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B.A.B.E.S. IMPLEMENTATION AND ITS RELATIONSHIP TO LOCUS OF
CONTROL AND SELF-CONCEPT

By
Dana M. Collins

A Thesis

Submitted in partial fulfillment of the requirements of the
Master of Arts Degree
of
The Graduate School
at
Rowan University
May 2003

Approved by _____
Professor

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ABSTRACT

Dana M. Collins

B.A.B.E.S. Implementation and its Relationship to Locus of Control and Self-Concept
2003

Dr. John Klanderma
School Psychology Program

The purpose of this study was to investigate the relationship between the administration of the B.A.B.E.S. Program and locus of control as well as awareness of self-concept of 2nd grade students. A total of 161 students were given pre- and post-tests composed of questions geared to understand each child's locus of control and awareness of self-concept before and after the implementation of the B.A.B.E.S. Program. A paired-samples t-test was administered to determine the correlation between the pre-test scores and the post-test scores. Analysis determined that the administration of the B.A.B.E.S. Program did not internalize locus of control nor did it increase children's awareness of self-concept. Implications for further research and possible reasons for the outcome of the study are discussed.

ACKNOWLEDGMENTS

I would like to thank Dr. John Klanderman and Dr. Roberta Dihoff for their support and patience with the completion of this thesis. I would also like to thank Joseph Williams of The Southwest Council for allowing me to do this study. I thank him for his ongoing assistance and encouragement in my education.

I would like to thank my family for giving me the confidence to strive for a great education. I would also like to thank you for letting me be myself and never asking me to change because I know what kind of person I can be. Thank you for encouraging me to reach for the stars.

Finally, I thank you, John, for standing by me and never letting me quit. I thank you for your patience and for your extreme love and support. Most of all, I thank you for making me laugh. In the darkest moments, you never fail to bring me back to normal. Without you, I could never be the person I am today, nor could I have come as far as I have come. Thank you for everything.

TABLE OF CONTENTS

CHAPTER ONE	
Introduction	page 1
Purpose	page 2
Hypothesis	page 2
Theory	page 3
Definitions	page 5
Assumptions	page 5
Limitations	page 6
Overview	page 7
CHAPTER TWO	
Introduction	page 8
Drug Prevention Programs	page 9
Self-Concept	page 14
Locus of Control	page 18
Summary	page 19
CHAPTER THREE	
Sample	page 20
Measure	page 22
Design	page 24
Testable Hypothesis	page 25
Analysis	page 26
Summary	page 26
CHAPTER FOUR	
Restatement of Hypothesis	page 28
Analysis of Results	page 28
Discussion	page 30
Summary	page 30
CHAPTER FIVE	
Summary	page 31
Discussion	page 33
Conclusions	page 35
Implications for Further Research	page 35
REFERENCES	page 38
APPENDIX A Test and Scoring Method	page 44

GRAPHS

Graph 3.1	Ages of Students	page 21
Graph 3.2	Sex of Students	page 21
Graph 3.3	Number of Students in Each Class	page 22
Graph 4.1	Difference of Scores on Pre-test to Post-test	page 28
Graph 4.2	Scores on Pre-test	page 29
Graph 4.3	Scores on Post-test	page 30

CHAPTER 1

INTRODUCTION

Parents expect their children to do well in school. There is an expectation that their children will study and excel in school. The success is usually gauged through tests and other measures of achievement in the school system. Parents feel that these achievement measures reflect all of their child's academic abilities, but parents often do not think about how their children came upon these abilities. What many parents do not realize is that most success, and this includes academic and life success, hinges on the child's self-concept. Self-concept is very rarely tested specifically on an examination. Self-concept is within a child and it is what gives them their motivation to do well or to not do well in school and in life.

A child is not automatically born with their self-concept. They are "taught" how to see themselves by their parents, caregivers, teachers, other positions of power, and especially their peers. The way this is done is by demonstrating to the child different loci of control. A child can be taught that his or her own feelings and actions control events concerning him or her. A child can also be taught that outside events control his or her life. A combination of both internal and external loci of control is optimal. "When the child's identity strengthens, a period begins in which the child sees himself or herself as a person with the power to modify the events in certain opportunities and without this power in other opportunities" (de Minzi, 1991).

