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## Adolescents' Resource Preferences in Self-Reported Willingness to Seek Help Or Information on Substance-Abuse Issues

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ADOLESCENTS' RESOURCE PREFERENCES IN SELF-REPORTED  
WILLINGNESS TO SEEK HELP OR INFORMATION  
ON SUBSTANCE-ABUSE ISSUES

by

Jodi Maland Falk

A Dissertation Submitted to the Faculty of the Graduate  
School of Loyola University Chicago in Partial Fulfillment  
of the Requirements for the Degree of  
Doctor of Philosophy

May

1992

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By

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## PREFACE

The Chicago-based Music Theatre Workshop (MTW) Under Pressure program is an innovative communication-centered approach designed to involve Chicago junior and senior high school students in considering the problems and prevention of adolescents' substance abuse. The Loyola Center for Children and Families has received a \$306,000 three-year U.S. Department of Education Drug Free School and Communities Program Model Demonstration Grant to evaluate the effectiveness of the Under Pressure program in preventing and intervening in adolescents' substance abuse, and to demonstrate research-based strategies that focus on the specific knowledge, skills, and other factors that protect individuals from drug and alcohol use and abuse.

The major objective of this study is to provide a basis for the classification of adolescents in terms of their sources of drug and alcohol information. Specifically, this investigation is designed to examine: To whom will adolescents turn should they encounter problems or questions concerning drugs or alcohol? This investigation examines how ethnicity, gender, and grade level influences an adolescent's willingness to seek guidance from parents, school counselors or peers with drug-related problems or questions.

It is the author's intent that the identification of adolescents' help-seeking resources will lead to more

effective drug-prevention programs that meet the needs of specific target audiences and are within current resource realities.

## VITA

The author, Jodi Maland Falk, was born July 12, 1955 in Santa Monica, California.

In September 1973 she entered California Lutheran University where she received a Bachelor of Arts degree in Liberal Arts Education in January 1977, and a Master of Science in Education degree in May 1981. In 1973 she was granted the Augustana Fellowship Award, and in 1974 through 1977 the Ahmanson Foundation Award. In 1979 she was elected President of the California Lutheran University chapter of the Child Mental Health Organization.

In August 1988, Ms. Falk entered Loyola University Chicago as a doctoral student in Educational Psychology. She was granted a Graduate Tuition Fellowship and a Graduate Research Assistantship from 1988 through 1992. In 1988 she was elected a student affiliate of the American Psychological Association and in 1989 she was inducted into the Loyola Chapter of Phi Delta Kappa. In addition to completing her doctorate, Ms. Falk is currently a lecturer at Loyola University Chicago.

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## CHAPTER I

## INTRODUCTION

Adolescents' experimentation with a wide variety of illicit and controlled substance appears to have become an integral part of the coming of age in America. Unfortunately, this experimentation often leads to regular use and, for all too many individuals, may result in both psychological and physiological dependence. Treatment programs designed to help individuals achieve total abstinence, or modify their pattern of use, appear to be only moderately effective, with virtually all programs being plagued with high rates of recidivism. Consequently, it is desirable to develop effective substance-abuse prevention strategies. However, the development of such strategies remains an illusive goal.

Although it is generally agreed that drug education is an important component of an integrated approach to the prevention of substance use, evaluations of prevention programs have produced mixed results. Several programs have been shown to positively affect knowledge and occasionally attitudes (Sarvela & McClendan, 1987; Lavik, 1986). However, the underlying assumption of traditional drug education approaches that knowledge leads to attitude change, which, in turn, affects behavior, has not been supported (Allison, Silverman, & Dignam, 1990). Furthermore, the majority of evaluations of drug-education

programs have not reported statistically significant findings relative to the effects of education on drug-use behavior (Newman, Mohr, Badger, & Gillespie, 1984; Klitzner, Bamberger, & Gruenewald, 1990). In fact, some education programs have been associated with increases in adolescents' substance use (Kinder, Pope, & Walfish, 1980; Sarvela & McClendan, 1987).

Although researchers have attempted to explain the relative ineffectiveness of adolescents' substance-abuse prevention programs, they have ignored adolescents' attitudes toward those who administer the programs. Notwithstanding that the success of any drug-abuse prevention effort relies upon a receptive audience, we know virtually nothing about an adolescent's willingness to turn to school counselors, parents, or peers for help with drug-related problems.

Accordingly, this investigation is designed to examine: To whom will adolescents turn should they encounter problems or questions concerning drugs or alcohol? Further, this investigation will study how ethnicity, gender, and grade level influence an adolescent's willingness to seek guidance from parents, school counselors, or peers with drug-related problems or questions.

#### Purpose of the Study

The study of individual differences in help-seeking behaviors is a prominent concern of research investigators,

treatment providers, and policy makers (Fagan & Chin, 1991; Maddahian, Newcomb, & Bentler, 1988). That is, the study of which individuals will use which available social resources (e.g., friends, community health agencies, and telephone "hotlines") and under what conditions has implications for prevention and intervention strategies, for assessments of perceived social needs, and for service provisions and delivery. Recent research on individual differences in help-seeking behavior has focused on differential utilization of community resources by gender (Leaf & Bruce, 1987; Kessler, Brown, & Broman, 1981) and by ethnicity (Broman, 1987; Black, Paz, & DeBlassie, 1991). Broman (1987) has reported that the consideration of problem areas such as mental health, physical health, or financial difficulty is necessary to account adequately for individual variation in professional resource utilization. The focus of the present investigation is on the specific problem area of alcohol and drug abuse, and the perceptions of adolescents as to which help-seeking resources they would use if indeed they were having substance-abuse difficulties.

Adolescents' perceptions of help-seeking resources for substance abuse are of interest for several reasons. First, adolescents' drug use is prevalent. The 1989 National Institute on Drug Abuse High School Senior Survey reports that 54% of high school seniors have tried an illicit drug, and 33% have tried an illicit drug other than (usually in

addition to) marijuana. Roughly one in twenty seniors (4.8%) have tried crack cocaine. Thirty-five percent of seniors have had five or more drinks in a row at least once in the preceding two weeks, and such behavior tends to increase among young adults one to four years past high school (Johnston, O'Malley, & Bachman, 1989). Thus, the availability and utilization of help-seeking resources for substance abuse has practical implications. Second, it is important to study the early, formative attitudes and beliefs of adolescents toward helping resources. The development of beliefs may be conceptualized within a social-cognitive framework (e.g., Shantz, 1983; Youniss & Smollar, 1989) because help-seeking behavior may reflect beliefs about the role of the self in relation to society. Specifically, help-seeking behavior may reflect a self-image as socially competent or incompetent, and a view toward the environment as supportive or alienating. These beliefs and attitudes in adolescence may continue into adulthood and may influence social resource utilization during this period of lifespan as well as during adolescence. Third, the study of perceptions of help-seeking resources among adolescents for substance abuse may provide some insight into possible prevention programs by identifying those social resources perceived to be most and least helpful by adolescents (Ryan & Lynch, 1989). In the third instance, it may be necessary to implement educationally based prevention programs



designed to modify adolescents' perceptions of available social resources, in addition to optimally matching the program to the group or individual in order to assist with substance-abuse problems.

Parents and peers may be perceived by adolescents as natural support groups in time of need. In addition, some adolescents may perceive their school counselors as viable helping resources. The principal interest in this study is to determine individual variations in adolescents' perceptions as to which specific social resources they would seek if they had problems or questions with alcohol or drugs.

#### Definition of the Terms

Substance abuse: For this study, substance abuse is operationally defined as the use of alcohol, drugs, or any other chemical to modify mood or behavior in a way that differs from socially approved therapeutic or recreational practices.

Adolescence: In this study, adolescence encompasses the period of transition from childhood to early adulthood, beginning at the seventh grade and terminating at the end of the senior year of high school.

Resource preferences: This is defined as the resources, information, and advice provided by family members, peers, and school counselors. Resource preferences

involve both the perception that others are available in times of need and satisfaction with the available support.

Ethnic groups: In this study, ethnicity encompasses both individuals who identified themselves to be of Hispanic heritage or those individuals who identified themselves to be of Black or African-American heritage.

Hispanic: For the purposes of this study the term Hispanic is used to denote adolescents who identified themselves to be Hispanic or those individuals who identified themselves to be of Mexican, Latin American, Cuban, or Spanish heritage.

Black: For the purposes of this study the term Black is used to denote adolescents who identified themselves to be Black, or those individuals who identified themselves to be of Negro, or African-American heritage.

Junior High: This term is used to describe students enrolled in the seventh and ninth grades.

Senior High: This term is used to describe students enrolled in the tenth, eleventh, and twelfth grades.

Grade levels: For this study, grade level is operationally defined as students who are enrolled in grades seven, nine (freshman), ten (sophomore), eleven (junior), or twelve (senior).

Freshman: This term is used to describe adolescents who identified themselves to be enrolled in the ninth grade.

Sophomore: This term is used to describe adolescents who identified themselves to be enrolled in the tenth grade.

Junior: This term is used to describe adolescents who identified themselves to be enrolled in the eleventh grade.

Senior: This term is used to describe adolescents who identified themselves to be enrolled in the twelfth grade.

Peer: The concept is used in two different senses: first, as a term for a small group of friends or associates who share common values, interests, and activities; second, as a term for virtually all persons of the same age, a definition which reflects the fact that schools in this study are age-graded. "Peer group influence can therefore be the influence that friends exercise on one another or the influence exerted by a much wider category of age mates." (The Dictionary of Developmental and Educational Psychology, 1986).

Parent: This term is used to denote adult caretakers who accept the responsibility for imparting information, attitudes, and skills to the adolescent.

School Counselor: This term is used to denote school advisors who give counsel of a personal nature to adolescents within the confines of the school day.

### Hypotheses

The hypotheses tested in this study are stated in the null form:

1A. There will be no significant difference between ethnic groups in self-reported willingness to turn to parents for help or information with substance abuse and related problems.

1B. There will be no significant difference between male and female self-reported willingness to turn to parents for help or information with substance abuse and related problems.

1C. There will be no significant difference between grade levels in self-reported willingness to turn to parents for help or information with substance abuse and related problems.

2A. There will be no significant difference between ethnic groups in self-reported willingness to turn to school counselors for help or information with substance abuse and related problems.

2B. There will be no significant difference between male and female self-reported willingness to turn to school counselors for help or information with substance abuse and related problems.

2C. There will be no significant difference between grade levels in self-reported willingness to turn to school counselors for help or information with substance abuse and related problems.

3A. There will be no significant difference between ethnic groups in self-reported willingness to turn to peers

for help or information with substance abuse and related problems.

3B. There will be no significant difference between male and female self-reported willingness to turn to peers for help or information with substance abuse and related problems.

3C. There will be no significant difference in grade levels in self-reported willingness to turn to peers for help or information with substance abuse and related problems.

In addition to the statistical analyses relating to the null hypotheses stated above, qualitative analysis will be used to examine opinions and feelings expressed by the subjects on the survey (see Appendix). This qualitative analysis is expected to reveal patterns of desirable attributes in school counselors in addition to revealing related substance-use issues viewed important to adolescents that are not easily measured by standardized instruments.

