A PROJECT ADVOCATING HUMANISTIC EDUCATION:
AN EVALUATION OF ITS EFFECT
ON PUBLIC SCHOOL TEACHERS

LLYNN LOTECKA
Executive Director, MYCODA, Inc.
Mon-Yough Valley, Pa.

ABSTRACT
The philosophy and characteristics of a project for preventing drug abuse through the instituting of humanistic education is described. A partial history of its ongoing evaluation is presented. One component of the project, a seminar on preventing drug abuse conducted for classroom teachers, has been evaluated by an independent team. The results show that participating teachers gained significantly in drug knowledge. There were also significant changes in attitudes concerning drug abuse, child development, and pedagogy. Almost all participants said that they would recommend participation in the seminars to their colleagues.

Pessimists and cynics voice doubts as to whether school systems can be a powerful force in preventing drug abuse, but the schools have been successful in many enterprises. American schools have tried to train people for factories and offices and accomplished just that; the schools attempted to shape children into technicians and specialized scientists and did that also. By and large, however, the schools have not operationally endeavored to prepare people to be well-rounded citizens capable of living sensible, responsible, creative lives. Many dimensions of human development have been underemphasized in mass education. Now with our changing heterogeneous communities and new societal environments, the schools have increased responsibility for the promotion of healthy attitudes and values. The kind of education that is relevant is education connected with the learner's world and feelings. Such meaningful education helps a child or any
person acquire knowledge of the processes for coping with life and leads to more fulfillment and satisfaction, less disruption and failure, thus fewer "problem kids" and delinquents. Evidence of this is abundant from observations and experiments in classrooms around the country.

**Description of MYCODA Project**

MYCODA has been directing its time and energy to serving the majority of students who are faced with decisions about drugs. The major thrusts of the Project include contributing to:

a. **Emotional literacy.** The fact, now well researched, is that information alone will not turn people away from drugs. The Biblical injunction "Know Thy Self" is still an imperative; emotional retardation is currently more prevalent than mental retardation. If a person suffers from hostility, shyness, guilt, anxiety, or boredom he is likelier to become dependent on drugs for relief. The need is for individuals to be in touch with themselves enough to be capable of regulating, channeling, and transforming their emotions. Some of the need can be met by supporting and guiding teachers who are already sensitive and responsive discussion leaders and who help additional teachers to become more capable of such leadership. By means of focused interaction in groups using tried and tested themes, teachers help students gain confidence and self-esteem. Through expression in group discussions designed to promote positive experiences, students are able to realize worthwhile self-concepts, increase their understandings of social interactions, and feel a sense of community in the classroom. The enhancing of self-identity gives the young person a strong, but flexible, anchor by which to ride out stormy weather. Greater awareness of social interactions and influences can enable a young person to skillfully resist peer pressure for drug abuse—instances where rational knowledge is often not sufficient.

b. **Value clarification and enrichment.** Value activities are utilized in the classroom for fostering more reflection and greater consideration of the various aspects of a decision regarding drug-taking behavior and to stimulate evaluation of attitudes and the seeking of additional information. Simon, Raths, Harmin [1], and others have described a broad approach to the building of values—values that are largely incompatible with drug abuse. The Arnsperger approach [2] which, among other things, investigates risk-taking versus gain is another value-oriented instructional path for preventing drug abuse that has a place in the MYCODA Project. These methods are
demonstrated to teachers as tools for coping with the goallessness and lack of aspiration common to many young people.

