

means of relieving the discomfort. Peer-group counseling can offer intervention in these circumstances and has wide applicability. Students who do not display present drug use or pathology can benefit, as well as those who do. Group process and group dynamics are used to identify difficulties, reflect feelings, and introduce new ways of handling problems.

The expected outcomes of peer-group counseling are that (1) self-significance is learned and self-esteem improves as they identify with and are accepted by others with similar experiences. As conflicts emerge in the group, and the student remains part of the group despite differences, it becomes more possible to see that discomfort and conflict can be survived elsewhere. (2) As students learn new ways of addressing and coping with conflicts, substance abuse reduces and danger of addiction reduces. Escape from discomfort no longer is seen as the only or best way to deal with problems. (3) Classroom and school involvement become more satisfying to the student although overt performance may not differ. As the students realize that others share similar problems, and find new means of coping with them, the need to escape from all uncomfortable situations starts to lift. They become more aware of areas they can control. Vulnerability and feelings of inadequacy begin to lessen, and they are able to become more involved in productively meeting positive goals.

MANAGEMENT OF SCHOOL BASED SUBSTANCE ABUSE PREVENTION PROGRAMS. Roberta Blotner and Levander Lilly. New York City Board of Education, New York, NY.

New York City School-Based Substance Abuse Prevention Programs were begun in 1971 with a group of ex-addicts describing the horrors of drug abuse to children. Despite political, social, and economic pressures which have operated to inhibit the development of programs, they have evolved into a large network of services which employ sophisticated and diverse prevention and intervention activities to more than 200,000 children per year.

Innovative practices continue to be added to existing services to enrich the programs. The most recent efforts focus on incorporating services from outside agencies to provide a more comprehensive approach to drug abuse prevention. For example, the Police Department has joined the Board of Education in providing prevention activities to elementary-school children. The collaboration of agencies with such diverse approaches to children has presented problems and has required the development of creative solutions.

EVALUATION: ELICITATION, RESPONSE, RESPONSE APPROPRIATENESS, AND OUTCOMES. Arthur P. Sullivan. New York City Board of Education, New York, NY.

Short term evaluation of process and outcome is discussed. Outcome measures sensitive to short term changes are preferred, for example, a measure of classroom participation is expected to reflect changes in the student more rapidly and more sensitively than a gross attendance count

when the presenting behavior is truancy or class cutting. Several juries are employer, including the teacher or other who referred the student to the prevention program, and program worker as well as the student. Other outcome measures are discipline, peer relations, positive attitude, and self esteem. Process measures assess the prevention activities directly, ascertaining to what extent practices are employed which are expected to have the desired outcomes at a later time when the students are no longer accessible for testing and observation. Observers assess worker elicitation of student concerns and worker response quantitatively; scoring is accomplished by summing the elicitation and response rating, then adding the sum of the cross products of student concerns with responses appropriate for that concern. Outcomes are judged against a non-program comparison group, process measures are judged against an optimal match of elicitation and appropriateness of response.

TREATMENT OF AIDS IN SUBSTANCE ABUSE PROGRAMS. James L. Sorensen, Steven L. Batki, Barbara Faltz and Scott Madover. University of California, San Francisco.

This presentation describes treatment issues for working with intravenous drug abusers with AIDS and AIDS-related conditions. The authors work in a substance abuse program with a specialized project that focuses on AIDS and substance abuse. These patients can present with medical, psychiatric, or strictly drug-related problems. Treatment tasks include appropriate engagement of patients into treatment, establishing relevant treatment goals, coordinating with medical and social service agencies, and developing clear guidelines about confidentiality. Treatment strategies must attend to staff attitudes and morale. The presentation stresses a need to learn from experience and to develop policies for coping with this problem.

DOUBLE-BLIND VERSUS DECEPTIVE ADMINISTRATION OF PLACEBO CAFFEINE. Irving Kirsch and Lynne J. Weixel. University of Connecticut.

Subjects were given varying doses of placebo caffeine with double-blind or deceptive instructions. The deceptive administration condition simulated clinical situations in that subjects were not informed that they might receive a placebo. Double-blind and deceptive administration of placebo caffeine produced different and in some instances opposite effects on pulse rate, systolic blood pressure, and subjective mood. Deceptive administration produced an increase in pulse rate, whereas double-blind administration did not. A theoretically predicted quadratic effect on systolic blood pressure, alertness, tension, and certainty of having consumed caffeine was observed among deceptive administration subjects only; scores on these variables rose through moderate doses and then declined at extreme dose levels. Double-blind administration produced curves in the opposite direction on each of these variables. These data challenge the validity of double-blind experimental designs and suggest that this common method of drug assessment may lead to spurious conclusions. Three ecologically valid alternatives to double-blind designs are recommended.