#### Limitations of the Study

The study was conducted between grades seven through twelve, so the results may or may not apply beyond this narrow population. The participants were volunteers; therefore, this sample cannot be considered random. The selection process necessarily limited the external validity of the study. The sample is drawn from the Chicago public schools, and consisted of those students identified by the

school administration as "high risk." Hispanic and Black adolescents were the only ethnic groups reported in the survey because other ethnic groups were underrepresented when conducting the survey. Hence, the results may or may not be pertinent to other demographic groups.

This study does not include in the target population those adolescents who drop out of high school before graduation. The omission of high school dropouts introduces biases in the estimation of certain characteristics of the entire group.

This study also limits its inquiry of help-seeking resources to parents, school counselors, and peers. It does not take into account other possible resources such as community health agencies, telephone "hotlines," physicians, and clergy. Although the omission of these help-seeking resources was intentional, it nevertheless may have implications for prevention and intervention strategies, for assessments of perceived social need, and for service provision delivery.

#### Organization of the Study

This study is organized under five major headings. Chapter I introduces the research problems and states the purpose of the study, the hypotheses, the definitions of the terms, and the limitations imposed by its design. Chapter II reviews the literature as it pertains to adolescents' substance abuse and major influences on alcohol consumption

and drug-use patterns; parents, peers, and schools as influential agents in the reduction or increase of substance abuse; and the implementation of educationally based prevention programs designed to modify behavior. Chapter III provides the methodology of the study, including a review of the subjects, procedures, instruments, treatments, hypotheses, and methods of data analyses. The data are analyzed with respect to the study's hypotheses in Chapter IV; and Chapter V examines the results for their implications and offers recommendations for future research.

## CHAPTER II

### REVIEW OF THE RELATED LITERATURE

#### Introduction

Adolescents' drug use has become the focus of intense concern and research over the past 20 years. Policy makers, clinicians, and researchers have studied the patterns of substance abuse that occur in various social groups, the extent of dysfunction resulting from this use, the sociocultural variables that account for use, and the treatment intervention strategies that are most effective.

The study of substance-use patterns among ethnic groups has always been a primary concern (Newcomb & Bentler, 1986a; Johnston, O'Malley, & Bachman, 1989). Researchers have traditionally found that patterns of use varied significantly among ethnic groups. Both the public and researchers view substance abuse as a problem of minority groups (Black, Paz, & DeBlasie, 1991; Fagan & Chin, 1991). Sociologists and anthropologists frequently explained substance abuse as part of a minority group's value systems (Prebble & Casey, 1969; Agar, 1973) or as a result of educational and economic discrimination faced by minority group members (Cloward & Ohlin, 1960).

Although substance abuse by adolescents has decreased during recent years, the amount of illicit drug use among



America's adolescents is still striking. Johnston, O'Malley, and Bachman (1989) report that this nation's high school students and other young adults show a level of involvement with illicit drugs greater than can be found in any other industrialized nation in the world. Over 80% of today's young adults in their mid-twenties have experimented with an illicit drug, including some 61% who have experimented with an illicit drug other than (or in addition to) marijuana. Even for high school seniors, these proportions still stand at 54% and 35%, respectively. Some 35% of seniors have had five or more alcoholic drinks in a row at least once in the two weeks preceding the study, and such behavior tends to increase among young adults one to four years past high school.

#### Theoretical Substrates of Prevention Programs

The belief that education can solve substance abuse has been long standing despite a lack of supportive evidence (Goodstadt, 1981; Moskowitz, 1983; Kinder, Pape, & Walfish, 1980). This belief is based on the assumption that social problems are caused by the maladaptive behavior of individuals, and that such behavior can be influenced by education (Nucci, Guerra, & Lee, 1991; Fredlund, 1988; Perry, Maccoby, & McAlister, 1980). Public schools are considered a logical setting for primary prevention because their major goal is education, and because they service a young population that is relatively problem-free (Allison,

Silverman, & Dignam, 1990; Newcomb, Maddahian, Skager, & Bentler, 1987).

Early school-based substance-abuse prevention programs implemented in the late 1960s typically utilized factual information and/or scare tactics about illegal substances and their effects. These approaches were generally found to be ineffective, and unfortunately some studies even suggest that this informational approach may have increased substance use among adolescents (Cowan, 1982; Swisher, Crawford, Goldstein, & Yura, 1971). In the 1970s, affective education approaches that focused only on self-awareness, self-esteem, and understanding the underlying cause of substance abuse became prevalent. However, this type of affective education was also found to be ineffective (Saks & Krupat, 1988; Schaps, DiBartolo, Moskowitz, Palley, & Churgin, 1981).

Recent literature identifies numerous psychosocial factors associated with adolescents' substance use, including deviant behavior and/or personality disorders (Ausubel, Montemayor, & Svajian, 1977; Bry, 1983; Wingard, Huba & Bentler, 1980), exposure of youth to drug-using models (Coombs, Wellisch, & Fawzy, 1985; Needle et al., 1986; Newcomb & Bentler, 1986b), poor family relations, adolescents' strong ties to peer groups (Brown, Clasen, & Eicher, 1986; Coombs & Landsverk, 1988; Glynn & Haenlein, 1988), demographics including age, sex, and ethnicity

(Ensminger, Brown, & Kellam, 1985; Maddahian, Newcomb, & Bentler, 1988; Welte & Barnes, 1987), and poor "bonding" to school settings (Ensminger et al., 1985).

The majority of drug-prevention programs are based on the assumption that individuals begin to drink or use drugs because they are unaware of the potential risks (Pruitt, Kingery, Mirae, Heuberger, & Hurley, 1991; Bry, 1983). However, given the diversity of variables associated with substance use, it seems evident that substance use/abuse is not simply a problem rooted in an ignorance of health, social, and legal risks. Some of the more recently developed psychosocial prevention strategies (Brown, Clasen, & Eicher, 1986; Pruitt et al., 1991) are based on the assumption that the principal reasons adolescents begin to drink or use drugs is "peer pressure." As a consequence, this type of prevention strategy has focused almost exclusively on providing students with tactics for resisting peer pressure. Although high correlations have been found consistently between an individual's substance use and his or her friends' use (Coombs et al., 1985; Glynn, 1983), it is unclear to what extent these associations are the result of peer pressure rather than a process of mutual self-selection (Newcomb et al., 1987; Needle et al., 1986; Pruitt et al., 1991).

A frequently overlooked factor in program development is that most adolescents do not consistently use drugs or

alcohol; therefore, the peer pressure experienced by most individuals would be in a direction consistent with non-use rather than use (Klitzer et al., 1990). Reliance on strategies that focus exclusively on teaching adolescents pressure-resistance tactics may be inadequate because they implicitly assume that all individuals who begin using drugs do so because they lack the necessary skills to resist pro-substance-use pressures (Newcomb et al., 1987). However, individuals who perceive substance use as desirable for whatever reason will not be prevented from substance use by merely learning pressure-resistance skills, because they want to engage in these behaviors (Glynn & Haenlein, 1988; Welte & Barnes, 1987).

#### Empirical Research

In recent years, substance-abuse prevention programs aimed at helping the adolescent develop personal and social coping skills have received some empirical support. Most of these programs were initially developed to prevent cigarette smoking; however, some have been evaluated to determine their effectiveness in preventing alcohol and drug use. Researchers in substance abuse have noted that there is an association between the factors that underlie various types of substance use as well as other health-compromising behaviors and therefore have contended that similar approaches may be effective in preventing the various types of substance use. These programs teach adolescents specific

personal and social skills in an attempt to counter one or more variables related to substance abuse. The programs are based on social learning theory (Bandura, 1977a) and problem behavior theory (Jessor & Jessor, 1977). These theories view substance use as a socially learned behavior that is the result of both personal and social/environmental factors. Although drug prevention programs incorporating personal and social skills have produced some encouraging results, many programs continue to demonstrate few if any changes in drug usage, and some actually indicate increases in drug behavior (Ambtman, Madak, Koss, & Strople, 1990; Goodstadt, 1986; Weisheit, 1983); Klitzner et al., 1990; Glynn, 1983).

What is being taught in the classroom is inconsistent with what is being modeled and reinforced in the community (Caplan et al., 1992; Grady, Gersick, Snow, & Kessen, 1986). Numerous studies have found significant associations between parents and family attributes and drug-taking behaviors in their children. These family attributes include parent drug use (Kandel, 1985; Newcomb et al., 1987), family disruption or lack of cohesion (Dorn & South, 1985; Brody, 1988), parent attitudes toward drug use or deviance (Lindblad, 1983; Jessor & Jessor, 1977), parenting behaviors and child-rearing practices (Brook, Whiteman, & Graham, 1982), parental support and closeness to the child (McDermott, 1984), family enmeshment (Hawkins, Lishner, Catalano, &

Howard, 1985), and parental religious commitment (Goldstein, Hunt, Des Jarlais, & Deren, 1987). These circumstances emphasize the need for continued program revision.

Hawkins et al. (1986) identified risk factors such as a family history of alcoholism, a family history of criminality or antisocial behavior, family management problems, early antisocial behavior, hyperactivity, parental drug use, positive attitudes toward use by parents, academic failure, little commitment to school, alienation, rebelliousness, and lack of social bonding to society, as among the strongest predictors of adolescents' drug use.

Lohrmann and Fors (1986) identified the following factors in an examination of adolescents' motivation to abuse drugs:

(1) low peer control, (2) higher value of peer expectations than parental expectations, and (3) low parental disapproval of and high peer approval for participation in problem behaviors. Reid, Martinson, and Weaver (1987) found that students' perception of their peers' drug use has over twice as much influence on drug use as the students' own attitudes.

An adolescent's social environment is an essential source of acquiring a wide variety of behaviors, attitudes, and personality characteristics through modeling and imitation (Kafka & London, 1991). The paramount importance of this social milieu has been emphasized by many diverse developmental theories including the psychodynamic process

of identification (Bronfenbrenner, 1977), vicarious or observational learning aspects of social learning theory (Bandura, 1977b), and the cognitive mediational process where modeled behavior is actively integrated and assimilated by the child (Mischel, 1972).

The earliest and most salient models are the child's parents, although others of secondary importance, such as siblings, peers, and other adults, are typically available. Upon entering adolescence, the child's peer environment acquires increasing importance as a socializing influence and model provider, rivaling if not surpassing that of the parents (Huba & Bentler, 1980). Notwithstanding the irrefutably important influence of the peer culture, similarity between parents and their child persists into adulthood (Miller & Lane, 1991; Needle et al., 1986; Grady et al., 1986). According to Glynn and Haenlein (1988), adolescents report that their family has been the most important and influential social system in their lives. It is not surprising then that many similarities have been noted between parent and child.

#### Conclusion

In view of the number of factors that have been associated with substance use among adolescents, it seems clear that no single factor is both necessary and sufficient alone to cause substance abuse. Rather, it appears that

adolescents' substance use/abuse is the result of a complex combination of factors.

A closer look at some of the basic assumptions of traditional substance-abuse education programs as well as the more recent psychosocial prevention strategies suggests the need for a different approach to substance-abuse prevention.

Many experts in the area of drug education suggest that because of the diversity of individual motivations and underlying reasons for drug use, drug treatment, and education, programs should be individualized (Floyd & Lotsof, 1978; Dembo et al., 1991). However, in reality, the scarcity of resources prohibits the implementation of this philosophy, especially as it relates to prevention programs.

