inventories) in the way of tangible evidence that indicated that we were accomplishing

our objectives.

Early in the staffing process, we hired an individual to plan and direct the evaluation portion of the program. In consultation with the Director and Assistant Director, an evaluation plan was developed. This plan outlined the range of evaluation activities we felt were both possible and reasonable. In thinking the plan through, we tried to balance the dual objectives of evaluation that could serve as feedback to the program and evaluation designed to assess the effects of the program. An outline of the plan, divided into appropriate sections, is as follows:

1. Record Keeping System - In order to have easy access to all information such as dates, occupation, geographical location, education, race, sex, name, etc., an information retrieval system was to be set up.
2. Intern Feedback - This was to include organized ways of getting interns to evaluate and comment on various parts of the program. (See Appendix XVIII) The feedback would serve two purposes: (a) in revising various parts of the programs; and (b) in making specialization of the program for group based on what similar groups have found valuable.
3. Background - This was to involve an effort to see what staff think they are doing, which is necessary to know before attempting to observe or measure what's being done. This was to be accomplished largely through interviews, informal discussion

and staff writing.

4. Two Week Program - Two methods would be employed for evaluation: (a) observation by participating in the program and having the interns keep diaries, and (b) assembling questionnaire forms designed to pick up informational and attitudinal change. It was also planned to do a case study of at least one school system and its program before and after DTP training. A follow-up interview study of interns back in their occupational settings was another consideration.

5. Auxiliary Activities - Some effort would be made at least in an observational way to keep track of these activities. Evaluation would be impossible because of the number, diversity, and short term nature of the project.

6. Program Evaluation - This section of the plan can be best described by the notes of the Director of Evaluation:

"My original notion was that most of my time would be spent designing and carrying out a program evaluation to assess DTP effects. By program evaluation, I mean a tight design, as free as possible from threats to validity, and the use of social-psychological instruments and measures to assess change. I have spent more time on this than on other parts and have a fairly good idea of what I want to do.

I plan to do this program evaluation only for educational interns; I am clearer about the expected changes and how change might flow in an educational setting as opposed to a clinical one. I also feel that this is the main thrust of the DTP as a social change agent.

Basically, the idea is that there are a lot of steps between a teacher's (or a team's) participation in a

training program and either simple drug usage change in students or more complex change in school systems. The design calls for three groups of teachers: trained, waiting to be trained, and not waiting or wanting to be trained. The first two will be randomly decided. I then plan to ask a set of questions like: How do attitudes and information change? Even if they do, does behavior seem to change? How do students perceive this change? How do teachers? What kinds of drug programs get set up? What kinds of change are there in students in general and students in these drug programs? How likely an explanation of change is changing conditions and not any influence of DTP. What constraints against change appear to be operation? Etc."

Figure 15 represents an outline of the proposed plan.

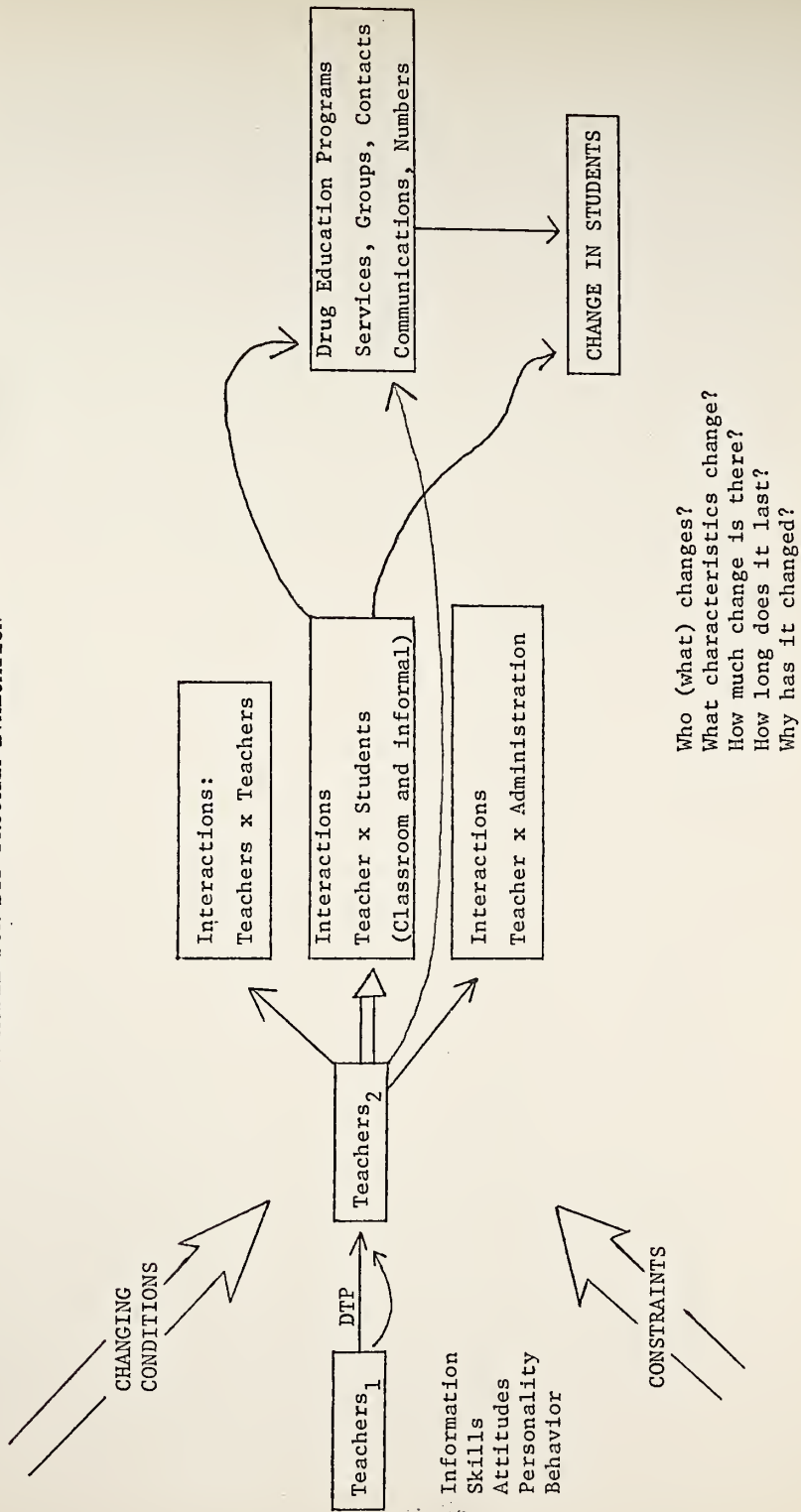
As one can see, this study contributes to each of the preceding categories, in particular, to background and auxiliary activities categories. Hopefully, the material presented and conclusions drawn here will assist in the compiling of a total evaluation.

Observation of Program Results. I would like to discuss briefly some of my observations of the results of the program. Since the discussion will center around the goals of program, let me repeat them here. (See Chapter II).

1. To decrease the incidence of drug abuse through the transmission of technical information and knowledge on decision making.
2. To intervene in the sub-culture to cause the group to re-evaluate its position on the safety and utility of drug use.
3. In order for drugs to become ultimately less attractive to youth, key social institutions must become more relevant and attractive. To this end, we encourage administrators to

FIGURE 15

A MODEL FOR DTP PROGRAM EVALUATION





think through with our staff what changes can be made in content and attitude in the school situation to make it more relevant to today's conditions of living.

My feeling is that the DTP did not accomplish any of the above goals. It is not a reflection of the organization or any particular individual, but the nature of the goals--they're unattainable. How can one relatively small agency possibly hope to substantially reduce the incidence of drug abuse? What is drug abuse? How can they intervene in the sub-culture? What sub-culture? Key social institutions must become more attractive?--how? To make them more relevant to today's living conditions. Who defines relevant? The goals were so universal and philosophical that they were unaccomplishable, but not unapproachable.

The first goal--to decrease the incidence of drug abuse through transmission of technical information and knowledge on decision making--is what the two-week program was designed to achieve. The program did transmit knowledge via the sessions and did give some insight on decision making through group process. Whether this had any effect on decreasing drug abuse is anyone's guess and I doubt if it can be measured in any way. A more direct and observable thing the two-week program did do was to relieve the anxiety of working with or talking about drugs for the professionals and non-professionals we trained. That might have been one of the most important things the program did ac-

comply. Once interns discovered that there was little mystery about drugs and began to feel more comfortable with the material and subject, they began to think on a more rational basis in relation to how they were going to approach their own tasks. This in turn might have helped decrease drug abuse among the consumer of programs they were associated with. There is, however, no supporting evidence. For the interns who used drugs themselves, the added information and group process did make them question their behavior which resulted in curtailing their drug intake. However, for those who did not previously use, with all the added discussion, their interest was heightened to the point where they actually experimented with marihuana.

The second goal was the purpose of our outreach work. People in the organization did on occasion (through a program or through their own street work) intervene and get an individual or several individuals to re-evaluate their position on drug use. Most of the projects, however, had an indirect bearing on the use of drugs, i.e., keeping a recreation center open nights and weekends, getting employment for teenagers or holding community meetings. It would be difficult to show any cause - effect relationship in these cases, although all this work could be considered work in the direction of the accomplishment of the second goal.

A large part of the discussion on the issue of social change or goal three, took place in Chapter III. In addition to that discussion,

let me add here that the DTP did initiate or help bring about some rather dramatic change in a few schools. After training teams and doing follow-up in schools, one could observe a marked change in the attitude of students, not only on the team, but in the schools. Interaction between student-teacher, administrator-teacher, and student-administrator was more "open" and students were able to effect a change in school policy (e.g., the dress code), which made the school more relevant for students. The DTP did not change the total educational process, but its program did put a dent in a few schools which was interpreted by the staff and some trainees as a change towards the ultimate goal of restructuring one of society's major institutions.

The DTP approached their goals but did not accomplish them. In doing so they were so different than any other social problem agency. Rarely does an agency actually accomplish goals when the goals tend to be so egalitarian and ubiquitous. A re-defining of goals to achievable levels might be a more realistic approach to problem solving. This does not mean that agencies such as the DTP have to do away with the dream of a better world, but it might help to determine the course individuals within agencies could take that would best contribute to that hope.

## CHAPTER VI

### SUMMARY, CONCLUSIONS, AND RECOMMENDATIONS

#### REVIEW OF CHAPTERS

Before drawing conclusions and making recommendations, a short review of the critical points of each chapter is in order. The goal of Chapter I was to develop the framework, both practical and theoretical, in which the investigation would be conducted. This framework was derived from the researcher's observations as a participant in the agency under investigation and a review of the literature in the area of organizational behavior and theory. The literature review centered around the four major postulates of the investigation: (1) external elements (social and environmental) are the greatest influencing factors in organizations funded to work in the field of social problems; (2) leadership is a prime factor in the evolution and development of organizations and in their resulting products or programs; (3) what actually gets done (reality) in implementation is much different than what organizations state they are going to accomplish (theory); and (4) intra-organizational activity plays a large role in setting intermediate goals, staff and functional relationships, organizational philosophy, and the eventual outcome of the product or program. The literature revealed that the relatively small amount of work that had been done concerning external influence on organizations corroborated the first postulate. It was discovered that leadership means not

only power over people, but could be regarded as the most important modifier of organizational behavior. The extent of modification depends upon the leadership style employed and the prevailing environmental conditions. It was concluded that the third postulate (theory-reality) was accurate, not only for the agency under study, but for a large number of the agencies funded in the social problem area. This was attributed to both the nature of the goals themselves (idealistic) and to factors of goal succession and multi-purpose goals. Review of the literature around the fourth postulate disclosed that the combined activity within an organization (intra-organizational) has a marked influence on the development of staff relationships both in the carrying out of the task and in the socialization process. In addition to the literature review centered around the four basic postulates, the first chapter outlined the several sub-problems of the investigation, talked about the need for the study, and gave a rationale for the type of methodology employed.

Chapter II reconstructed, through historical analysis, the goals, theory, philosophy, and original purposes of the project. The evolution of the DTP was traced from the conception of the idea through the pilot program stage to funding and staffing. This documentation not only provides the reader with background and the agency with record but also begins to trace how much social problem agencies evolve, are shaped, and influenced. It was shown that in the case of the DTP leadership, the

relationship with the environment and the current prevailing social conditions were prime contributors to the maturation process. Also recorded were the initial contacts and relationships with prime external influences.

In Chapter III, the implementation of the project was discussed both from an operational standpoint and an intra-organizational perspective. The operation centered around the execution of the basic two-week program for individuals representing educational, clinical, and "mixed" interests in training. Functioning is described in terms of composition of the training program and interns' evaluation of the training process. Intra-organizational aspects are commented upon in relation to interchange that takes place both on the staff-staff and staff-leader level. It is determined that intra-organizational activity plays a large role in determining what the final program (product) is or what occurs in the staff-participant interchange. This is accomplished by reviewing and analyzing leadership, staff behavior patterns, and sources of conflict within the DTP.

Chapter IV was concerned with the external or social and environmental influences on the DTP. Influences were separated into three types: (1) direct, (2) indirect, and (3) circuitous, each of which had several organizations or concepts affecting the direction and operation of the project. Taken together, the three types of influence illustrate the considerable influence by external sources on the internal functioning of the DTP. It was shown that the success and continued life of the project depended on the relationship between the organization and



these external influences.

The Chapter on evaluation included three areas: (1) statistical report on first year interns, (2) summary of auxiliary activities, and (3) a discussion of program evaluation. The statistical report presented by raw frequency and percentage, various items of information on numbers, occupation, age, sex, and race of trainees. It also compared trainees from the first six months of operation to the second six months and concluded with some projections of what things would be like in the future, as well as describing what the model intern was like. The summary of auxiliary activities was an attempt to demonstrate both the range and depth of some of the projects DTP was involved in, as well as the two-week program. The areas of special programs, outreach, consultation, leadership training and university teaching were incorporated. The discussion of program evaluation described the contribution this investigation would make to the total evaluation of the DTP. Observations on program results (goal attainment) were also included. Conclusions were reached that described the program as approaching goals but not accomplishing them.

#### CONCLUSIONS

The DTP as an organization was both interesting and viable. It was viable in the sense that it did begin to approach its goals through the training program and its work in the community. Although it did not accomplish the stated goals, given their nature, it could hardly be called a failure. The viability of the organization stemmed from leader-

ship and staff who had a high identification centered around common goals and values and were willing to work long and hard to go beyond expected results. In the process of operation, some disillusionment was established as to why the organization existed. Whether the DTP existed as a social change agency with the task of directly confronting established institutions (revolutionary) or the DTP existed as a governmental appendage with some additional time, money, and staff to work towards improving social conditions (evolutionary) became a major area of conflict. This was due in part to lack of information and clarity on the part of leadership and to the dream-reality conflict on the part of staff. Both parties were involved in a snowballing process that constantly led to the establishment of one unreachable goal after another. Needs would be identified by staff and the agency would then gear up to meet stated commitments out of a conviction (not a notion) that it could deliver on almost any recognized need. The DTP staff never entertained notions. With the staff, every notion immediately became a conviction and once staff members had one, there was no way of prying them off the trail until another one came along and the whole process would start up once again, leaving the original conviction in a state of suspension. The convictions represented ways of accomplishing the ultimate goals, e.g., developing a new recreation center in an inner-city neighborhood. The conflict was over which took precedent, the playground or the training program. As was documented, the winner was the training program, for the two-week program was the why, not the auxiliary activities. Social change had to be evolutionary if it was to be at all.

The reason for ultimate priority being given to the training program reflected back upon the chief source of external influence--the large funding agency. The DTP clearly existed at the convenience of the government and was expected to do what the government wanted, when it wanted, and how it wanted. Existence also depended on Eastern University's agreement to accept governmental funds and to permit training to take place under its auspices. These two influences, along with others described in this investigation, served to set up boundaries or limits in which the DTP had to operate. In spite of these constraints, the DTP was not a completely powerless organization relegated to governmental puppet status. This was because of the DTP's ability to understand the constraints under which it operated and its ability to develop the capacity to carry on highly adequate transactions at each important area of organization--environmental interface. The DTP was constantly able (through leadership) to perceive opportunities for new kinds of favorable transactions with the environment (Large Funding Agency, Eastern, etc.). After fulfilling its contractual commitments of training, it was then able to direct the rest of its resources to the development of new educational and treatment programs, models for service delivery, and work on community based action-implementation programs. DTP was able to engage in these additional activities because, as far as social problem agencies go, it was relatively powerful and influential. Its power was derived from: (1) the prestige it borrowed from the University, (2) the creativity and competence of leadership and staff, (3) its good reputation,

- (4) its access to powerful and influential government officials, and
- (5) its ability to read and respond to socio-political trends.<sup>34</sup>

The amount and extent of DTP influence on both the government and the University was significant. The DTP became the model for government funded training programs. The program, both in philosophy and in composition, became the prototype for all new training programs that were "put out to bid" daily from Washington. The work done by DTP was work which brought credit both to the government and the University. It was something to which they could point when asked what they were doing about the drug problem. So while the University and the government gave legitimacy to the DTP, the DTP in turn, added to the legitimacy and credibility of the Large Funding Agency and Eastern. The DTP did influence decisions made by both parties. An example of this was the outcome of Eastern's consideration of whether or not to drop their program in community consultation and training which operated out of the Community Mental Health Center. Because of the success and influence of DTP, the program was eventually permitted to continue and placed under the direction of the Director of DTP. The continuation of that type of influence depended at all times upon the ability of the DTP to be aware of the organizational-environmental transactions and its skill generating ideas and developing programs that both the government and Eastern

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<sup>34</sup>Factors originally designated by George Clifton.

would find interesting, exciting, and ultimately rewarding, whether or not they were in juxtaposition to their best interests.