The B.A.B.E.S. (Beginning Awareness Basic Education Studies) Program strives to achieve the goal of assisting a child in understanding their self-concept and internalize control to the best of their ability at appropriate times. This program is executed to students through a six-week course. Each lesson covers a different aspect of control and self-concept. Through this study, the researcher would like to display a need for this program for younger children in elementary schools by demonstrating how B.A.B.E.S. builds a child's self-concept through internalizing the child's locus of control.

PURPOSE

The purpose of this study was to investigate the relationship between the administration of the B.A.B.E.S. Program and the locus of control of 2nd grade students. 161 students in several 2nd grade classrooms were given a pre-test before the B.A.B.E.S. Program was administered and a post-test after the program to determine if their locus of control has changed. The goal of this study was to demonstrate that the B.A.B.E.S. Program would be an asset in schools and may determine if it is used in other schools in the future.

HYPOTHESIS

The hypothesis that was examined in this study was that the implementation of the B.A.B.E.S. Program was to increase the internal locus of control in students. This

would, in turn, lead the student to a greater awareness of their self-concept, needs, and the ways to go about achieving both of these necessary aspects of life.

THEORY

There are several existing theories that support the value of this study. The most commonly discussed theory concerning locus of control stems from Rotter's social learning theory. The social learning theory suggests that behavior that is rewarded leads to the expectancy that the behavior will continue to produce rewards in the future. Rotter's locus of control personality theory stems from the social learning theory. In his locus of control personality theory, Rotter discusses how a person with primarily an internal locus of control will attribute their successes along with their failures to themselves. In contrast, a person with primarily an external locus of control will attribute successes and especially failures to forces outside of their control, such as luck or chance (Rotter, 1971).

“Highly external persons feel that they are at the mercy of the environment, that they are being manipulated by outside forces. When they are manipulated, externals seem to take it in stride. Internals are not so docile,” (Rotter, 1971). People with an internal locus of control are belligerent to failure because they are actually failing themselves. They understand that they control their own world and they are angry that their life did not go according to their plan.

This is not to say that internals are stubborn and cannot accept failure. It should be noted that some researchers say that the internally controlled person is able to be more

flexible under stressful conditions. Internals are also more likely and more able to stand up to a group's demands and stick to their own beliefs. This also goes to say that a person who is more externally controlled is more easily swayed by group pressures. Externally controlled people are also less likely to do well academically because they cannot internalize their responsibility in the school setting. Internals realize that their success comes from them studying and working at their achievements, not from sheer luck (Berk, 2002).

To achieve a healthy continuum between internal and external loci of control, a child has to begin to understand their self-concept. This is an on-going process and cannot be completed in a short amount of time. Generally, the age at which a child begins to understand and develop their self image is between 8 and 11 years of age. During this time, the child starts to understand their identity as a person. The child starts to realize that they are separate from their family, friends, and other people around them, while, at the same time, still connected to them. (Sprinthall, 1998)

As a child begins to think about self and identity, he or she can perform the following operations:

1. Differentiate feeling and emotions in self and others
2. Distinguish between objective and subjective reality
3. Adopt the perspective of another person
4. Understand symbolic meaning and role-play as-if situations

These operations lead to a more internal locus of control. (Sprinthall, 1998)

DEFINITIONS

Internal Locus of Control: refers to the perception of positive and/or negative events as being a consequence of one's own actions and thereby under personal control.

External Locus of Control: refers to the perception of positive and/or negative events as being unrelated to one's own behavior in certain situations and therefore beyond personal control.

Self-concept: the set of attributes, abilities, attitudes, and values that an individual believes defines who he or she is.

B.A.B.E.S.: (K-3) a six week program geared for elementary age children that is committed to providing children with healthy living skills and information needed for a lifetime of protection from substance abuse. B.A.B.E.S. presents complex concepts in a simple, factual, non-threatening manner.