A major objective of this study is to provide a basis for the classification of adolescents in terms of their sources of drug and alcohol information. The identification of information sources for adolescents may lead to more effective drug-prevention programs that meet the needs of specific target audiences and at the same time are within current resource realities.

An important component in any drug-prevention program is the process of disseminating information. For effective dissemination, one must take into account not only the message and the target, but the communicator and the medium of communication. What is still unclear in adolescent



research is, to whom do adolescents turn for help with questions and concerns regarding drug use and abuse? To what extent do adolescents turn to peers, parents, or school counselors for information on substance abuse and related issues? To what extent is the adolescents' choice of to whom they will turn affected by their ethnicity, gender, and grade level? Who currently provides adolescents with the information they know about alcohol and other drugs? To whom do adolescents listen about drugs? Do the messages they receive affect their drug-use behavior?

Drug-prevention programs may be missing the mark if adolescents are turning to individuals other than those who are currently disseminating the drug-prevention information or if they are not receptive to those who are disseminating the information. Failure to explore the role of ethnicity, gender, and grade level in influencing behavior may be leading to unsuccessful drug-prevention programs. Definitive research is needed to explore the role of ethnicity, gender, and grade level as determinates of successful drug-prevention programs.

## Chapter III

### METHODOLOGY

#### Design of the Study

The purpose of this study is to examine the research question: To whom will adolescents turn should they encounter problems or questions concerning drugs or alcohol? A second purpose of this investigation is to examine how ethnicity, gender, and grade level influence an adolescent's willingness to seek guidance from parents, school counselors, or peers with drug-related problems or questions.

A self-rating survey ("survey") was developed and administered to various classrooms in the Chicago public school district. The Chicago Board of Education granted permission to administer the survey in conjunction with a 30-minute live contemporary musical play involving adolescents' drug and alcohol abuse. The program targeted predominantly minority, low-income, inner-city students who had been identified by Chicago school officials as being "high risk" for substance abuse.

#### Sample Selection

The study sample consists of 457 students enrolled in grades 7, freshman, sophomore, junior, and senior in the Chicago public school system. School officials and local

school board members engaged the musical play through a contract with Loyola University and the Music Theater Workshop ("MTW"). The survey was administered in conjunction with the play to gain insight into students' backgrounds, attitudes, values, and experiences with drugs and alcohol. Data were collected from Fall 1989 through Spring 1991. Ultimately, the information gathered is to be used to develop more effective and engaging drug-abuse prevention programs within schools.

The musical play was presented in a week-long engagement at each host school with two classroom performances each day. Surveys were administered following the conclusion of each performance to all students who viewed the performance. School officials indicated that, with few exceptions, the classrooms selected to participate in the program were chosen at random. The classroom selection process allowed every student an opportunity to be selected, while minimizing the inconvenience to the participating school brought about by the data collection process.

### Subjects

The participants in this study were drawn from 2 junior and 4 senior Chicago public high schools specifically identified by the Chicago Board of Education as having student populations "at high risk" for substance abuse. These 6 schools had over 90% minority students in target

grades 7 through 12. Forty-seven percent of the designated schools delivered educational services to low-income students. All students who participated in this study were enrolled in regular academic programs. Table 1 presents a summary of the demographic data of the participants. The subjects are described according to the following characteristics:

Ethnicity: The Chicago public school district enrollment consists of 84.7% minority students. The population for this study was divided between Black and Hispanic volunteers. Three hundred and twenty-one of the participants were Black and 134 of the participants were Hispanic. The ethnic representation of this study reflects the prominent Black ethnic population followed by the Hispanic ethnic population in the Chicago public school district.

Gender: The study included 255 female and 198 male volunteers.

Age: Participants ranged in age from 12 through 20 years. Both the mean and the median age were 15 years.

Grade: This study employed six schools. The participants from the six schools were in the seventh grade, and in their freshman, sophomore, junior, and senior years. Both the mean and the median grade level were the ninth grade.

### Instrument

The researcher developed the survey (see Appendix) based upon a questionnaire originally developed by Smart and Jackson (1968) and modified by Neumann and Shannon (1980). Survey questions were modified after initial meetings with faculty and students at 10 Chicago public schools. The researcher administered a pilot study to 200 students to establish the validity and reliability of the survey. After completing the survey, the students commented on the clarity of items, topics covered, and their reactions to the questionnaire overall. The comments and suggestions from the pilot sample, as well as responses of teachers and support personnel, led to changes in the survey.

The survey is divided into three parts. The first part requests demographic information including age, grade, sex, school, and ethnic origin. The second part consists of ten questions written in a positively and negatively structured Likert-type format designed to assess adolescents' self-reported resource preferences in seeking help or information on substance-abuse issues. Each statement has a response option weighted in a five-point scale of: (A) always; (B) most of the time; (C) sometimes; (D) seldom; and (E) never. The third part solicits short written answers about what the students like or dislike about counselors, and asks students to identify substance-abuse issues important to them.

### Administration of the Survey

The administrator of the survey explained to the students the purpose of the survey, instructed them to not include their names, and informed them that their answers were confidential. Teachers or counselors were not present during the administration of the survey. Students were also told that if they did not wish to participate in the survey or declined to answer any question, they could do so. The administrator discouraged students from discussing the survey with students who had not yet completed it, and students were not permitted to take the survey from the experimental session. Following the experimental session, participants were advised of their rights to receive written results of the study if they so desired.

### Analysis of the Data

Data analyses were performed using the 457 completed surveys. All statistical analyses were performed using the Statistical Package for the Social Sciences (SPSS-X).

Hypothesis I: Survey questions 7 and 12 were analyzed. Survey question 7 asked the adolescents, "Do you have trouble talking to your parents about your problems?" Survey question 12 asked the adolescents, "Do you ever want to talk to your parents about your problems?"

Hypothesis II: Survey questions 9 and 14 were analyzed. Survey question 9 asked the adolescents, "If you had a personal problem would you go to your school

counselor for help?" Survey question 14 asked the adolescents, "What do you like or dislike about school counselors?"

Hypothesis III: Survey questions 6 and 13 were analyzed. Survey question 6 asked the adolescents, "Would you seek a friend's advice before taking drugs or alcohol?" Survey question 13 asked the adolescents, "Would you tell your friend if you thought she/he had a drug or alcohol problem?"

Survey questions relating to the hypotheses were tested statistically using Chi-Square to determine the relationship of the independent variables (gender, ethnicity, and grade) to the dependent variables (scores from the five Likert-type survey questions). Categories in the study were mutually exclusive and each subject could fall into only one classification. All tables had more than a single degree of freedom; therefore, a minimum expected frequency of 5 was required. Pooling of categories was avoided whenever possible to maintain the randomness of the sample and to avoid unknown consequences. The null hypothesis was rejected if any calculated value exceeded the critical value of .05.

The test for homogeneity of variance could not be met for either ANOVA or MANOVA analyses. This was to be expected due to the large variance of the sample size. The study was intended to target adolescents "at high risk" for

substance abuse. Many adolescents who would have been included in the study in the later grades had already dropped out of school. Thus, more students were identified in the early grades. Additionally, the disproportionate number of Black and Hispanic adolescents in the study is representative of the Chicago Public School system, which has a predominantly Black student enrollment followed by an Hispanic enrollment.

In addition to statistical analyses related to the null hypotheses stated above, qualitative analysis was used to analyze data collected from the third part of the survey. The results were used to explore patterns of desirable attributes in school counselors (question 14). This qualitative analysis refers to Hypothesis II and was designed to examine the opinions, feelings, and beliefs not easily measured by standardized instruments. These qualitative data are reported using frequencies and percentages.

#### Summary

To summarize, 457 adolescents enrolled in the Chicago public schools identified by the Chicago Board of Education as being "at high risk" for substance abuse participated in the study. Students completed an anonymous, self-administered survey during one class period. In addition to the demographics of grade, gender, and ethnicity, the survey elicited information about alcohol and drug use as well as



information concerning persons from whom the participants would seek assistance in the event they were having difficulties or had questions regarding alcohol or drugs.

Chi-Square analysis was used to test the hypotheses. The qualitative question was analyzed using frequencies and percentages.

Chapter IV will report the findings in terms of the hypotheses. Chapter V will examine the results for their implications and offer recommendations for future research.

Table 1 Summary of Adolescents' Demographic Data

	<u>Frequency</u>	<u>Percent</u>
Ethnic Background		
Black	321	70.2
Hispanic	134	29.3
Gender		
Male	198	43.7
Female	255	56.3
Age		
12-14 years	143	31.3
15 years	93	20.4
16 years	92	20.1
17 years	73	16.0
18-20 years	50	10.9
Grade Level		
7th & Freshman	225	49.2
Sophomore	61	13.3
Junior	120	26.3
Senior	51	11.2
High School Participants		
High School # 1	41	9.0
High School # 2	67	14.7
High School # 3	121	26.5
High School # 4	86	18.8
Junior High School Participants		
Junior High School # 1	42	9.2
Junior High School # 2	100	21.9

## CHAPTER IV

### PRESENTATION AND ANALYSIS OF THE DATA

This chapter will present an examination of the research question: To whom will adolescents turn should they encounter problems or questions concerning drugs or alcohol? This chapter will also investigate how ethnicity, gender, and grade level influence an adolescent's willingness to seek guidance from parents, school counselors, or peers with drug-related problems or questions.

#### Analysis of the Data

Data analysis was performed using 457 completed surveys. All statistical analyses were performed using the Statistical Package for the Social Sciences (SPSS-X). Survey questions relating to the hypotheses were computed using Chi-Square tests to evaluate the probability that the independent variables (ethnicity, gender, and grade) are independent from adolescents' resource preferences in self-reported willingness to seek help or information on substance-abuse issues.

In addition to statistical analyses relating to the null hypotheses stated above, qualitative analyses were used to analyze the data collected from the third part of the survey to explore patterns of desirable attributes in drug and alcohol counselors. These qualitative analyses were

designed to examine opinions, feelings, and beliefs not easily measured by standardized instruments. These qualitative data were reported using frequencies and percentages and generally categorized so as to logically interrelate descriptive responses.

### Hypothesis I

Null hypothesis I states that there will be no significant difference between:

1A. ethnic groups in self-reported willingness to turn to parents for help or information with drug-related problems.

1B. male and female self-reported willingness to turn to parents for help or information with drug-related problems.

1C. grade levels in self-reported willingness to turn to parents for help or information with drug-related problems.

Null hypothesis I was addressed by responses to survey questions 7 and 12. Question 7 asks the subjects, "Do you have trouble talking to your parents about your problems?" Question 12 asks the subjects, "Do you ever want to talk to your parents about your problems?" Chi-Square tests were used to analyze the data.

### Hypothesis 1A

Overall, no significant difference was found between ethnicity and the adolescents' reported difficulty talking to their parents about their problems (question 7), or wanting to talk to their parents about their problems (question 12).

However, when controlling for gender, both Black and Hispanic males proved to be statistically significant in wanting to talk to their parents about their problems (question 12), but there was no significance of Black or Hispanic males reporting trouble in discussing their troubles with their parents (question 7).