c. Alternative "highs." To be acceptable and attractive, these alternatives offer the satisfactions of active involvement, identification with some larger body of experience, and opportunity for obtaining a desired state of consciousness. Further, these non-drug euphorias are within the realm of the possible. For drugs to become less glamorous, part of the job of the MYCODA team is helping make more wholesome possibilities more attainable. There are many ways in which young people can focus their aesthetic capacities and physical-mental resources. Numerous programs are being carried on across the nation to allow more authentic experiences than the often spurious drug experiences. But even the best programs must be adapted to local conditions. Alternatives that are offered include art awareness courses incorporating Gestalt exercises to elevate and vitalize perception, community participation, truly cooperative sports, philosophical-existential exploration, creative experiences, group creative "trips" like the Synectics procedure of advanced brainstorming and metaphorizing, and meditation. (The efficacy of meditation in decreasing or stopping drug abuse was reported to the Select Committee on Crime, U.S. House of Representatives by Dr. Benson of Harvard after studying some 1800 subjects.) The message is that people don't have to rely on drugs with their unwanted side-effects—there are better, more lasting ways to experience the depth, fullness, variety, and richness of existence.

d. Eupsychian communications and problem-solving. The intention here is to facilitate the learning, directly and indirectly, of beneficial skills such as conveying, listening, clarifying, diagnosing, focusing, inquiring, harmonizing, etc. Some of the MYCODA didactic procedure parallels the methods of Thomas Gordon's [3] Parent and Teacher Effectiveness Training Workshops. This style of communication nurtures positive attitudes or regard, consideration, and respect for oneself as well as others. These skills are prerequisites for teachers who would lead beneficial group discussions.

The functions for accomplishing the Project objectives encompass classroom demonstration lessons; consultation with individual and core groups of educators; professional development seminars; in-service workshops; curricula evolution; research, design, and testing of innovations; and parent/community seminars. Structural set-ups attempt to multiply by-product ripples in order to spread the results to as large a population as possible. During the first year of operation, the concentration was on junior and senior high schools;
the bulk of effort during the second year was devoted to the primary schools. The professional staff consists of seven "educational facilitators" and a director, who have all been classroom teachers themselves and have backgrounds in the social sciences.

The History of the Evaluation

A major purpose of the MYCODA Project is to increase educators' awareness of the conditions that lead to drug abuse and the group processes that promote healthy character development. The decision to concentrate on teachers was predicated on the value of maximizing the spread effect of preventive drug abuse education. Certain educational methods used by teachers lead students to have personal characteristics of positive self-concept, cooperation, confidence, and other constructive behavior. Furthermore, these methods have been correlated with less drug usage [4-6]. MYCODA's approach beyond disseminating "facts" about drug abuse, is to provide teachers with training, consultation, and support for utilizing effective innovations. The main task is getting methods implemented in the classroom; often, the process through which this occurs involves influencing the beliefs and concepts of the teachers. Thus, a partial measurement of the Project's impact is the change in attitudes of teachers regarding child development, drug abuse phenomena, and pedagogy. Because attitude change is a goal, an attitude measuring instrument directed at relevant opinions and stances had to be constructed. In addition, a drug information questionnaire and an evaluation questionnaire aimed specifically at MYCODA endeavors were designed. The reliability of these instruments were deemed acceptable after pilot tests. Open-ended questions were also used for getting at frequently amorphous and unexpected, yet meaningful, views of the service recipients.

Considerable effort was expended in locating an outside evaluator who could measure the Project's progress in meeting needs and objectives. Part of the confusion in the preventive drug abuse field stems from inadequate and grossly unsatisfactory evaluation. Although the present state of the art leaves much to be desired, some meaningful indices can be consensually validated and observed changes gauged against these criteria.

Several agencies and universities were contacted concerning evaluation. In October, 1972, a contract was made with Health Care Research Group (HCRG), an independent interdisciplinary group

1 Drs. Anne Stewart Terrill, Thomas Terrill, and Norman Mulgrave were the members of HCRG that supervised the seminar evaluations.
from the University of Pittsburgh, Departments of Educational Psychology and School of Public Health, to begin conducting an evaluative study of basic impact variables connected with the MYCODA Project.

**TIME SCHEDULE FOR HCRG EVALUATION**

October 5-31
1. Develop research design and agreements.
2. Develop and review attitude scales—test battery.
3. Begin logistics for control data.

