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This study examined the values, competencies, and goals of educators
related to preventing drug abuse. Its purpose was to develop a new theory to
define the crisis moral community among the educators: a theory which linked
the primary variables (values, competencies, and goals) in such a way as to
reveal their relationships.

Twenty rural educators who had participated in a drug education training
program, were surveyed using two instruments: one which examined their
perceived competencies to conduct drug education and one which examined
their values related to four imagined conflict situations. The relationship
between the two assessments linked the teachers' values to their perceived
level of competency and the goal of their drug education program.

The face value of the data permitted the development of a finer
description of the three linked variables. Not only do the variables covary; they
also transform as they move from simple to complex (values), random to
purposeful (competencies), and information-only to enfranchisement (goals).
The primary result supports a crisis among the educators surveyed.

The substantive conclusion is the development of enfranchisement theory
as a higher order method for preventing drug abuse. Enfranchisement theory
establishes a critical horizon that explains the failure of many drug education
programs (DARE, for example) and proposes a values set, level of educator
competency, and program goals for effective drug education.

Rural Educator Values
in the Implementation of Drug Education:
A Critical Assessment of a Crisis Moral Community
by

Donald C. Holmes

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I understand that my thesis will become part of the permanent collection of Oregon State University libraries. My signature below authorizes release of my thesis to any reader upon request.

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Donald C. Holmes, Author

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Chapter 1

Introduction

Statement of the Problem

This project capitalizes on work done by staff of The Gateway Program, a two-year United States Office of Education grant to train 3rd, 7th, and 10th grade teachers in Oregon's 100 most-rural school to infuse drug education and decision-making throughout the curriculum. The investigator conducted structured, individual interviews with 20 rural middle school educators who participated in The Gateway Program trainings. To insure the validity of the theory guiding the investigation, a dual-path research design first used by Piaget and enunciated by Munari (Demetriou, 1993) was incorporated. To insure the validity of information collected during the investigation, a value-coding system was employed based on a taxonomy of values used in the Rimrock Study (Kluckholn, 1961; von Mering, 1961).

An assumption of the study is that the full and effective implementation of drug education and decision-making programs across the K-12 curriculum, as required by Oregon law, is perceived by rural Oregon middle school teachers as a risk and one they are hesitant to take. It would, in their perception, add an element to the already-existing crisis within their moral community that would further compound the crisis. Drug education, like sex education and AIDS education, risks exposing teachers, students, and families who have local crises of their own. This is often perceived as an unwelcome intrusion into private affairs.

Study Constructs

The study turns on three constructs:

[1] Rural middle school educators constitute a moral community that supports and sustains a network of symbolic perception and beliefs which shape an individual's consciousness and identity (Fisher, 1990).

[2] The personal and professional values of these educators, in aggregate, comprise a "crisis moral community'; that is, the normal, normative structures that stabilize everyday life are breached by the force of circumstances (Fisher, 1990).

[3] Educators choose to minimize the risk of inflicting pain on community members, by implementing drug education in the least effective and least intrusive way, by using an academic content area.

Background of the Problem

Since the middle of 1960, public schools in the United States have been increasingly asked to address issues of equity and to provide services with reference to the failed intimacy of families (Shoemen, 1980). In the intervening time, prevention programs such as drug education have routinely been used as a method for strengthening the capacities of students to make positive choices about their use of drugs. (True, they seem to make sense.) They provide students with the best information about drug abuse and help them to develop effective decision-making processes. Prevention programs also help them to understand the norms of drug use that prevail in their community and equip them to make reasoned, positive choices about drug use.

The Question of Resources

The U. S. Government, as well as many of the state governments, sponsor drug education programs as a part of a community-wide counterattack in the war on drugs. A government-defined cycle of problems has been articulated that defines the elements of the war. These elements are: 1) the risk factors in the person, family, and community that increase the probability that young people will initiate drug use that could become abusive and 2) the wide range of legal and social consequences that are destructive when young people abuse drugs. Therefore, if one can stop availability of drugs used and abuse, then the positive consequences of education combined with decision-making skills development can be shared. Even in two of the most stringent of drug education studies, the findings about effectiveness are equivocal and meager (Dielman & Shope, 1989; Botvin,1990) . Botvin suggests that a major problem in the study of drug education involves program implementation. This refers to the degree that a teacher effectively and completely uses a drug education program. In Botvin's study, this program implementation variable confounds the findings regarding other variables because it supersedes them in time. The other variables also depend on the degree of implementation for their effectiveness. The variable of interest, in Botvin's hypothesis, is teacher willingness to implement the drug education program effectively and completely.

The Question of Research

Presuming that implementation of drug education in the classroom may be one of the major research problems, what are the deep structure elements that constitute the problem? What are the barriers to implementation? Recent research points to classroom complexity (Anderson, Ryan & Shapiro, 1989),

teacher values (Fenstermacher & Goodlad 1983; Shulman, 1986; Garrison and Macmillian, 1994) and student cognitive and affective entry skills (Bloom, 1985) as implementation barriers.

Classroom Complexity: Anderson et al. (1989) developed a causal model of classroom variables in nine countries on five continents. The purpose of this model was to identify the similarities and differences in teaching practice and the conditions of learning; then to identify those particular elements of the classroom environment and specific behaviors by teachers and students that influence student achievement and attitudes. The model shown in Figure 1.1, on page 5, identifies 15 casual variables, each of which comprises a number of variables.

Teacher Values: In a major study initially designed as a general examination of how knowledge in teaching develops, Shulman (1986) refocused the study to better understand how teachers learn to transform (create values) their own understanding of subject matter into representations and forms of presentations that make sense to students. Shulman identified seven crucial influences on a teacher's pedagogical reasoning (professional values system): substantive and syntactic subject matter knowledge; pedagogical understanding of subject matter; general pedagogical knowledge; knowledge of educational aims; knowledge of curriculum; knowledge of other content; and knowledge of the learner. With regard to Botvin's hypothesis that implementation is a key issue in drug education, Shulman's seven variables become likely indices of values for the assessment of the degree of implementation.

Student Cognitive and Affective Entry Skills: Bloom (1976) proposed a theory of school learning based upon an idealized, error-free tutorial model. Bloom was interested in how groups of students could learn as

Figure 1.1 Anderson'sCausal Model of Classroom Variables

Anderson's Causal Model of Classroom Variables

Student
Characteristics

Quality of
Instruction

Home
Characteristics

Student
Perceptions

Community
Characteristics

Orienting
Students

Classroom
Context

Teaching
Students

Student
Learning

School
Characteristics

Assessing/
Evaluating
Students

Teacher
Perceptions

Student
Participation
in Learning

Teacher
Characteristics

Managing
Students

Anderson, Ryan and Shapiro, 1989.

well as an individual student who receives excellent tutoring. Bloom identified deviations from the idealized model as errors and developed his descriptions of variables from these errors. He identified three sets of variables:

[1] Cognitive entry behaviors: The extent to which the student has already learned basic prerequisites to for learning to be done.

[2] Affective entry behaviors: The extent to which the student is or can be motivated to engage in the learning process.

[3] Pedagogical implementation: the extent to which the instruction to be given is appropriate to the learner.

Two very important considerations dictated the selection of Anderson et al., Bloom, Shulman, and Botvin, The first was the remarkable agreement between Bloom and Botvin in citing that 46% of the variance is explainable by the extent to which instruction is appropriate to the learner. The second consideration was the use of social learning theory as the common base for reasoning among the four studies. Both Bloom and Botvin indicated that 46% of the variance involving implementation had to do with the extent to which the intended instruction fits the cognitive and affective set of the learner. Restated, it can be said that Anderson et al., Shulman, and Bloom, from the field of education, and Botvin, from the field of prevention, focused on implementation as a rich set of causal variables that included teacher knowledge bases, pedagogical skill bases, personal and professional values, and how children learn.

Significance of the Problem

The role of the teacher in the classroom, the very nature of the classroom, and the organization of school services, are currently undergoing dramatic,

irreversible changes in Oregon. This investigation suggests that rural Oregon middle school teachers belong to a crisis moral community that is revealed through their values with reference to drug education.

Drug education differs from other elements of the common school curriculum in that goals are both academic and preventive. Therefore, it is more likely to relate to deep structures that guide the teachers' relationships with their students. The concept of deep structure (Habermas, 1975; Goodlad, 1984) refers to the valuations teachers made that are transformed into idealized communicative acts (Habermas, 1971) aimed at their students. Most of these idealized communicative acts are tacit and have everything to do with the unconscious behavior and speech of the teacher as they judge the present status of the student and project a future life plan (Rawls, 1971) for the student.

This study approaches the deep structure from the perspective of two dimensions of values and value systems.

Values: enduring beliefs that a specific mode of conduct is personally or socially preferable over another or end-state of existence.

Values System: enduring organization of beliefs concerning preferred modes of conduct or end-states.

Habermas (1971; 1975) contents, as do Adorno, Frenkel-Brunswik, Levinson and Sanford (1950), Derrida (1976), and Chomsky (1980), that the surface content of our behavior and speech (comparable to the planned, conscious curriculum in a classroom) is a small part of the communicative act. Teachers evidence these communicative acts through their values, attitudes, and behaviors aimed at the students which can carry semantic messages that amount to the idealized end-state judgments. In other words, they communicate to students a deep-structure comment on both their present status and future fate.