ASSUMPTIONS

There are several assumptions that go along with the conduction of this study. A basic assumption is that the students will be honest on both the pre-test and the post-test and that there will be no discussion about the test while it is administered. It is also assumed that the students will be given adequate time to take the pre- and post-tests. A third assumption is that the teachers agree with the B.A.B.E.S. Program and assist in

facilitating its principles. It is also assumed that each child will be present for a majority of the B.A.B.E.S. lessons (at least four of the six). A fifth assumption is that no students have received B.A.B.E.S. out of proportion of their fellow classmates. If a student has received B.A.B.E.S. more times than their classmates, their test results will be excluded from the study. A final assumption is that the administrator of B.A.B.E.S. teaches the lessons impartially and does not assist some students more than others do.

LIMITATIONS

There are also several limitations than can hinder the accuracy of the study. The researcher cannot control the amount of absences each student may have. The researcher also cannot guarantee that each class will receive the exact same information. Some classes may expand on certain topics more than others may. A third limitation is that students themselves will not have a choice in having the B.A.B.E.S. Program. This may effect how they respond to the administrator. A fourth limitation is only one school will be used in this study. This means that only one socioeconomic section will be considered and socioeconomic status may influence a child's locus of control. A final limitation to this study is the researcher does not know the situation of the students' home lives. Parents may encourage their children to be more internally controlled or externally controlled.

OVERVIEW

In Chapter two, the researcher will strive to further discuss relevant research. There will be an expansion on the ideas of self-concept and locus of control. In Chapter three, the researcher will discuss the design of the study. This will include a description of the sample population, the measures that will be used to test the hypothesis, and the way the study was conducted. In Chapter four, there will be an analysis of the results of the study. In Chapter five, the researcher will interpret the results and discuss their significance. All conclusions will be discussed at this time as well as any implications for further research.

CHAPTER 2

INTRODUCTION

Drug prevention programs have been throughout the 50 states for the past twenty years. The thought is that it is cheaper and easier to prevent a disaster than to correct a disaster. One question many people have on their minds is: Do they really work. Research shows that drug prevention programs have the ability to work if they address certain issues including substance use and abuse. The programs need to help youth know how to “Say No to Drugs.” This is done a multitude of ways in a multitude of programs, which will be discussed. The consensus is that the only way to conduct a drug prevention program correctly is to include lessons in understanding the self and having an internality of control.

In the past twenty years, there has been a surge of drug prevention programs that have bombarded the United States. This is because of the “war on drugs” that was declared in the mid-1980’s with the Drug Free School and Communities Act of 1986. This act states that in order to receive federal funding, a school and/or community must demonstrate how they are preventing illegal alcohol, tobacco, and other drug use. This research will primarily look at the way drug prevention programs are implemented in the school system.

DRUG PREVENTION PROGRAMS

One of the top priorities in the United States today is preventing the use and abuse of alcohol, tobacco, and other drugs by the youth of the nation. This is generally done by one of two ways. One way is by punishment, which can involve incarceration or a court order to participate in a drug treatment program. This is often a last resort for law officers because many do not want to see youth in the jail system. The second way of preventing drug use and abuse is through early prevention and intervention efforts. This is generally done through school programs and community events aimed at preventing youth substance abuse before it ever starts. The second method is generally the more accepted method by communities and is considered the most promising, but the first method is often the more common outcome (Zagumny & Thompson, 1997).

Schools implement drug prevention programs in several ways. One of the most popular programs in schools today is the D.A.R.E. Program. Drug Abuse Resistance Education is an intervention program that is designed to prevent violence and the use of alcohol, tobacco, and other drugs by today's youth (Zagumny & Thompson, 1997). It was developed in 1983 partly by the Los Angeles Police Department. It is administered to middle school students, primarily sixth graders, by a trained police officer. The D.A.R.E. Program is given to this age of students because it is believed they are the most approachable for anti-drug messages because they have heard of the drugs and know some facts and even some of the slang for drugs. A second reason D.A.R.E. is implemented at this age is because this is the age when most experimentation begins to

take place; therefore this is the age at which prevention is assumed to have the maximum benefit (Rosenbaum & Flewelling, 1994).

