

Fayetteville State University

## DigitalCommons@Fayetteville State University

---

Collegiate Learning Assessment Instructors'  
Reports

Academic Affairs – Quality Enhancement Plan

---

Summer 2009

### CLA Report

Angela Taylor

Fayetteville State University, ataylo14@uncfsu.edu

Elvira White

Fayetteville State University, ewhite1@uncfsu.edu

Follow this and additional works at: [https://digitalcommons.uncfsu.edu/div\\_aa\\_wp](https://digitalcommons.uncfsu.edu/div_aa_wp)

---

#### Recommended Citation

Taylor, Angela and White, Elvira, "CLA Report" (2009). *Collegiate Learning Assessment Instructors' Reports*. 27.

[https://digitalcommons.uncfsu.edu/div\\_aa\\_wp/27](https://digitalcommons.uncfsu.edu/div_aa_wp/27)

This Article is brought to you for free and open access by the Academic Affairs – Quality Enhancement Plan at DigitalCommons@Fayetteville State University. It has been accepted for inclusion in Collegiate Learning Assessment Instructors' Reports by an authorized administrator of DigitalCommons@Fayetteville State University. For more information, please contact [dballar5@uncfsu.edu](mailto:dballar5@uncfsu.edu).

# **Collegiate Learning Assessment (CLA) Instructor's Assessment Report**

**Angela P. Taylor**

**Department of Criminal Justice, Fayetteville State University**

## 1. Course information

The Collegiate Learning Assessment (CLA) was administered in CRJC 420, Criminological Theory, which is an upper-level class in the major. There were 11 students enrolled in the class: 6 seniors, 4 juniors and 1 sophomore. Ten students participated in the assessment (5 seniors; 4 juniors, and 1 sophomore).

## 2. Performance task

The performance task was modeled after the one demonstrated in the fall workshop, and was developed with Dr. Elvira White, also in the Department of Criminal Justice. Students were asked to evaluate and choose between two options for addressing a health problem faced by the fictional state of Columbia, U.S.: an increase in the number of citizens becoming infected with the Human Immunodeficiency Virus (HIV). Students asked to place themselves in the role of an advisor to the state's governor, and make a recommendation for action based on their assessment of two alternatives. In the first option, a Dr. Jones recommends the establishment of needle-exchanges in cities with high levels of intravenous (IV) drug use. The second option, presented by Dr. Harris, was to increase the number of slots in drug treatment facilities. He challenges Jones's view that the increase in HIV is linked to drug use, and asserts that needle exchanges should not be developed since they encourage drug use.

Neither option was ideal. The accompanying documents were created so that a careful reader should be very skeptical of the drug treatment option. Regarding the proposal for needle exchange, at the very least, students should be open to the idea of investigating the possibility, even while recognizing that the documents lacked enough information to fully endorse that choice.

Students were asked to consult 7 documents in their assessment. The documents contained both quantitative data as well as narrative description. The students were told to use all of the documents in their evaluation of the two options.

Document A was a letter to a judge by a drug treatment provider, expressing excitement about the prospect of drug enhanced treatment in the state. This letter was designed to get students to see how personal bias can influence advocacy. Document B was a newspaper article that talked about the positive effects of a drug treatment program in Switzerland that pushed for drug treatment. This document contained anecdotal information presented by a small number of non-experts. Further, the setting in which drug treatment took place was different from that in the United States.

Document C consisted of three tables providing varying types of information about HIV cases and drug use. Table 1 described HIV cases detected over a 5 year period, broken

down by modes of transmission. The first table was designed to get them to see that there were changes in the mode of transmission of HIV over time, with more and more cases linked to IV drug use, compared to sexual and other means of transmission. Table 2 presented prevalence data describing a) HIV/AIDS cases among and b) drug use by residents of the state. Table 3 was intake data from a drug treatment facility that broke down the drug of choice among those who were first-time entrants into the facility. This table was designed to express the point that most individuals who enter drug treatment were not heroin users, implying that generalized increase in the availability of drug treatment might not be the most efficient way to target the form of drug use that is specifically linked to HIV.

Document D was a press-release from a business group touting virtues of needle-exchange as a cost-effective means of controlling HIV and potentially reducing crime. This document should have prompted skepticism, both as a press release and also given its lack of details on studies supporting the efficacy of needle-exchange.