By implication, if teachers' personal and professional values in implementing drug education in the classroom are simple and isolate (von Mering, 1961), it may be concluded that the deep structure comment to students would be **stereotyped** (you are who you are, probably a druggie, and you cannot change), **superficial** (focusing on social comportment as an index of moral agreement), **bifurcative** (us vs. them), and **defensive** (identify is knowing who you are not). In implementing drug education, if teachers' personal and professional values are complex and inclusive (von Mering, 1961), it might be concluded that the deep structure comments to students would be **non-stereotyped** (open, complex, multi-level), **deep** (focusing on an understanding of the student's motivation, experiences, emotion, reason), **inclusive** (oriented about shared perception), and **identify making** (identify is knowing who you are.

Chapter 2

Epistemological Limits

Introduction

The two fundamental purposes for this review of literature are to establish epistemological limits and to prefigure the methods used within existing knowledge bases. The review is organized into five themes:

[1] Drug education theory;

[2] Drug education praxis;

[3] Axiological theory;

[4] Social learning theory; and

[5] The dual-path experimental theory.

Epistemological Limits

Three epistemological techniques have been imposed on this study to prevent the distortion in findings, bias in analysis, and inflation of theory. To assure that the investigator's agenda did not influence the findings, an epistemological technique called the M-Path Protocol was used. Once the interview of the subject had begun, the M-Path Protocol limited the role of the investigator to the use of empathic responses such as paraphrase, statements of understanding, questions of clarification or elaboration.

Bias in analysis was controlled by the evaluation guideline that required all statements be coded fairly and completely. The value-coding system of Otto von Mering (1961) was employed to prevent bias because due to emphasis or omission. Using this system, values are cast onto a grid that indicates both their level of use and their relationship to each other.

Inflation of theory was controlled by using the dual-path experimental model (Demetriou, 1993) (Figure 2.1.) This model uses social learning theory
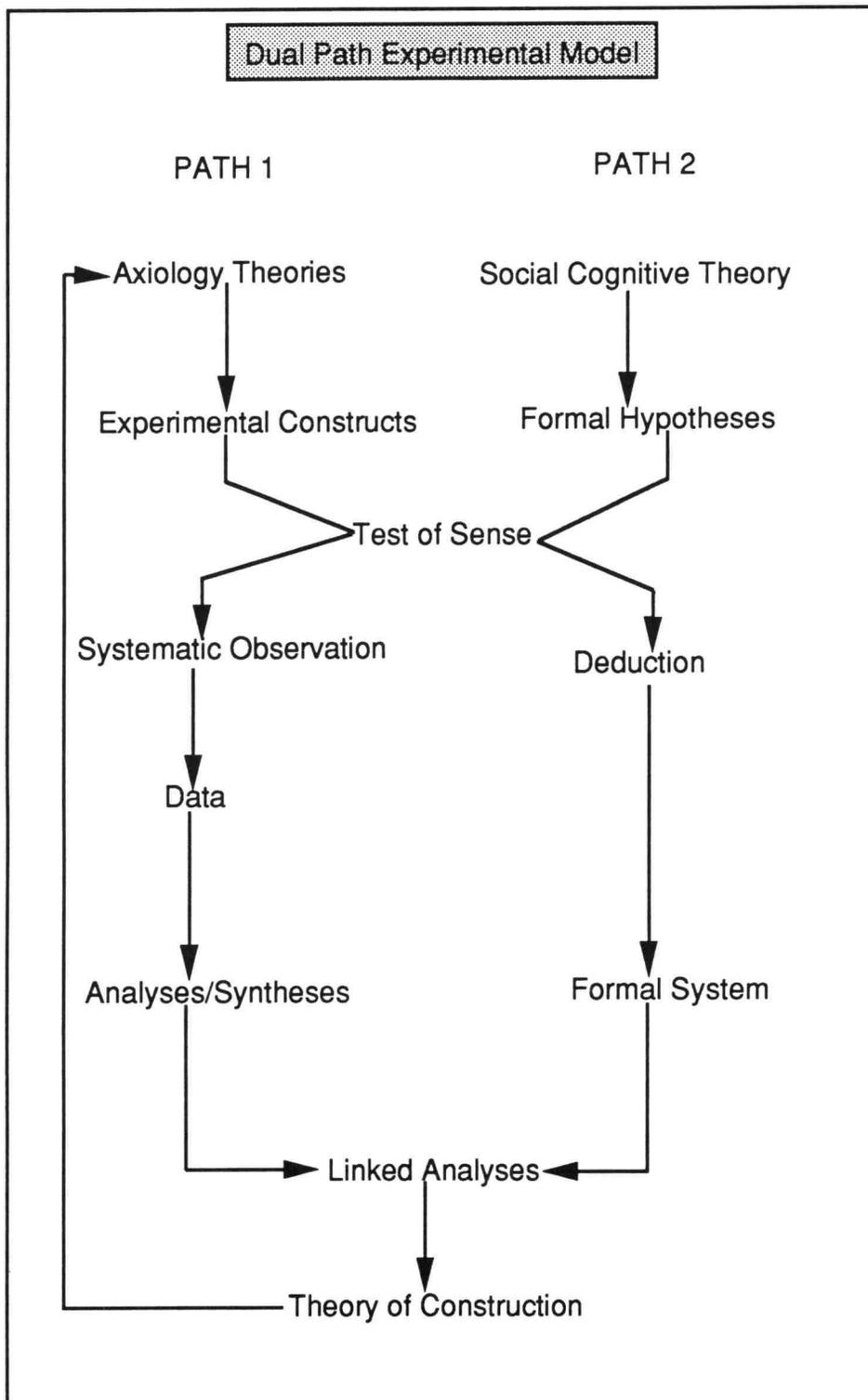
Demetriov, 1993.

Figure 2.1 Dual Path Experimental Model

as a baseline theory to compare and contrast findings and build them toward a useful conceptual framework that is both extensional (it fits the facts) and potent (it illuminates the facts).

The issues surrounding the assessment of educator values in the implementation of drug education have not been well documented. The study of values itself is still the province of philosophy. It has only been in the last thirty five years that systems of values coding have been tested, usually in the field of anthropology (von Mering, 1961). Implementation issues, questions about how knowledge is transferred from curriculum to testable learning, are only now surfacing as complex, multi-causal phenomena involving knowledge of pedagogy and how students learn. And not least of all, the field of drug education research, after two decades of struggle, is only in the last five years, developing theory, instruments, and findings that give direction to the educator.

Drug Education Theory

Drug education is a prevention strategy intended to reduce the incidence and prevalence of drug abuse behaviors in a population. The traditional theory that supports drug education has loosely been called The Public Health Service Model or, more properly, the epidemiological model (Botvin & Eng, 1982). This model emphasizes three levels of prevention: tertiary prevention - medical and related services that assist the person not to die, suffer long-term pain or disability; secondary prevention - medical, counseling, or educational services meant to assist the person to choose behaviors that increase rather than decrease health; and primary prevention services that conserve or build the strength of the person to choose not to behave in certain ways, before the person has had the opportunity to do so.

The second theory of prevention is the social-cognitive theory of Bandura (1986). The premise of social-cognitive theory, within the framework of drug education, is that for some individuals experimentation with tobacco, alcohol, or other drugs is limited, while for others it eventuates in compulsive patterns of use characterized by psychological and physical dependence (Bandura, 1986). It is hypothesized, that substance abuse onset is the result of the interplay of social and intrapersonal factors. Substance use behavior, as other behavior, is learned though modeling and reinforcement and is mediated by intrapersonal factors such as cognitions, attitudes, expectations, and personality (Botvin, 1990).

According to Botvin (1990), the degree to which teachers view themselves as models and assess students deeply enough to fit the drug education curriculum to their cognitions, attitudes, expectations, and personality, will determine if the teacher is implementing the program effectively.

Drug Education Praxis

Drug education praxis is distinguishable from drug education theory. In most cases, drug education programs are neither closely related to theory nor describable with theory. The thought-model that guides both the development of drug education programs and the evaluation of those programs is the risk-factor/resiliency-factor model. Roughly, this model assumes that there are personal and social risk factors that heighten a person's probability to abuse drugs and there are personal and social resiliency factors that mediate against these risk factors. There are a dozen program types that are designed to reduce the effects of particular risks, enhance the person's resiliency factors, or both. These twelve programs, as defined by Hansen (1989) are based on:

[1] **Normative Beliefs:** provide feedback about rates of use from surveys, encourage students to reveal and compare personal attitudes and behaviors with others.

[2] **Personal Commitment (pledges):** encourages students to voluntarily make pledges, publicly and privately, to not use or abuse drugs.

[3] **Values Exploration:** assists students to identify conflicts between existing personal values and drug use.

[4] **Negative Consequences:** provide information about negative health and social consequences of use or abuse of drugs.

[5] **Resistance Skills:** teach resistance skills so that students can identify peer and media pressure and how to cope with these pressure situations.

[6] **Alternatives:** provides information to students about other means for achieving desired emotional states such as excitement and having fun.

[7] **Goal-Setting Skills:** teach students a system for setting, achieving, and developing manageable goals.

[8] **Decision-Making Skills:** teach students a system for organizing information and making choices among alternatives.

[9] **Self-Esteem Development:** encourages students to understand how internal and external events effect self-control and self-worth; leads students to discover ways to deal with negative feelings toward one's self.