There are also a number of other drug prevention programs in the United States. Say Yes First—To Rural Youth and Family Alcohol/Drug Prevention is a “rural, multi-component, school-based, drug-prevention project providing primary and secondary prevention programs and services for students and their families” (Zavela & Battistich, 1997). This program works well in rural communities where there is often very little to do because towns are spread apart. The program combines school activities with family activities, thereby preventing drug use in the entire family.

The Say Yes First program is uncommon because it involves the whole family. Many drug prevention programs are done in the school system and do not include the family and community, which is detrimental and will be discussed later. “In the last decade, public schools have increasingly been held accountable to teach young people about the dangers of drugs, alcohol and tobacco, AIDS, gangs, and violence” (D’Emidio-Caston & Brown, 1998). Many parents expect the schools to teach about the dangers of drugs because they are often involved in so many other things. “Because children spend so much time in the school environment, this seems the most logical place to intervene in the cycle of substance abuse” (Richmond & Peeples, 1984). Often, teachers feel as if parents drop their children off at school and expect teachers to explain the whole world to them. This is often because both parents have to work in order to support the family. This abandoning of children often leads to the idea by teachers that youth are seen as “problems to be fixed instead of resources to be molded to make useful contributions to society, ” (D’Emidio-Caston & Brown, 1998).

In order for a drug prevention program to work, a variety of people must be involved. Not only should teachers be demonstrating to children the dangers of drug use and abuse through prevention programs, but these ideas should be reinforced at home and throughout the community. To be effective, a drug prevention program must involve the whole community, not just the teacher and students in a classroom. Rollin, Rubin, and Wright (2000) discuss how family environmental factors have been shown to exercise a strong influence on children and adolescents' potential drugs use. Family involvement can be positive, as then parents are more closely in tune with what their children are doing, or negative, as then lack of attention may cause a child to rebel by using drugs or by bad behavior.

To be involved, first parents need to admit that there may be a problem. Denial is a primary symptom of alcoholism and substance abuse. Many parents cannot admit to the fact that their child may be involved in substance abuse. Many think it is the "bad kids" that use drugs. This is contrary to the facts, as all types of children are now using and abusing drugs. This is just one of the many reasons parents should also be involved in the drug prevention programs. Also, if parents understand the program that will be taught to their children, there will be less opposition to it and it will give the parents an opportunity to learn with their children (Callahan, Benton & Bradley, 1995).

One way for parents to get actively involved with the drug prevention program is to attend PTA meetings or other such groups where parents and teachers may discuss events. This is important because a successful program is likely one which has support from active and vocal parents that will reinforce what is being taught in the schools. The only catch is that parents must also believe in what is being taught and also be willing to

reinforce it. Researchers say, though, that the biggest problem is getting parents involved. They say that once parents are involved, they are most helpful, but they need to take that first step and get involved (Callahan, Benton & Bradley, 1995).

It is also important for parents to be involved so contradicting lessons are not being taught. Some programs teach children that any alcohol is bad. This can confuse a child who will go home and see his mother drink a glass of wine with dinner. This was demonstrated by D'Emidio-Caston & Brown (1998) in which the DATE program was administered to students. Students later discussed how the program was not true to real life. They were able to distinguish between use and abuse, while most prevention programs say that they are one in the same. Students need to be taught that there are appropriate uses of some substances and there are legal ages for some substances, while others are always illegal. Students want to know all of the truth, not just what adults want them to hear.

Drug prevention programs cannot work if they are not reinforced at home and throughout the community. In one study done by Callahan, Benton & Bradley (1995), two schools were involved in a program called "the Institute," in which drug prevention issues were discussed. School 1 had a negative event involving a senior skip day and a keg party. The community upheld the rules they had all agreed upon in the beginning and canceled the senior trip. The students were warned of the consequences before they actually skipped, but they chose to skip school anyway. Some parents opposed the decision, but the majority consensus was that the school did what was right and this helped to bolster prevention efforts. School 2 had a negative event that involved a varsity football player having a bottle of liquor in the back of his truck on school property.