DTP, therefore, was very much an establishment institution. Its work reflected a compromise between idealistic values and its pragmatic operational philosophy (reality). Its continued operation depended upon its relationship with its environment and its contribution towards social change came through the people it trained and the work done in the community.

#### RECOMMENDATIONS

The major recommendation emanating from this investigation centers around the conflict area identified. What is essential, if this conflict is to be avoided in the future of the organization, is for leadership to spell out clearly and honestly the primary purpose of the organization at the initial point of leader-staff contact--the employment interview. Priorities should also be determined and listed so if the individual is going to be involved in work seen as supplementary, he would be able to recognize its relationship to the whole organization and its location on the priority continuum.

The agency must build in mechanisms for reality testing. That is not to say idealism should be eliminated, for it is a primary motivating factor, not only in organizations, but in most people's daily lives. It must, however, be occasionally tested against the real world, so the two do not become confused. One such mechanism might be occasional

self-evaluation sessions where staff would assess its progress towards stated goals and make necessary and needed adjustments to aid and improve organizational functioning. Without this type of arrangement, site visits are often an ice cold shower for members of the agency who delude themselves into living the fantasy of their theory, and doing so, fail to sleep with reality.

It is hard to recommend strategies for improving the relationship of the DTP with its environment, for as pointed out, on the whole, they were excellent. One area which could use improvement, however, is the relationship the agency had with its constituents--the interns. More contact prior to training is necessary to do an adequate needs assessment. This will be difficult given the wide geographic areas represented. An attempt should be made to re-evaluate needs once the training process is begun and time allotted in the program to reschedule and add identified sessions as indicated.

The impossible task of evaluation of an action-oriented agency such as the DTP could be made somewhat less impossible by the cooperation of staff in the area of record keeping. If everyone were to keep a record of his major activities, it would facilitate overall evaluation, as well as contribute to the self-evaluation process mentioned earlier.

To avoid parochialism and self delusion, the agency should, as often as possible, invite non-affiliated individuals to visit and review programs and policies. In addition, the DTP should support cross-



fertilization by encouraging staff to attend other training programs and workshops, observing method and policy. This would add to the overall effectiveness of DTP.

Finally, as is the case in most social problem agencies, the DTP needs to develop a formalized tool that begins to insure a sense of organizational accountability. This is difficult in the social problem area because of the broad based constituency to which these types of agencies are obliged. Nevertheless, an attempt must be made, for without a system of checks and balances, public service becomes displaced by agency self-service. The road to organizational accountability is through individual responsibility. In the early stages of functioning, the DTP was a relatively small, tightly knit organization. Size, intra-organizational factors, and direct easy access to information were motivating factors in each individual's drive towards job perfection. With the overall growth of staff and the increase of activities, the agency slowly evolved from a semi-humanistic relations model to more of a corporate-scientific management model. The evolvement, however, was not complete, resulting in an obliterated metamorphosis in which techniques from both schools were employed. What is needed at the DTP (and at the same time resented on the grounds of restriction of individual freedom) is a mechanism (regardless of technique--directive, non-directive) to insure that staff performs assigned functions and that the assignments are congruous with goals and direction of the agency. Appropriate in this case might be

a team approach which would duplicate the early situation and enhance the process of accountability more satisfactorily than the corporate supervisory prototype.

Review of Literature in Drug Dependence

In acquiring specific knowledge in the drug field, one will find the literature is concentrated in four general areas: treatment, medical, legal, and educational. Although not highly empirical, much has been published in the area of drug treatment. Among the books most helpful were ones describing different modalities of treatment. The therapeutic community (Jones, 1953) approach is discussed in two works on Daytop (Casriel, 1971) and Synanon (Yablonsky, 1965). In both books an in-depth description is given of the philosophy and actual working operation of communities of ex-addicts who assist each other in the process of rehabilitation. A combination of the professional and non-professional (Denson-Gerber, Murphy, 1969) therapeutic community approach to drug treatment is of interest. Methadone maintenance (Hentoff, 1968) is documented by a presentation of the ideas and beginning works of Marie Nyswander with addicts in New York City. Recent developments (Brill, 1967; Brill, Jaffee, Laskowitz, 1967; Dole, 1969; Kleber, 1970) in the therapeutic use of methadone and results of active programs provide an idea of the current status of methadone as a form of treatment. Another chemotherapeutic approach is the use of the antagonists, cyclazocine and naloxone. Several studies (Resnick et al, 1969; Freedman, 1966) explain the use of cyclazocine, however, little has been published on Naloxone (Goodman, Gilman, 1970) because of its fairly recent use in drug programs. Federal attempts at rehabili-

tation (Livingston, 1958; Sells, 1967) are reviewed in government publications on the work done at Fort Worth and Lexington. Nothing has been published dealing exclusively with individual psychotherapy or psychoanalysis as a modality of drug treatment. Some work has been done with the use of LSD as a means of treatment (Stafford and Go-lightly, 1967).

There is an extensive array of literature in the area of the medical effects of drugs. For the non-scientist basic reading might range from the simple (Lingeman, 1969), to the intermediate (Goodman and Gilman, 1970) and advanced (Wikler, 1953). Specific drug classifications can be concentrated on, e.g., opiates (Wilner, Kassebaum, 1965), barbiturates (Cameron, 1965) amphetamines (Kalant, 1966), hallucinogens (Barron, et al, 1964), and marihuana (Hughes, 1971; Solomon, 1966). Psychopharmacology (Peterson, 1966; DeRopp, 1957; Uhr, Miller, 1960) provides additional background in understanding drugs and their relation to the bodily processes.

A review of the background of drugs and the law (Lindesmith, 1965; Eldredge, 1962) is helpful in providing a framework for understanding current practices (Coles, Brenner, Meagher, 1970; AMA, ABA, 1966; Sonnenreich, 1969).

In the general area of education, including sociology and psychology, there is now virtually tons of literature. Drugs and their relation to society (Barber, 1967; Blum, 1969) is a good starting point. Alienation (Keniston, 1967), the counter culture

(Roszak, 1968; Becker, 1966), youth (Erickson, 1967), and psychological perspectives (Miller, 1967) will give one a real foundation for understanding and further reading. Another option is to look at the many (Coles, Brenner, Meagher, 1970; Nowlis, 1969; Ansubel, 1968; NEA, 1967) overviews now available in book stores which attempt to summarize all areas of the problems. Finally other selections might include: street life (Larner and Tefferteller, 1964; Alksne, 1967) epidemiology (Chein, 1964), consumer-protection (Johnson, 1967; Kreig, 1967) and the many current journals which devote all or a large of space to relevant articles.

Intern Schedule 7/21/69 - 8/1/69

Monday - 7/21/69

- 9:30 - 10:45 - Orientation Room 11 K. Kinsella - Program Objective, Goals Requirements and Expectations
- 11:00 - 12:00 - Tour Community Mental Health Center

Lunch

- 1:00 - 2:00 - Knowledge Inventory - Room 11
- 2:00 - 3:30 - B. Jones, Methadone Aide, 3rd Floor (Discussion with ex-addict)
- 3:30 - 4:30 - Readings and Discussion - K. Kinsella

Tuesday - 7/22/69

- 9:00 - 12:00 - Pittstop (The Pittstop Treatment Method)

Lunch

- 1:00 - 2:30 - Readings
- 3:00 - 4:00 - Steve Rose, Lawyer, Room 11 (Public Act 555, Statutes on confidentiality and teacher responsibility under the law)

Wednesday - 7/23/69

- 9:00 - Leave for Valley Hospital Field Trip
- 1:00 - Return
- 2:00 - 3:00 - Tompkins 1 - Dr. Swiger (Psychiatric Ward, Eastern University) The Therapeutic Community
- 3:00 - 4:00 - Readings and Discussion, K. Kinsella



Thursday - 7/24/69

9:30 - 12:00 - C. Macade, Drug Identification Slides,  
Room 17 (Identification and Detection)

Lunch

1:00 - 2:00 - Methadone Aides, Room 11  
(Discussion with ex-addicts)

2:30 - 4:00 - Research and Epidemiology,  
Evaluation of Drug Education

Friday - 7/25/69

9:00 - 12:00 - Group Work, Room 11  
(Group Work and Counseling Techniques)

Lunch

1:00 - 3:30 - State Police Presentation, Auditorium CMHC  
(Enforcement and Prevention Problems)

3:30 - 4:30 - Readings and Discussion, K. Kinsella

Monday - 7/28/69

9:30 - 10:30 - Psychologist, DSD 106 Park St.  
(The Drug Dependent Adolescent)

10:30 - 12:00 - Readings

Lunch

1:00 - 2:00 - Methadone Patient, 3rd Floor  
(Discussion with Drug Dependent Individual)

2:00 - 3:00 - Public Relations and Information Dissemination

3:00 - 4:00 - Discussion, K. Kinsella

Tuesday - 7/29/69

9:00 - 12:00 - Street Front  
(The Street Front Community Education and Organization's  
Approach)

## Lunch

- 1:30 - 2:00 - Methadone Nurse  
(The Methadone Maintenance Treatment Approach)
- 2:30 - 3:30 - Group Discussion, Room 11  
(Challenge of Information and Attitudes)
- 3:30 - 4:30 - Readings and Discussion, K. Kinsella

Wednesday - 7/30/69

- 9:30 - 12:00 - . . . . . 100 Park St.  
(Pharmacology & Symptomatology of Commonly Abused Drugs, General Discussion of Drug Abuse Problems)

## Lunch

- 1:00 - 3:30 - St. Stevens Hospital  
(Inpatient, occasional treatment of addicts for dependence and drug-related illnesses)
- 3:30 - 4:30 - Reading and Discussion, K. Kinsella

Thursday - 7/31/69

- 9:30 - 11:00 - M. Dayton, Group Work, 106 Park St.  
(Group Work Methods and Techniques)
- 11:00 - 12:00 - Review of Knowledge Inventory

## Lunch

- 1:00 - 3:30 - H. Washington, M.D., CMHC, Room 12  
(General Information and Review)
- 3:00 - 4:30 - M. Stetelman, M.D., Marijuana, 104 Park St.

Friday - 8/1/69

- 9:30 - 12:00 - Test and Evaluation

## Lunch

- 1:00 - 2:30 - Review Test and Course
- 3:00 - 4:00 - Social Hour, Presentation of Certificates and Wrap-up

## A DRUG EDUCATION PROGRAM GUIDE

## FOR SECONDARY SCHOOLS

George Clifton  
 Assistant Director  
 Drug Training Project

INTRODUCTION

Effective drug education requires team work. In a school system it requires the cooperative efforts of at least three groups: parents, teachers and students. Outside consultants may act as catalysts, convenors and trainers but cannot alter the milieu or deliver necessary day-to-day services to the consumers. Teacher and student must relate every day in the classroom; parent and student interact daily at home; the consultant sees none of the principal parties more than once or twice a month. The consultant-planner, after presenting his information and explicating his proposals, must then rely upon the educators, parents and students to implement the programs. The closer the cooperation between the individuals involved, the greater the chances of success for the program.

The first step in forming an effective team is to ensure that all potential members speak the same language - have a common frame of reference. Secondly, all members must become informed of the facts, theories and fables that purport to explain, describe, or affect the phenomenon in question. Our first task is to make it possible for the principal parties to communicate with one another. The second is to ensure that they do communicate. After communication is established and adequate information is available, problems may be clearly defined and dealt with.

RATIONALE

The majority of drug users may be categorized into three sub-groups based upon use: 1) the experimenter/novice, 2) the occasional/casual user, and 3) the confirmed/dependent user. This program would not be particularly effective for youngsters in category three, but does aim to affect the behavior of uninitiated youngsters and those who are in categories one and two. This is a program of prevention rather than treatment.

The program is based upon the following notions:

A. Assumptions

1. Current drug education efforts are spasmodic and uncoordinated, and much of the information available to students is grossly inaccurate or incomplete.
2. The current state of knowledge and/or methodology in student counseling is not effective in highly personal areas such as sex and drug use.
3. Student, parent, and teacher decisions on drug use are based largely or wholly on deficient information and inadequate counseling.
4. Though many of their actions are non-rational and self-destructive, adolescents are capable of making rational decisions on how they will behave.

5. Adolescents tend to behave responsibly when given appropriate responsibility.
6. If 1 - 5 above are true, an effective education program for the prevention of drug abuse is possible and the degree of success of such a program will be determined by the effectiveness of its counseling and information dissemination mechanism and by the quality of student participation in decision making.

These assumptions lead to the following hypotheses:

1. Adolescents who are given the opportunity to discover accurate and complete information about drugs, and who are given the opportunity to discuss this information with their peers in small groups led by skilled discussion leaders, are less likely to be involved in the chronic use of dangerous drugs than similar adolescents who do not participate in such groups.
2. Agencies that provide this type of group experience will experience a greater relative decrease (or a smaller relative increase) of chronic dangerous drug use among adolescents than those agencies who do not.
3. Agencies that provide for maximum participation of youth in planning, and who ensure maximum communication between youths and adults will experience a greater relative decrease in the chronic use of dangerous drugs among adolescents, than those agencies who do not.

#### PROCEDURE

In order to set up a program of communication, information and counseling that will have a positive impact on student decision making (i.e. student behavior), certain preliminary steps must be taken. These would include the following:

Two or three preliminary planning and policy meetings with the Superintendent of Schools (or Agency Director) and his staff. It is essential that those who are responsible for authorizing and evaluating the program be involved in the planning of the program.

Two or three in-service training programs (on released time) for all staff, including administration, specialists and all teachers. (See Section IV for sample orientation schedule)

Select from among a group of volunteers, 10-12 individuals, (teachers, students administrators and specialists) to participate in a two-week DSD Internship Program. (See Internship Program - Sections V and VI)

Utilize intern-graduates to develop the program for your school system (Agency).

Set up a program in which intern graduates meet with groups of ten to twelve students on a regular basis for information dissemination and discussion. This paper suggests ways in which these groups may be set up (Section III), but the school system itself will be best qualified to make the final judgments. The task of planning the specifics must be assigned to the trained educator cadre. (See Sections V and VII)

- F. Set up a mechanism for evaluating the program. The Drug Service Division will assist Agencies in developing an evaluation instrument.

#### IV. GENERAL ORIENTATION FOR ALL STAFF

These sessions are designed to inform the total school staff about the important facts and issues in the field of drug use and abuse, and to prepare staff for possible changes in schedules, curriculum and teaching methods. Sessions will cover areas such as drug laws, pharmacology, symptomatology, history, mental health problems and education methods and concepts. During these sessions a common language will begin to emerge, and effective communication will become possible.

##### Session 1 - Drug Information

Commonly used psychotropic drugs: how are they classified, how are they used and abused, why are they used, are they dangerous, what treatment programs are there for abusers?

Speaker: H. Washington, M.D., Director, Drug Service Division  
Community Mental Health Center, or  
George Clifton, M.S., Director of Training

##### Session 2 - Discussion with Ex-Addicts

Speakers: Residents of Pittstop Methadone Members or Street Front

##### Session 3 - Law and Education

Legal implications of drug use - what are the statutory provisions and penalties. What are the responsibilities of school personnel under the law? Are they required to report drug users - under what circumstances? Are they protected by confidentiality provisions?

Drug education - concepts and methods: how should an effective drug education program be set up? What is the role of the parents; the student; the teacher; the school administration? What are reasonable goals? What is possible?

#### V. FOLLOW-UP SESSIONS

As a follow-up to the orientation program, a two-phased program is offered: (1) Volunteer teachers and relevant administrators will be invited to attend another series of meetings dealing with drug abuse in greater depth, (2) From among these participants a group of 10-12 people will be selected to participate in a two-week Mental Health Internship Program at the Community Mental Health Center. The administration must select those teachers around whom students naturally gravitate - teachers whom students respect and admire. DSD reserves the right to review the qualifications of all Interns.

As a result of the general drug dependence information given to the entire faculty, all teachers will be better prepared to relate to and function within any subsequent drug program. As a result of the special training provided for



the Educator Cadre, sensitized and informed teachers and administrators will be available to implement programs. As a result of the Internship program, a small group of highly trained Mental Health specialists will be available to plan and coordinate future programs.

Certain Cadre members will eventually serve as group leaders for student sessions.

VI. CMHC DRUG SERVICE DIVISION  
1969 SUMMER INTERNSHIP PROGRAM

This program was developed in response to the increasing demand for quality mental health services in the spheres of both formal and informal education. The need for quality programs is synonymous with the need for competent and resourceful professionals. Upon completion of training, interns are expected to assume leadership roles in the design and implementation of comprehensive drug education programs in their respective communities.

Though the central focus of the program is drug education, the central theme is mental health programming, i.e., we proceed from symptom to cause. In wrestling with the symptom, we seek ways of dealing with the underlying social pathology that breeds addiction.

Training takes place at the Eastern Medical School - Community Mental Health Center complex, between 9:30 - 4:30 each day. Several two-week training periods are offered, but because of the concentrated nature of the program and the heavy reading requirements, no part-time interns are accepted. Trainees participate in a wide range of activities, including: 1) Discussions with addicts, ex-addicts and many of the leading theoreticians and practitioners in the field, 2) Supervised reading groups (on the historical, psychosocial, cultural, pharmacologic, educational, legal and treatment aspects of drug abuse), 3) Problem solving and planning sessions in drug education, 4) Discussions with a former military police forensic scientist, 5) Field trips to a variety of treatment facilities in Connecticut and 6) A self test and evaluation session.