[10] **Stress Skills:** teach students strategies for relaxing under stress; to cope with pressure and resolve problems.

[11] **Assistance Skills:** teach students how to provide help to friends who need help solving problems and obtaining social support for personal problems.

[12] **Life-Skill Development:** teaches students how to be assertive, resolve interpersonal conflict, and communicate effectively with others.

The following figure (Figure 2.2) relates Botvin's hypothesis to the kinds of drug education program used in educational settings. Botvin's hypothesis stated that the degree of preventive effect of a drug education program is determined by its degree of implementation. The three degrees of program implementation suggested by Dielman and Shope (1989), Botvin (1990), and others are information, skills development, and community norms and values discovery.

Values exploration, assistance skills and normative belief programs appear to represent program types that have measurable preventive effects. In a separate review of 27 research studies concerning the implementation of drug education programs (Holmes, 1993), only five were empirically rigorous enough to trust. Those five studies were all framed within a coherent theory, guided by research hypotheses, with findings that were valid and reliable. It was very clear, in these most rigorous studies, that the preventive effects were generated by a combination of information, skill development, and discovery processes. A compelling finding of this review pointed to discovery processes as empowerment processes.

Botvin's Hypothesis and Drug Education Program Types		
Program Type	**Level of Implementation**	
Information	Skill Development	Discovery
Life Skills	X	
Stress Skills	X	
Self Esteem	X	
Alternatives	X	
Goal Setting	X	
Decision-Making X	X	
Negative Consequences X		
Resistance Skills X	X	
Personal Commitment X	X	
Values Exploration X	X	X
Assistance Skills X	X	X
Normative Beliefs X	X	X

Botvin, 1990

Figure 2.2 Botvin's Hypothesis and Drug Education Program Types

It is important to understand that Botvin assumed that program implementation is a measure of policy potency, teacher knowledge, commitment and energy, and community support. Thus, by inference, drug education programs that are implemented at less than full level represent perceived diminishment in policy potency, teacher knowledge, commitment and energy and community support.

Axiological Theory

The purpose of this section is to induce a theory that adequately describes relationships between subjects' personal values and a community of values. Strauss and Corbin (1990) refer to this as grounded theory.

Axiological theory is synonymous with the relativist view of values. Adorno et al. (1950), Benne (1951), and Kuhn (1970) proposed through their studies, that there is no such thing as a value-free science. Value-free in terms of the means by which we conduct our studies, their design, analytic processes, and the norms regarding what is valid or invalid information. Norms are value laden, as are the ends which inform our studies with purpose. Kuhn's book, The Structure of Scientific Revolutions (1970), discards the belief that there is an absolute difference between fact and value. The paradigm by which studies are conducted is a web of values that constantly shifts with reference to what is being studied.

Von Mering (1961), Rescher (1965), Rokeach (1979), and Simmons (1982) are some of the researchers that have clarified and extended axiological theory. The investigator has focused on Rescher and von Mering, in the following examination of axiological theory and its application to this study.

Rescher (1965) advanced axiological theory along two lines. To accomplish his task, Rescher had to wrestle two sacred cows to the ground.

The first problem was the grand philosophical tradition which considered Values as a sub category of Moral Philosophy. The second problem was a philosophical paradigm that immunized Values from empirical scrutiny.

Rescher's first step was to ground value theory in everyday experience by stressing its relational quality and its purposive element. "We evaluate with a view to certain definite results in regard to potential benefits" (1965). Embedded in this statement are a number of assumptions useful to this study: first, values occur within the gestalt of a relationship (be it a thing, situation, or person); second, values have direction (anticipated benefits); and third, differences in values arise because of differences among ways in which benefits are envisaged, such as market value versus entertainment value.

Rescher's second step was definitional. Through his general theory of axiology, he sought to define values in such a way as to make them subject to empirical scrutiny. Expanding on Meinong (Findlay, 1963), Rescher (1965) advanced the notion that there are four necessary elements to the valuing experience:

[1] the **value subject** who experiences;

[2] a positive or negative emotion called the **value feeling** which is direct at...

[3] ... a tangible or non-tangible object, a **value object** that is the thing with respect to which the evaluation is made; and

[4] an **existence judgment** about the realization or existence of this value object (Rescher, 1965).

The first eight of the following nine propositions summarize Rescher's theory of human valuing. The ninth proposition, growing out of the previous eight, contains the testable hypothesis for this study.

[1] The person has interpretive and expressive capacities; the person is a "value maker" (Bethel, 1973).

[2] The existential, universal dilemma is that each person lives life of essential solitude within a web of relation to others.

[3] The person has met blunt force with biological drives and there is a need for their control.

[5] The content of the value system is changeable; it may become more broad or narrow, more rigid or open, more simple or more complex, etc.

[6] The purpose of a value system is to provide the individual with a "life plan" (Rawls, 1968) or "life way" (von Mering, 1961) which enables one to order life by defining, a compatible world of others in relation to oneself.

[7] When "novelty" (Whitehead, 1958), "innovation" (Bandura, 1986) or contact is diversified a crisis is threatened. The need arises to harmonize incompatible alternative values which this experience typically represents.

[8] Values, at the highest level of principle, tend to allow diverse valuations (Kohlberg, 1973; Bandura, 1986). Conversely, when social experience is limited, the tendency is for values to relate only to one set of experiences, usually incompatible with others.

[9] As the breadth and intensity of personal contact from "others" is subordinated to a "crisis moral situation" (Fisher, 1990) individual and group values may become narrow or

restricted, more simple in content, and less comprehensive and permissive of innovation.

The coding matrix used to identify the personal and group values of the study group was developed by von Mering (1961). Although von Mering called his system of values coding a grammar its use by this investigator semantic. Since grammar suggests rules of order and distinction, a semantic points toward orientations in meaning. In this study, the von Mering coding matrix was used because of the immense power of the system to detect changes within a single culture, the culture of the rural middle school drug educator.

The definitions of the nine value types at four different levels of principle are lengthy and complex. What follows is a brief set of definitions of the four levels of principle and the nine value types.

Four Levels of Value

Level One values, referred to as simplistic values, are values that represent the lowest level of human moral functions. These values generally represent superficial, defensive, unexamined and stereotypical judgments about others. The values expressed are very often dichotomous, for example, decent vs. indecent or right vs. wrong. Values at this level are usually rigid, culture-bound, and have conformity or sameness as their goal. The metamessages carried by expressions of Level One values are coercion and the threat of conflict.

Level Two values, or isolative values, differ from simplistic values in a fundamental way. Isolative values recognize the value of relationships at the level of utility: If you meet a set of conditions approved by me, then you meet the test of belonging. These values, expressed generally, are focused on authority, being able to take it, being like me, viewing friends as those who

approve of and accept me. Level Two values tend to focus on "law-of-the-jungle" type thinking.

Level Three values, comprehensive-complex values, are based on the presumption that humans can grow and becoming increasingly perfected, especially in relationship with others. Thus, they tends to express tolerance, individual autonomy, essential human reasonableness, and view law and justice from a mediative perspective, minimizing the potential for coercion. Expressions of Level Three values carry metamessages of "let's solve this problem together," "let me examine my part in this problem," and "let's be slow to judge."

Level Four values, inclusive-interpersonal values, are based on the highest principles of valuing. Level Four values expand upon Level Three values by viewing conflict as potentially positive, by redefining authority as the orientation in a relationship that is mutually agreed to, by emphasizing dialog, non-manipulation and by defining law and justice in terms of fairness.

Nine Types of Values

Type 1 Values: essential authority. At the core of all human conduct there is the fundamental need for authority.

Type 2 Values: conditional regard because of physical traits, language, status; has consistency, sameness, and "like me" as its hallmarks.

Type 3 Values: rugged individualist; stresses mental toughness and conceptualizes immoral behavior as based on ignorance.

Type 4 Values: conformity and autonomy; balances the human need for permanence and predictability with the goal of living without shame or doubt.

Type 5 Values: hedonism, intimacy, and trust; focuses on human selfishness or self-interest as primary motivations. It admits that humans cannot live long without continuous and intimate relationships with society and nature.

Type 6 Values: economic orientation; focuses on the utility a person can make of other in terms of economy and efficiency.

Type 7 Values: human strife and struggle; a premise based upon the concept of essential strife between the person and society. Negatively it is anchored in guilt and bitterness. Positively, it evinces compassion, healthy competition, and cooperative problem solving.

Type 8 Values: the religious sense; seeks answers to questions involving moral anxiety. Negatively, it may be anchored in a one-dimensional dogma, overly stereotyped and shallow. Positively, it may be anchored in a genuine passion and conviction that is honest, courageous, inclusive, deep, and non-stereotypical.

Type 9 Values: law and justice. Like other of the more complicated value types, law and justice has two faces. Negatively, it may be shown as punitive, vengeful, equating law with brute force, if necessary. Positively, it is a set of principles for guidance that is oriented toward peace and order, ideally without coercion. At is highest expression of principle, law and justice is characterized by corrective guidance by a personal example that is humanistic, mediative, and restitutive.

Figure 2.3, a Values Coding Matrix, displays the types and levels previously presented.

Values Coding Matrix

Type	Level			
	Simple	Isolative	Complex	Inclusion
Essential Authority				
Conditional Regard				
Rugged Individual				
Conformity/Autonomy				
Hedonism/Intimacy				
Economic				
Human Strife				
The Quest for Depth				
Law and Justice				

Holmes, 1995.