When he was suspended for three days, his parents transferred him and his younger brother out of the school because of “excessive punishment.” In the end, the prevention efforts were squelched as the school now only has a philosophy statement instead of a policy statement. These two schools show the need for the whole community to be involved. If the community does not support the prevention efforts, it will be felt by the school, which will in turn not be as strict about their policies. This will lead children to believe that they should not use drugs, but nothing will really happen to them if they do.

Drug prevention programs tend to focus on the “at-risk” students in a class or school. At-risk is a very vague term. Many parents do not understand the meaning of the term as educators often do. Educators often think of at-risk factors as such things as: low socioeconomic status, ethnicity, present behavior in school, and other various factors. What is commonly done with students who fit these “criteria” is they are labeled. Often, what happens once labeled is the youth almost try to live up to that label. They may do this by acting out in class, cutting class, acting up so as to get suspended, or by beginning the use of various illegal substances. When these youth try to “live up” to their label they are often punished, which usually pushes them into doing more detrimental things. “Evidence is presented to support the assertion that the application of sanctions (detention, suspension, and expulsion) provokes further alienation and disconnection of those students who already see themselves on the periphery of the school community,” (D’Emidio-Caston & Brown, 1998).

What needs to be done for these students is to give them something other to do, something that will be more constructive than what they are already doing. One student in the D’Emidio-Caston & Brown (1998) study said, “The best education would be the

education that would allow you to evaluate yourself and allow you to evaluate your own personal beliefs and your morals and your values and take a strong look at what you're feeling and if you might have the possibility to be a substance abuser.”

This is not to say that youth should not be educated in substance abuse. That should obviously be part of a drug prevention program. But the youth also need to know the skills necessary to refuse drugs. Not only do they need to know them, it is also necessary that they understand them and know how to practice them. This is the most challenging part of the drug education program. Anyone can memorize facts given enough practice, but what is difficult for these “at-risk” youth is the ability to understand and use the skills they have obtained through the education program.

SELF-CONCEPT

Drug prevention programs do not strictly talk about drugs. They also involve teaching youth the skills to refuse drugs. Different prevention programs teach and enhance a variety of skills. The most common skills to assist in drug refusal are: problem-solving skills, coping skills, decision-making skills, peer resistance skills, self-concept development, and several other behavioral and social skills. These skills are thought to be the most important in assisting to refuse substances.

It is believed by many researchers that one of these skills in particular is the skill from which all of the other skills develop. That skill is understanding and developing self-concept. Self-concept, as defined by Merriam-Webster, is the mental image one has of oneself. Self-concept may be influenced by other people, but it is really how one person

sees themselves in their surroundings. It is related to adaptation, competence and mental health (Van Dongen-Melman & Koot, 1993).

There can be positive and negative self-concepts. One person may seem herself as the valedictorian of the class and really be a B student (positive), while another may see herself as fat and ugly when she is really the envy of most of her peers (negative). A positive self-concept implies that a person sees themselves better than others see them and vice versa for a negative self-concept.

Most people have a self-concept that is close to the vision of how other people see them, but this is not always the case. In a study done by Michelle Montgomery (1994), it was discovered that teachers incorrectly evaluated children with learning disabilities as having lower self-concepts than non-disabled children. The teachers assumed that because the children were labeled as learning disabled, that they would automatically have a low self-concept. This was not the case. The children had a normal self-concept (for their age group and sex). They saw themselves as having a disability that they had to deal with. They also felt like they knew what was now wrong with them instead of feeling stupid as they did before their labeling.

