

**EFFECT OF THE 'I'M SPECIAL' PROGRAM  
ON PERCEPTIONS OF FOURTH GRADE STUDENTS**

**JUDITH ANN LOWE**



EFFECT OF THE "I'M SPECIAL" PROGRAM  
ON PERCEPTIONS OF FOURTH GRADE STUDENTS

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An Abstract  
Presented to  
the Graduate Council of  
Austin Peay State University

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In Partial Fulfillment  
of the Requirements for the Degree  
Education Specialist

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by  
Judith Ann Lowe  
July, 1985

## ABSTRACT

This study was conducted to determine students' learning following participation in the "I'm Special" program, a six session course of affective education. Participants were fourth grade boys and girls. Two classes of 45 students took part in the "I'm Special" program and served as the experimental group. The third class of 26 students did not receive instruction at this time and served as the control group. Twenty-eight criterion reference yes or no questions were devised by the evaluator to measure student perceptions before and after instruction. The questions were based on ideas presented in the "I'm Special" manual and involved facts presented in the course. Individual pretest and posttest scores of the experimental and control groups were compared using a t-test of independent samples. Posttest gain was again measured using matched pretest and posttest scores from the experimental and control groups by means of a t-test for related samples.

Although students taking part in the "I'm Special" program showed a greater mean change between the pretest and posttest than did students in the control group, it could not be conclusively shown that students gained in knowledge as a result of their participation in the course.

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To the Graduate Council:

I am submitting herewith a Field Study written by Judith Ann Lowe entitled "Effect of the 'I'm Special' Program on Perceptions of Fourth Grade Students." I recommend that it be accepted in partial fulfillment of the requirements for the degree of Education Specialist.

Elizabeth R. Stokes  
Major Professor

We have read this field study  
and recommend its acceptance:

Harold E. Blair  
Second Committee Member

Donald B. Lambert  
Third Committee Member

Accepted for the  
Graduate Council:

Linda B. Russell  
Dean of the Graduate School

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## TABLE OF CONTENTS

	PAGE
CHAPTER	
1. INTRODUCTION . . . . .	1
Purpose of the Study . . . . .	1
"I'm Special" Program Description . . . . .	3
Special Problems . . . . .	3
Review of Research . . . . .	4
Hypothesis . . . . .	11
2. METHOD . . . . .	12
Subjects . . . . .	12
Description of Evaluation Instrument . . . . .	12
Procedure . . . . .	13
3. RESULTS . . . . .	14
4. DISCUSSION . . . . .	17
Suggestions for Further Study . . . . .	17
5. SUMMARY . . . . .	19
APPENDIX . . . . .	22
Evaluation Instrument . . . . .	22
REFERENCE NOTES . . . . .	25
REFERENCES . . . . .	26



## Chapter 1

### INTRODUCTION

#### Purpose of the Study

The United States is an alcohol consuming society with initial drinking experience taking place between 10 and 15 years of age, usually in the home or with adult authority figures present (Milgram, 1982). According to the American Medical Association Auxiliary (AMAA, 1980), there are 3.3 million youth with alcohol related problems, and alcoholism is second only to heart disease as the leading cause of death in the United States. Approximately 80 percent of adult women and 87 percent of adult men are consumers.

As outlined by the National Council on Alcoholism and reported by the AMAA (1980), drug abuse prevention has progressed as follows: It was first attempted through legislation. The Harrison Act of 1914 as well as the Eighteenth Amendment (Prohibition) were based on the premise that controlling the manufacture and distribution of certain drugs would deter their use. Supply reduction remained the sole approach to prevention until the 1960's, when the rising incidence of drug abuse brought a rash of community-based counseling centers and intensive treatment facilities. Still hoping to prevent the problem before it developed, parents, educators and teachers sought to provide young people with information about drugs and their effects, believing that youngsters armed with accurate information



would choose not to use drugs. According to the AMAA, it became evident that detailed lectures as to which drug should be avoided served to stimulate curiosity and increase experimentation. Furthermore, a study of informational materials on drugs by the AMAA found that "about 80 percent of them contain factual errors. More than one third contain so many errors we label them scientifically unacceptable, and some are so bad we think they are more dangerous than the drugs" (p. 43).