Figure 2.3 Values Coding Matrix

Social Cognitive Theory

One of the goals of this study was to develop a grounded theory with reference to the moral crisis community of rural middle school teachers. Since virtually no research bears directly on a sensible theory, a dual-path method (Demetriou, 1993) allows for hypothesis and findings to be compared to a theory that has wide empirical substantiation. In its first iteration, during the late 1960s, social learning theory was the major theory supporting studies. Some of these studies dealt with on attachment theory (Bowlby, 1978; Ainsworth, Blehar, Waters, & Wall 1978), social cognition (Selman, 1980), the identification of children's conduct disorders (Quay & Peterson, 1986), the identification of child disorders (Achenbach & Edelbrock 1987), and coercive family processes (Patterson, Reid, Jones, & Conger, 1975). The central construct which most of these studies tested was the idea of social competency as the primary index of successful adaptation. Bandura (1976) articulated the dimensions of social competency in such a way as to give rise to a wide array of testable constructs that hinged upon the epistemological examination of determinants and contingencies of behavior.

In 1986, Bandura published a second iteration of social learning theory. He recast this theory as social cognitive theory and elaborated it into the areas of diffusion of innovation and self-efficacy. For the purposes of this study, drug education is an innovation imposed by Oregon law and has been met with varying levels of acceptance and use. The beliefs of teachers, and the values they implement in the classroom, effect the degree to which drug education is implemented. These beliefs can be assessed either as cognitions or values.

Social cognitive theory served as the substantive theory upon which findings were validated. In the final step of the study, which propagates a grounded theory, social cognitive theory served as the comparator theory. This

research model was first defined by Piaget and enunciated by Munari (Demetriou, 1993). It is referred to as the dual-path model.

The goal of the model was to develop analyses and instruments within a framework that was cognitively adequate. Methodology leads to analyses and instruments that were: (1) intelligible; the words and phrases used obeyed syntactic and semantic rules so that the meaning could be understood by the reader; (2) propositionally true; the values used and analyzed were real; (3) justified; these particular values really do impact on educator decisions to implement drug education; and (4) free of distortion and deception; processes within the analyses and instrument development that reduced distortion and increased the researcher's ability to link the personal values of educators to the social values of the system of effects that limit or promote drug education (Habermas, 1971).

The dual-path methodology permitted a rational process for balancing axiological theory, which is at the hermeneutic stage of development, against social cognitive theory, which has wide empirical substantiation. At two critical junctures, indicated on Figure 2.1 (pg. 10), the experimental steps taken with regard to axiological theory were joined with the formal findings of social cognitive theory to form a model. The model, in turn, served as the basis for instrument development and analyses.

Conclusions

The term, prefiguring limits, were used in the introduction of this chapter to indicate theoretical and methodological boundaries to the study. A more precise metaphor for these limits comes from physics. In order to limit the effects of chaos and confounding variables on the object of study, physicists use a modulus. A modulus can be a set of lenses, magnetic fields, or other forces

that focus all of the phenomena they are studying through a common force field. The modulus, in effect, isolates the phenomena so that they can be studied as a singular reality. Thus, the purpose of establishing epistemological limits is not to establish an overarching phenomena. It is rather to establish phenomena such that a theory may become apparent. The induced or generated theory that may be foreshadowed through the epistemological limits is more likely to have a life separate from these prefiguring forces.

Chapter 3

Method

This study provided for two levels of investigation. The first level examined the personal values and the patterns of personal values of 20 rural middle-school educators, responsible for implementing drug education. The second level aggregated the personal values of these teachers so that a community of values and aggregate levels was apparent. It was supposed that the perception of a crisis moral community would be emancipated from the confusion.

This chapter explains:

[1] The Survey Steps;

[2] The Study Population;

[3] The Sampling Plan;

[4] The Instruments; and

[5] The Interview Protocols.

The Survey Steps

The purpose of this study was to induce a theory that adequately described the relationships among subjects' personal values and a community of values. The subjects were surveyed as follows:

[1] Using telephone interviews, a personal and professional values survey was administered to 20 rural Oregon middle school educators. Fifteen were classroom teachers and five were school administrators. The survey contained two levels of questions. The first level focused upon the professional development and self-perceived level of competency to provide drug services. The second level focused upon values as they related to drug education and the education situation the educators faced.

[2] Raw findings were coded and analyzed. A comparator analysis against social learning theory was conducted.

[3] The raw findings, initial analysis, and comparator analysis were synthesized into working constructs for a grounded theory that explained the community of values among the educators, the crisis moral community (if one existed), or that yielded a new phenomenon not anticipated in the initial constructs.

The Study Population

A final sample consisting of 20 rural Oregon middle school educators was invited from those enrolled in and completing a drug education training program (n= 223) during the fall and winter of 1993. The training course was conducted by staff of the Gateway Drug Education Program, a U.S. Office of Education funded program administered by Oregon State University. The goal of the training course was to introduce rural educators to a variety of methods and curricula for implementing drug education in the classroom.

The Sampling Plan

Because this study was conceived from the outset as a case study, the size of the n was not critical. However, this does not mean that the subjects were included or excluded indiscriminately. Criteria for inclusion were:

[1]   The subject attended the Gateway Program voluntarily - the subject asked to go, or was not assigned to go.

[2]   The subject taught drug education or supervised teachers who taught drug education.

[3]   The subject expressed an understanding of the research goals and processes of this study and expressed a willingness

to participate.

Criteria for exclusion were:

[1]   The subject participated in the Gateway Program training non-voluntarily - was ordered to attend by a district official.

[2]   The subject did not currently teach or supervise teachers who teach drug education.

[3]   Either the subject did not understand the nature of this study or did not want to participate in the study.

In 1994, prospective subjects were contacted by phone and invited to participate. An initial list of 34 potential subjects was developed from those attending the Gateway presentations. The potential subjects were plotted on an Oregon map and aggregated by school district. A geographically representative n was immediately recognizable in the plat. Each of five rural school districts had a middle school building administrator (principal or vice principal) and three middle school teachers within the perspective subject pool. A table of random numbers was then utilized to select the twenty educators who comprised the study sample.

The Instruments

Two instruments were developed and tested in order to collect information from subjects. The first was a Teacher Assessment of Drug Education Implementation and the second instrument was the Imagined Conflict Situations assessment (Appendix B).

The first instrument asked the subject to respond to 15 items phrased as sentences. An example would be a sentence such as, "I was prepared in my undergraduate education to teach drug education." Subjects' responses were organized in a 1 through 4 Likert rating scale, where a response of 1 indicated

strong disagreement, 2 - disagreement, 3 - agreement, and 4 - strong agreement. The purpose of the instrument was to elicit subjects' perception of their capacity to implement drug education.

The Assessment was pilot-tested on a group of 15 educators in a graduate level adolescent development course at Oregon State University. In addition to completing the Assessment, each pilot-test subject completed a brief evaluation of the instrument's clarity, adequacy and sense. The iteration of the Assessment used in this study incorporated most of the pilot-test subjects' comments.

Imagined Conflict Situations, the second instrument, was a series of four different values dilemmas that require a 25 to 50 word response. Evaluation responses were solicited and used to modify the dilemmas. Since the subjects' written responses were to be coded using the values coding scale, an inter-rater reliability test was performed with outcomes established at 95.6%.

The Interview Process

Two protocols were used in the administration of the instruments. The first protocol guards the rights of human subjects in any research program such as this. The second limited investigator bias.

The Internal Review Group of Oregon State University, in its review of the study, advised this investigator that there was no significant encroachment by the study on the rights of human subjects so long as subjects were advised of their rights. All subjects were so advised (Appendix A).

To limit investigator bias during the telephone interviews, a protocol called the M-Path Protocol was employed. Once subjects had been advised of their rights, they were also advised by the investigator that once the interview started only clarification questions and expressions of understanding would be

allowed. These expressions of understanding took two forms, empathy and paraphrase. The M-Path protocol was particularly important in recording the subjects' responses to the Imagined Conflict Situations. All interviewer comments were bracketed to prevent them from being coded as subject responses.

Chapter 4

Results

This chapter presents an item by item explication of subjects' responses to the Drug Education Implementation survey instruments. It concludes with a comparator analysis of the results with social-cognitive theory, yielding a new set of hypotheses as the basis for an induced theory.

Explication of the Teacher Assessment of Drug Implementation Survey

Each item of the Assessment is cited and the number of responses for each rating are provided in Table 4.1. The reader should note that subjects had the option of not responding to an item. Therefore, the numbers cited may not reflect an n of 20.

Explication of Imagined Conflict Situation Survey

Each item in the Imagined Conflict Situation contains two sets of information. The first set is the number of subject responses at each of the four levels of value expression: Simple, Isolative, Complex, and Inclusive. The second set is the actual incidence of the type of values expressed.

Item 1: Your school principal phones you Sunday evening at home and tells you that the night before one of your students took a large dose of inhalants, passed out, was transported comatose to the hospital by ambulance, where she was resuscitated. Doctors at the hospital believe, however, that she will have both mental and physical impairment. The girl's parents are irate and believe that the unit on inhalants you were teaching the Friday before,prompted the girl to take the inhalants.