What some people often get confused about is the difference between self-concept, self-esteem and self-image. All three of these ideas are related, but each is different from the others. The definition of self-concept was given earlier. Self-image, also as said by Merriam-Webster, is one's conception of oneself or of one's role. This involves how a person sees themselves alone, but also how they see themselves relative to other people. Self-esteem is a confidence and satisfaction in oneself. A person may have a normal self-concept, but have low self-esteem. For example, a young boy has a

self-concept that he is deficient in math and this concurs with his grades and his teachers perceptions. Because of his math deficiency, he feels stupid and worthless when it comes to math and sometimes other classes. He has low self-esteem, but his self-concept corresponds with others perceptions of him.

Although all other ideas of self are important to recognize, the focus of this study will be on self-concept and how it influences a child's life and other skills. Educators and researchers traditionally link self-concept with educational status, assuming that if a child is doing well in school, they must have a positive self-concept. If the child is not doing well in school, than they must have a negative self-concept (Montgomery, 1994). This is not always the case as there are different types of self-concept. The two types of self-concept most people study and are most relevant to schools are global self-concept and academic self-concept. There are other types that will not be explored in depth in this study: physical appearance, behavioral conduct, and athletic performance.

Academic self-concept involves how a student sees himself in a school setting, usually whether or not he sees himself doing well in school in general or in a particular class. This is different than global self-concept. Global self-concept involves how a child sees himself in the grand scheme of things. Global self-concept involves academic self-concept, but also social, athletic, appearance, and behavioral self-concepts. It is a combination of everything and it is how the child sees himself overall. It is assumed that global self-concept is independent of any particular skill measured in the other subscales. It is a combination of all of them (Van Dongen-Melman & Koot, 1993). When self-concept is discussed in this study, it is referring to global self-concept, as that is what is assumed to be relevant in substance use and abuse and the acquisition of refusal skills.

A major change in self-concept takes place between the ages of 8 and 11. It is during this time that the child begins to break away from his parents and other authority figures and sees himself for who he is, not for who someone wants him to be. He begins to realize some of the things he excels at and determines some of the things he might need to work on in the future. This is not to say that by age 11 a person has a self-concept that they will keep for the rest of their lives. Self-concept continues to evolve as the person grows because they are continuously faced with new and different situations. One of these situations may be the introduction of drugs (Berk, 2002).

In the situation of drugs, a child may make social comparisons. That is, they judge themselves according to others, namely their peers (Berk, 2002). They might see their best friend trying marijuana and decide that it is ok to try it because one try is not going to get a person addicted. This scenario generally means the person has a negative self-concept. That is, they only see themselves through their peers and often cannot make decisions for themselves. Drug prevention programs need to address the issue of self-concept in the way of needing to show youth that it is acceptable to think differently than their peers. This actually adds uniqueness to the person and assists in them learning other refusal skills, such as coping in a difficult situation and making appropriate decisions. Also, children's perceptions of their competence play a key role in achievement motivations (Bornholt, 2001).

LOCUS OF CONTROL

A person's self-concept has a great deal to do with their locus of control. An internal locus of control refers to the "perception of positive and/or negative events as being a consequence of one's own actions and thereby under personal control. External locus of control refers to the perception of positive and/or negative events as being unrelated to one's own behaviors in certain situations and therefore beyond personal control" (de Minzi, 1991). Generally, the more internal a person is the more positive their self-concept is.

A belief in internal control is said to lead to a greater opportunity for adjustment in life. The possibility has also been raised that internality mediates intelligence (Martin & Cowles, 1983). This is to say that a person who has a more internal locus of control has a greater ability to think for themselves and depend less on other people for their intelligence. For example, a child may be given a topic to research for school. If they are internal, they know they have to go to the library and they know where to begin looking for their topic. They also know they might need to go on the internet and research it. The child also knows he has to plan to do all of this in advance. He acknowledges the fact that he cannot go to the library the last day and expect to find all of his information waiting for him. A child with an external locus of control might not know how to do any of this and that maybe the result of a variety of factors. His parents may help him whenever he has a school project. They might even do the project for him. The child may then expect the parents to do his projects throughout his life. He cannot take any credit for any of his achievements or his failures, which is a natural part of life. This is

does not assist in the child's learning process. This is only teaches the child how to take the easy way out. It also teaches the child learned helplessness, which is often associated with external locus of control.