Table 2 presents the summaries of Black and Hispanic male responses to wanting to talk to their parents about their problems (question 12). The computed Chi-Square value ( $X = 11.857$ ,  $P = .018$ ) is shown to be statistically significant with 4 degrees of freedom at the .05 level. Table 2 frequencies report that Hispanic males have a lower than expected frequency in wanting to discuss their problems with their parents. In contrast, Black males report a higher than expected frequency in wanting to discuss their problems with their parents.

Table 2 Ethnicity and Male Differences in Willingness to Turn to Parents

	Always	Most of Time	Sometimes	Seldom	Not At All	
Black Male	36 (36.5)	33 (24.5)	37 (41.5)	8 (8.2)	8 (11.3)	122 62.9%
Hispanic Male	22 (21.5)	6 (14.5)	29 (24.5)	5 (4.8)	10 (6.7)	72 37.1%
	58 29.9%	39 20.1%	66 34.0%	13 6.7%	18 9.3%	194 100%
	<u>Value</u>		<u>DF</u>		<u>Significance</u>	
Pearson	11.857		4		.018	
Cramer's V	.247					

Null hypothesis 1A is not rejected for ethnicity in willingness to turn to family members for help or information with drug-related problems. However, the response to the criterion variable of willingness to turn to family members for help or information with drug-related problems is dependent on both the variables of ethnicity and gender. Therefore, null hypothesis 1A is rejected for ethnicity and gender in willingness to turn to family members for help or information.

#### Hypothesis 1B

Table 3 presents the summaries of male and female responses to having trouble talking to parents about their problems (question 7). The computed Chi-Square value ( $X = 14.627$ ,  $P = .006$ ) is shown to be statistically significant with 4 degrees of freedom at the .05 level.

Table 3 frequencies report that females have difficulty discussing their troubles with their parents. In contrast, males report little trouble discussing their problems with their parents.

Table 3 Gender and Reported Difficulty Talking to Parents

	Always	Most of Time	Sometimes	Seldom	Not At All	
Male	21 31.0	27 33.2	62 62.1	25 21.4	63 50.3	198 43.7%
Female	50 (40.0)	49 (42.8)	80 (79.9)	24 (27.6)	52 (64.7)	255 56.3%
	71 15.7%	76 16.8%	142 31.3%	49 10.8%	115 25.4%	453 100%

	<u>Value</u>	<u>DF</u>	<u>Significance</u>
Pearson	14.627	4	.006
Cramer's V	.180		

Table 4 presents the summaries of Hispanic male and female responses to wanting to talk to their parents about their problems (question 12). The computed Chi-Square value ( $X = 8.238$ ,  $P = .041$ ) is shown to be statistically significant with 3 degrees of freedom at the .05 level. Table 4 frequencies indicate that Hispanic females want to discuss their problems with their parents most of the time; males do not.

Table 4 Hispanic Gender Differences in Willingness to Turn to Parents

	Always	Most of Time	Sometimes	Seldom or Never	
Hispanic Male	22 (21.3)	6 (12.0)	29 (25.6)	15 (13.1)	72 54.5%
Hispanic Female	17 (17.7)	16 (10.0)	18 (21.4)	9 (10.9)	60 45.5%
	39 29.5%	22 16.7%	47 35.6%	24 18.2%	132 100.0%

	<u>Value</u>	<u>DF</u>	<u>Significance</u>
Pearson	8.238	3	.041
Cramer's V	.250		

The response to the criterion variable of willingness to turn to family members for help or information with drug-related problems is dependent on the variables of gender and ethnicity. Null hypothesis 1B is therefore rejected.

#### Hypothesis 1C

Overall, no significant difference was found between grade level and adolescents' reporting difficulty in talking to their parents about their problems (question 7) and in wanting to talk to their parents about their problems (question 12).

The null hypothesis is not rejected for grade level in willingness to turn to family members for help or information with drug-related problems.



## Hypothesis II

Null hypothesis II states that there will be no significant difference between:

2A. ethnic groups in self-reported willingness to turn to school counselors for help or information with drug-related problems.

2B. male and female self-reported willingness to turn to school counselors for help or information with drug-related problems.

2C. grade levels in self-reported willingness to turn to school counselors for help or information with drug-related problems.

Null hypothesis II was addressed by responses to survey question 9. Question 9 asks the subjects, "If you had a personal problem would you go to your school counselor for help?" Chi-Square tests were used to analyze the data.

### Hypothesis 2A

Table 5 presents the summaries of Black and Hispanic responses to willingness to turn to their school counselors for help with personal problems. The computed Chi-Square value ( $X = 21.206$ ,  $P = .000$ ) is shown to be statistically significant with 4 degrees of freedom at the .05 level. Table 5 frequencies report that Hispanics frequently turn to their counselors for help; Blacks do not.

Table 5 Ethnic Differences in Willingness to Turn to School Counselors

	Always	Most of Time	Sometimes	Seldom	Not At All	
Black	44 (52.1)	32 (33.8)	84 (95.7)	55 (49.2)	103 (87.2)	318 70.4%
Hispanic	30 (21.9)	16 (14.2)	52 (40.3)	15 (20.8)	21 (36.8)	134 29.6%
	74 16.4%	48 10.6%	136 30.1%	70 15.5%	124 27.4%	452 100.0%
	<u>Value</u>		<u>DF</u>		<u>Significance</u>	
Pearson	21.206		4		.000	
Cramer's V	.217					

Table 6 presents the summaries of Black female and Hispanic female responses to willingness to turn to their school counselors for help with personal problems (question 9). The computed Chi-Square value ( $X = 21.895$ ,  $P = .000$ ) is shown to be statistically significant with 4 degrees of freedom at the .05 level. Table 6 frequencies report that Hispanic females are more willing than expected to turn to school counselors for help with their personal problems; Black females are less willing.

Table 6 Ethnic Female Differences in Willingness to Turn to School Counselors

	Always	Most of Time	Sometimes	Seldom	Not At All	
Black Female	29 (32.7)	13 (17.5)	46 (53.2)	28 (25.1)	77 (64.6)	193 76.0%
Hispanic Female	14 (10.3)	10 (5.5)	24 (16.8)	5 (7.9)	8 (20.4)	61 24.0%
	43 16.9%	23 9.1%	70 27.6%	33 13.0%	85 33.5%	254 100.0%
	<u>Value</u>		<u>DF</u>		<u>Significance</u>	
Pearson	21.895		4		.000	
Cramer's V	.294					

The response to the criterion variable of willingness to turn to school counselors for help or information with drug-related problems is dependent on the variable of ethnicity. Null hypothesis 2A is therefore rejected.

#### Hypothesis 2B

Table 7 presents the summaries of male and female responses in willingness to go to their school counselors for help with personal problems (question 9). The computed Chi-Square value ( $X = 15.136$ ,  $P = .004$ ) is shown to be statistically significant with 4 degrees of freedom at the .05 level. Table 7 frequencies report that males are more likely than expected to go to a school counselor with a personal problem. In contrast, females report they are less likely than expected to go to school counselors with a personal problem.

Table 7 Gender Differences in Willingness to Turn to School Counselors

	Always	Most of Time	Sometimes	Seldom	Not At All	
Male	31 (32.1)	25 (20.8)	66 (58.9)	37 (30.3)	36 (52.9)	195 43.3%
Female	43 (41.9)	23 (27.2)	70 (77.1)	33 (39.7)	86 (69.1)	255 56.7%
	74 16.4%	48 10.7%	136 30.2%	70 15.6%	122 27.1%	450 100.0%
	<u>Value</u>		<u>DF</u>		<u>Significance</u>	
Pearson	15.136		4		.004	
Cramer's V	.183					

Table 8 presents the summaries of Black male and female responses to seeking a school counselor's help with personal problems. The computed Chi-Square value ( $X = 18.805$ ,  $P = .000$ ) is shown to be statistically significant with 4 degrees of freedom at the .05 level. Table 8 frequencies report that Black males are more likely than expected to seek their school counselor's help with personal problems; Black females are less likely than expected.

Table 8 Black Gender Differences in Willingness to Turn to School Counselors

	Always	Most of Time	Sometimes	Seldom	Not At All	
Black Male	15 (17.0)	18 (12.0)	38 (32.5)	27 (21.3)	24 (39.1)	122 38.7%
Black Female	29 (27.0)	13 (19.0)	46 (51.5)	28 (33.7)	77 (61.9)	193 61.3%
	44 14.0%	31 9.8%	84 26.7%	55 17.5%	101 32.1%	315 100.0%
	<u>Value</u>		<u>DF</u>		<u>Significance</u>	
Pearson	18.805		4		.000	
Cramer's V	.244					

The response to the criterion variable of willingness to turn to school counselors for help or information with drug-related problems is dependent on the variable of gender. Null hypothesis 2B is therefore rejected.

#### Hypothesis 2C

A significant difference was found between grade level and adolescents' reporting willingness to turn to school counselors for help with personal problems. The results are presented in Table 9. The computed Chi-Square value ( $X = 21.032$ ,  $P = .050$ ) is shown to be statistically significant with 12 degrees of freedom at the .05 level. Table 9 frequencies indicate that juniors are the least likely to turn to school counselors for help. Also, seniors report a lower than expected frequency in willingness to turn to school counselors. In contrast, seventh graders and

freshmen report a higher than expected willingness to seek help from school counselors.

Table 9 Grade Differences in Willingness to Turn to School Counselors

Grade	Always	Most of Time	Sometimes	Seldom	Not At All	
7th & Freshman	38 (36.3)	26 (24.1)	81 (66.8)	34 (34.4)	44 (61.4)	223 49.1%
Sophomore	9 (9.8)	7 (6.5)	14 (18.0)	10 (9.3)	20 (16.5)	60 13.2%
Junior	16 (19.6)	10 (13.0)	32 (35.9)	21 (18.5)	41 (33.0)	120 26.4%
Senior	11 (8.3)	6 (5.5)	9 (15.3)	5 (7.9)	20 (14.0)	51 11.2%
	74 16.3%	49 10.8%	136 30.0%	70 15.4%	125 27.5%	454 100.0%
	<u>Value</u>		<u>DF</u>		<u>Significance</u>	
Pearson	21.032		12		.050	
Cramer's V	.124					

The response to the criterion variable of willingness to turn to school counselors for help or information with drug-related problems is dependent on the variable of grade level. Thus, null hypothesis 2C is rejected.

### Hypothesis III

Null hypothesis III states that there will be no significant difference between:

3A. ethnic groups in self-reported willingness to turn to peers for help or information with drug-related problems.

3B. male and female self-reported willingness to turn to peers for help or information with drug-related problems.

3C. grade levels in self-reported willingness to turn to peers for help or information with drug-related problems.

Null hypothesis III was addressed by responses to survey questions 6 and 13. Question 6 asked the subjects, "Would you seek a friend's advice before taking drugs or alcohol?" Question 13 asked the subjects, "Would you tell your friend if you thought she/he had a drug or alcohol problem?" Chi-Square tests were used to analyze the data.

#### Hypothesis 3A

A significant difference was found between ethnicity and willingness to seek a friend's advice before taking drugs or alcohol (question 6), or willingness to tell a friend that she/he had a drug or alcohol problem (question 13).