Table 4.1 Response Incidence Table of Drug Education Survey

Response Incidence Table of Drug Education Survey

	Strongly Disagree	Disagree	Agree	Strongly Agree			Strongly Disagree	Disagree	Agree	Strongly Agree
1. I was well prepared in my undegraduate program to teach drug education.	11	3	0	2	9. The stated goals of my district's drug education program include reducing the incidence and prevalence of drug use and abuse.	6	1	3	4
2. As an undergraduate, I was exposed to themost recent knowledge about drug education.	10	4	2	2	10. The drug education program in my district can accomplish its' goals.	2	8	4	0
3. My undergraduate education included knowledge about the best instructional methods for teaching drug education.	9	6	3	0	11. The State of Oregon drug education curriculum is very useful in my district's program.	3	3	6	0
4. My undergraduate education included knowledge about the best drug education curricula and programs.	10	6	1	0	12. Since becoming a teacher, I have kept up with the latest in knowledge about drugs and drug education.	6	6	3	3
5. During my undergraduate education I was exposed to Oregon's drug edulation law.	8	4	6	0	13. Since becoming a teacher, I have kept up with the latest in professional practice in drug education.	6	8	2	0
6. Currently the program in our school district complies fully with Oregon's drug education law.	7	3	3	0	14. In my heart of hearts, I suspect that drug education may not achieve its aims.	3	2	6	8
7. Currently our school district has a written drug education policy.	5	6	3	0	15. I think that drug education should be done in a different way.	1	10	0	5
8. My school district has a written drug education plan and program.	3	3	5	3					

Three subjects responded with Simple Personal value expressions (defensive, stereotyped, distancing), 12 responded with Isolative values expression (authoritarian, closed, dogmatic), four responded with Comprehensive Complex values expression (open, ethically situationalist, relational), one responded with Inclusive Interpersonal values expressions (open, humble, cooperative, empathic), and one responded with Inclusive Interpersonal values expressions (relational, mutuality, higher-order principles, deeply caring).

Item 2: One of your fellow teachers has spoken to you confidentially about his worries that his alcohol use is getting out of control, effecting his family life and his ability to teach. He is very afraid that during a recent conference in a small city 120 miles away, he got very drunk, drove drunk, and may have hit a person with his car. But he did not stop to find out. Five subjects responded with Simple Personal values expressions, nine responded with Isolative Personal values expressions, and seven responded with Comprehensive Personal values expressions.

Item 3: During a presentation about marijuana to your 6th grade students, a local doctor tells the students, using appropriately professional language, that the latest research on marijuana indicates that it does not affect adolescent development and is basically a harmless, mild intoxicant. The doctor does stress that marijuana, as with alcohol, should not be used if you drive, work around dangerous machinery, or where others may be endangered. The doctor suggests that we might do well to legalize marijuana. Three subjects responded with Simple

Personal values expression, ten responded with Isolative

Personal values expressions, and two responded with Inclusive

Interpersonal values expressions.

Item 4:   One of your students, who is known as a little bit of a maverick, a

lone wolf, with a parent who is known to use and abuse drugs,

chooses not to participate in required classroom activities in

your drug education class. He claims that the activities invade

his privacy and he should not be graded on whether he

participates or not. School policy encourages students to create

and sign a personal "no drug use" contract. Four subjects

responded with Simple Personal values expressions; nine

responded with Isolative Personal values expression;

and seven responded with Complex Interpersonal

values expressions.

Table 4.2 presents totals for each level of values expression.

Each item in the Imagined Conflict Situation reflects not only a level of

values expression but also the type of values specifically represented by the

values expression. Each of the four items is explicated with regard to the types

of values expression, as follows:

Item 1:   The Student Inhalant Dilemma. The dominant response type is

called sacred religious and secular dogma. The nine

responses focused upon rigid formal, explicit and invocational

announcements about how the situation should have been

handled. These responses usually contain a not-too-veiled

judgment about a situation and a secondary goal of the

expression is to fit the values situation into a larger system of

Total for Each Level of Values Expression	
Value Level	Total Responses
Simple Personal	15
Isolative Personal	40
Comprehensive Complex	22
Inclusive Interpersonal	3

Holmes, 1995

Table 4.2 Totals for Each Level of Values Expression

events (an "ology" or "ism"). The nine responses in this area appeared at first blush to be a straightforward expression of an existentialist viewpoint; but in subsequent commentary the subjects surrounded this viewpoint with representations about the hostile and dangerous society, the law of the jungle, or invoking law as a punishment or control. Six responses focused on solving the dilemma using conventional moralistic values responses, including authoritarian and situational ethics.

Item 2:   The Alcoholic Fellow Teacher. Seven subjects responded with a type of values expression called Moral Anxiety. When expressed defensively this type expresses itself as righteousness and a "cruel society" theme. In its more open form (two of the seven respondents), this type tends to respond with a non-judgmental approach but still searching for causes and antecedents. Four subjects responded with conventional moralistic responses as in Item 1.

Item 3:   The Doctor/Marijuana Dilemma. Ten respondents responded with the type of values expression called Moral Anxiety; seven subjects in the defensive posture and three in the open posture.

Item 4:   The Maverick Student Dilemma. Seven subjects responded with the Moral Anxiety stance. Five responded with the Conventional Morality stance.

Social Cognitive Theory and a Generative Hypothesis

The purpose of this study was to generate a theory about why teachers in rural middle schools appear to be reluctant to implement drug education curricula in such a way as to reduce the incidence and prevalence of drug

abuse among their students. Two initial theorems guided the first iteration of this study:

> Theorem 1: Teachers did not have the knowledge, skills or
>
> abilities to implement effective drug education.
>
> Theorem 2: Teachers were unwilling to risk implementing
>
> effective drug education because of a felt sense of risk,
>
> characterized as a moral crisis, in doing so.

If Theorem 1 was the only cause, then it would be assumed that a training program would raise their ability to implement effective drug education in their classrooms. If Theorem 2 was the only cause, then it would be assumed that as a group the teachers had chosen a values stance to resist the full and effective implementation of drug education in their classrooms.

The frequency tables in Table 4.1 indicate that both theorems are true. Given this data, a new theorem was generated that linked the previous information such that knowledge about two critical variables was pursued: [1] knowledge about teachers' knowledge, skills, and abilities to effectively implement drug education in the classroom, and [2] knowledge about the teachers' perceived values as they relate to implementing drug education effectively in the classroom. The generative theorem is an ideal case:

> The Generative Theorem: If teachers felt competent to accurately assess
>
> and teach to their students' drug education needs (that is, to
>
> generate a preventative effect on both the incidence and
>
> prevalence of drug abuse), they would evince values that would
>
> be complex and comprehensive rather than simple and
>
> isolative. The simple and isolative value sets, which distinguish
>
> 18 out of 20 survey responses, have social control and
>
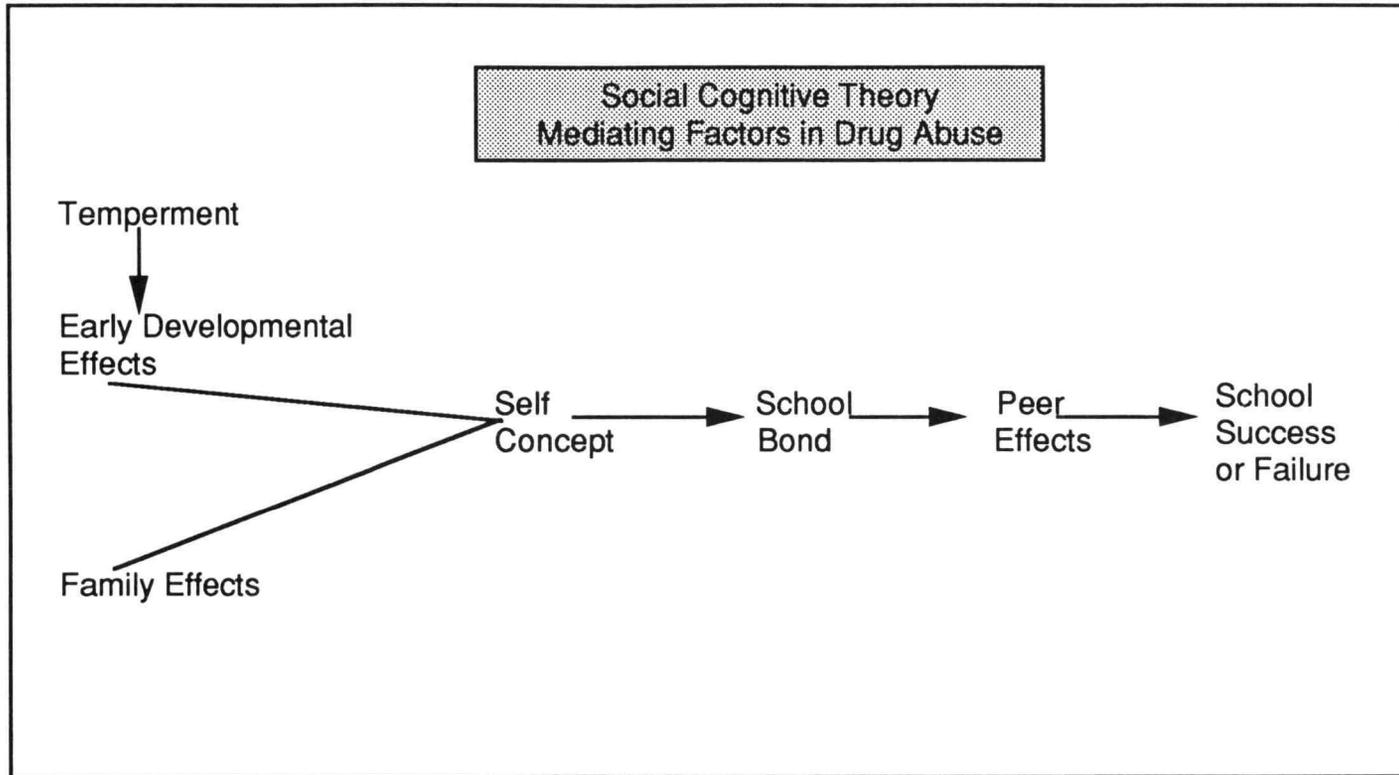> compliance as their goals. Conversely, if teachers felt safe in

construction classroom learnings about drug abuse from the perspective of value sets that were complex and comprehensive, they would develop pedagogical strategies that allow increasingly for the co-production of knowledge and meaning that might involve a modification of the traditional top-down teaching model that serves as the delivery of much of our educational services and intrusions into areas of family, school, and community life that expose actual norms of drug use and abuse.