More recently, a number of primary prevention strategies in the realm of affective education have been developed to promote healthy growth of individuals and thus discourage the use of drugs as a way to avoid problems. Associated activities of these programs may not appear to relate to drug use since their immediate goal is that of stimulating individuals to reach a high level of social functioning. However, this enriched personal and social development is thought to serve as an immunization against the negative patterns which lead to drug use. The predominate goal of such programs is to enable students to raise their level of self-esteem and, in fact, there is research which links self-esteem to substance abuse (Ahgren, 1982).

"I'm Special" is a program of affective education used with fourth grade children in the Clarksville-Montgomery County Schools. The object is to enable students to raise

their level of self-esteem. That is, children who become knowledgeable about such things as the universality of feelings, the uniqueness of individuals, and how to make a decision, are thought to be better equipped to develop their own self-esteem. Furthermore, it is hoped that this knowledge could result in responsible choice as they encounter drugs and alcohol. The present study will seek to evaluate the "I'm Special" program by examining student perceptions before and after the course

#### "I'm Special" Program Description

"I'm Special" consists of six one-hour sessions of discussion and sharing with fourth grade children. It is based on the manual by that name as written by Tamara Smith Lesesne, copyrighted in 1980, and distributed by the Charlotte Drug Education Center of Charlotte, North Carolina.

Presenters are volunteer parents from the community who work in pairs and lead their groups, without assistance from the classroom teacher. They are trained by leader volunteers at a two-session workshop, under the direction of the APPLE committee, a lay organization of the Clarksville-Montgomery County Schools which is interested in promoting quality education.

#### Special Problems

Evaluation of affective programs shares the usual

methodological problems plus its own specific difficulties (Baskin & Hess, 1980). First, the personality of the presenter is a variable, though it is not measured. Most difficult is the complexity of the phenomenon to be measured. The goals resist precise definition and are difficult to translate into quantifiable terms.

There is the additional problem of measurement instruments. For example, the construct validity of self-concept or self-esteem scales has not been established. Self-report scales are vulnerable to the subjects' tendency to answer in a socially acceptable manner. In addition, choices are verbal rather than behavioral or in response to a real situation.

Because the "I'm Special" program promotes self-esteem, it would seem logical to measure its success by means of a self-concept scale before and after the program. However, even if there were a suitable self-concept scale which related to the material presented, it would seem unrealistic to expect a measurable change in self-esteem following six hours of instruction. Therefore, only factual ideas presented directly in the course will be used to form a criterion reference measure for evaluation.

### Review of Research

A review of the research on programs of affective education showed mixed results.

A classroom program to improve self-concept of sixth,



seventh, and eighth grade students was evaluated by Schulman, Ford, and Bush (1973). After six weeks of instruction (length of sessions not included) which focused on 11 brief film clips to stimulate class discussion along self-concept themes, the results were (a) a shift toward greater accuracy of self-judgment as measured by the How I See Myself Scale (HISM) and (b) a shift toward more positive responses on the Coopersmith Self-Esteem Inventory (SEI).

A study by Calsyn and Prost (1983) concluded that an affective education program of relatively short duration can have a positive impact on the self-esteem of children. Using a one-hour treatment session for eight consecutive weeks with fifth grade students, Calsyn et al. found that females increased their scores on a self-esteem scale slightly more than males. The authors noted that although the results of their study were encouraging, the magnitude of difference between treatment and control groups on self-esteem was small.

Baskin and Hess (1980) summarized seven affective education programs and eleven evaluations of their effectiveness. Of the eight evaluations cited which measured self-esteem, four observed no significant shifts attributable to affective education programs; four reported change in some index of self-evaluation.

Domino (1982) assessed the effectiveness of a week long television campaign, "Get High on Yourself." Using

students from three urban high schools, he measured self-esteem, drug attitudes, and drug use ten days prior to the campaign and four weeks later. The results indicated no significant changes that could be attributed to the campaign. However, a significant relationship was obtained between level of self-esteem and drug use; at all schools the higher self-esteem subjects used fewer drugs and showed more positive attitudes than lower self-esteem subjects.