Table 10 presents the summaries of Black and Hispanic adolescents in willingness to seek a friend's advice before taking drugs or alcohol (question 6). The computed Chi-Square value ( $X = 20.174$ ,  $P = .000$ ) is shown to be statistically significant with 4 degrees of freedom at the .05 level. Table 10 frequencies report a higher than expected willingness for Blacks to seek a friend's advice before taking drugs or alcohol. Hispanics, on the other hand, report a lower than expected willingness to seek a friend's advice before taking drugs or alcohol.

Table 10 Ethnic Differences in Willingness to Seek Peer Advice

	Always	Most of Time	Sometimes	Seldom	Not At All	
Black	133 (121.5)	38 (36.7)	34 (48.8)	32 (29.0)	81 (82.0)	318 70.7%
Hispanic	39 (50.5)	14 (15.3)	35 (20.2)	9 (12.0)	35 (34.0)	132 29.3%
	172 38.2%	52 11.6%	69 15.3%	41 9.1%	116 25.8%	450 100.0%
	<u>Value</u>		<u>DF</u>		<u>Significance</u>	
Pearson	20.174		4		.000	
Cramer's V	.212					

Table 11 presents the summaries of Black and Hispanic males who are willing to seek a friend's advice before taking drugs or alcohol (question 6). The computed Chi-Square value ( $X = 26.073$ ,  $P = .000$ ) is shown to be statistically significant with 4 degrees of freedom at the .05 level. Table 11 frequencies report a higher than expected willingness for Black males to seek advice from a friend before taking drugs or alcohol. Hispanic males, however, report a lower than expected willingness to seek a friend's advice before taking drugs or alcohol.



Table 11 Ethnic Male Differences in Willingness to Seek Peer Advice

	Always	Most of Time	Sometimes	Seldom	Not At All	
Black Males	59 (48.4)	17 (13.4)	11 (22.3)	7 (8.9)	29 (30.0)	123 63.7%
Hispanic Males	17 (27.6)	4 (7.6)	24 (12.7)	7 (5.1)	18 (17.0)	70 36.3%
	76 39.4%	21 7.6%	35 18.1%	14 7.3%	47 24.4%	193 100.0%
	<u>Value</u>		<u>DF</u>		<u>Significance</u>	
Pearson	26.073		4		.000	
Cramer's V	.368					

Table 12 presents the summaries of Black and Hispanic adolescents in willingness to tell a friend if she/he had a drug or alcohol problem (question 13). The computed Chi-Square value ( $X = 17.386$ ,  $P = .002$ ) is shown to be statistically significant with 4 degrees of freedom at the .05 level. Table 12 frequencies report a higher than expected willingness for Black adolescents to tell a friend if he/she had a drug or alcohol problem, but a lower than expected willingness for Hispanic adolescents.

Table 12 Ethnic Differences and Willingness to Advise Peers

	Always	Most of Time	Sometimes	Seldom	Not At All	
Black	191 (171.6)	46 (53.4)	42 (49.2)	15 (19.0)	21 (21.8)	315 70.3%
Hispanic	53 (72.4)	30 (22.6)	28 (20.8)	12 (8.0)	10 (9.2)	133 29.7%
	244 54.5%	76 17.0%	70 15.6%	27 6.0%	31 6.9%	448 100%
	<u>Value</u>		<u>DF</u>		<u>Significance</u>	
Pearson	17.386		4		.002	
Cramer's V	.197					

Table 13 presents the summaries of female responses in willingness to tell a friend if the friend had a drug or alcohol problem. The computed Chi-Square value ( $X = 14.483$ ,  $P = .002$ ) is shown to be statistically significant with 3 degrees of freedom at the .05 level. Table 13 frequencies report that Black females have a higher than expected frequency in willingness to always tell a friend about the friend's drug or alcohol problem; Hispanic females report a lower than expected frequency in willingness.

Table 13 Ethnic Female and Willingness to Advise Peers

	Always	Most of Time	Sometimes	Seldom or Never	
Black Female	126 (114.9)	27 (35.0)	20 (23.6)	18 (17.5)	191 76.1%
Hispanic Female	25 (36.1)	19 (11.0)	11 (7.4)	5 (5.5)	60 23.9%
	151 60.2%	46 18.3%	31 12.4%	23 9.2%	251 100%
	<u>Value</u>	<u>DF</u>	<u>Significance</u>		
Pearson	14.483	3	.002		
Cramer's V	.240				

The response to the criterion variable of willingness to turn to peers for help or information with drug-related problems is dependent on ethnicity. Null hypothesis 3A is therefore rejected.

### Hypothesis 3B

Overall, no significant difference was found between gender and willingness to seek a friend's advice before taking drugs or alcohol (question 6). However, when controlling for ethnicity, Hispanic females report a higher than expected frequency in seeking a friend's advice before taking drugs or alcohol while Hispanic males report a lower than expected frequency in willingness. Table 14 presents the summaries of the Hispanic male and female responses. The computed Chi-Square value ( $X = 8.059$ ,  $P = .045$ ) is shown to be statistically significant with 3 degrees of freedom at the .05 level.

Table 14 Hispanic Gender Differences in Willingness to Seek Peer Advice

	Always	Most of Time	Sometimes	Seldom or Never	
Hispanic Male	17 (20.3)	4 (7.5)	24 (18.7)	25 (23.5)	70 53.4%
Hispanic Female	21 (17.7)	10 (6.5)	11 (16.3)	19 (20.5)	61 46.6%
	38 29.0%	14 10.7%	35 26.7%	44 33.6%	131 100.0%

  

	<u>Value</u>	<u>DF</u>	<u>Significance</u>
Pearson	8.059	3	.045
Cramer's V	.248		

Table 15 presents the summaries of adolescents' reported willingness to tell a friend if the friend has a drug or alcohol problem (question 13). The computed Chi-Square value ( $X = 13.643$ ,  $P = .009$ ) is shown to be statistically significant with 4 degrees of freedom at the .05 level. Table 15 frequencies indicate that females are more likely than expected to tell a friend if the friend has a drug or alcohol problem, but males are less likely than expected to tell a friend of such a problem.

Table 15 Gender Differences in Willingness to Advise Peers

	Always	Most of Time	Sometimes	Seldom	Not At All	
Male	92 (106.1)	30 (33.1)	39 (30.4)	16 (11.3)	17 (13.0)	194 43.5%
Female	152 (137.9)	46 (42.9)	31 (39.6)	10 (14.7)	13 (17.0)	252 56.5%
	244 54.7%	76 17.0%	70 15.7%	26 5.8%	30 6.7%	446 100%
	<u>Value</u>		<u>DF</u>		<u>Significance</u>	
Pearson	13.643		4		.009	
Cramer's V	.175					

The response to the criterion variable of willingness to turn to peers for help or information with drug-related problems is dependent on the variable of gender. Null hypothesis 3B is therefore rejected.

### Hypothesis 3C

Table 16 presents the summaries of adolescents' willingness to seek a friend's advice before taking drugs or alcohol (question 6). The computed Chi-Square value ( $X = 24.590$ ,  $P = .003$ ) is shown to be statistically significant with 9 degrees of freedom at the .05 level. Table 16 frequencies indicate that juniors are the most willing to seek a friend's advice before taking drugs or alcohol, with higher than expected frequencies also occurring in the sophomore and senior years. In contrast, seventh graders and freshmen are the least willing to seek a friend's advice before taking drugs or alcohol.

Table 16 Grade Differences in Willingness to Seek Peer Advice

Grade	Always	Most of Time	Sometimes	Seldom or Never	
7th & Freshman	69 (85.8)	22 (25.7)	48 (34.0)	84 (77.5)	223 49.3%
Sophomore	28 (23.1)	5 (6.9)	9 (9.2)	18 (20.8)	60 13.3%
Junior	55 (46.2)	16 (13.8)	8 (18.3)	41 (41.7)	120 26.5%
Senior	22 (18.9)	9 (5.6)	4 (7.5)	14 (17.0)	49 10.8%
	174 38.5%	52 11.5%	69 15.3%	157 34.7%	452 100%
	<u>Value</u>	<u>DF</u>	<u>Significance</u>		
Pearson	24.590	9	.003		
Cramer's V	.135				

The response to the criterion variable of willingness to turn to family members for help or information with drug-related problems is dependent on the variable of grade level. Null hypothesis 3C is therefore rejected.

#### Qualitative Report

In addition to the statistical analyses related to the null hypotheses, qualitative analyses were used to explore adolescents' perceptions of school counselors. The qualitative analysis was employed by the researcher to garner the adolescents' opinions, feelings, and beliefs, which are not easily measured by standardized instruments. Completion of the open-ended questions was voluntary. Some adolescents contributed either positive or negative

comments, while many adolescents contributed both positive and negative comments. Other adolescents contributed no comments or contributed comments that could not be distinguished as being positive or negative. In the latter case, such comments were regarded as "neutral." The qualitative data were examined by both gender and ethnicity and are reported using frequencies and percentages.

Table 17 presents a summary of the information concerning the positive and negative attributes of school counselors as reported by the male adolescents. Males report that school counselors were generally willing to help them with their personal and academic problems. Male adolescents also report that oftentimes the school counselors do not handle their problems with confidentiality, and are overly intrusive and inquisitive.

Table 18 presents a summary of the information concerning the positive and negative attributes of school counselors as reported by the female adolescents. Females report that school counselors are generally "nice people" who are easy to talk to and helpful with their personal problems. However, females also report that school counselors are often too busy to help them. Similar to the male adolescents, female adolescents also report that school counselors often do not handle their problems confidentially.

Table 19 presents a summary of the information concerning the positive and negative attributes of school counselors as reported by Black adolescents. Black adolescents report that school counselors were generally "nice people" who were easy to talk to and helpful with their personal problems. As with both the male and female adolescents, Black adolescents also report an overwhelming concern that school counselors do not handle their problems in a confidential manner. Black adolescents also report that school counselors are often too busy to help them with their problems and that they are often intrusive or overly inquisitive.

Table 20 presents a summary of the positive and negative attributes of school counselors as reported by Hispanic adolescents. Hispanic adolescents report that school counselors are helpful with their personal problems, easy to talk to and would tell you "right from wrong." Hispanic adolescents also are concerned with the confidentiality of their problems and the overly inquisitive nature of school counselors.

#### Summary

Statistical analyses revealed the following:

1A. Adolescent males of various ethnic groups differ in their preferences to turn to parents for help or information with substance-abuse problems.



1B. Male and female adolescents differ in their preferences to turn to parents for help or information with substance-abuse problems.

1C. Adolescents enrolled in various grade levels do not differ in their preferences to turn to parents for help or information with substance-abuse problems.

2A. Adolescents of various ethnic groups differ in their preferences to turn to school counselors for help or information with substance-abuse problems.

2B. Male and female adolescents differ in their preferences to turn to school counselors for help or information with substance-abuse problems.

2C. Adolescents enrolled in various grade levels differ in their preferences to turn to school counselors for help or information with substance-abuse problems.

3A. Adolescents of various ethnic groups differ in their preferences to turn to peers for help or information with substance-abuse problems.

3B. Male and female adolescents differ in their preferences to turn to peers for help or information with substance-abuse problems.

3C. Adolescents enrolled in various grade levels differ in their preferences to turn to peers for help or information with substance-abuse problems.

Qualitative analyses revealed that adolescents, independent of gender or ethnicity, perceive school

counselors to be helpful with their personal problems but are overwhelmingly concerned about a breach of confidentiality, lack of availability, and intrusive or overly inquisitive styles.