This linking of the initial study hypotheses was supported in social-cognitive theory. Bandura (1986), in his elucidation of the Diffusion of Innovation Theory, and Hawkins et al (1986) and Kumpfer (1985) point to the core issue of any great social problem such as drug abuse as the interaction of a great number of mediating factors which form a constellation of ecological forces. This constellation is maintained as if by a silent conspiracy by all of the main players in the issue, whether they be victims, perpetrators, or rescuers in the issue. Kumpfer (1985) and her colleagues at the University of Utah proposed a developmental model to describe the factors that mediate either for or against drug abuse. This model is summarized in Figure 4.1.

The implications of social cognitive theory lead to three questions:

[1] Within the mediating factors that lead to drug abuse, what are the incentives to change?

[2] Among students, family members, peers, and teachers, what are the levels of self-efficacy (positive cognitions) that lead to decisions not to use or abuse?

[3] What opportunities are there within the family, peer groups, school, and community that support decisions not to use or abuse drugs?

Figure 4.1 Social Cognitive Theory - Mediating Factors in Drug Abuse

Social Cognitive Theory
Mediating Factors in Drug Abuse

Temperment

Early Developmental
Effects

Self
Concept

School
Bond

Peer
Effects

School
Success
or Failure

Family Effects

Holmes, 1995

Conclusion

The structure of the generative theorem and the comparator analysis with social-cognitive theory is supported by the data. It supports the idea that even though the teachers work in districts quite discrete from one another, they share a common moral quandary which is framed here as a dual crisis. They are required by law to teach drug education but without either substantive preparation to do so in their preservice or inservice training programs. Drug education has a social goal that requires a total re-thinking of their pedagogical approach if it is to be effective. This constitutes a moral crisis in the community of professionals. For those professionals, there is a need to maintan control within the classroom (maintaining a subject-object relationship with their students) and to minimize risk by limiting the scope of activities that might be intrusive such as surveys of drug use among families, which in rural communicates can be construed as tearing at the fabric of the community.

Chapter 5

Discussion

In the following discussion, the study is recapitulated and conclusions and recommendations for further study or action are made. The investigator reminds the reader that the purpose of the study was to understand the elements of a complex phenomenon so as to describe it as theory and that the size of the study group permits generalizations to a very limited degree. This chapter presents:

[1]   A summary of the study problem, literature, method, and findings

[2]   The emergence of deep structure in the study

[3]   The generative theory

[4]   Recommendations for further study and action.

Summary of the Study and Findings

The Problem

The goal of the study was to assess the personal and professional values of rural middle school teachers with reference to implementing drug education. The study's purpose was hermeneutic, to build understanding of the needs and values of these educators and link them into a theory. The particular theoretical refinement links the pedagogical needs of the drug educators with their personal and professional values.

The Literature

Among experimentally based models, which in the area of drug education are scant in number (Botvin, 1990), the program implementation model is comprehensive and theoretically sound. According to Botvin's (1990)

hypothesis, if teachers are to effectively implement drug education so as to generate preventive effects, then they must view themselves as models, assess the students deeply enough to fit the drug education curriculum to their cognitions, attitudes, expectations, and personality and [c] develop pedagogical approaches that include exploration of values, the development of assistance skills, and research into the community's norms related to use of drugs.

Embedded in Botvin's (1990) hypothesis is the implication that the goal of drug education is to develop in the students values or preferences that empower them to make positive drug choices. For teachers, this requires that they adopt a new paradigm (Kuhn, 1970), based upon values (Rescher, 1965, Rokeach, 1979; Simmons,1970; 1982). The values paradigm is useful for a number of purposes. Values have direction, usually toward either good or bad. Values imply a relationship with a person, thing, or circumstance. Values occur along continua of simple to complex, isolative to inclusive, narrow to comprehensive. In addition, values are hierarchical and developmental (von Mering, 1961; Selman, 1990). At lower levels, values tend to be rigid, simplistic, and isolative. At higher levels, values tend to be open, inclusive, complex, and relational. Values at lower levels are based upon principles of utility, whereas, values at higher levels are based upon principles of mutual respect and understanding.

The Method

Twenty rural middle school educators who taught drug education were recruited and provided usable data. Although five of the educators were school principles and 15 were classroom teachers, this distinction was inconsequential with regard to the study.

The educators all participated in The Gateway Program, a federally funded drug abuse prevention training program.

Instruments were administered by structured telephone interview and included:

[1]   The Teacher Assessment of Drug Education Implementation, a fifteen-item rating of teacher preparedness, knowledge, and other elements of professional practice.

[2]   Imagined Conflict Situations, four brief narrative dilemmas presented with the subject expected to provide a brief response based upon personal values.

The Findings

The substantive findings of the study are presented in Figure 5.1. In some cases a 4 x 4 disciplinary matrix is used, that links the professional, pedagogical life of the teacher with the values of the teacher.

This disciplinary matrix is descriptive in that it provides a visual plot for the two primary variables under consideration. The terms on the Y axis, "Values," are bi-directional in that the descriptors attached to the Isolative and Simple Values categories are increasingly associated with rigidness, defensiveness, dogmatism, closed-mindedness, and semantic orientations toward meaning that are increasingly grounded in us vs. them, dominance vs. submission, and the like.

Complex and Inclusive values tend to be associated with openness, tolerance, open-mindedness, and semantic orientations toward meaning that are increasingly grounded in the richness and complexity of the relationship, such as sharing, mutual problem solving and understanding.

Teachers' Pedagogical Skills and Values			
Comprehensive Inclusive			
Complex			
Isolative			
Simple, Rigid, Stereotyped			
Random	Trial & Error	Mastery	Replicability

Holmes,1995

Figure 5.1 Teachers' Pedagogical Skills and Values

Along the X axis is a continuum of terms related to the teachers' basis of knowledge about drug education. This knowledge includes content, pedagogy, and policy. Random is synonymous with knowledge acquired without serious consideration of its consequences. Trial and error refers to knowledge that is under deeper test for applicability and effectiveness. Mastery assumes that the teacher has bridge information to a sense of promising or best practices. In the classroom, it is assumed, that mastery results in the content and practices used to have a preventive effect. Replicability refers to a depth of knowledge and understanding that allows the teacher to teach other teachers.

General Findings

Twenty middle school educators participated in the survey. All of the five participating school administrators had at least seven years teaching experience and had taught drug education. Of the fifteen participating classroom teachers, the mean tenure was 8.5 years.

Within the Rural Educator Values Survey, respondents indicated that their districts did not have a written policy statement about drug education ("I sure have never seen one!"), with the stated goals of the drug education program to provide students with information and skills necessary to make sensible drug choices, but they overwhelmingly indicated (15 no, 5 yes) that the district could accomplish its goals.

Within the Teacher Assessment of Drug Education Implementation, which was intended to assess teacher preparedness and the level of their knowledge base related to drug education, only a small number, usually two, indicated that they were prepared in any way to teach drug education. Fifteen indicated that they had not received any undergraduate education regarding drug education content or methods. Only 6 of 20 had been exposed to

Oregon's drug education law during their undergraduate schooling. Over one half of the respondents did not know whether their district had a written drug education policy and only four respondents believed that their drug education program could reduce the incidence or prevalence of drug use or abuse. The two questions related to keeping up with professional knowledge and practice in the field of drug education indicated that the vast majority (14 of 20) felt out of touch with both knowledge about drug education and program practice. This finding was further substantiated by respondents' answers to two questions related to the aims of drug education: 15 indicated that in their "heart of hearts" they suspected that drug education could not achieve its aims and that it needed to be done in a very different way.

Teach values were elicited through four Imagined Conflict situations, all related to drug or drug education situations. Case 1 dealt with the drug overdose of one of their students. Cases 2 posed a drug problem with a professional peer. Case 3 dealt with the use of controversial drug information in the classroom. Case 4 presented a situation about a student who may have either personal or family drug issues.

An examination of the actual values is reserved for the final portion of this chapter. However, the following is a frequency chart of the valued levels for each case.