Emphasis is placed on understanding. Trainees are encouraged to first evaluate themselves - in terms of their own attitudes and knowledge on drugs and drug users - and then are challenged by questions generally asked by adolescents. These questions include the following:

1. Is marihuana more harmful than alcohol?
2. Can drugs such as "pot" and "speed" be used moderately and used moderately and safely?
3. Should all drugs be legalized? Should "grass" be legalized?
4. Why shouldn't I use drugs - can you think of something better?
5. If I confide in you, will you report me to the police? The principal? My parents?



Through no answers are given, the best information is presented and through Socratic prodding trainees are led to develop informal, rational answers. These trainees will return to their own schools and organizations to develop and coordinate drug education programs, and to set up in-service training programs for their colleagues.

### STUDENT SESSIONS

Teachers who hope to be effective leaders in a "drug education" enterprise should understand the following prerequisites for success:

1. Need for students and teachers to be partners in the education process.
2. Need for small groups and trained teacher-group leaders to bridge the credibility gap between teachers and students.
3. Need for de-emphasis of horror stories and moral exhortation and increased emphasis on discussion and decision making.
4. Need for: 1) the dissemination of the "best" information on the psychological and physiological effects of drugs, 2) assisting the students to weigh the assumed dangers of use against the assumed benefits, and to compare them with alternative behavioral modes, and 3) helping students to make their own informed decisions on the value or lack of value of drugs.
5. Need for teachers to recognize their own limitations, biases and needs, and to account for these in planning.

(This is not to say that teachers should attempt to be totally objective. Teachers are leaders and should have a point of view based on their own values and judgment. When students ask for guidance or mediation, teachers should comply, but they should present their own views as informed judgment rather than as unassailable fact.)

Adolescents learn best in groups and many of their decisions are based on group values. If we hope to effect individual behavior, we must therefore intervene in the youth sub-culture and effect change in the group. This is precisely what this program proposes to do.

A means must be found by which small groups of ten to twelve students will meet periodically with a trained teacher to discuss issues that are meaningful and important to the students. Though discussion need not be devoted exclusively to drugs, this paper will concentrate on that part of discussion.

## PRESENT SESSIONS (CONT.)

these sessions group leaders will also provide opportunities for the students to research, discuss and evaluate factual information on drugs, and challenge the degree of congruence between the students' stated values, goals and present behavior. The student will be helped to locate himself in the universe. He must discover not only who he is, but what he is becoming, out of a world of possibilities, what he hopes to become. This is, of course, a major task, and the teacher can only hope to provide a helpful frame- and/or method by which the student may begin to effectively cope with this task of adolescence.

social system no longer prescribes specific roles for individuals at birth; they often do not know precisely what is expected of them, and take their cues from "significant others." Group intervention at this point may open wide vistas.

students will be given the most accurate information available; will be encouraged to consider the consequences of a variety of behavioral modes; and will be asked to make a series of decisions based on the analysis and weighing of these alternate choices.

though there is no way to be certain that the presentation of accurate and complete information will discourage drug abuse, the pursuit of truth is a proper goal of education. If the truth suggests that the use of drugs is not as harmful as commonly thought, we should reconsider our prohibitions on drug use. If the truth shows that drugs are, in fact, harmful and dangerous, our students may modify their attitudes and behavior. We are convinced that chronic drug use is detrimental to physical and mental health, but our conviction is based on information and our own decisions.

students are free to make a wide variety of crucial decisions. Do students, by their actions or lack of action, decide to become pregnant, to catch cold, to flunk, to become addicted, or do they suffer these consequences due to ignorance of the dangers and the alternatives available to them. Either way, students make the decisions for themselves. We have many means to discourage almost any kind of overt action, but in the end students determine their own covert behavior. We feel that young people should make rational decisions based on their own priorities, which may or may not coincide with the priorities of their parents or teachers.

we can only assist them in evaluating priorities and in measuring the congruence between their values, their priorities and their behavior.

preferred method, or vehicle, for achieving our goals is small group interchange. Unfortunately, few teachers are both properly inclined and properly trained to lead small groups. Whether this is due to the newness of the field, the result of the "generation gap" or because of role conflict is only of peripheral importance here. What is important is that we provide training opportunities for teachers who wish to fill in their knowledge. (We minimize role conflict by assigning teachers to students to whom they have no regular classroom relationship).

To further describe the small group student sessions here would be not only speculative but inappropriate. The final plan will be developed by the educator cadre. What has been suggested above is merely a framework and a guide.

### III. PARENT SESSIONS

Parent sessions will include sessions similar to Sessions 1 and 2 in the teacher program, plus an additional session on Being or Becoming the Parent of Drug-Free Children.

It is difficult to set a schedule for parent sessions. Unlike students and teachers who are available at specified times during the day, parents have diverse schedules, interests and priorities. The difficult job of bringing parents, teachers and students together will fall upon the educator cadre. If joint meetings cannot be arranged, a system of reciprocal communication may be set up.

The importance of communication between these three groups cannot be over emphasized, because a joint effort is essential for maximum benefit. We will, however, discover what is possible in the program process and will make adjustments based on these discoveries.

## APPENDIX IV

## DRUG TRAINING PROJECT

## SCHEDULE

## STAFF TRAINING JULY 6 - JULY 17

Monday, July 6

9:00 - 9:50	Welcome, Orientation, Description DSD, Eastern, DTP Director
10:15 - 11:30	Challenge of Drug Information <u>C. Macade</u>
11:30 - 1:00	Lunch
1:00 - 4:00	<u>Karl Nieforth, Ph.D.</u> , Assistant Dean - Pharmacology Pharmacology

Tuesday, July 7

9:00 - 10:00	P.A. 555 & Supreme Court Decisions on Drugs <u>Kevin Kinsella</u>
10:00 - 12:00	Drug Treatment Programs - Philosophy <u>H. Washington, M.D.</u>
12:00 - 1:00	Lunch
1:00 - 2:40	Methadone Patient Group Director
3:00 - 4:30	Experiences with Teacher Interns <u>L. Branford, A. Eddy</u>

Wednesday, July 8

9:00 - 10:30	Street Front Field Trip
11:00 - 12:30	History of Harrison Narcotics Act <u>David Musto, M.D.</u>
12:30 - 1:00	Lunch
1:00 - 2:30	Methadone Maintenance Program - <u>Stanley Lofchie, Ph.D.</u>
2:30 - 3:00	The Methadone Patient - <u>E. Mover</u>

Thursday, July 9

9:30 - 11:00	Tompkins I, Psychiatric Ward <u>Robert Davis, M.D.</u>
11:00 - 12:00	Pittstop Philosophy of Treatment <u>J. Skinner</u>
12:00 - 1:00	Lunch
1:30 - 4:00	Field Trip to Pittstop

Friday, July 10

7:45 a.m.	Depart	New York Methadone Program
9:30 a.m.	Arrive	245 East 17th St. Near 2nd Avenue Room #203, Dr. Gollance

Monday, July 13

9:30 - 11:00 Use of Group Process in Therapy and Education  
B. Astrachan, M.D.  
 11:00 - 12:30 Continuation of above P. Bowers  
 12:30 - 1:00 Lunch  
 1:00 - 2:30 Institute Group Process M. Dayton  
 2:30 - 3:30 Late Adolescence and Deviance K. Keniston, Ph.D.

Tuesday, July 14

9:00 - 10:00 Psychopathology & Drug Dependence J. Coleman, M.D.  
 10:15 - 11:15 Mental Health Information R. Backes  
 11:15 - 12:00 Outpatient Department M. Dayton  
 12:00 - 1:00 Lunch  
 1:00 - 3:00 Methadone Patient Group  
 3:30 - 5:00 Group Work Experience K. Nash

Wednesday, July 15

9:00 - 10:30 Number Nine Field Trip  
 10:30 - 11:00 Open  
 11:00 - 12:30 Medical Aspects of Drug Dependence J. Boyer, M.D.  
 12:30 - 1:30 Lunch  
 1:30 - 2:50 Design of Education Programs Director  
 3:30 - 5:00 Group Work Experience K. Nash

Thursday, July 16

9:00 - 11:00 Epidemiology & Evaluation L. Gould, Ph.D.  
 11:00 - 12:30 Open  
 12:30 - 1:00 Lunch  
 1:30 - 2:30 Philosophy of Training Director  
 3:30 - 5:00 Group Work Experience K. Nash

Friday, July 17

9:00 - 10:00 Drugs, Psychiatry, Treatment, Deviance - Questions &  
 Answers H. Washington, M.D.  
 11:00 - 12:00 Education, Schools and Change Agents M. Hare  
 12:00 - 1:00 Lunch  
 1:00 - 3:30 Institute Plans and Rap Up K. Kinsella

Saturday, July 18

1:00 Picnic - Site to be determined  
 8:00 Party Director's house, 463 Norton Parkway, N.H.

Schedule  
Internship Program December 7 - 18, 1970

EDUCATIONAL

Monday, December 7

9:00 - 10:00	Orientation.
10:00 - 12:00	Introduction to Group Process
12:00 - 1:00	Lunch
1:00 - 2:30	Pharmacology.
2:30 - 3:00	Break
3:00 - 4:30	Group I Street Life.
	Group II Street Life.

Tuesday, December 8

9:00 - 10:00	Methadone Maintenance Program.
10:00 - 12:00	Group Process
12:00 - 1:00	Lunch
1:00 - 2:30	Group I Advanced Status, Group I Methadone
	Group II Advanced Status, Group I Methadone
2:30 - 2:45	Break
2:45 - 4:30	Pharmacology.

Wednesday, December 9

9:00 - 10:00	Pittstop Group Methods Compared to Group Psychotherapy.
10:00 - 12:00	Group Process
12:00 - 1:00	Lunch
1:00 - 3:00	Treatment Programs.
3:00 - 3:15	Break
3:15 - 4:30	Group I Drug Laws & Confidentiality.
	Group II Marihuana.

Thursday, December 10

9:00 - 11:00	Group Process
11:00 - 12:00	Group I Adolescent Use of Hallucinogens.
	Group II Open Rap.
12:15 - 1:00	Lunch
1:00 - 1:30	Travel time to Pittstop
1:30 - 4:30	Pittstop Field Trip
7:00 - 9:00	Therapeutic Communities.

Friday, December 11

9:00 - 11:00	Group Process
11:00 - 12:30	Group I Open Rap.
	Group II Adolescent Use of Hallucinogens.
12:30 - 1:30	Lunch
1:30 - 3:30	Drugs and the Bodily Processes.
3:45 - 4:30	Group I. - Wildwood Student Group
	Group II - Wildwood Student Group



Monday, December 14

9:00 - 10:00

Evaluation of School Drug Programs.

10:10 - 12:30

Group Process

12:30 - 1:30

Lunch

1:30 - 2:45

Street Front Field Trip

3:00 - 4:15

Group I Marihuana.

Group II Drug Laws &amp; Confidentiality.

Tuesday, December 15

9:00 - 10:00

Individual Conferences

10:10 - 12:00

Group Process

12:15 - 1:00

Lunch

1:00 - 2:30

Group I Design of Prevention Programs.

Group II Design of Prevention Programs.

2:30 - 2:45

Break

2:45 - 3:45

Literature Review.

3:45 - 4:45

Adolescence.

Wednesday, December 16

9:00 - 11:00

Group Process

11:00 - 12:00

Open

12:00 - 1:00

Lunch

1:00 - 2:30

Group I Design of Prevention Programs.

Group II Design of Prevention Programs.

2:30 - 3:00

Break

3:00 - 4:30

Group I Methadone Advanced Group II

Group II Methadone Advanced Group II

Thursday, December 17

9:00 - 11:00

Group Process

11:00 - 12:00

Mental Health Consultation.

12:00 - 1:00

Lunch

1:00 - 3:00

Number Nine Field Trip

3:15 - 4:30

Open

Friday, December 18

9:00 - 11:00

Group Process

11:15 - 12:00

Application

12:00 - 1:00

Lunch

1:00 - 2:00

Continuation of Application

2:00 - 3:30

Evaluation Seminar (Lecture, Materials &amp; Field Trips)

3:30 - 5:00

Counter Culture &amp; Termination

Schedule  
 Internship Program November 9 - November 20

## CLINICAL

Monday, November 9

9:00 - 10:00	Orientation.
10:00 - 12:00	Group Process
12:00 - 1:00	Lunch
1:00 - 2:30	Pharmacology.
2:30 - 3:00	Break
3:00 - 4:30	Street Life.

Tuesday, November 10

9:00 - 10:00	Methadone Maintenance Program.
10:00 - 12:00	Group Process
12:00 - 1:00	Lunch
	(BRING YOUR OWN LUNCH)
1:00 - 2:30	Methadone Patient Group.
(2:45 - 4:30)	Pharmacology.
(3:00 - 4:30)	Store Front Field Trip

Wednesday, November 11

9:00 - 10:30	Marihuana.
10:30 - 12:30	Group Process
12:30 - 1:00	Lunch
1:00 - 3:00	Philosophy of Treatment Programs.
3:00 - 3:30	Break
3:30 - 4:45	Design of Prevention Programs.
8:30	Happy Hour and Gala

Thursday, November 12

9:00 - 11:00	Group Process
11:15 - 12:30	Problems of Running a Detoxification Facility.
12:30 - 1:30	Lunch
	(BRING YOUR OWN LUNCH)
1:30 - 2:00	Travel
2:00 - 4:30	Pittstop Field Trip
5:00 - 7:00	Special Clinical & Social Issues I.

Friday, November 13

9:00 - 10:30	Group Process
10:30 - 12:30	Crisis Intervention Field Trip
12:30 - 1:30	Lunch
1:30 - 3:30	Drugs and the Family Processes.
3:30 - 4:30	Therapeutic Communities.

Monday, November 16

9:00 - 11:00	Group Process
11:00 - 12:30	Adolescents.
12:30 - 1:30	Lunch
1:30 - 3:00	Individual Conferences
3:00 - 4:30	New Directions In Treatment - An Example.
7:00 - 8:30	Special Clinical & Social Issues II.

Tuesday, November 17

9:00 - 11:00	Group Process
11:00 - 12:00	Daytop vs Group Psychotherapy Methods.
12:00 - 1:00	Lunch (BRING YOUR OWN LUNCH)
1:00 - 2:30	Communication With Adolescents In Treatment And Follow-up After Treatment.
3:00 - 4:30	Open

Wednesday, November 18

9:00 - 10:30	Evaluation of Treatment Programs.
10:30 - 12:30	Group Process
12:30 - 1:00	Lunch
1:00 - 2:30	The Psychoanalytic Approach To Treatment.
2:30 - 3:00	Break
3:00 - 4:30	Design of Treatment Facilities.

Thursday, November 19

9:00 - 11:00	Group Process
11:00 - 12:00	Mental Health Consultation.
12:00 - 1:00	Lunch
1:00 - 3:30	McCluse Debate - Treatment vs Prevention.
3:30 - 4:30	Literature Review. <u>Kevin Kinsella</u>
4:00 - 6:00	Open House

Friday, November 20

9:00 - 10:30	Group Process
10:30 - 11:30	Review of Group Process
11:30 - 12:30	Application
12:30 - 1:30	Lunch
1:30 - 2:30	Evaluation
2:45 - 4:00	Country Culture

Schedule  
 Interanship Program May 24 - June 4, 1971

## MIXED

Monday, May 24

9:00 - 10:00	Orientation
10:00 - 12:00	Introduction to Group Process
12:00 - 12:30	Lunch
12:30 - 1:30	Evaluation Material
1:30 - 3:00	Pharmacology
3:00 - 3:15	Break
3:15 - 4:30	Street Life

Tuesday, May 25

9:00 - 11:15	Group Process
11:15 - 12:30	Methadone Maintenance Program
12:30 - 1:30	Lunch
1:30 - 2:45	Role of Ex-Addict in Treatment and Education
2:45 - 3:00	Break
3:00 - 4:30	Pharmacology
7:00 - 9:00	Special Military Conferences

Wednesday, May 26

9:00 - 10:00	Clinical Group - Design of Detoxification Facilities
	Educational Group - Counseling & Helping Relationships
	<u>H. Mandel</u> DDI Conference Rm.
10:00 - 12:15	Group Process
12:15 - 1:00	Lunch
1:00 - 3:00	Treatment Programs and Philosophies
3:00 - 3:30	Break
3:30 - 5:00	Social and Cultural Factors in Drug Dependence
	CMHC Aud.
7:30 - 9:00	Methadone Advanced Status Group

Thursday, May 27

8:30 - 10:20	Group Process
10:20 a.m. - 8:00 p.m.	Field Trip

Friday, May 28

9:00 - 11:15	Group Process
11:15 - 12:30	Drug Laws and Confidentiality

Friday, May 28 (con't)

12:30 - 1:30	Lunch
1:30 - 3:30	Drugs and the Bodily Processes
3:30 - 5:00	Role Playing and Screening and Evaluation

Saturday, May 29

8:00 p.m. - 8:30 p.m.	Travel to Pittstop
8:30 p.m. - 11:30 p.m.	Pittstop Field Trip

MONDAY, MAY 31

HOLIDAY MEMORIAL DAY

Tuesday, June 1

9:00 - 11:15	Group Process
11:15 - 12:45	Design of Prevention Programs
12:45 - 1:30	Lunch
1:30 - 3:15	Feelings - An Individual Perspective
3:15 - 3:30	Break
3:30 - 5:00	Social Change

Wednesday, June 2

9:00 - 11:15	Group Process
11:15 - 12:30	Street Work and Storefronts
12:30 - 1:30	Lunch
1:30 - 3:30	Application
3:30 - 5:30	Outpatient Programs
7:00 - 9:00	Special Clinical Issues

Thursday, June 3

9:00 - 11:00	Group Process
11:00 - 1:00	Small Group Discussions Winslow Aud.
1:00 - 1:45	Lunch
1:45 - 2:00	Travel to Street Front
2:00 - 3:30	Street Front Field Trip

Internship Schedule  
May 24 - June 4, 1971

Friday, June 4

9:00 - 11:15

Group Process

11:15 - 12:00

Group Process Review

12:00 - 1:00

Lunch

1:00 - 2:00

Conferences:

Groups

Mental Health

Military

Educational

2:00 - 4:00

Evaluation.