Document E was a chart presenting data from Dr Harris showing a correlation between HIV cases and the presence of needle-exchanges. The origins of the data were not revealed, which students were supposed to notice. Students were supposed to recognize three things: 1) correlation does not mean causation; 2) the data were of unknown origin and, 3) the data were presented by someone with an interest in undermining the needle-exchange option. Document F was a chart presenting a cross-tab of the data from Table 2, showing a lack of a clear pattern between changes in the level of drug use and those in HIV cases over time.

Finally, Document G presented three abstracts of journal articles on drug treatment. Each abstract presented data on the value of drug treatment that was faulty in some way. The first abstract described drug treatment efforts in three cities. The second abstract was a review arguing against harm reduction methods, such as needle exchanges. The third abstract presented the results of an experiment comparing the utility of medically enhanced drug treatment compared to standard treatment. Because the experiment was not a true experiment, findings were to be viewed as limited.

### 3. Performance Task Administration

The performance task administration was administered on February 23, 2009. Two hours were taken from class time to allow students to complete the assessment. Nine students hand-wrote their responses in the classroom. One student completed the assessment on a laptop in a classroom at Bladen County College, where the class was being televised. Prior to class, this student was emailed both the performance prompt and documents. She emailed her completed document at the end of class.

Student scores on the assessment were not used in the calculation of their final class grade. As an incentive for participation, each student who completed the task was given 15 extra credit points, to be added on top of points earned throughout the semester.

### 4. Student Performance

Strengths: Most students did review the documents; there were only two who wrote their assessment without directly referring to any of the documents. Students generally wrote their answers in a coherent fashion, with some sort of structure to their argument. This may

in part be linked to the decision by some to use the documents as a external structure for outlining their response (that is, in their discussion, they first referred to Document A, Document B, etc.)

Weaknesses – All of the students made judgments using unsupported personal opinion. As a group, they appeared to be most heavily influenced by the letter and the article on drug treatment in Switzerland. While almost every student, referred to the table, and noted the link between IV drug use and the rise in HIV, they still used the information to support the drug treatment option, while rejecting the needle exchange one out of hand. Overall, there was insufficient skepticism of the information given unless it contradicted their point of view. For instance, one student rightly pointed out that there was not enough information on the efficacy of needle exchange for it to be completely endorsed, yet at the same time used the chart demonstrating a correlation between HIV cases and the presence of needle exchange as a counter-argument against needle exchange.

Overall, while students did use the documents in forming their judgments, they often took the information presented at face value, using it to bolster a pre-existing set of opinions.

It should be noted that their uncritical use of the documents may have been a result of the structure of the questions they were asked. The two questions asking students to assess each option were similar in structure to those used in the fall CLA workshop. Specifically, they were asked whether they agreed with either Dr. Harris or Jones, and to explain why or why not. Perhaps if the students were directly instructed to consider the strengths and weaknesses of each argument, they would have reviewed the documents in a more critical manner.

## 5. Recommendation and follow up

The performance of the students of CRJC 420 on this version of the CLA prompts me to think critically about adjusting my teaching strategies to bolster the skills and competencies tested by this assessment. Specifically, I will develop activities that call for students to evaluate information in a critical fashion, specifically calling for them to address both the strengths and limitations of a given information source. These activities will also encourage students to look past emotional appeals, pushing them instead to focus more on facts and to maintain a skeptical stance toward their own initial judgments.

These skills are an important component of most courses offered at Fayetteville State University; thus, it is not unrealistic to call for other faculty members to adopt similar strategies in their own classrooms.

## Problem Scenario

The state of Columbia, USA is facing a rising rate of HIV cases. The newly elected governor, Ms Smith, has been presented with two options for dealing with the problem. The first, proposed by Dr. Jones, is to push for the passage of a law that would allow needle exchanges to be established in cities within the state that have high IV drug use. She asserts that IV drug use is an increasingly important element in the rise of HIV and AIDS in Columbia.

A different option is offered by Dr. Harris. He argues that the link between the number of HIV cases and drug use is not very strong. Further, he feels that needle exchanges will only encourage drug use, and thus increase, rather than decrease, the spread of the disease. He argues that, if there is indeed a problem, the solution should be for the Governor to provide funding to expand the number of slots in drug treatment facilities to decrease drug use, and thus decrease the spread of HIV in the state.