Chapter IV has presented an analysis of the data for the study. A further discussion and summary of the findings, conclusions of the investigation, and implications for future research are presented in Chapter V.

Table 17 Adolescent Male Responses Toward School Counselors

	<u>Frequency</u>	<u>Percent</u>
<u>Positive Attributes</u>		
Helpful with personal problems	23	11.6
Easy to talk with	13	6.6
Pleasant people	6	3.0
Helpful with academic problems	4	2.0
Confidential	2	1.0
Will tell you right from wrong	2	1.0
No comment	2	1.0
Neutral	146	73.7
<u>Negative Attributes</u>		
Not confidential	11	5.6
Overly inquisitive	7	3.5
Too busy	4	2.0
Not available	3	1.5
Only tell you the facts	2	1.0
Negative attitude	1	.5
No comment	19	9.6
Neutral	151	76.3

Table 18 Adolescent Female Responses Toward School Counselors

	<u>Frequency</u>	<u>Percent</u>
<u>Positive Attributes</u>		
Easy to talk with	29	11.4
Helpful with personal problems	28	11.0
Pleasant people	13	5.1
Caring people	8	3.1
Will tell you right from wrong	5	2.0
Confidential	4	1.6
Helpful with academic problems	2	.8
No comment	9	3.5
Neutral	157	61.6
<u>Negative Attributes</u>		
Not confidential	24	9.4
Too busy	17	6.7
Not helpful	7	2.7
Overly inquisitive	5	2.0
Negative attitude	3	1.2
Not available	2	.8
No comment	20	7.8
Neutral	177	69.4

Table 19 Black Adolescents' Responses Toward School Counselors

	<u>Frequency</u>	<u>Percent</u>
<u>Positive Attributes</u>		
Helpful with personal problems	39	12.1
Easy to talk with	34	10.6
Pleasant people	15	4.7
Caring people	7	2.2
Confidential	6	1.9
Helpful with academic problems	5	1.6
Will tell you right from wrong	2	.6
No comment	8	2.5
Neutral	205	63.9
<u>Negative Attributes</u>		
Not confidential	26	8.1
Too busy	20	6.2
Overly inquisitive	8	2.5
Not competent	7	2.2
Not available	5	1.6
Negative attitude	4	1.2
Only tell you the facts	2	.6
No comment	31	9.7
Neutral	249	67.9

Table 20 Hispanic Adolescents' Responses Toward School Counselors

	<u>Frequency</u>	<u>Percent</u>
<u>Positive Attributes</u>		
Helpful with personal problems	12	9.0
Easy to talk with	7	5.2
Will tell you right from wrong	5	3.7
Pleasant people	4	3.0
Helpful with academic problems	1	.7
Caring people	1	.7
No comment	3	2.2
Neutral	104	75.4
<u>Negative Attributes</u>		
Not confidential	10	7.5
Overly inquisitive	4	3.0
Too busy	1	.7
No comment	8	6.0
Neutral	119	82.8

## CHAPTER V

### DISCUSSION

#### The Problem

Adolescents' experimentation with a wide variety of illicit and controlled substances appears to have become an integral part of the coming of age in America. Unfortunately, this experimentation often leads to regular use, and for all too many individuals, may result in both psychological and physiological dependence. Treatment programs designed to help individuals achieve total abstinence, or modify their pattern of use, appear to be only moderately effective, with virtually all programs being plagued with high rates of recidivism. Consequently, it is desirable to develop effective substance-abuse prevention strategies. However, the development of such strategies remains an illusive goal.

Researchers have attempted to explain the relative ineffectiveness of adolescents' substance-abuse prevention programs, yet they have ignored a potential explanation for the failure of these programs. Although the success of any drug-abuse-prevention effort relies upon a receptive audience, we know virtually nothing about an adolescent's willingness to turn to school counselors, parents or peers for help with drug-related problems.

### The Purpose

Accordingly, this investigation examined the research question: To whom will adolescents turn should they encounter problems or questions concerning drugs or alcohol? This investigation also studied how ethnicity, gender, and grade level influence an adolescent's willingness to seek guidance from parents, school counselors, or peers with drug-related problems or questions.

### The Hypotheses

This study investigated the following null hypotheses:

1. There will be no significant difference between:
  - 1A. ethnic groups in self-reported willingness to turn to parents for help or information with drug-related problems.
  - 1B. male and female self-reported willingness to turn to parents for help or information with drug-related problems.
  - 1C. grade levels in self-reported willingness to turn to parents for help or information with drug-related problems.
2. There will be no significant difference between:
  - 2A. ethnic groups in self-reported willingness to turn to school counselors for help or information with drug-related problems.
  - 2B. male and female self-reported willingness to turn to school counselors for help or information with drug-related problems.
  - 2C. grade levels in self-reported willingness to turn to school counselors for help or information with drug-related problems.



3. There will be no significant difference between:

3A. ethnic groups in self-reported willingness to turn to peers for help or information with drug-related problems.

3B. male and female self-reported willingness to turn to peers for help or information with drug-related problems.

3C. grade levels in self-reported willingness to turn to peers for help or information with drug-related problems.

In addition to the statistical analyses relating to the null hypotheses stated above, qualitative analysis was used to examine opinions and feelings expressed by the subjects. This qualitative analysis revealed patterns of desirable attributes in support systems related to preventing drug and alcohol problems that are not easily measured by standardized instruments.

#### The Instrument

The researcher developed the survey (see Appendix) based upon a questionnaire that was originally developed by Smart and Jackson (1968) and modified by Neumann and Shannon (1980). The survey was divided into three parts. The first part requested demographic information including age, grade, sex, school, and ethnic origin. The second part consisted of ten questions written in a positively and negatively structured Likert-type format designed to assess adolescents' self-reported resource preferences in seeking help or information on substance-abuse issues. Each statement had a response option weighted in a five-point

scale of (A) always; (B) most of the time; (C) sometimes; (D) seldom; and (E) never. The third part solicited short written answers about what the students liked or disliked about counselors, and asked adolescents to identify substance-abuse issues important to them.

### Data Analysis

The Chi-Square statistic was utilized to determine the relationship of the independent variables (gender, ethnicity, and grade) to the dependent variables (score from the five Likert-type survey questions). The null hypotheses were rejected if any calculated value exceeded the critical value of .05.

In addition to statistical analyses related to the null hypotheses stated above, qualitative analysis was used to analyze data collected from the third part of the survey to explore patterns of desirable attributes in school counselors. These qualitative data are reported using frequencies and percentages.

### The Findings

#### Hypothesis I

The first null hypothesis states that there will be no significant difference between ethnic groups, gender, and grade level in reported willingness to turn to parents for help or information with drug-related problems.

No significant difference was found between ethnic groups in willingness to turn to parents for help. However,

when controlling for gender, Black males report a higher than expected frequency in having difficulty talking to their parents. Black males who report trouble talking to their parents may turn to other resources for help or information. This is supported by the rejection of Hypothesis III, where Black males report higher than expected willingness to turn to their peers for help or information with alcohol and drug-related problems.

Significance was found between genders in reporting trouble discussing their problems with their parents. Male adolescents report lower than expected frequencies in having trouble turning to their parents with their problems. This finding suggests that males may be satisfied with the role their parents play in advising them about their problems. Notably, this finding does not indicate to what extent, if any, parents participate in the advisement of their sons.

In contrast, females report significant difficulty in turning to their parents with drug- or alcohol-related issues. Females report high frequencies of having trouble talking to their parents. These findings suggest that females may want to turn to their parents for advice but when they do they either experience problems in communication or are dissatisfied with the results of the discussion.

Hispanic females report a higher than expected frequency in wanting to talk to their parents "most of the

time" about their problems and do not report difficulty discussing their problems with their parents. These results suggest that Hispanic females want to turn to their parents with their problems and are generally satisfied when they do so. However this finding does not report to what extent Hispanic females actually do turn to their parents for help or information with drug-related issues.

No significant difference was found between grade level and adolescents' willingness to turn to parents for help or information with drug and alcohol questions. A wide range of variability in grade levels may have contributed to this finding. Pooling grade levels to attain larger expected and observed frequencies may have been conducive to statistical analysis; however, the ability to independently analyze grade levels would have been compromised.

### Hypothesis II

Hypothesis II states that there will be no significant difference between ethnic groups, gender, and grade level in reported willingness to turn to school counselors for help or information with drug-related problems.

Significance was found between ethnic groups in willingness to turn to school counselors for help. Black adolescents report a lower than expected frequency in wanting to go to a school counselor for help; Hispanics report a higher than expected frequency. In particular, Black females report that they would be less likely than

Hispanic females to turn to their school counselors for help. Further, the results indicate that Black females are more willing to turn to school counselors than Black males. Black males report that they are willing to turn to school counselors "some of the time" but that peers are their first preference choice.

Although Black females report a higher than expected willingness to turn to school counselors when compared to Black males, this relationship is not as significant when comparing Black female preferences to Hispanic female preferences. Hispanic females will likely seek a counselor's advice a majority of the time, whereas slightly more than half of the Black females will seek a counselor's advice only "some of the time," with slightly less than half of the Black females indicating that they will "never" seek a counselor's advice. This suggests that although Black females will turn to school counselors significantly more often than Black males, they are still less likely than Hispanic females.

Overall, significance was found between genders in willingness to turn to a school counselor for help with drug problems. Females report they would turn to a school counselor for help with their problems; males report that they would not.

Significance was found between grade levels and willingness to seek a school counselor's help with

substance-abuse problems or questions. For example, juniors are the least likely to turn to school counselors for help, and seniors reported a lower than expected frequency in seeking a school counselor's advice. Adolescents in the seventh and ninth grade are the most likely to seek a counselor's advice. This suggests that counseling programs available to students during their junior and senior years are perceived to be unsatisfactory. Adolescents in these grade levels are likely to turn to other resources for help or information.

Further, qualitative analysis revealed negative counselor attributes. The foremost concerns of all adolescents are breach of counselor confidentiality, overly inquisitive counseling style, and lack of counselor availability.

### Hypothesis III

The third null hypothesis states that there will be no significant difference between ethnic groups, gender, and grade level in reported willingness to turn to peers for help or information with drug-related problems.

A significant difference was found between ethnicity and willingness to seek a friend's advice before taking drugs or alcohol. Black adolescents report higher than expected frequencies in turning to their peers for advice. In particular, Black males report that they were most likely to seek a friend's advice before taking drugs or alcohol.

Black adolescents also report a higher than expected willingness to advise a friend with a substance- abuse problem. These findings, in addition to the findings of Hypothesis I, indicate that although Black males may express an interest in turning to their parents for advice, in reality they turn to their peers the majority of the time and to their school counselors some of the time.

Hispanic adolescents report lower than expected frequencies in seeking or giving advice to their peers on alcohol and drug-related issues. In particular, Hispanic females are least willing to advise a friend with a substance-abuse problem; Black females are the most willing. This finding among Hispanic females is corroborated by the rejection of Hypothesis I, which indicated that Hispanic females turn to their parents for advice and report overall satisfaction in so doing.