## Intern Evaluation

15 February - 29 February

N = 30

- 1 = not very valuable  
 2 = moderately valuable  
 3 = very valuable  
 4 = outstanding

SESSIONS

- 3.4 Special Clinical Issues
- 3.3 Street Life
- 3.28 Treatment Programs and Philosophies
- 3.27 Counseling and Helping Relationships  
(educational only)
- 3.25 Drugs and the Bodily Processes --Group I
- 3.21 Design of Prevention Programs
- 3.2 Counseling and Helping Relationships  
(clinical only)
- 3.17 Therapeutic Communities
- 3.1 Adult Caucus --Group I
- 3.07 Team Approach to Treatment --Group II
- 3.05 Small Group Discussion Methods -- Group I
- 2.9 Outpatient Programs
- 2.87 Pharmacology
- 2.8 Methadone Maintenance Program
- 2.75 Daytop Group Methods compared to Group Psychotherapy (Lifton, Rodriguez)
- 2.6 Advanced Status Methadone Group
- 2.5 Presentation of Plans
- 2.2 Evaluation of Treatment Programs -- Group II
- 2.16 Psychiatric Implications of Drug Abuse

- 2.1 Youth Presentation
- 2.0 Youth Caucus -- Group I
- 1.7 Drug Laws and Confidentiality
- 1.5 Psycho-active Drugs -- Current Research -- Group II

FIELD TRIPS

- 3.7 Pittstop Open House (N=9)
- 3.4 Number Nine
- 3.3 Harlem Confrontation House
- 3.1 Horizon House
- 2.72 VITAM
- 2.7 Horizon Ambulatory Treatment Center
- 2.5 Street Front

OTHER ASPECTS

- 3.0 Group Process Review
- 2.7 Individual Conferences (N = 13)
- Re-entry:
- 3.7 CUADA (N = 3)
- 3.5 Students (N = 2)
- 3.0 Air Force and Others (N = 12)
- 2.4 Teachers and Administrators (N = 11)

Total:

- 3.1 Value of Group Process and Team-building
- 5.2 Description of Group Process and Team-building (10 six's, 14 five's, 3 four's, 1 three, and 1 person did not circle a number.)

- 1 = mostly damaging
- 2 = more unhelpful than helpful
- 3 = mostly frustrating, annoying or confusing
- 4 = had neutral impact
- 5 = constructive in results
- 6 = a deeply meaningful, positive experience

Broken down by

Group I

(mixed process) -- 3.1 Value of Group Process

5.6 Description of Group Process (4 six's, 3 five's, and 1 person did not circle a number.)

Group II

(mixed process) -- 3.3 Value of Group Process

5.1 Description of Group Process (3 six's, 5 five's, and 1 three.)

Group III

(team building) -- 2.9 Value of Team-building

5.0 Description of Team-building  
(3 six's, 6 five's, and 3 four's.)

## SKETCH TWO

## Planning Considerations

George Clifton

I. Possibilities for TheoryA. An Evolutionary Model

Social change is conceptualized here as being emergent rather than natural change.\* It is the result of several factors including biological, geological, and social evolution. It affects man's actions and is affected by man's action. What this means to the scholar and the social practitioner is that the rate of change and the direction of change is not immutable, but subject to modification, acceleration, or diversification by the collective action of men.

Do great men shape history, or does history create great men? It is, to say the least, difficult to determine precisely how great an effect individual or small group action can have on the flow of social change. For instance there are those who say that the impetus and direction of change would remain substantially the same even if George Wallace, Ronald Reagan, or Eugene McCarthy were elected President. Due to the increasing social power vested in bureaucrats and technocrats, there is a great deal of truth in this assertion. Beyond this, the huge industrial and governmental machines are geared to perform in pre-set ways, and a superhuman effort would be needed to re-program them.

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\*Natural in this case is conceptualized as change independent of human effort. Emergent, on the other hand, is viewed as change brought about as the logical consequence of the collective action of men, modified by natural pre-conditions.

The writer holds that although it is virtually impossible to change the direction or re-gear the machine, it is possible for small groups of people to greatly accelerate change in opposition to an unsympathetic or passive majority. The civil rights and anti-war movement are excellent examples of this. Though neither have experienced dramatic successes, they have accelerated the rate of change in what they considered a desirable direction.

If the emergent direction of change is "good", i.e., congruent with one's value system; wars, revolutions, or "conservative" movements must be viewed as retrogressions. These retrogressions may slow the rate of change, but cannot halt the movement or change the general direction. The general direction is determined by history and is maintained by an impersonal and inflexible mechanism. Only by destroying all societal institutions and man's understanding of history could the general face of the future be changed.

Those who hope to modify the particular face of particular, future institutions must first seek to understand where we are going; and then must invest their energies in attempts to accelerate desirable changes, and to retard undesirable ones. This means accepting the inevitability of change and attempting to influence it rather than to reverse it.

For instance, those who oppose "progressivism" might support rather than oppose a guaranteed annual income. Working from a positive base they may then proceed to subvert the goals

of the program by building in imperfections such as obstructionist regulations (e.g. the welfare program) and inadequate funding (e.g. the poverty program). On the other hand those who support such programs might exert pressure to speed their adoption and to thwart attempts to bastardize or negate social innovations.

The following graph (Figure 1) may serve as a model for conceptualizing the effect of various social forces (vectors) on the evolutionary patterns of social change.



HAZ

VIOLENT  
REVOLUTION

TECHNO-SOCIAL  
INNOVATION

FASCISTIC  
RETROGRESSION

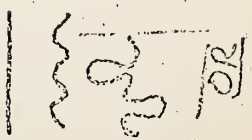
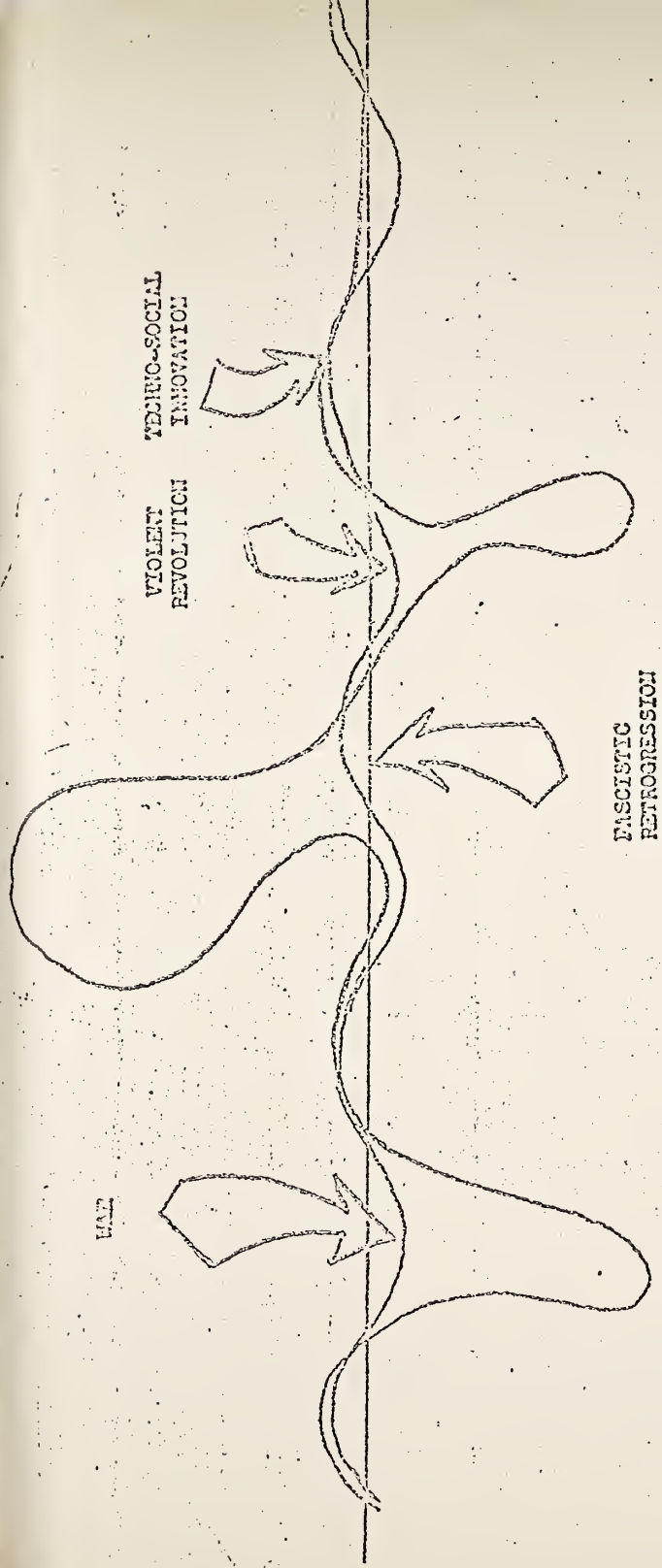
o TIME LINE

o IDEAL EVOLUTIONARY PATTERN

o ACTUAL RETROGRESSIVE DEVIATIONS FROM IDEAL

o RAPID GAIN DEVIATION PROGRESSION

EVOLUTION DOES NOT PROCEED IN A STRAIGHT  
LINE, BUT IN SKEWED CURVES AND ANGLES,  
FOLDED BY VECTORS SUCH AS THOSE REPRESENTED  
BY THE ARROWS ABOVE.



A proper action decision is based on the selection of the "best" of several possible actions. In order to do this, alternative actions, linked with alternative outcomes, may be ranked according to probability or expectancy. The mathematical values assigned may be expressed verbally (superlatives) or numerically; but when dealing with decisions involving an unlimited number of variables, there is little possibility of certainty. We must concern ourselves with reducing uncertainty rather than eliminating it.

What action should we choose: 1) the action for which the desirability of the most probable outcome is as large as possible, 2) the action which could lead to the most favorable outcome, 3) the action which could lead to the most favorable of the least favorable outcomes, 4) the action which has the largest mathematical expectation, or 5) the action associated with the largest of the least favorable expectations.\* The choice must be further tempered, according to Bross, by the nature of the decision (Case I or II), and how much is to be risked, gained or lost, by attempting to maximize desirability. The use of this type of reasoning will be implicit, though not explicit, in the analysis presented in the following pages.

The values assigned to the probabilities will reflect several personal judgments. It will be in part influenced by intuition, partly by prior investigations, and partly by theory which will, (if we accept the evolutionary model), lead to the following assumptions:

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\*Bross, Irvin D. J., Design for Decision, Free Press, New York, pp 102-110.

1. that social evolution is not a magnet pulling us forward to some predetermined arbitrary point, but a motive force pushing us from the rear, powered and directed by our history.
2. that the general direction of social change cannot be reversed, but that the speed of change can be controlled.
3. that there is a reciprocal relationship between technological and social change, i.e., that technological change stimulates social change and that social decisions have technological consequences (decision to explore space or experiment with IBM systems).\*\*
4. that change itself is neutral, impersonal and value-free. Men determine how change will affect their lives, and the inputs that we feed into the system are in the final analysis the determiners of our fate.
5. that success in dealing with social problems will depend largely upon an understanding of where we are going and where we must invest our resources to influence change.

## II. Where we seem to be going

Evidence points to a movement toward a highly managed technocratic society with more and more social power being assumed by the public and quasi-public sectors. While the structure of power will become more pyramidal (the middle sector losing its influence) there

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\*\*Bell, Daniel, in Daedalus, Toward the Year 2000: Work in Progress, Summer 1967 p. 703.

is a "movement toward greater equality" and a "diffusion of existing goods and privileges." Greater freedom in leisure will be countered by less economic freedom and political influence. Disorder and demonstrations will be tolerated more and will become the only effective means of expressing opposition to government policy (which will increasingly be set by bureaucrats and technocrats).<sup>1</sup>

#### A. Corporatism

1. There is a movement away from individual ownership toward corporate and institutional ownership with "economies of scale." The family owned business is a thing of the past. The movement is toward corporate giantism on the one hand, and franchise operations, cooperatives and community corporations on the other.
2. Accompanying this move to oligopoly and institutional ownership will be increased complexity of operations, greater division of labor, and greater dependence upon technocrats and managers in government, business and industry. Even today governing boards do not really govern, but are led by managers, who assume great discretionary authority in implementing policy.

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<sup>1</sup>The information in this section was extracted (with interpretations) from the following sources:

Vadakin, James C., Helping the Children, The New Republic, December 23, 1967

Pearl, Arthur, and Riessman, Frank, New Careers for the Poor, Free Press, New York, 1965

Daedalus, Toward the Year 2000: Work in Progress, Summer 1967 (Daniel Bell)

Ferman, Kornbluh, and Haber, Poverty in America, University of Michigan Press, Ann Arbor, 1965, especially:

Killingsworth, Charles, Automation, Jobs, and Manpower, and Kahn, Tom, The Economics of Inequality.

1. The maximum use of the new technology (automation and cybernetics) to better the quality and quantity of production at lower unit cost, will decrease the need for production workers and increase the demand for skilled technicians.

Fewer workers will be needed to produce a greater quantity and variety of goods. New occupations will be needed to employ the people who represent the difference between the jobs obliterated and those created by automation (Pearl and Riessman).

- a. With continual advances in technology there will be rapid obsolescence of skills, and, as a result, a continuous need for retraining and in-service training for skill maintenance.
  - b. As bigger and better machines are designed the demand will grow for managers and technicians to service, interpret, program and direct the work of the machines. The demand for a large industrial labor force will decrease, and there will be a large net loss in production jobs (Triple Revolution).
2. With more people working fewer hours at less exerting work, and with rapid advances in health science, people will live longer with fewer demands on their time. As a result the demand for education, health, recreation and other urban potential services will steadily increase (Pearl and Riessman).
  3. Women will demand greater equality, and freedom from the responsibility of housework and child care, creating a

market for professional house cleaning services and day care centers. 232

4. Senior citizens will demand more recreational and educational activities as will other adults who will work shorter hours and have longer vacations. More people will be needed to direct and plan leisure activity, and more funds will be allocated to the public and quasi-public sector to hire these people and to provide these services.

c. Social Consequences

1. In this milieu with burgeoning productivity, the poor represent a large potential market for goods. The goods that the poor would buy would have a multiplier effect that would stimulate the total economy, so it would be to the best interests of the business-industrial sector to provide the poor with extra dollars to "vote" for more of their products (Detroit Rationale).
2. Beyond the market determined benefits of providing an adequate income for the poor, the social cost of failing to provide for the poor would be quite high. With improvements in the communication media, the poor and the affluent are becoming more intensely aware of the socio-economic and political incongruencies between them. Civil peace will depend upon the societies' ability to reduce these incongruencies, not by separating the components, but by causing them to become more alike: Thus some form of guaranteed annual income and compensatory social programs. This concept (guaranteed income), which ten years ago would have been widely viewed as



Communistic in its intent and conception, is being openly discussed today by our most prominent government, political, and business leaders. It is an old idea whose time has apparently come (Vadakin).

3. Individual enterprise will be less revered, and collective or institutional action will gain in popularity. This loss in freedom and reverence for individual action will be compensated for by increased respect and provision for individual rights. With great losses in economic freedom and political power, the people will insist upon, and "management" will concede, great personal freedom in leisure and expression (Bell).
4. Because of the larger bureau-techno-manago-cratic class mediating between the people and the services of government and industry there will be an increase in assembly-line human relations and the distance between citizens and decision making will widen. On the other hand, as a result of the culture becoming "more hedonistic, permissive, expressive, distrustful of authority and of the purposive delayed-gratification of a bourgeois achievement-oriented technological world." Personal freedom will be broadened to allow for great variation and deviation in sex mores, dress, consumption, religion and personal expression (Bell).
5. Increased dependence upon technology and machines to provide the basic necessities of life will weaken the work-reward equation, and lessen man's dependence on the market mechanism for determining professional rewards. The works of artists, teachers, and intellectuals will be

more highly regarded and more generously rewarded. The distinction between work and leisure will become increasingly blurred and people will demand rewards based on their humanity rather than their economic productivity, or the market-determined demand for their specialties (Bell).

"Thus there will be a shift in emphasis from the product sector to the service sector, and the distribution of rewards will be increasingly dealt with through the political mechanism rather than the market, and 'the sources of innovation' will become increasingly lodged in the intellectual institutions, principally the universities and research organizations, rather than the older industrial corporations."<sup>2</sup>

6. As man is faced with greater leisure he will find conventional recreation unrewarding and dull. He will then seek new pleasures by the use of his senses and by exploring his mind. Psychotropic agents will provide the initial nexus between sensations and insight but these will give way to direct electrical stimulation of the brain and surgical intervention both of which will maximize enlightenment and euphoria.