Frequency of Values Levels for Each Case				
Values Level	Case 1	Case 2	Case 3	Case 4
4	1	0	2	0
3	4	6	2	4
2	11	7	9	8
1	3	2	2	4

Holmes, 1995

Figure 5.2 Frequency of Values Levels for Each Case

The clear, general finding here is that educators in 46 of the 65 responses, indicated Isolative or Simplistic responses to complex drug related quandaries.

Linked Findings

[1] Among the twenty educators surveyed, a "crisis moral situation" was in evidence at two levels: Their individual and group values had become narrow, restricted, more simple in content, and less comprehensive. Their knowledge of drug content and pedagogy as professional of social competency were very low, predominantly in the trial and error stage of development, and in some cases at the random level.

[2] Using a construct from Social Learning Theory as a basis that social competency is the principle index of successful adaptation, this investigator determined that the values of teachers affect the degree to which drug education is implemented. Teachers whose values tend to regress toward Isolation and Simplicity tend also to be teachers who are, by their own knowledge, not substantially prepared to implement drug education in effective ways. Because this project is in reality a large case study, it would be hard to assert the reverse of this. The reverse being the implication that as teacher values progress toward complexity and comprehensiveness, they will seek out knowledge of content and pedagogy to assist them to implement drug education in effective ways. This remains an analytic probability, but was not substantiated in the data.

[3] A community of values is represented in the 20 teachers, as is a moral crisis within that community. The strands of values coded on

the Imagined Conflict Situation suggest that among these educators there is a large commonalty in values within their responses to each of the situations. Defensive, rigid, and isolative responses far outnumber open, flexible and inclusive responses (46 vs. 19).

[4] The final linked finding ties the educators' values sets with the educators' perceived level of competency to implement drug education. In over 50% of the cases, as the competency moved either from random to trial and error, or from trial and error toward mastery, educators responded to moral dilemmas with increasingly complex and inclusive value sets. This moral shift was noticeable in the types of values sets educators employed as their ability to implement drug education increased. Educators responded increasingly by changing from punitive, stereotyped, and authoritarian values types to situational, meditative, and educative responses.

[5] It is clear from the responses to items 14 and 15, that a moral crisis exists and that educators are comfortably stuck on their own dilemma and deliberately choose to ignore that a crisis exists.

The Emergence of Deep Structure in the Study

This study suggests that the issue of drug abuse in the schools is an ecologically complex one involving the student's temperament, early development, family effects, the attachment the student has with the school, and peer effects. Nested within each one of these related factors are incentives, positive and negative effects, and community opportunities. At each stage of development, the child incorporates these factors into new knowledge and

choices. In effect, the child constructs a new philosophy about drug use and abuse at each stage of development.

The ecological-developmental paradigm suggest that educators, parents, and peers are critical mediating elements in the problem of drug abuse. Quite literally, educators, parents, and peers must participate in the issue. Authoritarian edicts by parents and educators to not abuse drugs ("just say no") serve as value sets that disenfranchise students from constructing knowledge about the issue of drug abuse, and to use this knowledge to explore and effect community norms about use and abuse, may mediate both the decision about whether to use, or delay the onset or minimize the need to abuse.

In the investigator's estimation, Botvin (1990), Hawkins, Lishner, Catalano, & Howard (1986), and Kumpfer (1985) were correct that embedded in the concept of implementation is the necessity for a new pedagogical paradigm. This cuts to the heart of a great social issue. To do less than to empower students to construct their own knowledge of drug use and abuse may cast educators into silent complicity with the other players who actively maintaining and sustain the abuse of drugs. Drug education is not a content-decision course of study. It is a lens through which the students begin to understand the dense web of relationships they have with their community.

The Generative Theory

Three sets of variables are linked in this study, values, implementation, and teacher competency. These variables are all bi-directional, that is, they are changeable in either positive or negative directions. The variables appear to covary, which is a change in direction in which one variable effects a change of direction in the others. Thus, they can tentatively be cast into disciplinary matrix that allows for the investigating of multiple hypotheses.

The first and second sets of variables have been previously discussed. The first set relates to the acquisition and adaptation of teacher competency to implement drug education in the classroom (Figure 5.3a). The second set of variables relates to teacher values (Figure 5.3b). The third set of variables relate to the paradigm shift addressed earlier in this chapter. For convenience, this set of variables is called enfranchisement. It assumes that the goal of drug education is deeply linked to the students needs to construct knowledge that reflects their identity as members of a community (or communities). (Enfranchisement is used here in its existential and developmental senses.) As people mature, they have a natural right to choose their level of involvement in the various communities of interest in their world. Thus, our democratic society, knowledge about, engagement and participation in, and commitment to uses and communities would constitute enfranchisement processes. This is summarized in Figure 5.3c.

An incidental suggestion of the enfranchisement set of variables is that drug education, badly done, may in fact contribute to negative drug choices by students. For example, a teacher who implements an information/content program with minimal decision-making, and whose values are isolative or defensive, will probably positively effect only those students who have already taken a positive stand toward drug use and students who are at a higher risk for drug use and abuse. With this teacher, students who are already enmeshed in situations predictive of drug abuse will be negatively effected.

The three sets of variables are laid out as a disciplinary matrix in Figure 5.4.

a) **Teacher Competency to Implement Drug Education**

⟵―――――――――――――――――――⟶

Random   Trial and Error   Mastery   Reversibility

b) **Educator Values in Implementing Drug Education**

⟵―――――――――――――――――――⟶

Simple   Isolative   Complex   Inclusive

c) **The Goals of Drug Education**

⟵―――――――――――――――――――⟶

Information/   Alternatives   Decision-   Enfranchisement
Content   to Drug Abuse   Making
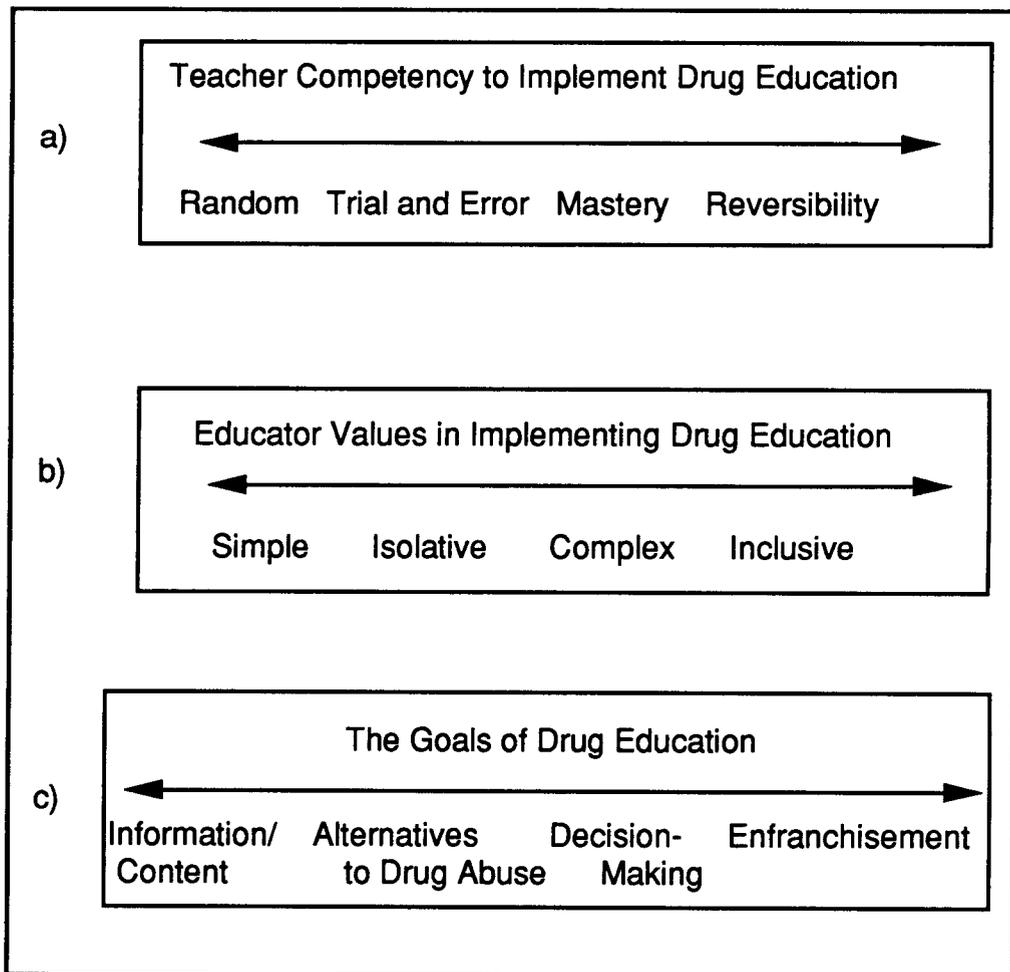
Holmes, 1995

Figure 5.3   Teacher Competency to Implement Drug Education (a)
Educator Values in Implementing Drug Education (b)
Goals of Drug Education (c)