Overall, significance was found between genders in willingness to advise a friend with a substance-abuse problem. Females report higher than expected frequencies in advising a friend; males report lower than expected frequencies. Black females report they were likely to give advice; Hispanic females are reluctant. Notably, Black females are more likely than any other group to give advice; Black males are the most likely to seek a friend's advice. This finding does not report to what extent Black males seek or accept advice from their female peers or if they instead

rely on male peers (who may not offer to give advice or opinions) for validation of their behavior.

Significance was found between grades levels and seeking a friend's advice before taking drugs or alcohol. Juniors in high school report higher than expected frequencies in seeking a friend's advice followed by seniors. In contrast, students in the seventh and ninth grade had lower than expected frequencies in seeking a friend's advice with the sophomore year reporting close expected frequencies. These findings, which indicate that juniors were the least likely to turn to school counselors and that students in the seventh and ninth grades were the most likely, confirm the rejection of Hypothesis II. Accordingly, these findings suggest that drug prevention programs for adolescents in the seventh and ninth grades should originate from school counselors, and peer-facilitated prevention programs should be strongly emphasized during the junior and senior high school years.

#### Qualitative Analysis

Qualitative analysis was used to examine opinions, feelings, beliefs and explore patterns of desirable and undesirable attributes of school counselors not easily measured by standardized instruments.

Qualitative analysis revealed that adolescents, independent of gender, ethnicity and grade level, are overwhelmingly concerned about a school counselor's breach



of confidentiality. Adolescents often report the perception that their problems are shared by the school counselors with other faculty members. Adolescents also express a concern over the intrusive or overly inquisitive counseling style of the school counselors. School counselors are often described as "pushy" or "nosey." Adolescents also report that counselors are either too busy or not available during convenient hours. A cause-and-effect relationship between the reported counselor time constraints and the adolescents' perceptions of intrusive counseling style may warrant further study.

Generally, adolescents report that school counselors are pleasant people who are easy to talk with and are helpful with personal problems. However, these positive attributes did not outweigh the lack of counselor's availability and the overwhelming concern over confidentiality. This suggests that although adolescents may be confident in a counselor's skill level, they may be unlikely to seek a counselor's advice because they believe their confidentiality will be breached or because the counselor is not available.

#### Implications for Practice

The results of this investigation suggest that: (1) only a small number of adolescents turn to their parents for help with drug-related problems, (2) adolescents are reluctant to seek help from school counselors, (3) peer

relationships play an important role as a source of advice for adolescents with drug-related problems. With regard to item 1, with the exception of Hispanic females, a relatively small number of adolescents would readily turn to their parents for help with drug-related problems. This may be partially explained by the parents' disciplinary role. Adolescents may be afraid that if they reveal a drug problem to their parents, or even try to ask questions about drugs, they may be misunderstood or even punished. Also, adolescents may simply resent their parents in general, discounting and distrusting even the most concerned parent. To address the needs of adolescents who report a preference in turning to their parents for help (i.e., Hispanic females) or adolescents who report trouble talking to their parents (i.e., Black males) it is imperative that training programs be implemented to teach appropriate helping behaviors and prevention strategies.

With regard to item 2, adolescents report they were willing to seek advice from school counselors "some of the time" although their first preference choice is to seek advice from their peers. Adolescents enrolled in seventh and ninth grades are the most likely to report willingness to seek advice from school counselors; adolescents in the junior and senior grades are the least likely. Although school counselors might be adequately or even superbly trained in drug and alcohol prevention methodologies, they

have apparently failed to develop relationships with adolescents that would consistently facilitate effective prevention strategies through the junior and senior years. These findings suggest that school counselors may be most effective in developing prevention programs directed at younger age groups. Adolescents overwhelmingly express concern with counselor confidentiality, intrusive counseling practices, and counselor unavailability. These attributes alone may be sufficient to warrant avoidance of counselors by adolescents in the upper grade levels.

Finally, the results of this study also indicate the importance of peer relationships in seeking advice on drug-abuse issues. Nearly all Black adolescents report they would turn to their friends for advice. The importance of peer influence when compared with adolescents' unwillingness to turn to parents or school counselors may help to explain the persistence of substance abuse, despite school-based and parental intervention efforts. Because Black adolescents are more willing to turn to their peers than to school counselors or parents, prevention efforts for this population need to be more appropriately directed toward the development and assessment of peer-facilitated prevention, counseling and referral programs.

This investigation of the perceptions of help-seeking resources among "high risk" adolescents provides insight into the failure of prevention programs by identifying those

social resources perceived to be the most and least helpful by adolescents. The analyses indicate that in order to develop optimal drug prevention strategies, we need to first structure prevention programs by matching available resources with the preferences of those seeking help.

#### Recommendations

As a result of the limitations discussed in Chapter I, further research is indicated in four areas. First, additional resource preferences should be studied. This study limits its inquiry to those survey questions related to the available help seeking resources of parents, school counselors and peers. Analysis of additional survey questions may indeed reveal that adolescents turn to other "adult friends" with their drug and alcohol problems. Therefore, adolescents' unwillingness to turn to parents and school counselors should not be attributed solely to their adult status. The investigation of student willingness to turn to an "adult friend" may suggest positive attributes that prove to be critical variables in the improvement of parent, counselor, and student relationships.

Additionally, this study does not take into account other possible resource preferences such as community health agencies, telephone "hotlines," physicians, and clergy, which may be primary to adolescents. Also, adolescents' willingness to turn to "peer counselors" was not assessed by this survey. It may be reasonable to assume that those

students who may become peer counselors are not the "friends" to whom adolescents would turn to for help. Nonetheless, further investigation is warranted to demonstrate adolescents' willingness to turn to peers as facilitators rather than to parents or school counselors. Hence, further investigation of additional resource preferences is warranted.

Second, it is also necessary to study how habitual drug use affects resource preferences. Habitual drug and alcohol use patterns may reveal modified resource preferences, thus providing further insight into the tailoring of effective drug prevention programs. Therefore, it is desirable to correlate the frequency and extent of an adolescent's drug use with his/her resource preferences.

Third, additional research of other ethnic groups is warranted. The sample for this study was drawn from the Chicago public school system, and consisted of those students identified by the school administration "at high risk" for drug and alcohol abuse. Hispanic and Black adolescents were the only ethnic groups reported in this survey because other ethnic groups, such as White, Asian, and American Indian, were underrepresented at the time of the survey. Thus, the results may or may not be pertinent to other demographic groups. Further study is recommended of these underrepresented ethnic groups.

Lastly, it is recommended that longitudinal research be employed to evaluate adult dysfunction (e.g., alcohol and drug abuse) in relation to earlier adolescents' resource preferences. This exploration may provide additional determinates in the successful implementation of drug and alcohol prevention programs.

## REFERENCES

- Agar, M. (1973). Ripping and running: A formal ethnography of urban heroin addicts. New York: Seminar.
- Allison, K. R., Silverman, B. A., & Dignam, C. (1990). Effects on students on teacher training in use of a drug education curriculum. Journal of Drug Education, 20, 31-46.
- Ambtman, R., Madak, P., Koss, D., & Strople, M. (1990). Evaluation of a comprehensive elementary school curriculum based drug education program. Journal of Drug Education, 20 199-225.
- Ausubel, D. P., Montemayor, R., & Svajian, P. (1977). Theory and problems of development. New York: Grune and Stratton.
- Bandura, A. (1977a). Social learning theory. Englewood Cliffs: Prentice Hall.
- Bandura, A. (1977b). Self-efficacy: Toward a unifying theory of behavior change. Psychological Review, 84, 191-215.
- Black, C., Paz, H., & DeBlassie, R. (1991). Counseling the hispanic male adolescent. Adolescence, 26, 223-232.
- Brody, M. E. (1988). Prevention of substance abuse through development of personal and social competence (Doctoral dissertation, Auburn University.) Dissertation Abstracts International, 48, 2462A.
- Broman, C. (1987). Race differences in professional help seeking. American Journal of Community Psychology, 15, 473-489.
- Bronfenbrenner, U. (1977). Toward ecology of human development. Cambridge: Harvard University Press.
- Brook, J. S., Whiteman, M., & Graham, A. S. (1982). Qualitative and quantitative aspects of adolescent drug use. Psychological Reports, 51, 1151-1163.
- Brown, B. B., Clasen, D. R., & Eicher, S. A. (1986). Perceptions of peer pressure, peer conformity dispositions, and self-reported behaviors among adolescents. Developmental Psychology, 22, 521-530.

- Bry, B. (1983). Predicting drug abuse: Review and reformations. The International Journal of the Addictions, 18, 223-233.
- Caplan, M., Weissberg, R. P., Grober, J. S., Sivo, P. J., Grady, K., & Jacoby, C. (1992). Social competence promotion with inner-city and suburban young adolescents: Effects on social adjustment and alcohol use. Journal of Consulting and Clinical Psychology, 60, 56-63.
- Cloward, R. A., & Ohlin, L. E. (1960). Delinquency and opportunity: A theory of delinquent gangs. New York: Free Press.
- Coombs, R. H., & Landsverk, J. (1988). Parenting styles and substance use during childhood and adolescence. Journal of Marriage and the Family, 50, 473-482.
- Coombs, R. H., Wellisch D. K., & Fawzy, F. I. (1985). Drinking patterns and problems among female children and adolescents: A comparison of abstainers, past users, and current users. American Journal of Drug and Alcohol Abuse, 11, 312-348.
- Cowan, E. L. (1982). Primary prevention research: Barriers, needs and opportunities. Journal of Primary Prevention, 2, 131-137.
- Dembo, R., Williams, L., Getreu, A., Genung, L., Schmeidler, J., Berry, E., Wish, E. D., & La Voie, L. (1991). A longitudinal study of the relationships among marijuana/hashish use, cocaine use and delinquency in a cohort of high risk youths. The Journal of Drug Issues, 21, 271-312
- The Dictionary of Developmental and Educational Psychology, (1986). Cambridge: MIT Press.
- Dorn, N., & South, N. (1985). The practice of parenthood and the problems of youth: Cultural concerns of parents and communities and their responses to children's drug and alcohol use. Paper presented at the Conference on Cultural Studies on Drinking and Driving Problems, Helsinki.
- Ensminger, M. E., Brown, C. H., & Kellam, S. G. (1985). Social Control as an explanation of sex differences in substance use among adolescents. In L. S. Harris (Ed.), Problems of drug dependency. Rockville, MD: National Institute on Drug Abuse.



- Fagan, J., & Chin, K. (1991). Social processes of initiation into crack. The Journal of Drug Issues, 21, 313-343.
- Floyd, D. J., & Lotsof, A. B. (1978). Drug education: A cultural perspective, an educational model and an implementation scheme. Journal of Drug Education, 8, 357-369.
- Fredlund, E. V. (1988). Texas school survey of substance abuse. Austin, TX: Texas Commission on Alcohol and Drug Abuse.
- Glynn, T. J. (1983). Drug prevention research. Rockville, MD: U.S. Department of Health and Human Services, National Institute on Drug Abuse.
- Glynn, T. J., & Haenlein, M. A. (1988). Family theory and research on adolescent drug use: A review. In R. H. Coombs (Ed.), The family context of adolescent drug use. New York: Haworth Press.
- Goldstein, P. J., Hunt, D., Des Jarlais, D. C., & Deren, S. (1987). Closing the gap. New York: Oxford University Press.
- Goodstadt, M. S. (1981). Planning and evaluation of alcohol education programmes. Journal of Alcohol and Drug Education, 26, 1-10.
- Goodstadt, M. S. (1986). School-based drug education in North America: What is wrong? Journal of School Health, 56, 578-581.
- Grady, K., Gersick, K., Snow, D. L., & Kessen, M. (1986). The emergence of adolescent substance use. Journal of Drug Education, 16, 203-220.
- Hawkins, J. D., Lishner, D. M., Catalano, R. F., & Howard, M. O. (1985). Childhood predictors of adolescent substance abuse: Toward an empirically grounded theory. Journal of Children in Contemporary Society, 18, 11-48.
- Huba, G. J., & Bentler P. M. (1980). The role of peer and adult models for drug taking at different stages in adolescence. Journal of Youth and Adolescence, 9, 449-465.
- Jessor, R., & Jessor, S. L. (1977). Problem behavior and psycho-social development: A longitudinal study of youth. New York: Academic Press.