----The Brave New World----

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<sup>2</sup>Daedalus, Toward the Year 2000: Work in Progress, Summer 1967 (Daniel Bell), p.2.

## APPENDIX VIII

Special Detoxification Training Program  
For St. Steven's Hospital Staff  
July 27 - 31

## Special Program 1

Purpose: To provide general orientation in the problems of drug dependence, and specific training in the medical aspects and mechanics of detoxification.

Monday, July 27

1:00 - 1:30	Orientation - Overview
1:35 - 3:15	Pharmacology of Psychotropic Drugs
3:20 - 4:30	The Heroin Addict

Tuesday, July 28

1:00 - 2:30	Methadone Patient Group
2:40 - 4:30	Medical Aspects of Drug Dependence

Wednesday, July 29

1:00 - 2:00	Opiate Pharmacology
2:00 - 4:30	Medical Detoxification

Thursday, July 30

1:00 - 2:30	Nursing and Medication Dispensing
2:30 - 4:30	A Variety of Drug Users

Friday, July 31

1:00 - 2:30	Epidemiological Aspects of Drug Dependence
2:35 - 4:30	General Question and Answer

Schedule  
 Research Training Program Sept. 28 - Oct. 5, 1970

Special Program 2

Monday, Sept. 28

12:00 - 1:00	Orientation
1:00 - 2:30	Pharmacology
2:30 - 3:00	Break
3:00 - 4:30	Street Life and Therapeutic Communities
7:00 - 9:00	Group Process

Tuesday, Sept. 29

12:00 - 1:15	The DTP and Prevention Programs
1:15 - 2:30	Confidentiality Within Schools
2:30 - 2:45	Break
2:45 - 4:30	Pharmacology

Wednesday, Sept. 30

9:00 - 10:00	Treatment Programs for Adolescents
10:00 - 12:00	Group Process
12:00 - 1:00	Lunch
1:00 - 3:00	Treatment Programs & Philosophy
7:00 - 9:00	Group Process

Thursday, Oct. 1

12:00 - 1:00	DTP Evaluation
1:00 - 1:30	Travel to Pittstop, Inc.
	Pittstop Field Trip
4:00 - 4:30	Travel Time
4:30 - 6:30	Group Process

Friday, Oct. 2

9:00 - 11:00	Group Process
11:15 - 12:30	Epidemiology & Evaluation
12:30 - 1:30	Lunch
1:30 - 3:00	Marihuana
3:00 - 3:15	Break
3:15 - 4:30	Evaluation

Monday, Oct. 5

2:30 - 4:30	Drugs and the Bodily Process
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## Schedule Special Clinical - Crisis Program

## Special Program 3

Monday, November 30

8:30 - 10:00 Orientation  
 10:00 - 11:30 Group Process  
 11:30 - 12:30 Lunch  
 12:30 - 2:30 Pharmacology (Group I)  
 Advanced Session  
Pharmacology (Group II)  
 Will cover following: practical application,  
 medical complications, such as diabetics and  
 drug abuse, signs and symptomatology and first  
 aid procedures.

2:30 - 2:45 Break  
 2:45 - 4:30 Adolescence and Crises Intervention, Adolescent  
 Treatment Experience, Student Use of Hallucinogens  
 The Mass Experience (Woodstock)  
 7:00 - 9:00 Group I Special Clinical Issues  
 Group II The West Haven Experience-Description  
 History and Philosophy of Drug Education  
 in West Haven School Systems

Tuesday, December 1

9:00 - 10:30 Group Process  
 10:45 - 12:00 Group I Detoxification & Medical Procedures  
 Group II Social & Cultural Factors in Drug Use  
 12:00 - 1:00 Lunch  
 1:00 - 3:00 Number Nine Field Trip  
 3:30 - 5:00 Treatment, Facilities and Philosophy  
 7:00 - 9:00 Drug Education. Our Philosophy of Drug Education,  
 Social Change, "Change Agents", Consultation.

Wednesday, December 2

9:00 - 10:30 Group Process  
 10:45 - 12:00 Methadone Maintenance Use and Philosophy  
 12:00 - 1:00 Lunch  
 1:00 - 3:00 Group I Epidemiology & Evaluation  
 Group II The Street Front Training Experience  
 3:00 - 5:00 Methadone Advanced Status Group  
 7:00 - 9:00 Group I Special Clinical Issues II

Wednesday, December 2 (con't.)

7:00 - 9:00      Group II Actual Experience in Consultation and  
Critical Issues Within School Systems,  
i.e. Confidentiality.

Thursday, December 3

9:00 - 10:30      Group Process  
11:45 - 12:00      Marihuana  
12:00 - 1:00      Lunch  
1:00 - 1:30      Travel Time  
1:30 - 4:00      Pittstop, Inc., Field Trip  
7:00 - 9:00      Therapeutic Community - A Personal Perspective  
9:30              Meeting at Local College

Friday, December 4

9:00 - 10:30      Group Process  
10:45 - 11:00      Group I Psychiatric Nursing  
10:45 - 12:00      Group II Planning and Application  
11:30 - 12:00      Group I Application  
12:00 - 1:00      Lunch  
1:00 - 2:00      Application Open  
2:00 - 3:00      Evaluation  
3:15 - 4:30      Social Hour



Schedule  
Special Follow-up Internship Program August 24-28, 1970

Special Program 4

Monday, August 24

9:00 - 10:00	Orientation
10:00 - 12:00	Group Process
12:00 - 12:45	Lunch
12:45 - 1:30	Introduction to Debate
1:30 - 3:00	Therapeutic Uses for Drugs
3:00 - 3:15	Break
3:15 - 4:30	Continuation of Therapeutic Uses for Drugs

Tuesday, August 25

9:00 - 10:30	Drugs and the Law. Representative of the State Narcotics Squad
10:30 - 11:15	Debate Preparation
11:30 - 12:30	Dealing with Patients
12:30 - 1:30	Lunch
1:30 - 3:30	Group Process
3:30 - 4:30	Group Work Lecture

Wednesday, August 26

9:30 - 11:00	The Legal Perspective on Adolescent Drug Abuse
11:15 - 12:15	Group Work Lecture
12:15 - 1:00	Lunch
1:00 - 1:30	Debate Preparation
1:30 - 3:30	Group Process

Thursday, August 27

9:30 - 10:00	Debate Preparation
10:00 - 11:00	Education Design
11:00 - 12:30	Group Process
12:30 - 1:30	Lunch
1:30 - 3:00	A College Student's Perspective on Drug Abuse
3:00 - 4:00	Group Work Lecture

Friday, August 28

9:00 - 11:00	Philosophies of Social Change and Change Agency
11:00 - 1:00	Group Process - Lunch
1:00 - 1:30	Break
1:30 - 2:30	Teenage Deviance
2:30 - 3:30	Debate
3:30 - 4:30	Wrap-up, Evaluation

## APPENDIX IX

## MEMORANDUM

SUBJECT: DTP Outreach, Bradley Cove

TO : DDI Director

FROM : C. Macade

Reference memorandum dated 6 January 1971, signed M. Dayton, requesting a status report of the current situation in Bradley Cove and an account of DDI participation to date together with an evaluation of the same.

This reporter's record of events begins with the recollection of M. Dayton's invitation to the DTP staff to participate in an outreach endeavor at Nathan Hale School in Bradley Cove. This invitation was issued at the Thursday afternoon staff meeting, 6 August 1970. C. Macade, L. Branford, E. Mover, and J. Skinner volunteered to assist together with Joe-Rodriguez. M. Dayton confirmed this commitment through a written memorandum dated 10 August 1970.

Chronologically, DDI participation evolved as follows:

- August 13 - Nathan Hale School, Drug Rap
- August 27 - Nathan Hale School, Drug Rap
- September 3 - Nathan Hale School, Drug Rap
- September 8 - Meeting, C. Macade and Rev Cooney, St. Bernadette's Parish. Exploratory.
- September 10 - Teenage Meeting, St. Bernadette's. Preparation for Community Meeting (15 Sept). Greg Burk elected representative to Community Meeting. Greg Burk and Joe Parissie elected Annex representatives to the New Haven Teenage Council. Sharon Hanson and Anthony Acito elected Cove representatives to the New Haven Teenage Council. M. Dayton presided. Macade, Branford, Mover and Skinner assisted.
- September 15 Meeting, Bradley Cove Community. Summary and newspaper account attached.
- September 17 Meeting, C. Macade and Rev. Cooney, St. Bernadette's Parish. Coordinating.
- September 18 Meeting, C. Macade DeFoe and Columba, Bradley Cove. Planning.
- September 21 Nathan Hale School, Planning.

Memorandum, Subject: DTP Outreach - Bradly Cove, Cont'd.

- September 24 Meeting, DTP, Macade, Dayton, DePonte, DeFco, Columba, et al. Planning, funding, employment.
- September 25 Meeting, Rev. Macade and Rev. Cooney, St. Bernadette's Parish, Coordinating.
- September 30 Letter invitations issued to concerned adults to participate in an 8 October 1970 organizational meeting.
- October 1 Meeting, St. Bernadette's, Macade, Dayton, et. al. Planning.
- October 6 Meeting, Board of Education, New Haven, Chasin, Macade, Dayton, Branford, funding.
- October 7 Meeting, St. Bernadette's, Macade, Dayton, et. al. Planning.
- October 8 Meeting, Rev. Macade and concerned adults of Morris Cove. Summary attached.
- October 10 Music Fest, Bradly Cove teenagers.
- October 11 Meeting, Planning Committee, Nathan Hale Neighborhood Corporation, Summary attached.

NOTE: It was at this time that M. Dayton, J. Skinner, and L. Branford and G. Mover phased out their continuing participation in the Bradly Cove outreach.

- October 12 Mr. Herrick Jackson, feature writer, Elm City Register invited to do a special series on the Morris Cove situation. At least six meetings were convened between Rev. Macade and Mr. Jackson; one of which consisted of a tour of Morris Cove and another was held with Mr. Clifton DPT Director.

Mr. Jackson was forced by illness to abandon his employment and nothing of the story ever reached print.

- October 19 Meeting, Planning Committee, Nathan Hale Neighborhood Corporation.

NOTE: It is important to note that at the 11 October meeting of the Planning Committee, Mr. Richard Burke emerged as a natural leader and subsequent meetings were called by him and executed under his direction. Rev. Macade continued to attend all cited meetings as an observer and resource person.

Memorandum, Subject: DTP Outreach - Bradley Cove, Cont'd.

- October 28 Meeting, Planning Committee, Nathan Hale Neighborhood Corporation.
- November 2 Meeting, Planning Committee, Nathan Hale Neighborhood Corporation.
- November 18 Meeting, Planning Committee, Nathan Hale Neighborhood Corporation.
- November 22 Meeting, Bradley Cove Community with Planning Committee. Proposed by-laws distributed and explained. Suggestions for change solicited. Community voted favoring the creation of the proposed neighborhood corporation. Planning Committee to refine by-laws and return finished vehicle to the community in a future meeting.
- December 2 Meeting, Planning Committee, Nathan Hale Neighborhood Corporation.

NOTE: This reporter has not attended any further meetings of the Planning Committee. The Planning Committee has been working but has not met publicly throughout the Christmas holiday season. Telephonic communication has been maintained with Mr. Richard Burke

- January 13 Per telephonic message, Rev. Macade, Mr. Schreck arranged for two (2) graduate students from the University of Connecticut, Social Workers, to implement a program for girls at the Nathan Hale School during its evening hours of open house for neighborhood youth.
- January 14 Mr. DeFeo, Director, Project Care, Nathan Hale School telephonically requested assistance from Rev. Macade in securing additional employment in the field of Social Work in order to gain sufficient income to permit him to continue his work at Nathan Hale School. Announced in DTP Staff Meeting. Exploration with MARCO and Center for Survey Research. Mr. Jimmie Jones, Streetfront, to see Mr. DeFeo in the near future
- January 19 Per telephonic exchange, Macade Burke, the by-laws for the Nathan Hale Neighborhood Corporation have now been revised and are ready for presentation to the Morris Cove community.

The Bradley Committee plan to confer further with the local alderman and the ward chairman before calling the next meeting of the Bradley Cove community. This intermediate exchange is anticipated the week of 25 January 1971.

The Planning Committee has tentatively scheduled its next internal meeting for 28 January 1971.

Memorandum, Subject: DTP Outreach - Bradly Cove, Cont'd.

During the period extending from 13 August to 7 October, representatives of the Drug Training Project, Branford, Skinner, Mover, Macade, and Dayton, spoke to the frustrations of the youth of Bradly Cove and provided them with guidance in the tasks of organizing themselves and acting to stimulate some community response to their needs. The early drug raps provided a valuable entree and materially facilitated the work of bleeding off anxiety and establishing a measure of trust between DTP personnel and the youth of the Cove. Joe Skinner and George Mover were at their best during this phase. As their role changed with the shift of emphasis to the mobilization of the community their input was seen to deteriorate. Leadership emerged in the persons of Mandel and Bush. The latter's clerical identity provided an important entree to the parish of Saint Bernadette. L. Branford's attendance was constant and contributing. Her sex as well as her obvious skills was an important plus in this work involving a substantial number of young women. Joint explorations of the greater Cove area revealed that the Nathan Hale School and the Parish of Saint Bernadette were the two facilities which offered the most promise to the needs of the Morris Cove youth. Clearly evolving from this early exchange was the mobilization of the community as manifested at the 15 September meeting.

Excellent use was made of local resources. DTP avoided the trap of monopolizing the thrust. The use of Greg Berk's proclamation, local clergy, lawyer volunteers, the local alderman, local civic leaders and professional people testify to considerable imagination and finesse on the part of DTP representatives.

The phase-out of Dayton, Branford, Skinner and Mover was seen by this reporter to be both timely and appropriate. Additional follow-up of the Nathan Hale School after-hours program merits reexamination.

This reporter's continuing identity with the community is deemed legitimate under the direction and intent of E.A.D., however, were it not for the infrequent demand this places, attendance of six months duration would appear to be prohibitive under existing staff limitations of E.A.D. The act of remaining in close, intimate touch with developments served, it is believed, to maintain momentum and preserve direction. This reporter's clerical identity was both an asset and a liability. It facilitated opening the St. Bernadette's door. It also provoked some negative response from traditionally devout Roman Catholics who saw this Protestant as an intruder. It was seen to pose no handicap with the youth involved after the initial period of exposure. Phasing out to an observer status is seen to be both desirable and advantageous. This fostered and supported the emergence of local leadership and created a comfortable circumstance wherein surveillance might be continued.

There is no question but this thrust is dying on the vine. Its early strength was demonstrated by its ability to withstand the intrusion of the Italian American Civil Rights League. I still see the neighborhood



Memorandum, Subject: DTP Outreach - Bradley Cove

corporation as the best avenue of approach to some realistic solution of many of the problems which face Cove youth. Ideally this thrust should be combined with a "human needs" ministry based out of Saint Bernadette's Church. It is my carefully considered opinion that the Morris Cove community is still giving little more than lip service to their problem, that they are content to preserve their identity as a "closed" community, and that the combination of their prejudice and "old world" insistence upon resisting any change in the vesting of authority will continue to act to delay and dilute any proposed change.

There is no question but what this thrust desperately needs a "shot in the arm!" Cumulative deaths from drug overdose have failed to catalyze this community. I must confess that I hesitate to think that either the alderman or the ward chairman will achieve better results. I would hope that however limited they may be in number, the concerned adults who currently support the concept of a neighborhood corporation would band themselves together accordingly and utilize this political clout to attack the problem in as many different ways and for as long as it may be necessary to provoke significant change.

Based upon these observations, I recommend:

1. Continuing surveillance of this community thrust.
2. Periodic surveys of the needs of Operation Care.
3. Further discussion of the composition of outreach teams.

Questions:

1. How deeply should DTP become involved in endeavoring to obtain funding for such a thrust, if at all?
2. Should DTP translate its participation in Bradley Cove to provide a basis for designing and recommending a community program?
3. When and under what circumstances is it in keeping with the objectives of DTP to move from educational thrusts to intervention in other ways?
4. Is DTP currently structured in the most efficient manner to accommodate outreach to the community?
5. What percentage of DTP thrust, if any, should be committed to outreach?



## APPENDIX X

EVENING COLUMBUS SCHOOL PROGRAM

Tuesday, January 5 - Thursday, February 11

Tuesday, January 5

7:00 - 8:00

Orientation

8:00 - 9:30

Pharmacology

Thursday, January 7

7:00 - 9:00

Group Process

Tuesday, January 12

7:00 - 8:30

Street Life

8:30 - 9:30

Methadone Program

Thursday, January 14

7:00 - 9:00

Group Process

The Other Theater

Tuesday, January 19

7:00 - 8:00

Adolescent Use of Hallucinogens

Pittstop (sign up for field trip)

Thursday, January 21

7:00 - 9:00

Group Process

Tuesday, January 26

7:00 - 8:00

Drugs Laws and Confidentiality

8:00 - 9:30

Drugs and Bodily Processes

(Change of Behavior)

Thursday, January 28

7:00 - 8:00

Group Process

Tuesday, February 2

7:00 - 8:00

Street Front

8:00 - 9:30

Marihuana

Thursday, February 4

7:00 - 9:00

Group Process

Tuesday, February 9

7:00 - 8:30

8:30 - 9:30

Thursday, February 11

7:00 - 8:00

8:00 - 9:30

The Purpose of Treatment  
and Prevention (School System)  
Number Nine

Courts, Jails, Parole, Probation  
Group Process: Evaluation &  
Termination

## APPENDIX XI

Essex Program Structure

I am in the process of recruiting ghetto high school age kids with potential leadership ability, to group with them in an effort to give them a sense or belonging, as an alternative to a sense of belonging in the streets. The type of kid I am looking for presently, are very bright but turned off by school. The potential they have either dwindles down the drain or is put to use in deviant behavior. My objective in structuring this program is to feed these kids positive as well as negative knowledge about their identities.