An evaluation of "Operation Aware" by Kautzman (1984) used tests of problem-solving skills and conformity to measure the success of an affective evaluation program with fourth, fifth, and sixth grade children in Duluth, Minnesota. Pretest/posttest results indicated a significant increase in problem solving with fifth and sixth grade students while the decrease in conformity was not significant.

Dupont and Jason (1984) compared the impact of assertiveness training with a traditional program of drug education. Seventh grade students from three parochial schools served as participants. While students in both groups showed significant gains in knowledge, only those in the assertiveness group demonstrated significant change in drug attitudes. The authors cite an earlier study by Honan, D'Amica and Williams (cited in Dupont and Jason, 1984) which showed greater assertiveness among college students who had experimented with but no longer used hashish or marijuana as compared to those who were current users.

Assertiveness as a contributing factor was again suggested in a study by Pederson, Baskerville and Lefcoe (1983). They found that peer smoking, more than attitude toward smoking, repetition of a grade, knowledge scores, plans to finish school, age, or sex, bears the strongest relationship to smoking behavior among participants.

Reviewing research on educational programs that rely on drug information, Hanson (1982) found that most studies showed no effect of drug education upon use. He considered the arguments that drug education might stimulate use by (a) providing students with facts that overcome beliefs which inhibit use, (b) changing attitudes that prevent use, (c) encouraging students to think of themselves as potential users by virtue of having been included in drug education programs, and (d) providing specific information which serves to facilitate the use of drugs. He concluded that there is no evidence that increase in drug knowledge increases use, and that drug users' greater knowledge results from use rather than vice versa.

A single study by Stuart (1974) used 935 seventh and ninth grade students who were randomly assigned to a 10-session fact-oriented drug education program. A self-report measure of drug information, drug use, and attitudes relating to drug use indicated that subjects receiving drug education significantly increased their knowledge about drugs, their use of alcohol, marijuana, and LSD, and their



sale of the latter two, while their worry about drugs decreased. Stuart concluded that use tends to rise as a function of the contribution of increased knowledge and reduced worry, but there are other mediating factors such as a good or bad experience.

Sheppard, Goodstadt and Williamson (1985) tested student knowledge on health issues as presumably taught in Ontario, Canada's mandatory health program. They found that at every grade level, test scores showed knowledge of drugs to be lower than that of other health issues, in spite of curricular mandates from the primary level through high school. They concluded that drug education, like geography or math, cannot be remembered without repeated exposure. At the same time, messages are received through advertising, peer influence, family influence, movies, songs, etc., and their impact must be better understood.

Although most programs of drug education focus on a single aspect such as information or self-esteem, research cites a number of factors which contribute to drug abuse. In a study of alcohol education programs by the Research Institute on Alcoholism, Barnes (1984) surmised that the apparent ineffectiveness of most programs stems from their lack of a sound theoretical basis. She pointed to the family and peer group as the primary influence in shaping the drinking behavior of young people. Barnes noted that "at the present time, school based alcohol education

cannot hope to overcome the influence of other powerful socialization agents such as the family, the peer group, and even the mass media" (p. 144).

Assessing the social and demographic correlates of adolescent drug use, Fors and Rojek (1983) found that drug use is not a solitary, isolated act, but is reflective of a shared group experience. The greatest predictor of use was the measure of a friend's drug use. Furthermore, adolescents who experienced failure, frustration, or boredom showed the strongest relationship to problem behavior. Variables conspicuous for their lack of significance were sex of student, race, marital versus divorced status of family, a working mother, or employment of father. On the other hand, church attendance had a significant influence on use of alcohol and marijuana. There was no evidence that drug taking is most prevalent in the lower or middle class.

Patrick MacDonald (1983), a sociologist for the University of California, believes that one of the most potent forms of education in the area of drugs is presented through daily soap operas. His research has shown that alcohol is the most frequently presented drug, that women are more often involved than men, and that non-users more than users are most likely to secure information about drugs from the mass media. In comparison with real life statistics, MacDonald has shown drug portrayals on

television to be inaccurate and misleading. He concluded that they may be counterproductive to the objective dispassionate exploration of real issues.