As a trusted advisor of the governor and a member of her Advisory Committee on HIV Prevention, you have been put in charge of looking at the data and making a recommendation to the Governor Smith based on the two questions below. You have been given a collection of documents related to this issue. Read and examine them thoroughly. Use the evidence they present to answer the following questions.

Question 1: Do you agree with Dr. Harris' proposal that the state should increase the number of drug treatment slots to help reduce the spread of HIV? Why or why not?

Question 2: Do you agree with Dr. Jones that the state should establish needle exchanges in order to help reduce the spread of HIV. Why or why not?

Explain the reasons for your conclusions, and justify those conclusions by referring to the specific documents, data, and statements on which your conclusions are based. Your answers to the questions should include the evidence necessary to support your position. Your answers will be judged not only on the accuracy of the information you provide, but also on how clearly the ideas are presented, how effectively the ideas are organized, and how thoroughly the information is covered. While your personal values

and experiences are important, please answer all of the questions solely on the basis of the information provided in the documents.

You have 90 minutes to complete this task.

### **Document A**

To: The Honorable Sherry Brown

From: Sister-in-law

Dear Sherry,

I am so excited to hear about the possibility of the state of Columbia's interest in expanding drug treatment programs for the state. I am sure that you know this has been a passion of mine for several years and I conducted extensive research on this subject while I was studying for my master's degree. I am attempting to get my outpatient drug treatment program up and running and if I could acquire a state contract, it would be an excellent start in the business. It would be great if the legislature would pass a resolution to fund more outpatient drug treatment centers and begin accepting RFP's. I know that you would have to recuse yourself from the proposal process so that there would not be any hint of impropriety or bias on your part, but any suggestions that you could make for a successful proposal would be great.

Looking forward to going camping this weekend with you and your family!!!!

With love,

Sister-in-law



## *The Rocky Mountain News*

---

Evening Edition

Tuesday, January 21, 2009

\$1.50

---

### Swiss style drug treatment may work in US

By Valerie Collins

Middleville Township – The number of recently released inmates still addicted to heroin and cocaine and diagnosed with HIV was a growing concern for the residents of Middleville, USA. Mary Bright has found many addicts wandering the streets when she returns home from her evening karate classes. Mary believes that her lessons in karate will be a tremendous value to her as she travels the streets of her community. Mary was one of three local students who lived in Switzerland during the student exchange program during her last year of college. Janet Marlo was one of the students accompanying Mary during the exchange program and is now a consultant for the local police department. Mary has shared her expertise with the local city and state government and advised them based upon her experience in observing Switzerland's drug treatment programs over a one year period. HIV was not as big a problem in Switzerland as it is in the US, particularly in Middleville. Janet became very friendly with many of the addicts. Many of them told her that were not HIV positive. In fact of the 10 addicts that she was particularly friendly with, only 1 was HIV positive which is the norm for Switzerland. The crime rate around the area was also not as high

according to the 3<sup>rd</sup> exchange student, Jerome Carson, a criminal justice student. Carson said he felt safer on the streets at night in Switzerland than he did in Middleview because there was less crime committed by addicts who were ill and wanted drugs. He attributed this to the government's sponsorships of the of drug treatment programs for addicts. Jerome drove around with the local police on several occasions as part of his research paper on crime in foreign countries. During the course of his ten ride-alongs Jerome reported that the police made less than 5 arrests in any given evening in comparison to the 10 or more arrest made nightly in his hometown of Middleview. The state of Columbia is currently studying methods to address the issue of the growing number of drug addicts diagnosed with HIV. It appears from the first hand observation of these students that drug treatment programs could solve the problem and thus save the taxpayers a tremendous savings especially in these recessionary times and the resulting budget cuts. The governor and legislature should consider implementing drug treatment programs as opposed to controversial needle exchange programs if the serious problem of HIV is to be eradicated.