This will be done through three mechanisms:

1. Groups- consisting of both discussion, process, and team building techniques.
2. Music and Skits- utilized to portray ghetto life, their own identities and roles in that life.
3. Throughout the groups and skits, they will be receiving data about drugs, problems surrounding drug abuse.

Some of this data will be obtained by exposing them to the DSD, DTP, Pittstop and Street Front, Inc.

At the present time I am interviewing informally, potential members. The type of member I am looking for is a bright energetic socially aware kid who so far has been frustrated in his attempts at personal growth, i.e., school is confining and not challenging; home life is either broken or chaotic; therefore leaving the streets as the most attractive release valve for their drives.

They are able to derive a certain sense of gratification and self worth for their escapades in deviancy, where as there is little reward and recognition in school or at home.

When I have recruited 7 to 10 members, I intend to initially use my home as a base of operations. After they have been properly groomed and show signs of being responsible, I want them involved as well as myself in looking for a suitable base of operation. This will be the second phase of their group involvement; its focus will be task - oriented. Further investment in this task - oriented group, will be their responsibility to go around to certain organizations soliciting donations the program will need to operate in its infancy. I anticipate that they will be reluctant to involve themselves in this phase because of their images, their pride, and their disdain for anything similar to begging. This among other anticipated problems will be areas to focus attention on in the first phase of the discussion group.

In the organizational structure itself, there will be built in rewards for performing certain tasks. For instance one person might be in charge of all the musical material, while another might be in charge of community or public relations, et cetera.

The members as will be expected to act very responsibly but not to give up their black identity or their adolescence. Emphasis will constantly be put on their being themselves.

When the group is finally formed, I intend that the members recruit more members, and share the responsibility of grooming them and setting down ground rules of organizational structure. The members themselves will also be responsible as well as me in discouraging deviant or nonresponsible behavior. In this way, they will not only learn to be members of a meaningful group, but will

also have the opportunity to learn leadership skills. The purpose of this whole endeavor is to give the members an opportunity to become a closely knit family, showing each other the proper positive concern as significant others.

## Schedule

## Internship Program, Elm City School System

Monday, January 4

9:00 - 10:00	Orientation
10:00 - 12:00	Introduction to Group Process
12:15 - 1:00	Lunch
1:00 - 2:30	Pharmacology
2:30 - 3:00	Break
3:00 - 4:30	Group I Adolescent Use of Hallucinogens
	Group II Drug Laws & Confidentiality Within the School

Tuesday, January 5

9:00 - 10:00	Methadone Maintenance Program
10:10 - 12:00	Group Process
12:15 - 1:00	Lunch
1:00 - 2:30	Group I Advanced Status, Group I Methadone
	Group II Advanced Status, Group I Methadone
2:30 - 2:45	Break
2:45 - 4:30	Pharmacology Discussion

Wednesday, January 6

9:00 - 10:00	Philosophy of Drug Education - A History
10:10 - 12:00	Group Process
12:15 - 1:00	Lunch
1:00 - 3:00	Treatment Programs - Its Relevance to Schools
3:00 - 3:15	Break
3:15 - 4:30	Wildwood Drug Education Program

Thursday, January 7

9:00 - 11:00	Group Process
11:00 - 12:00	The Drug Emergency Within A School - How Do You Handle It? Repercussions
12:15 - 1:00	Lunch
1:00 - 1:30	Travel Time to Pittstop
1:30 - 4:00	Pittstop Field Trip
7:00 - 9:00	Therapeutic Communities

Friday, January 8

9:00 - 11:00	Group Process
11:00 - 12:30	Group I Open Rap
	Group II Adolescent Use of Hallucinogens
12:30 - 1:30	Lunch
1:30 - 3:30	Drug Prevention vs. Education - Is There A Difference?
3:45 - 4:30	Group I Drug Laws & Confidentiality Within The School
	Group II Open Rap



Monday, January 11

9:00 - 10:00	A Communities Attitude Towards Progressive Programs ie - Drugs, Sex
10:10 - 12:00	Group Process
12:30 - 1:30	Lunch
1:30 - 2:45	Street Front
3:00 - 4:15	Group I Marihuana } Is It A Problem? Group II Marihuana } What Should Be Our Stand?

Tuesday, January 12

9:00 - 10:00	Evaluation of School Programs
10:10 - 12:00	Group Process
12:15 - 1:00	Lunch
1:00 - 2:30	What Is A Board Of Education - What Are Their Political Pressures and Attitudes. How to Approach It.
2:30 - 2:45	Break
2:45 - 3:45	What Role Does Information About Drugs Play in a School?
3:45 - 5:00	What Role Does the Teacher, Student, Guidance Department, Administration Play?
7:00 - 9:00	Boy Am I Confused!

Wednesday, January 13

9:00 - 11:00	Group Process
11:00 - 12:00	Viable Alternatives & Social Change In a School
12:00 - 1:00	Lunch
1:00 - 2:30	Group I Design of Education or Prevention Programs Group II Design of Education or Prevention Programs
2:30 - 2:45	Break
3:00 - 4:00	Group I Continuation of Above Group II Continuation of Above
7:00 - 9:00	Presentation of Programs - Planned Above - Role Play

Thursday, January 14

9:00 - 11:00	Group Process
11:00 - 12:00	Community Organization
12:00 - 1:00	Lunch
1:00 - 3:00	Number Nine Field Trip,
3:15 - 4:30	Open - Electives Street Front, #9, Individual Conferences Methadone Connecticut Valley
7:00 - 9:00	Critical Examination of Institutions Visited Compared to Schools

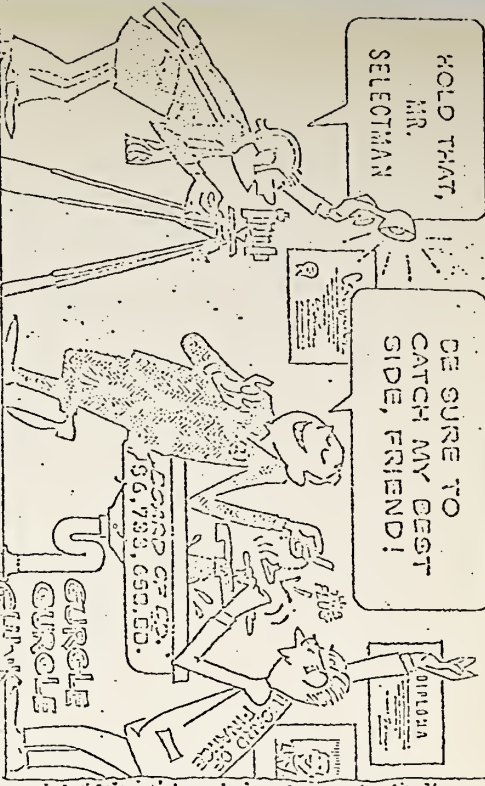
Friday, January 15

8:30 - 10:30	Group Process
10:30 - 11:15	Group Process Review
11:15 - 1:00	Lunch
1:00 - 3:00	Application of Groups to Schools
3:15 - 4:15	Evaluation Seminar (Lecture, Materials & Field Trips)

TOWN TAXES DOWN WITH THE BIRD BRAIN

HOLD THAT,  
MR.  
SELECTMAN

BE SURE TO  
CATCH MY BEST  
SIDE, FRIEND!



NORTH  
LAVEN  
SELECTMAN'S  
OFFICE

THE FIRST SELECTMAN MUST  
BE A CUDY MAN, I'VE BEEN  
WAITING SINCE TUESDAY.

THIS  
"WAITING  
IN THE  
WINGS"  
IS TOO  
MUCH.



MORE DREDD!

'HIGH GANG,  
I'HAD YA SAY  
WE PLAY SOME  
GROOVY GAMES!



RIGHT ON!

SEX-IFIED

## Southport School System Drug Dependence Training

ScheduleSESSION 1 - Friday, May 7

3:00 - 4:00	Orientation. Group Work Staff
4:00 - 6:00	Group Experience
6:00 - 7:00	Dinner
7:00 -11:00	Group Experience.

SESSION 2 - Saturday, May 8

9:00 -12:00	Group Experience
12:00 - 1:00	Lunch
1:00 - 6:00	Group Experience
6:00 - 7:00	Dinner
7:00 -11:00	Group Experience

SESSION 3 - Friday, May 14

3:00 - 3:30	Orientation.
3:30 - 5:00	Social Implications of Drug Use.
5:00 - 6:00	Dinner
6:00 - 9:00	Pharmacology.
9:00 -11:00	Discussion With Ex-Addict.

SESSION 4 - May 15

9:30 -10:30	Treatment Resources.
10:45 -12:00	Psychiatric Implications of Drug Abuse.
12:00 - 1:00	Lunch
1:00 - 2:30	Drugs and Youth
2:30 - 5:00	The West Haven Drug Education Program.
5:00 - 6:00	Dinner
6:00 - 7:00	Drug Laws and Confidentiality.
7:00 - 8:30	Mental Health Consultation.
8:30 -10:00	Design of Prevention Program.
10:00 -11:00	Termination.

NORTH CAROLINA  
SCHEDULE

THURSDAY, MAY 13

- 1:00 - 3:30           What a Comprehensive Prevention, Treatment and Educational Program Looks Like.
- 3:30 - 3:45           Break
- 3:45 - 6:00           Narcotic Addiction Treatment Programs: . Description of programs such as methadone, cyclazozine and naloxone maintenance and detoxification treatment programs. Philosophy, functions, problems, possibilities and predictions.
- 6:00 - 7:30           Dinner
- 7:30 - 9:30           Medical Questions: Pharmacology, Symptomatology, Federal guidelines, confidentiality, side effects of drugs, medical check off, detoxification, procedures, dosage levels, continuing care, follow-up, evaluation and program effectiveness, the use of ex-addicts.

FRIDAY, MAY 14

- SESSION A           Life on the Street as Told be an Ex-Addict. The Methadone Maintenance Program - Membership Point of View. What does it mean to be an ex-addict?
- SESSION B           Different Styles of Group Work  
Demonstration, Discussion and Application
- 9:00 - 12:00       Group I Session A  
Group II Session B
- 12:00 - 1:00       Lunch
- 1:00 - 3:15       Group I Session B  
Group II Session A
- 3:45 - 5:00       Prevention vs. Treatment for Adolescents.  
A look at therapeutic communities, outpatient clinics, individual psychotherapy, and storefronts.  
What is outreach in a comprehensive program? The school system for treatment or education and prevention.  
Medical model vs. public health or societal model.

SATURDAY, MAY 15

9:00 - 10:45	Screening and Evaluation Community based programs vs. Centralized programs
10:45 - 11:00	Break
11:00 - 12:00	General Question and Answer Session "Fish Bowl" Application - Evaluation



## APPENDIX XVI

## DTP - SCSC Cooperative Program in Drug Education

The increased use and abuse of drugs is a growing problem all across the United States. One way in which we have chosen to attack this problem is through the development of school drug education programs. More and more school systems are implementing assorted forms of drug education at all grade levels. Courses in drug dependence have been implemented at a small number of colleges and universities to meet the demand for in-service teacher training, to assist teachers in developing broader knowledge bases, and to develop their communication and awareness skills. Eastern University and Southern Connecticut State College are among the few institutions offering such courses.

The Drug Training Project is a component of Eastern University, Department of Psychiatry, and is integrally related to the Community Mental Health Center, Drug Service Division. The DTP was established to provide training in the prevention of drug abuse, and to advance knowledge and understanding of drug dependence. Students come from all over the United States to attend the two-week (70 hours) course. Training includes experience in the following areas: 1) lectures and demonstrations, 2) readings and discussions, 3) group work training, 4) interaction with patients, 5) field trips to selected programs, 6) evaluation seminars.

The Southern Connecticut program will explore -

1. The nature of abused drugs
2. Effects of use and abuse
3. Impact of abuse upon society and its agencies
4. Philosophies of the drug abuse problem

Particular emphasis will be given to the role of the school -

1. School and community - the approach - Introducing the program
2. Administrative outlook and problems - Development of school policy
3. Role of school personnel - Drug Education Coordinator?
4. Curriculum development - planning procedures
5. Course content K - 12 - important considerations at various levels
6. Review of curriculum and programs currently in action
7. Teaching methodology - various techniques
8. Teacher qualifications
9. Study of films and other visual materials
10. Resource materials - building a resource library



To avoid duplication and to make training a more complete and worthwhile experience, we are proposing a coordinated effort between DTP and Southern Connecticut State College. This would enable students to be exposed to areas of strength in both programs - the development of curriculum material, information and classroom teaching techniques in the Southern Connecticut State College program and group work training, exposure to treatment, rehabilitation and prevention techniques in the Eastern University.

The mechanism for implementation of the combined effort will be as follows: Dr. Edwards' graduate course, Drug Abuse Education 550, will be a prerequisite for the DTP course. Students who complete this course satisfactorily will have the option of registering for the DTP course (with the permission of Dr. Edwards). Southern Connecticut State College will list the DTP course as Health Education Independent Study in Drug Education, an elective on the graduate and undergraduate levels. A student could take the DTP course during any convenient two-week period. The course will carry three credit hours and the grade would be determined jointly by Dr. Edwards and Mr. Clifton. It is hoped that all Southern Connecticut State College Health Education majors and graduate students in the Drug Education course will take advantage of this opportunity.

The combined effort affords the opportunity for two institutions of higher learning to coordinate efforts in presenting a training sequence that will prepare teachers to develop and conduct effective prevention programs in schools.

COURSE OUTLINE FOR LEADERSHIP TRAINING I

It will be expected that everyone participating in this course will turn in a written statement, after they have led a group, concerning their evaluation of themselves as group leaders.

October 21 - First Session"Introduction"

1. Overview of course - What are the participants doing within their institutions?
2. Overview of group philosophies.
3. First session in groups.
  - a. Pre-affiliation (small groups)
  - b. Establishing trust
4. Garland reading assignment.
5. Written assignment - What are the leader's goals and role during the first stage of group development?

What was this role within small groups in comparison with role of other members?

Describe your behavior as either a member or a leader within your small group.

6. Collection of tuition.

October 28 - Second Session"Pre-affiliation - First Stage of Group Development"

1. Beginning stage of group development.
  - a. Role of leader
  - b. Expectations
  - c. Trust
  - d. Role Play
2. Small groups

November 4 - Third Session"Leadership Styles In Groups"

1. Member - Leader

page 2

November 4 - Third Session (con't)

2. Tavistock
3. N.T.L.
4. Group work
  - a. Discussion of styles and application for particular settings.
  - b. Small groups

November 11 - Fourth Session"Second Stage Of Development - Power and Struggle" -

1. Direction for group
2. Individual within group
3. Testing of authority
4. Mastering group activities
  - a. Role play above
5. Small groups

November 18 - Fifth Session"Problems Within Institutions That Affect Groups" -

1. Administrative
2. Who do you want to help?
3. What are you trying to change?
4. What are your stated goals?
5. What are your unstated goals?
6. Who do you need on your side?
7. How do you start a program?
8. Small groups

page 3

December 2 - Sixth Session"Third Stage of Group Development - Intimacy" -

1. Personal development
2. Emotional investment
3. Dependency on group
4. Competition for attention
5. Clarification of feelings
6. Give up individuality to group
7. Small groups
  - a. Change in groups

December 9 - Seventh Session"Non-Verbal Behavior Within Groups" -

1. Non-verbal exercises
2. Non-verbal communications
3. Non-verbal activities
4. Small groups

December 16 - Eighth Session"Fourth Stage of Group Development - Cohesion" -

1. Free expression
2. Mutual Support
3. Communication
4. Special feelings
5. Power power struggles
6. Dependence from leader

page 4

December 16 - Eighth Session (con't)

7. Self-evaluation
8. Small groups

December 23 - Ninth Session"The Leader In Groups"

1. Self-evaluation
2. Why act as a leader?
3. Why group react to leader?
4. How do we decide what type of leader we want to be?
5. Small groups

January 6 - Tenth Session"Fifth Stage of Group Development - Termination"

1. Behavior of leader
  - a. Evaluation, Review
2. Behavior of members
  - a. Regression, Fear
3. Termination and Evaluation of course
4. Small groups

In your small groups, there will be one staff member acting as a consultant. It will be the task of the group to have two members designated as leaders for the first one-half hour in the small group. There will be a task for these leaders to carry out while in the group situation. For the next 20 minutes, the group will then appoint two other group leaders who will lead the group in discussion concerning the evaluation of the previous two group leaders. During the last 10 minutes in the small group, the staff member will lead the group and/or give an evaluation of what has happened in the small group during the past hour concerning the group process and individual performances as leaders.

## EVALUATION COMMENTS

February 15 - 26, 1971

The comments below are in response to the following questions:

- a. How well did the program meet your needs and expectations? What parts would you change? What areas were not covered or not covered adequately?
- b. Briefly describe your group process or team-building experience. Was it a valuable experience? In what specific ways? What did you learn? Will you be able to make use of it?
- c. Have you changed your thinking about drugs or drug users in any way? How have your feelings and attitudes changed?
- d. Will the program have any impact on how you do your job, once you return to your normal setting?