3 X3 Disciplinary Matrix

VALUES   GOAL

Inclusive

Complex   Enfranchisement

Isolative   Decision-Making

Simple   Alternatives

              Information

COMPETENCY Random Trial and Error Mastery Reversible
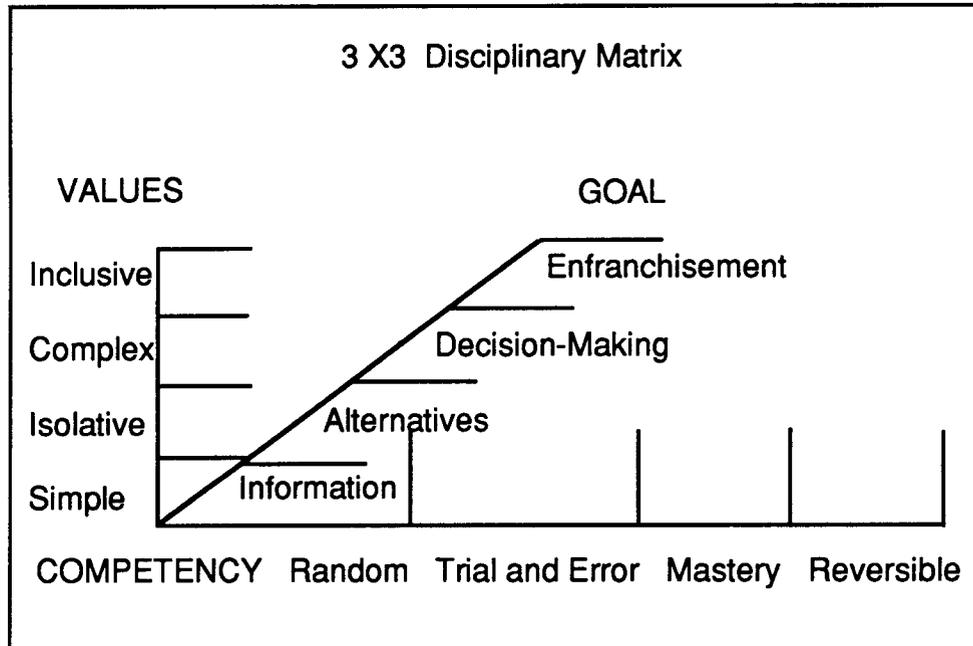
Holmes, 1995

Figure 5.4 3 X 3 Disciplinary Matrix

This 4 X 4X 4 disciplinary matrix can be described as a theory of action.

Theory Assumption 1: As the values of educators move in the direction of complexity and inclusion, it is probable that there will be similar gains in the educators' competency to implement drug education and that the goals of the drug education program will become increasingly oriented about enfranchisement.

Theory Assumption 2: As the values of educators regress toward simplicity and education, levels of educators regress toward simplicity and education, levels of implementation and the goals of drug education will become increasingly oriented toward drug education as a content area (alternatives, information).

Theory Assumption 3: Each of the 64 cells within the disciplinary matrix is definable and linked to adjacent cells. The goal set of variables is defined as four levels of enfranchisement and because of its central focus in the matrix the generative theory is labeled enfranchisement theory.

Recommendations for Future Study and Action

Recommendation One

Enfranchisement theory calls into question the adequacy of the current pedagogical paradigm guiding school services with regard to drug education. It is built upon three co-relative variables, the values of the teacher; the competency of the teacher to implement drug education in the classroom; and the goals of the drug education program. It pointedly stands as a criticism of current practice. But its critical stance is emancipatory. It provides a disciplinary

matrix to assist educators to systematically describe changes that would be required for them to achieve the preventive effects that are the promise of drug education.

With regard to enfranchisement theory, this investigator recommends that broader-scale, empirical tests of the theory be conducted. Further tests, first of all, to verify the validity of the findings of this rather small-scale study and second to expand upon and describe the multiple dimensions of the disciplinary matrix.

Recommendation Two

Enfranchisement theory has the benefit of being a theory of action. All of the variables related to Values, Competency, and Goals contain trainable content. Thus, a second recommendation is to construct and test a drug education training program based upon the theory's three structural elements.

Recommendation Three

The inclusion of educator values as they affect classroom practice is novel. The suggestion by current philosophers (Habermas, 1975; Fisher, 1990) is that both the level and type of values that guide the practice of educators in the classroom constitute a kind of silent curriculum that communicates a complex set of messages and metamessages to students. These expressions constitute value judgments by important adults that assess the students' probability to construct reasonable life plans for themselves. The recommendation by this investigator is to conduct further studies of the effects of educator values on the delivery of a wide range of curriculum issues such as drug education and similar programs that involve enfranchisement as an outcome and questions about what gets into the curriculum and why, and why it does not get into the curriculum.

Recommendation Four

Teachers need to be trained as the mediators so that students can draw their own conclusions about the use of drugs.

Recommendation Five

Teacher training programs must help students connect with each other and emphasize the importance of learners discovering information about drugs rather than preaching from a predetermined moral platform.

Recommendation Six

Focus in teacher training should be an emphasis on values as having an inclusive rather than an exclusive focus. Values can be taught.

Conclusion

Enfranchisement theory applies both to educators and students within this disciplinary matrix. When educators constitute a crisis moral community, it is a theoretical probability that students also constitute a crisis more community. A presupposition embedded in enfranchisement theory is that the values expressed by educators and the level of competency to implement drug education are essential elements of the drug education curriculum. Predictably, within this theory, a student would face great difficulty surpassing the values and implementation level that the teacher communicates in the classroom.

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Appendices

Appendix A

Rights of Human Subjects

OREGON STATE UNIVERSITY

Administrative Services A312 Corvallis, Oregon · 97331-2140

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July 14, 1993

Principal Investigator:

The following project has been approved for exemption under the guidelines of Oregon State University's Committee for the Protection of Human Subjects and the U.S. Department of Health and Human Services:

Principal Investigator: Jodi Engel

Student's Name (if any): Donald C. Holmes

Department: Education

Source of Funding: US Department of Educaton

Project Title: Determinants of Teacher Willingness to Use Drug Education and Decision Making in the Classroom

Comments:

A copy of this information will be provided to the Chair of the Committee for the Protection of Human Subjects. If questions arise, you may be contacted further.

Redacted for privacy

Mary E. Nunn
Sponsored Programs Officer

cc: CPHS Chair

Appendix B

Survey Instruments

Teacher Assessment of Drug Education Implementation

Instructions:

Please circle your response to the following 15 statements about your

professional preparation to educate your students about drugs (and alcohol).

You will need to rate each statement on a scale of 1 to 4: 1 (strongly agree),

2 (disagree), 3 (agree), and 4 (strongly agree).

ITEM	RATING

1. I was well prepared in my undergraduate   1 2 3 4
   program to teach drug education.

2. As an undergraduate I was exposed to the most   1 2 3 4
   recent knowledge about drug education.

3. My undergraduate education included knowledge   1 2 3 4
   about the best instructional methods for teaching
   drug education.

4. My undergraduate education included knowledge   1 2 3 4
   about the best drug education curricula and
   programs.

5. During my undergraduate education I was exposed   1 2 3 4
   to Oregon's drug education law.

6. Currently, the program in our school district   1 2 3 4
   complies fully with Oregon's drug education law.

7. Currently, our school district has a written drug   1 2 3 4
   education policy.

ITEM	RATING
8. My school district has a written drug education plan and program.	1 2 3 4
9. The stated goals of my district's drug education program include reducing the incidence and prevalence of drug use or abuse.	1 2 3 4
10. The drug education program in my district can accomplish its goals.	1 2 3 4
11. The State of Oregon drug education curriculum is very useful in my district's program.	1 2 3 4
12. Since becoming a teacher I have kept up with the latest knowledge about drugs and drug education.	1 2 3 4
13. Since becoming a teacher I have kept up with the latest in professional practice in drug education.	1 2 3 4
14. In my heart of hearts I suspect that drug education may not achieve its aims.	1 2 3 4
15. I think that drug education should be done in a very different way.	1 2 3 4

Form C:
Imagined Conflict Situations

Please write a 25 to 30 word response to teach of the following conflict situations. Write your response from your personal values, avoiding how you think that an educator should or should not respond.

Form C.1: Imagined Conflict Situation #1

Your school principal phones you Sunday evening at home and tells you that late the night before one of your students took a large dose of inhalants, passed out, was transported comatose to the hospital by ambulance, where she was resuscitated. Doctors at the hospital believe, however, that she will have both mental and physical impairment. The girl's parents are irate and believe that the unit on inhalants that you were teaching the Friday before, was what prompted the girl to take the inhalants.

Form C. 2: Imagined Conflict Situation #2

One of your fellow teachers has spoken to you confidentially about his worries that his alcohol use is getting out of control, affecting his family like and his ability to teach. He is very afraid that during a recent conference in a small city 120 miles away, he got very drunk, drove drunk, and may have hit a person with his car. But he did not stop to find out.

Form C. 3: Imagined Conflict Situation #3

During a presentation about marijuana to your 6th grade students, a local doctor tells the students, using appropriately professional language, that the latest research on marijuana indicates that it does not affect adolescent development and is basically a harmless, mild intoxicant. The doctor does stress that, as with alcohol, marijuana should not be used if you drive, work around dangerous machinery, or where others may be endangered. The doctor suggests that we might do well to legalize marijuana.

Form C. 4: Imagined Conflict Situation #4

One of your students, who is known as a little bit of a maverick, a lone wolf, and has aparent that is known to use and abuse drugs, chooses not to participate in required classroom activities in your drug education class. He claims that the activities invade his privacy and he should not be graded on whether he participates or not. School policy encourages students to create and sign a personal "no drug use" contract.