November 1-30
1. Pre-test battery on separate group of teachers.
2. Pre-test participants in secondary school professional development seminar.
3. Prepare for entry into elementary schools.
   a. select schools
   b. coordinate logistics of entry with MYCODA activities

December 1-31
1. Begin administering attitude scales to teachers of eleven (11) representative elementary schools.
2. Collate data.
3. Begin initial analysis.

January 1-31
1. Complete administering attitude pre-tests to teachers of representative elementary schools.
2. Meet with staff to plan further evaluation.
3. Post-test (attitude scale, formal questionnaire evaluation of seminar, anecdotal evaluation) participating teachers in secondary school professional development seminar.

February 1-28
1. Pre-test (attitude scale, drug information questionnaire) teachers participating in nine (9) elementary school professional development seminars.
2. Meet with staff to discuss evaluation and documentation via video-tape recording.

March 1-31
1. Summarize anecdotal comments by teachers who participated in several in-service day workshops.
2. Prepare and distribute interim evaluation report.
3. Begin post-testing (attitude scale, drug information questionnaire, questionnaire evaluation of seminar, anecdotal evaluation of seminar) of teachers participating in elementary school professional development seminars.

April 1-31
1. Complete post-testing (using same instruments) of teachers participating in elementary school professional development seminars.
2. Analyze data from test batteries and compare with baselines to determine change over duration of seminar as well as differences between teachers who volunteered for seminar and those who did not.

3. Prepare and distribute final evaluation report.

Methods

The evaluation design included a part for secondary teachers and a part for elementary teachers. The evaluation for secondary teachers consisted of a pre- and post-attitude measurement, an evaluative questionnaire regarding their opinions on seminar content, material, and leader, and the collection of anecdotal remarks. For the elementary teachers, a pre- and post-measure of drug knowledge was made in addition to the other evaluations. Copies of the attitude survey, drug questionnaire, and seminar evaluation instrument are available upon request from the author.

Results

Because of the relatively short duration of the seminar (approximately 35 hours for a period of 8 weeks), the amount of attitude change while not huge is still impressive. For the twenty secondary teachers who completed the pre- and post-attitude survey, a t-test for correlated groups showed that the mean difference between pre- and post-tests \( t = 6.304 \) was significant at less than alpha = .001 level. The difference in the means was twelve points and occurred in the direction of the seminar goals. When this group of teachers rated grossly the topics and techniques encompassed by the seminar, they ranked Drug Information, Brainstorming, and Value Clarification highest, in that order. Even those areas receiving the lowest rankings, i.e., Meditation, Synectics, and Relaxation had a mean rating of “fair.” Value Clarification, Drug Info, and Brainstorming also headed the list when these teachers were asked which two activities were most useful in the teaching situation. Participants in this seminar overwhelmingly stated that they would recommend the particular seminar experience to their colleagues: 92% “yes,” 8% “no.”

The elementary teachers completing the pre- and post-attitude survey, from a sizeable sample who have taken the seminar, numbered 67. Again the t-test for correlated groups indicated that this was a significant overall change in attitudes. The t-score was 5.03 with a p value of .001.

Since one-third of the seminar time was spent in disseminating drug information through films, discussions, lectures, guest speakers,
Table 1. Means and t Value for the Differences Between Pre- and Post-Drug Information Scores

<table>
<thead>
<tr>
<th></th>
<th>N</th>
<th>Mean</th>
<th>t</th>
</tr>
</thead>
<tbody>
<tr>
<td>Pre-Scores</td>
<td>104</td>
<td>10.82</td>
<td></td>
</tr>
<tr>
<td>Post-Scores</td>
<td>104</td>
<td>14.66</td>
<td>13.16</td>
</tr>
</tbody>
</table>

and reading materials, the elementary teachers were given a pre- and post-measure of drug knowledge. Acquisition of drug knowledge did occur as shown in Table 1 with the change being significant at $p = .001$.