1a. The overall program moderately widened my scope for the need to institute various changes within our program and at the same time it pointed out some very important weaknesses in our program i.e. a tighter structure and more discipline within the organization, that is, with the staff and patients. I am of the opinion that my expectations were too high. I was looking for more positive answers but after being in the program a few days, I realized that there were few positive answers but an emphasis on opening up more positive questions to be resolved by the individual. The basic part of the program that I'm most interested in changing is the field trips and possibly when ex-addicts make presentation, have them not play up the beauty of being strung out. This seems to me to be inviting people to become involved in drugs. There were two basic areas that didn't seem adequately covered and they were: 1) Fund raising and the various avenues open for obtaining funds; and 2) Methods or types of programs that would be most suitable for a particular area.

1b. Group process was a valuable experience for me because I realized that one can't put his values on someone else and expect them to take/value them as you would. Meaning that if I have an attitude about an issue, someone else shouldn't have the same attitude about it for the same reasons. (My trend of thought was broken by a conversation in the front of the auditorium!!!)

1c. My thought about drug users have changed to that drug dependency is not a desired thing but a mishap. There are reasons for the use of drugs and it is these reasons that need to be dealt with and not the use of drugs parse.

1d. Yes. Our program will be almost entirely revamped to basically a withdrawal program and a therapeutic community.

\*\*\*\*\*

2a. Very good coverage for my needs (Drug Dependence Unit at hospital).

Well covered: 

1. Sociological and psychological
2. Methods of treatment, both psychiatric and methadone
3. Various types of organizations involved in treatment
4. Prevention and education programs

Suggestion: 

1. Could be more compact
2. Some subjects listed on schedule were not really covered-- the sessions went off on a tangent.

2b. A valuable experience: 

1. Exposure to group technique
2. Exposure to subject matter often covered in the group process.



2c. I was very impressed by the ex-addicts on the staff of the DDI, both those who had gone through the methadone approach, and through the Daytop approach: intelligent, personable. Good evidence of the intrinsic value of the persons and the efforts to "salvage" them.

2d. Yes, an impact! As indicated in answer to question #1 above.

P.S. Some articles in the reader were very good, particularly articles on amphetamines and barbs (from the J.A.M.A.), and the last article in the book, on types of groups.

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3a. The program met my needs in terms of making me aware of various treatment possibilities for drug addicts, though I had hoped to get a better sense of which kinds of drug addicts do best in each kind of program so that I could have a better idea of what to base treatment recommendations in pre-sentences. Also, I have sometimes pushed an addict toward methadone in counselling sessions to find that the screening group felt the addict was inappropriate for methadone. I wish there had been more time spent on what reasoning goes into screening for the different groups. I wish also that some time had been devoted to the special problems -- including special psychological problems of the female drug addict. The program did confirm my suspicion that a probation officer should take a more authoritative approach toward drug addicts.

3b. In my group process, I personally was forced to come to terms with my self-defeating behavior of aggression directed against me and this was a valuable thing to become more sensitive to. I feel like I will be able to use this awareness as a stimulus to find a better way of relating to the (male) power structure in the probation department. I feel that this experience could have been more valuable to me if Hank Mandel were more sensitive to Women's Liberation issues and to how the stereotypes of proper female behavior has in the past contributed to white racism. I learned a lot about why group process is a useful tool in the treatment of drug addiction i.e. the holding power of a group and the power of group approval censorship as an agent of behavioral change. I got some insight into myself as a counsellor in that I identified a kind of person I would best deal with by not working with.

3c. My attitude toward drug users and drugs was not changed in any particularly big way. I think I see the addict in general as slightly less psychologically sick and more of a sociological victim.

3d. Yes. I will be tougher on drug addicts in that I'll try to put on more pressure to get them into treatment. Also, see answer to #2. I saw new reasons why my volunteer program with non-drug addicts is slow in starting.

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4a. The program met my needs very well. Provocative and informational. Would schedule Daytop during the week. Would spend all day in New York to allow more time at Horizon House and Harlem Confrontation. Possibly 2 night sessions each week instead of all during same week.

4b. Would possibly break into small groups earlier for a few sessions and then combine the groups. Would consider a "marathon" type session to start with, maybe the first day 9 - 9 o'clock. The methods used served to accomplish the goals of the Institute. Learned some techniques that I will be able to incorporate with individuals and groups. Also identified some personal shortcomings.

4c. Yes, I have changed my thinking about drugs and users. I am much more liberal. Have always felt that some "legal" drugs and drug users pose a greater problem than the "illegal". Also, can't legislate decision making. Also, that drugs are a "symptom" of much more profound social ills that have to be dealt with.

4d. Yes. I think I'll be able to begin looking at drug users as people rather than as criminals or freaks. It may help me to "reach-out" more effectively.

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5a. Most informative. Not so many field trips planned for one day.

5b. I would have preferred a smaller group.

5c. My feelings have changed toward the drug user. I can see why, in many cases, they had turned to drugs.

5d. I would hope that the program would have an impact on me.

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6a. The program was excellent overall. The one aspect of what I consider to be poor planning was to require the interns to report to a building some distance away when it would have been easier for the speaker to move. Wasted time. Possibly more time should be spent identifying and understanding group dynamics in order to help the interns in their future dealings within the community.

6b. Excellent. It was valuable in helping me to evaluate myself as a person and my relations within a group. It identified the problems to be expected when functioning within the community. I am certain I will be able to make use of it in my everyday dealings with people.

6c. My attitudes and feelings were reinforced. I developed strong beliefs from attending Drug Abuse programs at the Univ. of Conn. and Univ. of Hartford. This program has added to knowledge and understanding of the overall problem which is often identified as the "Drug Problem".

6d. The one thing the program was unable to do was to help me determine how much commitment I am willing to expend at the expense of my family and job.

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7a. I believe, think, and feel that the program was very meaningful, valuable. I feel capable of having a constructive process of facilitating the community to deal with itself.

7b. My personal growth here resulted from 2 days of group and 2 weeks of informal interaction in group settings with the people in the group which I felt. I see groups now as a resource for my personal growth and awareness. I have begun to reach out to people for support. I have dealt with some basic issues with more honesty and have made different choices: choices that are self preserving rather than self destructive.

7c. I have more respect for the human as human with potential for growth no matter where he is coming from. I don't feel so distant from these people because I have learned that we all have the same common human problems.

7d. Yes. I feel more capable of dealing

8a. I would rather answer this at a later date. At this point in time I am confused. I need time to sort things out in my own mind. Without hesitation a most worthwhile experience. I would like to see more technical pharmacology.

8b. I did experience attitude changes with regards to myself (to include self image) others, (as individuals) and the group as a whole. I certainly hope to use this attitude change in my evaluating the etiological factors of the "drug problem".

8c. Yes, positively as concerning attitudes towards drugs, drug users, homosexuals, sociopaths, etc. I feel they are clinical symptoms of a people illness. Treat the illness, not the symptom would be the approach.

8d. It is bound to to have ~~had~~ had an impact on my job. Again I am so confused. I need a few days to organize my thoughts. I cannot at this time describe the degree of impact. I am certainly a better person, (how much?) I'm sorry. Thank you all!!

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9a. It went a long way in helping me see the scope of issues and programs. All day trip during first week -- but not next to last day. I needed to see an overview of drug problems and programs. It filled this need.

9b. Very valuable experience. Helped me focus on myself and see problem areas in relating to others -- including authority issue, sexuality, and feelings of inadequacy, insecurity and inability to share feelings with others. Helped me see sexuality issues as fantasies which in some ways had been deterrents to the learning process. Although my experience as a group leader lacks elinical expertise and understanding, I will be able to lead groups and confront members on attitudes and feelings.

9c. These 2 weeks have helped solidify some feelings and thinking that I already had, and it also raised some questions which I can't answer right now. I don't think that heroin should be legalized, and do think that marihuana should be legalized. These remain as they were before I came. Yet, I have been helped to see the need for broader understanding for drug users and the need for education on a wider scale for the general community.

9d. Yes, it will have an impact on my job. Initially through my relations with staff and clients. (Group process fosters an openness and trust which I intend to use more with staff). If certain external factors break right, I expect to be running a training institute on drug abuse on an ongoing basis.

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10a. Program didn't meet my needs as well as it could have. Had more time been spent talking with kids who were abusing soft drugs, this would have been more valuable to the Windsor group. I would eliminate some of the field trips. Would suggest future programs giving trainees a chance if possible to either observe or lead student groups.

10b. I think our group (Windsor) should have been split in half (2 smaller groups) for part of the time and group process introduced earlier so we could function more adequately as a team on program planning. Group process was introduced too late. Some people were left hanging with negative feelings that the group may have been able to help them deal with had we had more time. I didn't learn a great deal from this experience, partly because I had previously been involved in some process groups. This reinforced some of my previous experience. I think each new process experience makes me more aware of other people's problems, needs, feelings, etc. and enables me to relate to others in a more sensitive way.

10c. Yes, to some degree my attitudes changed about pot. I wasn't too concerned about pot being a "problem" when I came and I see it as even less of a problem now.

10d. Yes. I want to be involved as an agent for change, especially within the school environment. I think the program reinforced some of the things I am already doing as being positive -- e.g. small discussion groups.

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11a. I felt I wanted more on research in pharmacology, physiology and structure of group dynamics.

11b. It gave me a rare chance to look at myself. It made me review the fact that others may see us in many ways. I wish I knew more about what was going on in the various approaches.

11c. Some on the societal problems (Changes in thinking). I really had not been convinced of the destructive effects of some schools.

11d. Some effect. I see the need for total community involvement.

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12a. I felt that this program almost fully met many of my needs. Dealing with hard drugs, I felt that some of the information was in a way irrelevant to me. I would change so that it would obviously more fully complete this need. In so far as the field trips are concerned, I think that it might be more beneficial if presentations weren't necessary, and in their place would come things such as tours of the centers, and confrontation with the people (residents).

12b. I think that the group processing was a very helpful and meaningful experience. Though I can't relate specific ways off hand, I can say that I have a better understanding of myself and others. I will hopefully be able to apply this knowledge to behavior. Of course my attitude has changed in certain areas, but attitudes aren't worth much without complimentary behavioral change.

12c. I haven't changed my attitudes about the drug user, insoch as I have added some relevant things to them (paco, etc.). I feel that I understand the whole drug scene a bit better than I did before.

12d. Yes it will. I feel that it will have a great impact. Being Executive Director of a growing drug program, the decision making body is your truly. I'm only happy to see some of my assumptions reconfirmed and others questioned. It will make for wonderful debates between me, myself, and I. It will also



13a. I think that the DDI was really great. I didn't know very much when we came down, but the program helped me understand topics in all aspects of the drug problem. The parts of the program that helped me understand topics in all aspects of the drug problem. The parts of the program that helped me most were the group-process and the field trips because they helped show how important other people really are. My only criticism of the program, is that I think we should have spent more time on the field trips to talk with the residents and to see the house.

13b. I think the group process was terrific. It gave me a chance to relate to other people and listen to their ideas. The reason that I couldn't say that it was a deeply meaningful and a positive experience was because it was really frustrating, and I still am not able to sort out my thoughts. I learned basically that people have to be accepted for what they are, and not some phony title. By being able to accept each other, we can work as a team to set up an effective program.

13c. Yes. Being down at DDI, I've gotten both sides of the drug problem -- before I thought all drugs were bad. I can't condemn or condone drug use now; I guess its a matter of separating facts from feelings. I can see now that drug users are regular people who have problems like everyone else -- they're not special.

13d. Yes. It will be easier to relate with all people I come into contact with, especially my friends who use drugs. The program has also helped me in learning about pharmacology, and will help sort out my thoughts about drugs as well as helping others to sort out theirs.

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14a. Firstly, I had not any idea what I was coming to so I cannot answer the question about expectations. I feel that more contact with the people directly involved in the programs (i.e. patients) would have been helpful. Though we did meet with quite a few patients, it was only during the last few days. I feel a formal presentation of marihuana including both groups I and II would have been valuable. I would change certain aspects; namely, to involve the entire group, in discussions together more often. Personally, Windsor's opinions are rather worn out.

14b. The team building experience was at first very confusing, but I loved every minute of it. ...especially Norman's put-downs. They were constructive and directed a person to expressing himself in a more specific, meaningful way. I learned that others have many of the same experiences (i.e. insecurity) that I have, "even if they are adults". I found out I was prejudiced against adults, but this team building seems to have alleviated this problem, through the conversations between group members. I feel I will be able to make such use of this experience; particularly in clarifying my opinions and relating to others. (This evaluation sheet is probably the paradox of the last statement...but give me time.)

14c. My attitudes toward drug users has not changed, but my feeling about drugs has. Previously I didn't know what I personally agreed, or disagreed with. Right now I feel that LSD, speed, and heroin are very harmful. I believe marihuana is acceptable to those who wish to use it and I feel that it should be legalized. But I also believe that I shouldn't press my ideas on drugs on anyone else.

14d. The program will have an effect on me in my normal setting. How? I am not sure, but it will. (P.S. I am sorry for my invalid reactions)

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15a. Re-evaluation of group process, team building. Seventeen is too large a group to deal with. The approach that this is too large a group and, therefore, will lead to frustration is very negative. If the goal is to develop a team, it would be better to use positive methods rather than negative. Field trip to New York should include VITAM in the afternoon, early dinner and Harlem Confrontation House in the evening.

15b. Also schedule trip to Daytop in the program. Windsor group was not aware of the evening involvement and would have been able to plan better for attendance if schedule was known in advance.  
(No answer to 15b)

15c. My feelings about drugs haven't changed. I know more and have a much better understanding of drug users.

15d. Yes, as it has given me some new insights to the problems of communication between people and possible ways of effecting a change in these people.

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16a. The program is designed to meet the needs of specific groups. I did not have expectations about the program but I was hopeful that I could find a place to fit in as an individual rather than part of a specific group i.e. social workers,... I had to pick parts that would apply to me. For a parent, I would try to present more home and family programs. I would have more interaction between the two groups who were attending this session and thus have more information to work with. Don't schedule so many field trips in one day. Everything runs together.

16b. The group process experience was the most valuable part of the program. I am silent by nature, but empathize with most people. I observed many ways to draw people out or to relate on to use their experiences. Our group was reluctant to focus on issues or goals so it was difficult to see an end result. The most valuable things I learned was to realize problems that will arise in group handling and attitudes and find some way to deal with these situations. I sincerely hope I can make use of techniques that I observed here. Being a part of the group in itself is a valuable experience.

16c. I haven't changed my thinking about drugs. I still feel that drugs are a symptom and I am sorry that anyone has to turn on with something other than life itself. The hard fact is that life is turning too many people off. This is the real basic, difficult problem

16d. My "job" demands lots of feeling and I certainly hope that I can transmit what I feel after these two weeks to more people. I want to see some results of changes I might be able to make.

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17a. Since I didn't know what to expect, I didn't really have any expectations except the group process which I thought was to be a sensitivity type. So in only that area was I somewhat disappointed. I would select the field trips more carefully, because many were redundant. More talking to the addicts would be more helpful. The legal aspect was too general. Explain the new laws specifically.

17b. My group process seemed very frustrating and futile at times. The team building was to help us, but we didn't stick to the question & chaos arose in my mind. At the end of our stay, group process changed, and people became more open and honest. It was helpful because now I will try to be more open, and honest with others. As a team building experience, it will be difficult to say what I learned.

17c. Yes. Before I came here my thinking on drugs was not existent definitely. I now have a lax attitude toward pot, but harder drugs I still would be weary of. My attitude now is that drugs are a symptom of something else in the person's life and environment. Something else must be created for people who could fall into the trap of hard drugs.

17d. When I return to my normal setting, I will be a student. This program will help me to be more open and also be able to listen to all others who talk. Also if I know someone who is taking drugs, I will try to listen and help him cope.

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18a. I expected the traditional university method of any given program, and was told that it was a learning experience of doing and interacting with each other. There are still many unanswered questions. How can I implement the knowledgeable information I attained here? How can I revamp curriculum, restructure structure, reform obsolete policies. Values and principles and goals are vague. How to motivate, since motivation is important.

18b. It was a positive meaningful experience to me, for during this period of time, I was free to relate as a person -- a whole genuine person with deep feelings, emotions and reason. It was a give and take challenge, in which I could have option to leave or remain a member of the group. The learning process is within myself. That although the other members or persons are very much like me, they are not me, and any change needed must come from me. The respect for the person is also very evident throughout. I would like to use it and I am sure I can and will.

18c. Yes. The information on drugs -- basic knowledge -- is of great worth to me. My attitude has changed in that people get into drugs for varied reasons of their own. Understanding of our society, youth's frustrations, and needs are essential or the factor that must be considered for any kind of prevention program.

18d. To a certain extent, yes. This program is a tremendous learning experience for me.

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19a. Did not adequately help deal with what schools are doing in contributing to the student alienation and perhaps the drug abuse problem. (And with ideas and conversations that help formulate positive approaches to dealing with this) I would have liked to have heard some people who actually are attempting to work in schools.

19b. The group process was quite confusing. It evoked a variety of feelings -- often quite intense, but was not always helpful in dealing with these or helping an individual or a group understand some of the feelings evoked. Also, I think that the group was not aware of the differences between group feelings and feelings that go on outside of a group -- in other words -- it seems hard to interpret and apply knowledge gained from the group experiences.

19c. Yes. The extent to which drug users feel the same pressures as others who do not use drugs was quite evident. Out of many ways of dealing with problems and feelings -- drugs happen to have been chosen by a few -- I felt much more in tune with the people we talked to and less like they were so different.

19d. It has increased my feeling of the lack of empathy and sensitivity among people -- awareness of this I hope will help increase my ability to establish a human relationship with others. (.....?????strange???)