In a study of drug abuse prevention education, Margaret Sheppard (1984) questioned the hypothesis that low self-esteem leads to drug taking, suggesting instead the possibility that drug abuse leads to a lowering of self-esteem. She cited the environment (accessibility of drugs, opportunity for use, values and norms and preschool expectations), influence of models (society, family, peers), and personal criteria (self-esteem, value systems, behavior patterns, school performance) as contributing factors to drug use or abuse. Sheppard noted that some of these factors might be influenced by education though programs must encompass more than information. The success of any course might be determined in part by how many of these factors it includes.

Stumphauzer (1983) noted that just as some adolescents are learning to drink alcohol and to like drugs, others are learning to abstain or remain non-problematic. Parents and adult acquaintances were found to be a strong influence and all 100 non-problematic youth revealed assertiveness skills in saying "no" to peers. Stumphauzer used this study to suggest the possibility of drawing on the successful students to model social skills and adaptive behaviors for their peers. He suggested that the way to effective drug education



might be found in the study of non-delinquents.

Further studies suggested that it may be easier to prevent drug abuse than it is to cure addiction (Yamaguski & Kandel, 1984), and that attitudes and experience are as important as factual data in determining behavior (Sherman, Lojkultz & Steckiewicz, 1984).

### Hypothesis

The following hypothesis is offered regarding the effect of the "I'm Special" program:

As compared to the control group, students participating in the "I'm Special" course will be expected to display greater improvement on a criterion reference posttest.

## Chapter 2

### METHOD

#### Subjects

Participants were from three fourth grade classes at Burt Elementary School, which is typical of elementary schools in Montgomery County. Two classes, or a total of 45 students took part in the "I'm Special" program and served as the experimental group. The remaining class of 26 students served as the control group and was scheduled to take the course at a later time. Assignment of these groups was determined by the school administration without description as to their particular class characteristics, such as relative level of students or special education status.

Students remained anonymous by means of an alias which allowed for linking of pretest and posttest scores. This was accomplished by asking each student to indicate in writing his mother's first name, followed by the first initial of his own last name.

#### Description of Evaluation Instrument

Twenty-eight criterion reference yes or no questions were devised by the evaluator to measure student perceptions before and after the "I'm Special" program. The questions were based on ideas presented in the "I'm Special" manual and involved facts rather than each student's subjective opinion or feeling (see Appendix).

## Procedure

Students were given an answer sheet with numbered responses. They were asked first to listen as the question was read orally, and then to listen again as it was repeated. Upon second hearing of the question, students circled yes or no on their answer sheet. To keep from skipping an item, students were asked to place their finger on the corresponding number of their answer sheet as each new response was read.

Data were analyzed by means of SPEED, a statistical computer program by Dr. Garland Blair.<sup>1</sup> Individual pretest and posttest scores of the experimental and control groups were compared, using a t-test for independent samples. Posttest scores were again measured, using matched pretest and posttest scores from the experimental and control groups by means of a t-test for related samples.



## Chapter 3

### RESULTS

Statistical tests comparing experimental and control student achievement data revealed anticipated results. Students taking part in the six-session "I'm Special" program showed a greater mean change between the pretest and posttest scores than did students in the control group. This was determined as follows:

1. A  $t$ -test for independent samples indicated that the experimental and control groups were initially different, based on scores of the pretest ( $t = 3.35$ ,  $p < .05$ ). The mean of the pretest for the control group was 20.81, more than two points higher than the mean of the experimental group.

2. A  $t$ -test for independent samples on the posttest showed that the experimental and control groups were no longer significantly different ( $t = .621$ ,  $p < .05$ ). The mean of the posttest for the control group was 20.65 and the mean of the posttest for the experimental group was 20.16.

Because the experimental and control groups were significantly different before treatment, their total achievement scores could not be compared. However, by showing that the difference no longer exists in the posttest scores of the two groups, it appeared that a significant change had occurred.