Of the educational materials utilized such as films, filmstrips, and books, participants rated respectively “The Secret Life of Sandra Blaine” (a film), “Ashes of Doom” (a very short film), and Teaching with Feeling by Greenberg (a book) as the best. As for the various skills practiced and activities led in the seminar, the participants were asked to give their ratings and the average ratings were ranked. The results are shown in Table 2.

The seven leaders of the various seminar groups varied in the average ratings they obtained on four questions concerning the quality of leadership. The highest rated leader earned an average rating of 6.3 on a 7-point scale, while the instructor with the lowest rating received an average rating of 3.9. Comparisons indicate that the participants in the seminars led by the highest ranked leaders evaluated the seminar highest, while the students of the two lowest rated leaders evaluated the seminar lowest. Ratings of the other

Table 2. Rank Order of Activities and Skills According to Ratings

<table>
<thead>
<tr>
<th>Rank</th>
<th>Activity or Skill</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>Value clarification</td>
</tr>
<tr>
<td>2</td>
<td>Magic circle (HDP)</td>
</tr>
<tr>
<td>3</td>
<td>Guest speakers</td>
</tr>
<tr>
<td>4</td>
<td>Relaxation techniques</td>
</tr>
<tr>
<td>5</td>
<td>Active listening</td>
</tr>
<tr>
<td>6</td>
<td>Alternatives to drugs</td>
</tr>
<tr>
<td>7</td>
<td>Drug information sessions</td>
</tr>
<tr>
<td>8</td>
<td>“1” messages</td>
</tr>
<tr>
<td>9</td>
<td>Photograph concentration</td>
</tr>
<tr>
<td>10</td>
<td>Contracting</td>
</tr>
<tr>
<td>11</td>
<td>Guided day dreaming</td>
</tr>
<tr>
<td>12</td>
<td>Meditation</td>
</tr>
</tbody>
</table>
leaders occurred in a step-like fashion between the two relative extremes. Although the group leader differences showed up in the percentages of participants in each seminar who would recommend the seminar to their colleagues, the great majority of participants (90% average) said "yes," they would recommend the seminar. An additional finding was that teachers who take the professional development seminar have attitudes in a more positive direction than those teachers who do not participate, but the difference is not as great as the change in attitudes that seminar participants undergo.

Another stage in the evaluation is planned for September which will gather professional and personal biographical data from teachers entering the seminars. Also analyses will be conducted regarding which attitudes show the biggest change and whether any factors can be isolated. The second stage of evaluation will seek to ascertain whether the optimistic attitude alterations are long-lasting and whether the attitudes really carried over to classroom practice. In addition, the feelings and perceptions about classroom atmosphere of the students whose teachers have participated in the seminar will be examined. If the transmission of these attitude changes is found to affect the children through enhancing emotional and social dimensions, then this will be of consequence for educational approaches. Already preliminary comparisons of the classrooms of active seminar participants with teachers who have had little contact or involvement with MYCoda staff are encouraging. Between the questionnaire answers of students of five participants and five closely-matched controls, a difference (significance = .01) was manifested concerning basic values and classroom life. (This instrument is also available from the author.)

ACKNOWLEDGMENT

The assistance of the following is acknowledged: Dr. L. G. Richards, of the HEW-NIMH Center for Studies of Narcotic and Drug Abuse; the Drug Abuse Council; and William Leary a doctoral candidate at the University of Pittsburgh who is doing his dissertation on a model for evaluating drug abuse education programs. Dr. Joel Goldstein served as consultant on new perspectives of research and evaluation. Evaluation was discussed with individuals who had done evaluations of drug abuse services, such as Martin of Fordham University, DeMenza of Chicago, Swisher of Penn State University. In the end, a local group was chosen because of proximity, requisite skills, and interest in improving the quality of evaluative projects.
REFERENCES