- Johnston, L. D., O'Malley, P. M., & Bachman, J. G. (1989). Drug use, drinking, and smoking: National survey results from high school, college, and young adults populations 1975-1988 (DHHS Publication No. ADM 89-1638). Washington, DC: U.S. Government Printing Office.
- Kafka, R. R., & London, P. (1991). Communication in relationships and adolescent substance use: The influence of parents and friends. Adolescence, 26, 587-598.
- Kandel, D. B. (1985). On processes of peer influence in adolescent drug use: A developmental perspective. Advances in Alcohol and Substance Abuse, 4, 139-163.
- Kessler, R. C., Brown, R. L., & Broman, C. L. (1981). Sex differences in psychiatric help seeking: Evidence from four large-scale surveys. Journal of Health and Social Behavior, 28, 171-183.
- Kinder, B. N., Pope, N. E., & Walfish, S. (1980). Drug and alcohol education programs: A review of outcome studies. International Journal of the Addictions, 15, 1035-1054.
- Klitzner, M., Bamberger, E., & Gruenewald, P. J. (1990). The assessment of parent-led prevention programs: A national descriptive study. Journal of Drug Education, 20, 111-125.
- Lavik, N. (1986). The Akershus Project: Development and evaluation of three programs of drug and alcohol education in junior high schools. Journal of Alcohol and Drug Education, 32, 47-62.
- Leaf, P. J., & Bruce, M. L. (1987). Gender differences in the use of mental health-related services: A re-examination. Journal of Health and Social Behavior, 28, 171-183.
- Lindblad, R. S. (1983). A review of the concerned parent movement in the United States of America. Bulletin on Narcotics, 35, 41-52.
- Lohrmann, D. K., & Fors, S. W. (1986). Can school-based educational programs really be expected to solve the adolescent drug abuse problem? Journal of Drug Education, 16, 327-339.
- Maddahian, E., Newcomb, M. D., & Bentler, P. M. (1988). Risk factors for substance use: Ethnic differences among adolescents. Journal of Substance Abuse, 1, 11-23.

- McDermott, D. (1984). The relationship of parental drug use and parents' attitude concerning adolescent drug use to adolescent drug use. Adolescence, 19, 89-97.
- Miller, J. B., & Lane, M. (1991). Relations between young adults and their parents. Journal of Adolescence, 14, 179-194.
- Mischel, W. (1972). On the interface of cognition and personality. American Psychologist, 34, 740-754.
- Moskowitz, J. M. (1983). Preventing adolescent substance abuse through drug education. In T. J. Glynn, C. G. Leukefeld, and J. P. Ludford (Eds.) Preventing Adolescent Drug Abuse: Intervention Strategies Monograph. Rockville, MD: National Institute on Drug Abuse Research.
- Needle, R., McCubbin, H., Wilson, M., Reineck, R., Lazar, A., & Mederer, H. (1986). Interpersonal influences in adolescent drug use: The role of older siblings, parents, and peers. The International Journal of the Addictions, 21, 739-766.
- Neumann, B., & Shannon, W. (1980). Drug use among Halifax adolescents 1976-1979 (Bulletin 80031). Nova Scotia: Nova Scotia Commission on Drug Dependency.
- Newcomb, M. D., & Bentler, P. M. (1986a). Substance use and ethnicity: Differential impact of peer and adult models. The Journal of Psychology, 120, 83-95.
- Newcomb, M. D., & Bentler, P. M. (1986b). Frequency and sequence of drug use: A longitudinal study from early adolescence to young adulthood. Journal of Drug Education, 16, 101-119.
- Newcomb, M. D., Maddahian, E., Skager, R., & Bentler, P. M. (1987). Substance abuse and psychosocial risk factors among teenagers: Associations with sex, age, ethnicity, and type of school. American Journal on Drug and Alcohol Abuse, 13, 413-433.
- Newman, I., Mohr, P., Badger, B., & Gillespie, I. (1984). Effects of teacher preparation and student age on an alcohol and drug education curriculum. Journal of Drug Education, 14, 23-36.
- Nucci, L., Guerra, N., & Lee, J. (1991). Adolescent judgements of the personal, prudential and normative aspects of drug usage. Developmental Psychology, 27, 841-848.

- Perry, C., Maccoby, N., & McAlister, A. (1980). Modifying smoking behavior of teenagers: A school-based intervention. American Journal of Public Health, 70, 722-725.
- Prebble, E., & Casey, Jr., J. J. (1979). Taking care of business: The heroin user's life on the street. International Journal of the Addictions, 4, 2-13.
- Pruitt, B. E., Kingery, P. M., Mirae, E. M., Heuberger, G., & Hurley, R. (1991). Peer influence and drug use among adolescents in rural areas. Journal of Drug Education, 21, 1-11.
- Reid, L. D., Martinson, Q. B., & Weaver, L. C. (1987). Factors associated with the drug use of fifth through eighth grade students. Journal of Drug Education, 17, 149-159.
- Ryan, R. R., & Lynch, J. H. (1989). Emotional autonomy versus detachment: Revisiting the vicissitudes of adolescence and young adulthood. Child Development, 60, 340-356.
- Saks, M. J., & Krupat, E. (1988). Social psychology and its applications. New York: Harper and Row.
- Sarvela, P., & McClendan, E. (1987). An impact evaluation of a rural youth drug education program. Journal of Drug Education, 17, 213-231.
- Schaps, E., DiBartolo, R., Moskowitz, J. M., Palley, C. S., & Churgin, S. (1981). A review of 127 drug abuse prevention program evaluations. Journal of Drug Issues, 11, 17-43.
- Shantz, C. U. (1983). Social cognition. In J. H. Flavell & E. M. Markman (Eds.), P. H. Mussen (Series Ed.), Handbook of Child Psychology: Vol. 3 Cognitive Development (pp. 495-555). New York: Wiley Press.
- Smart, R. G., & Jackson, R. (1968). A preliminary report on the attitudes and behavior of Toronto students in relation to drugs. Toronto: Addiction Research Foundation.
- Swisher, J. D., Crawford, J., Goldstein, R., & Yura, M. (1971). Drug education: Pushing or preventing. Journal of Education, 49, 68-75.

- Weisheit, R. (1983). The social context of alcohol and drug education: Implications for program evaluations. Journal of Alcohol and Drug Education, 29, 72-81.
- Welte, J. W., & Barnes, G. M. (1987). Alcohol use among adolescent minority groups. Adolescence, 15, 329-336.
- Wingard, J. A., Huba, G. J., & Bentler, P. M. (1980). A longitudinal analysis of personality structure and adolescent substance use. Personality and Individual Differences, 1, 259-272.
- Youniss, J., & Smollar, J. (1989). Adolescents' interpersonal relationships in social context. In T. J. Berndt & G. W. Ladd (Eds.), Peer Relationships in Child Development (pp. 300-316). New York: Wiley Press.

## APPENDIX

MUSIC/THEATRE WORKSHOP  
LOYOLA UNIVERSITY OUTREACH PROGRAM

School \_\_\_\_\_  
Today's Date \_\_\_\_\_  
Grade \_\_\_\_\_ Age \_\_\_\_\_ Sex \_\_\_\_\_  
Subject \_\_\_\_\_ Teacher \_\_\_\_\_  
Birthdate \_\_\_\_\_  
(month) (day) (year)

Ethnic Background (check one):  
Black \_\_\_\_\_  
Hispanic \_\_\_\_\_  
White \_\_\_\_\_  
Asian or Pacific Islander \_\_\_\_\_  
American Indian or Alaskan Native \_\_\_\_\_

CIRCLE THE BEST ANSWER

1. How much did you like the play?  
A. Very much    B. A lot    C. Some    D. A little    E. Not at all  
\_\_\_\_\_
2. How much did you learn from the discussion?  
A. Very much    B. A lot    C. Some    D. A little    E. Not at all  
\_\_\_\_\_
3. Did you like it when the actors role-played with the students?  
A. Very much    B. A lot    C. Some    D. A little    E. Not at all  
\_\_\_\_\_
4. Would you take drugs or alcohol if someone offered them to you?  
A. Always    B. Most of the time    C. Sometimes    D. Seldom    E. Never  
\_\_\_\_\_
5. Is there an adult outside your family with whom you can talk about your problems?  
A. Always    B. Most of the time    C. Sometimes    D. Seldom    E. Never  
\_\_\_\_\_
6. Would you seek a friend's advice before taking drugs or alcohol?  
A. Always    B. Most of the time    C. Sometimes    D. Seldom    E. Never  
\_\_\_\_\_
7. Do you have trouble talking to your parents about your problems?  
A. Always    B. Most of the time    C. Sometimes    D. Seldom    E. Never  
\_\_\_\_\_
8. Do you think drugs and alcohol are harmful?  
A. Always    B. Most of the time    C. Sometimes    D. Seldom    E. Never  
\_\_\_\_\_

9. If you had a personal problem would you go to your school counselor for help?

- A. Always    B. Most of the time    C. Sometimes    D. Seldom    E. Never
- 

10. Is it hard to talk to a friend about your family troubles?

- A. Always    B. Most of the time    C. Sometimes    D. Seldom    E. Never
- 

11. How often do you feel pressured by your friends to take drugs or alcohol?

- A. Always    B. Most of the time    C. Sometimes    D. Seldom    E. Never
- 

12. Do you ever want to talk to your parents about your problems?

- A. Always    B. Most of the time    C. Sometimes    D. Seldom    E. Never
- 

13. Would you tell your friend if you thought she/he had a drug or alcohol problem?

- A. Always    B. Most of the time    C. Sometimes    D. Seldom    E. Never
- 

14. What do you like or dislike about counselors?

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15. What topics would you like to see in future shows?

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16. If you would like to see a counselor for any reason, please write your name, grade, and birthdate below:

Name	Grade	Birthdate
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17. Any other comments?

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APPROVAL SHEET

The dissertation submitted by Jodi Maland Falk has been read and approved by the following committee:

Dr. Carol Gibb Harding, Director  
Chair, Counseling and Educational Psychology, Loyola  
Associate Professor, Counseling and Educational  
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The final copies have been examined by the director of the dissertation and the signature which appears below verifies the fact that any necessary changes have been incorporated and that the dissertation is now given final approval by the Committee with reference to content and form.

The dissertation is therefore accepted in partial fulfillment of the requirements for the degree of Doctor of Philosophy.

April 7, 1992  
Date

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