A comparison of the groups' mean difference between pretest and posttest scores showed that the experimental students demonstrated significantly greater gain in the posttest (difference = 2.09, S.D = 3.35) than did the control students (difference = -0.15, S.D = 2.73). It would appear from these figures that the significant shift could be a result of mean posttest gains of the experimental group following participation in the "I'm Special" program. However, because the experimental and control groups were significantly different before treatment, interpretation of results is problematic as follows:

First, the pretest mean scores of both groups were near the top (2/3 or more correct answers) showing the ceiling of the evaluation instrument to be so low as to limit opportunity for change.

Second, reliability of the test instruments should be established as reasonable in order to make a tentative case for positive change. While comparison of mean pretest and posttest scores of the control group are almost identical, the standard deviations are small, suggesting a limited distribution.

Third, because the experimental group consisted of two classrooms which may have also differed significantly from each other before treatment, a comparison of mean posttest scores remains tentative.

In order to eliminate the problem of groups which are

different, 16 matched pairs of pretest scores were found to exist within the experimental and control groups. Comparison of these scores by means of a  $t$ -test for related samples showed no significant difference after treatment ( $t = 0.789$ ,  $p < 0.448$ ) suggesting no instructional gain following participation in the "I'm Special" program.

In summary, it appears that experimental results are limited by the evaluation instrument. On the basis of these tests, it cannot be positively shown that students gained in knowledge as a result of their participation in the "I'm Special" program.



## Chapter 4

### DISCUSSION

In addition to the limitations of test reliability and restricted range, the random assignment of experimental and control groups to existing classrooms could have affected test results as follows:

First, the control group had higher pretest scores than the experimental group, suggesting that these students might have been more knowledgeable at the onset. Had the groups been reversed, it is possible that the mean change would have been greater in favor of instructional gain following the "I'm Special" course.

Second, the course presentation was interrupted by Christmas holidays and several weeks of snow days. It is possible that loss of continuity could have lowered instructional gains of the experimental group.

Third, inclusion of all students, even those in resource or special education classes, could have lowered the validity of the evaluation instrument.

#### Suggestions for Further Study

1. An item analysis of questions missed could serve as a measure of reliability based on internal consistency. Ineffective test items could be eliminated and others added to broaden the range of the scores (increase the ceiling).

2. Students could take a 5-item screening test to determine their ability to process or respond to oral questions. Those not obtaining a perfect score on obvious questions of a length similar to those on the "I'm Special" evaluation, could be eliminated from the study.

3. Raw score gains could be measured by using the same students in the control and experimental groups as follows:

- Give the pretest to the control group.
- Give the posttest to the control group six weeks later.
- Teach the "I'm Special" course to the control group, now making it the experimental group.
- Give the posttest to the experimental group.

4. Longitudinal change might be measured by readministering the posttest six months or one year later.

5. A larger number of students could be included in both the experimental and control groups.

## Chapter 5

### SUMMARY

The immediate purpose of this study was to evaluate a program of affective education with fourth grade students. The program was initiated to equip children with decision making skills which could lead to greater self-esteem and the ability to make independent choices on matters pertaining to the use of alcohol and drugs.

A review of the research on evaluation programs across the nation showed recurrent findings as follows:

1. Evidence of drug use is increasing in most areas.
2. Drug education occurs daily from a number of sources such as family, peers, and the media, and these have been found to be more influential than school-based programs.
3. Drug education in the schools usually takes a single approach and that has most often been one of presenting factual information about drugs.
4. It is possible to show an increase in knowledge following a factual program, but there is little or no evidence to show a change of behavior (increase or decrease of drug use).
5. More recent programs of drug education involve self-esteem, decision making, or assertiveness training, and are referred to as affective education.
6. Pretest/posttest evaluation measures show little



change following programs based on self-esteem, decision making, and assertiveness training.

7. Variables such as length, scope, format, and focus of drug education programs are too numerous and varied to draw comparisons or conclusions. The real measure of evaluation would lie in fewer expulsions or arrests over a period of years following comprehensive programs of education.