## Document C

**Table 1: Modes of HIV Transmission Over Time**

	2000	2001	2002	2003	2004	2005
Sexual	1577	1654	1609	1590	1584	1560
IV drug use	601	699	740	830	920	994
Sexual and IV drug use	300	330	356	368	376	388
Maternal	40	55	43	35	25	25
Medical exposure	1	0	0	2	0	0
Other	5	6	4	3	4	3
<b>Total New HIV cases</b>	<b>2524</b>	<b>2744</b>	<b>2752</b>	<b>2828</b>	<b>2909</b>	<b>2970</b>

**Table 2: Data on HIV/AIDS cases and drug use**

Year	% residents living with HIV/AIDS (cummulative, in state)	# of residents reporting past month drug use	Number of residents in state	Past month drug users per 1000
2000	3	26169	581,530	4.5
2001	5	26570	597,085	4.45
2002	4	30750	614997	5
2003	3	31039	633446	4.9
2004	4	31660	646115	4.9
2005	4	31944	665498	4.8

**Table 3: Main drug of abuse for first-time entrants into drug treatment**

	<b>2005</b>
<b>Marijuana</b>	600
<b>Crack/Cocaine</b>	890
<b>Heroin</b>	350
<b>Prescription Drugs</b>	70
<b>Poly drug use</b>	433
<b>Other</b>	197
<b>Total</b>	2540

Data from largest drug treatment facility in Columbia

Document D

# The Galt Global Review

## Needle-Exchange: The Solution to Eliminate HIV Increase

Adapted from <http://www.galtglobalreview.com/business/needleexchange.html>

By: Lindsay Wood

Great news for recession conscious state budgets. Needle –exchange for drug –addicts –once thought controversial – is on the increase.

### Needles vs. Government costs

Drug treatment programs may have greater support among the general population however Government Sponsored needle exchange programs have the advantage of maintaining a closer daily contact with drug addicts, which permits a closer contact with potential offender and thus provides a reduction in crime rates or an estimated savings to the taxpayers of \$1 million dollars in new crime and \$1 million dollars in savings in healthcare costs to treat new HIV cases among drug addicts. According to some researchers, under needle-exchange programs, sterile needles or syringes may be exchanged for used ones in an attempt to prevent the sharing of injection equipment and the accompanying transmission of HIV and other blood-borne diseases.

Nancy Rosenzweig, vice president of marketing for Bright Horizons Family Solutions, said: "In 1986, there were an estimated 2 needle exchange programs in the US, most of them sponsored by private non-profit organizations and community groups."

According to the charity Offender Returners' Network, stemming the increase in new HIV cases among drug addicts is still the biggest problem for local, state and national government budgets.

The situation is highlighted in Africa with HIV among the non-addict population on the increase there and the US paying the highest subsidy to stem the problem than all other countries, according to government documents.

A report launched earlier this year by the Swiss-based Foundation for the support of needle-exchange among drug addicts shows that the average addict using the needle exchange program at an early time in the addiction does not contract HIV.

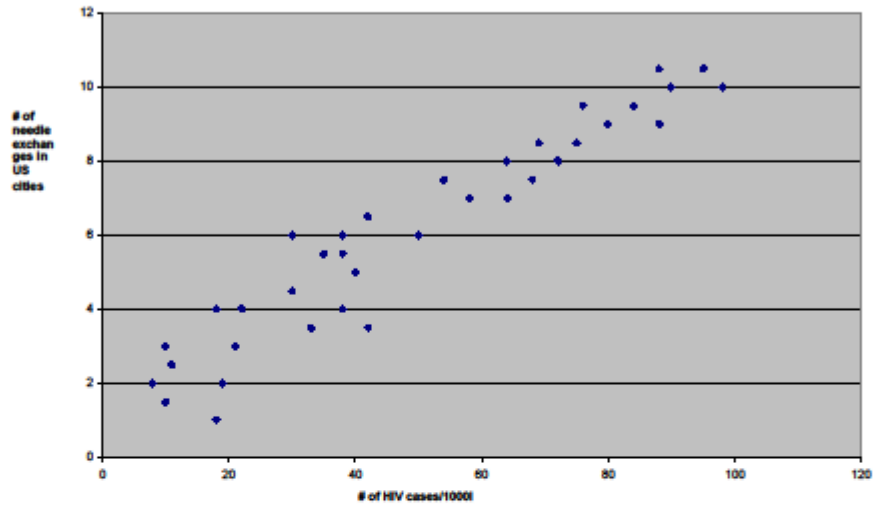
In the spring of 2007, the Graduate School of Management at Simmons College, together with Bright Horizons, undertook a study looking at the importance of needle-exchange programs as it relates to contracting HIV and the subsequent costs of treatment. The results point strongly to the fact that needle-exchange programs are an increasingly important issue facing health care providers and government budgets, and employers across the country.