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20a. The program met most of my expectations rather well. The sessions were a little long but meaningful overall. I think that the program should be broken into groups in terms of the types of drugs or addicts one will be working with and that those who will be working with heroin addicts should be subjected to encounter groups since that is the kind that will be used more extensively in their programs. The field trip should be given more time in one place and perhaps should be stretched over a two or three day period (maybe that weekend in the middle.)

20b. The group process was very valuable in that it helped me to become more aware of my inner feelings. I think now that I can communicate these feelings to others more openly. The experience and knowledge gained in group process will be used to make me a better administrator and hopefully to be able to better cope with those feelings toward my authority that those working under me have.

20c. I have always thought of drug users as individual persons who are a part of our society rather than an outcast. I still feel this way only more so, because now I can fully see the creativity and productivity that they have within them. Having seen what I have, I guess that I am much more angry at society for making these outcasts in many ways. It irks the hell out of me!!

20d. This program will have a very great impact on my job once I return. It has given me a far greater knowledge of drugs and their effects, knowledge of the psychology of the user, knowledge of programs and knowledge of myself. All of these will be utilized to my fullest ability upon my return to Durham.

Field Trip:

1. The eating place was lousy.
2. People got high before going to Confrontation House.
3. Not enough time to rally talk to residents of houses of outpatient centers.
4. Needed briefing on House before we got there.

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22c. No. I think I was rather liberal before I came.

22d. Yes.

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23a. Change the number of Windsor participants to 10. Please do not have two lectures in a row. Redesign New York Field Trip!

23b. Valuable in that it helped me see my impact on groups and my need to change behavior interaction to become more effective.

23c. Radical change here. From a typical emotional fear reaction focused only on drugs, I have moved to a more balanced approach—understanding of drug culture, understanding of self destructive behavior, reappraisal of drug laws, confrontation of my own dependency patterns, and clarification of my own values.

23d. Yes.

Willingness to learn group process techniques and experience more groups. Greater awareness of group conflicts, more tolerance of differing positions. Understanding of the need to plan strategies to promote changes in the school system and community.

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24a. I would like to have had more in-depth presentations of current research findings on the various forms of street drugs. For example, I found Dr. Delgado's lecture very stimulating, but very frightening in terms of possible future uses in areas of control. I found the group process experience very helpful in terms of placing me in the role of participant instead of consultant (which is my role in the program at home.) The program reinforced many things that I am already doing and stimulated me in many new directions.

24b. My group experience was a most beneficial one that helped me to understand many things about myself. 1) My role in terms of authority and the ways of dealing with this. I learned that I wanted to bring our consultant into the group and help him to become a part of the group as I felt he wanted to be. 2) I dealt with my feelings of sex in relationship to what takes place in relationship to the giving of oneself to others. This was something that as a father, I had always "coped" with in the traditional way, but never really "dealt" with the ways that I was attracted to and by other women besides my wife. I feel that sex is a very big illusion that 2 people might feel that will bring them into union. But without love, this can be very damaging. With love, it is a very beautiful way to communicate and to give of oneself very fully and completely. 3) I also dealt with my "selfish" feelings and my role as a minister in terms of "saviorhood". I usually place myself in the role of "saviorhood" in terms of meeting others needs instead of having my own needs met. This one, I will continue to deal with after these 2 weeks. 4) I also learned that I really don't like goodbyes. I usually become very emotional and suffer a lot of pain. I put up my defenses on this one and internalized and reflected rather than experiencing the pain. That was a very different role for me, but it was good to try the role out.



24c. No change. I felt very much the way the DDI feels before coming.

24d. Yes. I feel that I am a much better person. I will go back and continue to tighten-up our program in Greensboro.

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25a. My expectations concerning the program were based upon false assumptions and attitudes concerning drug dependence. Consequently I expected a rather formalized method of instruction primarily based on the lecture and observation method of instruction. I also expected to receive a large amount of qualified data for use when I returned to my job. I found during the course of the program that my expectations were changed and, as a result, my particular needs. These changed needs and expectations were in fact met. I did not feel that any areas were not adequately covered.

25b. Group process was the most valuable experience I had at the institute. The concept that an individual must "get himself together" before "getting anybody else together" is valid. I found myself constantly relating my experiences in group process to myself, my job, and family situation. In addition, I was able to relate group process experiences to the development of a drug abuse prevention program at my base. I will be able to make continued use of the experience and hope to continue the group process in the future.

26b. Prior to attending the institute, I thought of drug users as being "different" from other people who did not use drugs. My attitude was that they were unable to cope with life because of their own personal inadequacies; I now view drug users as faced with the same problems as I am and simply reacting to them in a different but understandable way.

26d. I am unable to evaluate the impact at this time. However, I expect that the impact will be great.

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27a. I had no real expectations. The program does not fit well to Air Force needs, but I expect the major fault for that is the Air Force. I would definitely change the field trips: make them longer, fewer, and with small groups. I would like to have gotten more information on "soft drugs" -- i.e. most current research, societal implications, etc.

27b. At the present I view group process as a very intense personal experience a chance to learn much about myself and a little of my appearance to others. What exactly I learned or what use I will be able to make of the experience I cannot really guess.

27c. My thinking about drug and users have changed in that I am more informed yet more confused. My attitudes have changed in that the moral issues have become less defined, i.e. black and white no longer exist -- everything is gray.

27d. The program's impact on my job will be indirect because of the nature of the job. I hope to influence the nature of the program from what I have learned but do not expect to be able to have more than small voice on how it is done rather than what exactly will be done.

28a. Since I came in ignorant to most areas of hard drugs and many soft drugs, I expected to get some background and understanding. I feel that this expectation was met for the most part. I would have liked a session (clinical) on soft drugs which dealt with symptoms of different drugs in users. Another area of concern is that there should be reflective periods after a session of group process. Maybe just a half-hour to get one's head together. It was hard for me to "hear" the 11:00 - 12:00 lecture or discussion because I was still dealing with group. Perhaps have lunch following group! After a while I got tired of hearing the same reiteration of the methadone program, with speakers doing the true confession like A.A. meetings. Would rather meet in small groups with ex-addicts rather than large group programs.

28b. The group experience was valuable because it reinforced insights into behavior that I've heard before but obviously haven't "learned." The Gibbs theory of I,C,A, was brought home again in my own reluctance to initiate action in groups. The feeling that "being sensitive", caring in open ways rather than professional ways is a "weakness" was somewhat dealt with and maybe I can learn "gut-wise" that it is a strength and operate out of that. The "responsibility bag" is still something that scares me but the risks will be taken. Also like using new techniques of group (Tavistock, encounter) since I had no experience with this type of group. Learned some new "feedback" techniques like "prescription" and non-verbal. Team-building wasn't applicable to me at this time.

28c. Not really except that maybe I'm still too soft in dealing with them and not mad enough at the society which is causing drug escapees.

28d. Not immediately but will be used as resource when I finally get situated. The personal growth insights naturally will be used in my dealing with people -- at least I'll reflect upon my "affecting behavior".  
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29a. Since I am not responsible for implementing a program or treatment facility, my expectations and needs were to re-examine my own attitudes towards drug usage and eliminate some of my ignorance in the area. The program provided me with a helpful context in which to do this.

29b. I was involved in group process rather than team-building. It was definitely valuable to me. It provided me with plenty of feedback as to how I come across or don't come across to people. I experienced a developing respect for individuals while not necessarily accepting or while challenging their positions. Easy to intellectualize, not often encountered. I also learned something of how groups operate.

29c. I will tend to think about drugs and drug users in the context of the total community picture, and to try to stop falling into the pattern of seeing "drug-users" first and individuals second.

29d. I hope it will make me relate more to students as individuals; I have found that to be a constant problem in classes of 25-30 students when the class is skill-oriented. Realistically, the above conditions won't change drastically.

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30a. My expectations were not really clear to me, but I did expect that the approach I would get would differ from a strictly traditional approach i.e. to impart the evils of drug abuse. I would change the field trips in some way if I were to change any part of the program. I would prefer to visit one or two places and get some feel of them.

30b. The team-building experience was many times frustrating and confusing for me. On the whole, however, I felt that the overall effect was positive. My confusion came from different sources: 1) My own orientation toward using this experience to improve interpersonal relationships. 2) The leader's design that the group be task oriented. 3) the confusion within myself and within the group around identifying the task. Even after this task orientation was tolerated by the group and programs were outlined, I still felt some questions about these programs. The few times that the group was involved in process were threatening to me on occasion. I did not really feel ready to share some of my deepest and personal feelings with the group as a whole -- feelings which I could share with one other member or possibly in a small group if I had developed enough trust in them.

30c. I don't believe that my thinking about drugs or drug abuse has changed radically. But I feel that some of my own ideas, attitudes, feelings were clarified for me and that these were expanded to enable to look at other ideas, feelings, and attitudes.

30d. I think that it will help me to relate to the people I work with in a more open way. I have been striving to do so, and I think this will help.

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## DRUG TRAINING PROJECT

Date: May 24, 1971

To: Chairman Department of Psychiatry, Eastern University

From: George Clifton, Director DTP

Subject: Renewal of Contract

This memo is a compilation of DTP service to Eastern and to the interests of Eastern. We realize that the high quality of our program is dependent mostly upon the excellence of DTP staff members, but greatly upon the, availability of the resources (intellectual and physical) of Eastern. We have therefore made a conscientious effort to develop programs that coincide with the priorities of Eastern.

This has not been difficult to do because our interests are in few instances different from those of the University - we are part of Eastern. We reach in and out of the Eastern community as do other nationally significant components of the University.

DTP has made significant contributions to knowledge and has been heavily involved in areas that Eastern traditionally dedicated itself to, i.e. Teaching, Training, Research, Student Support and National Service. Following is a brief outline of DTP's contributions in these areas:

TEACHING

- EPH 146 Introduction to Public Health (Project Group)  
Medical School
- HE 187 The American City
- CSCC 48b Psychiatry and Insanity: A View from the Social  
Sciences Undergraduate
- Rel 471 Psychiatry, The Church, and The Community  
Divinity School
- College Seminar - The Psychology of Drugs Undergraduate
- Tutorials - Medical Students, Public Health and Divinity Students
- Internships - DDI Two-Week Training Program, available for  
credit to all Eastern Students

Clifton, G, "Community Demand and University Response: The University Based Drug Treatment Program", (submitted for publication: International Journal of Addictions)

Kinsella, K., "Confidentiality and Drug Education", International Journal of Addictions, Spring 1972

Cook, Andrew, "Attitudes Toward the Heroin Addict, the Alcoholic and the Drug Problem: Before and After a Course at the Drug Training Project", (unpublished M.D. thesis, Eastern University Medical School), 1971

#### Major Lectures and Presentations -

(Clifton)"The Pharmacology of Psychoactive Drugs", New England Conference on Law Enforcement, September 14, 1970

(Clifton)"Training of Drug Dependence Professionals", New England Governors' Conference, September 15, 1970

(Clifton)"Problems of Adolescence", Annual Meeting of the New York State Mental Health Association, October 12, 1970

(Clifton)Discussant - "The Turned On Crisis", NET Television Series, November 14, 1970

(Kinsella) "In-Service Training in Drug Education", presented at the University of Oklahoma, School of Medicine, February 25, 1971

(Potter) "Drug Dependence Prevention", Yale Club of Greenwich, February 27, 1971

(Clifton)"Social Pathology and Adolescent Response", Yale Club of Greenwich, February 27, 1971

(Brooks) "Suicide in the Black Community", American Association of Suicidology Convention, March 19, 1971

(Brooks) "Sensitivity Training in the Black Community", Annual Conference of Orthopsychiatry, March 23, 1971

(Clifton)"Consumer Oriented Consultation and Training", Annual Conference of Orthopsychiatry, March 23, 1971

(Clifton)"The Prescription Conspiracy", Conference of Connecticut State Medical Society, March 31, April 1, 1971

(Clifton)"Pills, Potions, and Pot", Connecticut Dental-Pharmaceutical Annual Conference, April 21, 1971

## TRAINING

Internship - Open to all Eastern faculty and non-professional staff. Content is geared to specific needs.

Special programs have been offered and are being planned for teams of Eastern Staff. These include teams from the Divinity School, Community Division, EBTU, ETS, and Inpatient Unit.

Supervision of Residents - Medical School

Legal Clinic - Special full-time legal internship for Eastern law students.

## RESEARCH

DTP Evaluation - Evaluation of DTP impact on individual trainees and on social institutions. Investigation of the relationship between attitudes and behavior. Investigation of new learning techniques. (DDI Evaluation Unit and Staff)

Survey Research Project - Investigation of change in drug use incidence and patterns that follow development of DTP prevention programs in public and private schools in the State. Epidemiological study of drug use in the greater Elm City area.

Library - DTP is developing an extensive library of books, periodicals, papers and films related to group behavior, adolescence, education and drug dependence. This library is utilized by Eastern students and faculty.

Publications - During its short life DTP has stimulated a number of writings by DTP staff and Eastern students, among these are the following:

Clifton, G and Kevin Kinsella, "Integrating Didactic, Inductive and Group Process Learning Techniques in Drug Education", CEA Journal, October 1970

Clifton, G, "Consumer Oriented Consultation and Training", American Journal of Orthopsychiatry, Spring 1971  
(accepted for publication)

Clifton, G, and L. Branford, "Use of Groups in Education", Chapter in Drug Abuse Education, Prentice Hall, Fall 1970, Edited by Randolph Edwards (accepted for publication)

(Clifton) "New Dimensions in Education", Annual Meeting of the Ulster County Mental Health Association, May 5, 1971

(Clifton) "Community Demand and University Response: The University Based Drug Treatment Program", Convention of the American Psychiatric Association, May 6, 1971

(Dayton) "New Directions in Treatment", American Psychoanalytic Association, Southern Connecticut Chapter

(Dayton) "The Theater As An Adjunct To Treatment", National Association of Social Workers, Annual Conference

### STUDENT SUPPORT

DTP offers two graduate fellowships each year. Only Eastern students are eligible for these awards which cover the total cost of tuition and provide monthly stipends of \$300. per student. Beginning in September, we expect to offer two additional fellowships (total 4).

DTP provides part-time employment for two Yale students.

### NATIONAL SERVICE

DTP trains students and professionals from every section of the country. This includes: 1) Graduate students; 2) Military officers from all over the world; 3) Clinicians: Clinical Psychologists, Physicians, Psychiatrists and Psychiatric Social Workers; 4) Supportive Professionals, such as lawyers, sociologists, psychologists, clergy and policemen, educators; and clinical teams from various hospitals, clinics, universities and community settings. The armed services have requested DDI consultation in establishing a special training institute for the military.

DTP has been acknowledged as the best drug dependence and group behavior training facility in the nation. The pedagogical techniques developed here have served as a model for all training facilities funded by LFA and the Office of Education. DTP enjoys a national reputation for excellence.

DTP could not continue all of these activities without the funds from the National Contract. This contract permits us to maintain an adequate staff. Adequate staffing makes it possible for senior DTP faculty to involve themselves in planning, teaching, supervision and research. Adequate funding makes possible the re-allocation of funds for student support.



## APPENDIX XX

DAY 1 CVH

The membership will meet with the trainers at CVH at which time the structure of the training program will be explained. At this time the group leaders will meet with the members in a large room to split into four groups, either: community or administration or ex-addict or direct service staff groups. There will be a maximum of twelve individuals within each group and a minimum of four. People may choose their roles to their liking and/or interest and do not have to choose their group in relationship to their normal working status. THIS FIRST WEEK IS A "ROLE PLAY". There will be rooms assigned to each group and the trainers will be stationed in these rooms from the start of the exercise.

The groups are then assigned rooms to discuss the process of splitting and choosing the type of group that they are.

DAY 2 (at DTP 3-16-71)

The groups will deal with how they would develop and set up a detoxification program within a state mental health hospital. They will deal with this from the point of view of their group, i.e. the administrators will deal with all administrative procedures and set up a structure in a way the administration might deem appropriate. (The administrative group has a second task: to run the Friday (Day 5) community meeting). The rooms at the DTP will be designated by signs on the appropriate doors.

DAY 3 (DTP 3-17-71)

This will be a continuation of Day 2 and a final coordination of each group's plans with the typing up or writing of a structure that could be xeroxed for the following day. Written plans should be left in Mr. M. Dayton's mail box in the lobby by noon of this day. These plans should be well enough written so that they can be understood by anyone who reads them. On the top of every written plan should be a statement as to which group it is from and which group or groups the written material is for.



DAY 4 (at DTP 3-18-71)

During this day the group will receive each other's printed material and will be able to discuss it in order to plan strategy for the following day's confrontation and presentation of plans.

DAY 5 CMHC

(There will be observers during this part of the workshop.) There will be a large community meeting at which time plans will be presented and debated for the development of a detoxification program. This meeting will be chaired by the administration group. (Also during this day there will be a review session by the trainers. During this session the consultants will discuss the process and the development of the one-week workshop.)

The trainers will not be involved with the groups, but will form their own group to observe and comment on the process taking place.

DAY 6 (at CMHC auditorium; 3-20-71)

We will meet in the auditorium again in order to re-group into four teams designated by the group work staff. These groups will be dealing with team building and process so we will be dividing them appropriately. Team building will have the services of Mr. Dayton and Miss Branfordas consultants, and process will be done by Mr. Vinton and Mr. Skinner

These groups will continue through Day 10 at which time there will be another review session held in the auditorium and run by the group work staff. The 7th day of the group experience (3-23-71 --Tuesday) will take place at CVH, at which time we will meet in four small rooms.

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