The "I'm Special" program was intended to teach decision-making skills which could lead to increased self-esteem. The present study attempted to evaluate the program by measuring those skills before and after instruction. Though not significant, higher posttest scores following instruction were surprising in light of the single exposure to new ideas. (It is customary to repeat ideas in numerous ways at scheduled intervals in order to assure that learning takes place in traditional subjects.)

A number of additional important variables were present but not measured in this study. Most important of these is the impact of a community effort toward remediation of a community problem. Teachers of the "I'm Special" program are volunteers who have committed themselves to act on their concerns. The parent volunteers are not only more aware of the problems of substance abuse, but they are actively involved in effecting a change while learning patterns of communication with individuals and groups. Because the

volunteers are parents, their new knowledge and communication skills are not confined to the classroom but apply to home situations as well, where additional family members may benefit. Perhaps most important, there is the pattern of adults caring about young people and community improvement which is demonstrated for all to model as these fourth graders become adults.

Finally, in regard to student learning, new insight in decision making goes beyond the realm of drugs and alcohol, and is beneficial to every facet of life. Indeed, it is difficult to imagine any harmful effects from a program which emphasizes individual expression, good listening, and respect for self and others.

In order to evaluate the "I'm Special" program, perhaps it is time to determine what is sought from education. If the end-product is an adult who is an independent, productive and self-supporting citizen, students will need not only facts, but an understanding of the forces of society (customs, media, peer pressure, etc.) and their effect on every aspect of life and thought. If prevention of drug abuse is more effective than a cure, then time or money spent now may be a saving for the future. In view of these goals, the "I'm Special" program is an important beginning to a momentous task.

## APPENDIX

Evaluation Instrument

- |            |           |  |
|------------|-----------|--|
| <u>Yes</u> | <u>No</u> | 1. Everyone has feelings.  |
| <u>Yes</u> | <u>No</u> | 2. Everyone should express their feelings<br>in the same way.                        |
| <u>Yes</u> | <u>No</u> | 3. It is best to hide uncomfortable<br>feelings.                                     |
| <u>Yes</u> | <u>No</u> | 4. Recognizing an uncomfortable feeling<br>makes it worse.                           |
| <u>Yes</u> | <u>No</u> | 5. Some people have only happy feelings.   |
| <u>Yes</u> | <u>No</u> | 6. Feelings should remain secret.  |
| <u>Yes</u> | <u>No</u> | 7. Hiding an uncomfortable feeling is the<br>best way to make it go away.            |
| <u>Yes</u> | <u>No</u> | 8. People can help their friends to feel<br>good or bad about themselves.            |
| <u>Yes</u> | <u>No</u> | 9. People should tell someone when they<br>feel unhappy.                             |
| <u>Yes</u> | <u>No</u> | 10. Talking about a problem usually makes<br>it worse.                               |
| <u>Yes</u> | <u>No</u> | 11. It helps to talk about anger or fear.  |
| <u>Yes</u> | <u>No</u> | 12. When a friend tells us what to do, that<br>friend is responsible for what we do. |
| <u>Yes</u> | <u>No</u> | 13. People should do what their friends<br>tell them to do.                          |



- Yes   No   14.   Being a friend means doing what that person tells you to do.
- Yes   No   15.   Friends should always agree.
- Yes   No   16.   People must act the way they feel.
- Yes   No   17.   People should make a decision and consider the consequences later.
- Yes   No   18.   People should do what their friends do.
- Yes   No   19.   People should listen to the ideas of others and then make up their own mind.
- Yes   No   20.   Growing up means learning to do what friends think is best.
- Yes   No   21.   It is best to have other people decide for us so they can be responsible for what we do.
- Yes   No   22.   Feelings are bad.
- Yes   No   23.   It is what we do with our feelings that make them good or bad.
- Yes   No   24.   Everyone should express their feelings in some way.
- Yes   No   25.   People must do what their feelings tell them.
- Yes   No   26.   People can choose how they want to act about a feeling.
- Yes   No   27.   People should trust their own decision whenever it is the same as that of their friends.

Yes   No

28. People should trust their own decision,  
even if it is different than that of  
their friends.

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