When considering where one lives, crime statistics are an important factor that potential homeowners consider and for 93 percent of them, taxes are an important factor. In addition, 26 percent of management-level employees say they have turned down or failed to pursue a job opportunity because they valued their ability to keep money in their pockets in lieu of exorbitant costs of living. The less health care costs to treat offenders the greater the community's ability to attract business, industries and new tax payers, thus needle exchange is a win-win for all factors of the equation.

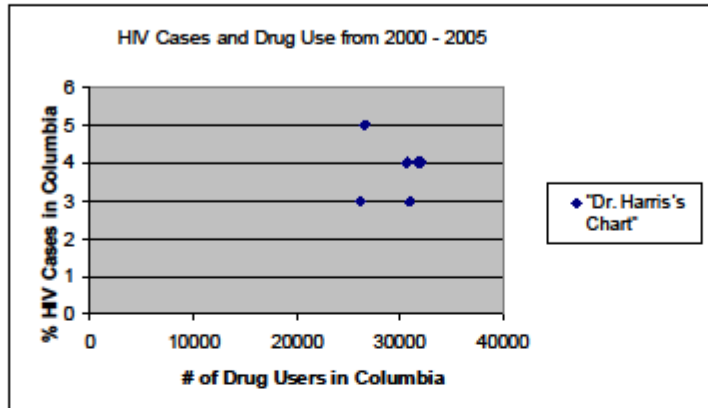
© Copyright 2001. Galt Western Personnel Ltd. unless otherwise specified, you may reprint this article, quote from it, use it in research or projects, duplicate it or distribute it. Credit of authorship and source MUST be given to [galtglobalreview.com](http://galtglobalreview.com). Ownership of Copyright remains with Galt Western Personnel Ltd.

## Document E

HIV rates and Presence of Needle Exchanges



Document F



## Document G

### University Research Abstracts: CatMax Online Search

Search ID: TOMO-021404/CLA  
Search Date: August 23, 2008  
Terms: Drug Treatment, Health, Needle Exchange  
3 Items Found

---

**Title: Expanding access to drug treatment – Data from three cities**

Author: G.M. Adler

**Abstract:** Drug treatment programs have a long and rich history of significant contributions to the field of addiction, yet many are being threatened by cutbacks and/or closures. This paper discusses the steps that three US cities have taken to expand drug treatment options by tapping into tobacco settlement funding. Interviews with clients from each city's program show them to be grateful for the opportunity to have access to drug treatment facilities.

---

**Title: Harm reduction: A Road to Ruin**

Authors: McNamara, Phillip A.; Razon, Orlando; Septer, William G., and Shepherd, Lexi A.

**Abstract:** This review argues that harm reduction methods, such as Switzerland's administering of heroin to drug users, and decriminalizing small amounts of drugs, are not an effective means of reducing the consequences of drug use and will in fact, lead to increased social problems. The authors report on studies showing a correlation between HIV rates and more liberal attitudes towards drug use. Harm reduction methods contradict anti-drug programs that are provided in educational settings, and thus may lead to increased drug use, which over time can lead to increased rates of HIV and other diseases linked to drug use.

---

**Title: Enhancing the health of substance abusers: An Experimental Analysis**

Author(s): Ward, Mark; Marion, Lester; McGiver, Jason

**Abstract:** There is a vast empirical literature that documents the numerous health problems faced by alcohol and substance abusers. Recently, some drug treatment programs have shifted to focus on the physical health of their clients, in addition to treating their addiction. We report on a study of a new treatment program that combines standard drug treatment with enhanced health access. Addicts are assigned a medical caseworker who helps the individual gain needed health care. A quasi-experiment was conducted that compared the health of drug users who have participated in this program with users who participated in standard drug treatment. The two groups were evaluated at 6 months and 12 months after treatment entry. Statistical analysis of the data reveal that clients enrolled in the enhanced program presented significantly higher scores on two measures of health status ( $p < 0.01$ ). These findings held up at both time points. The percentage of users who remained drug free at the 12 month mark was 43% for the enhanced treatment, and 38% for the standard treatment; however, the difference was not statistically significant. The results demonstrate the value of adding a focus on health to standard addiction protocols.