A child with an internal locus of control is creative. This does not always mean in an art capacity. The child may find creative ways to make a presentation or know how to manage his time, which is a very creative technique in a harried world. Internal control is also often linked to nonconformity, risk in exploration, and openness to experience. These important qualities often lead to the ability to refuse substance abuse. Internal children do not necessarily feel the need to conform to the actions of their peers. This means they will not start using drugs "because everyone else is doing it." If they do decide to use drugs, it will be because of their own thoughts and curiosities. Generally, they will explore the concept of drugs and decide not to participate in them (Cohen & Oden, 1974).

SUMMARY

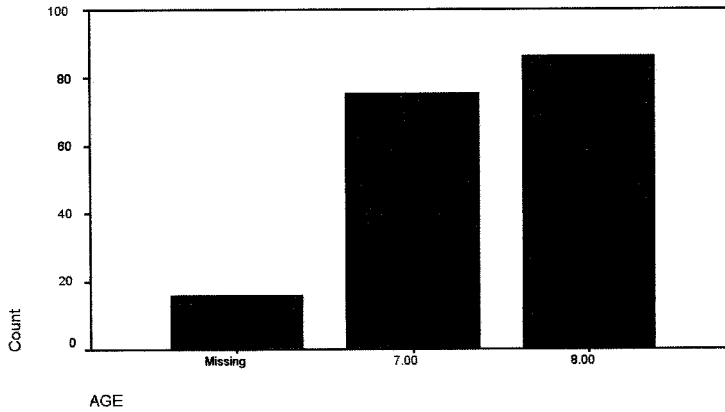
Self-concept and locus of control are two topics that are closely related to drug prevention programs and drug use and abuse. Often, if a child has a mostly internal locus of control, they will understand their self-concept very well. This will lead to them having clear refusal skills, such as coping and decision making, which will assist them in deterring from using drugs. If prevention programs address these two issues, their success rate will most likely excel.

CHAPTER 3

SAMPLE

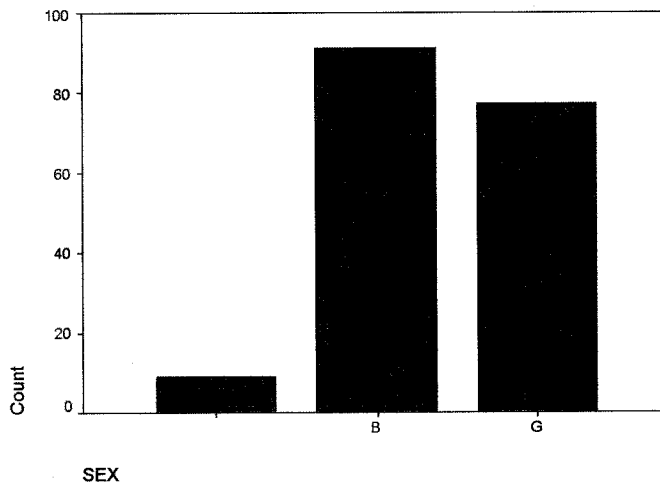
The sample for this study was comprised of 161 second grade students from two schools in Southern New Jersey. Both were public schools that were primarily Caucasian with middle to upper-middle class socioeconomic status. The ages of the students ranged from 7-9 years of age. The students noted their ages on the pre-tests and post-tests so as to determine if results vary with age. The curricula that was given to the students was given to eight (8) classes.

There were approximately 95 boys and 85 girls who received the curricula. The frequencies of age groups taking the test are shown in Graph 3.1. It was shown that there were 75 seven year old students taking the tests. Included in this group was the one six year old. There were 86 eight year old students taking the test, with the three added nine-year old students. The number of students who did not enter an age on either the pre-test or the post-test was 16.



Graph 3.1

The frequencies of boys and girls who took the tests are on Graph 3.2. There were 91 boys who took both tests and 77 girls who took both tests. There were 9 students who did not enter a sex on either the pre-test or the post-test.

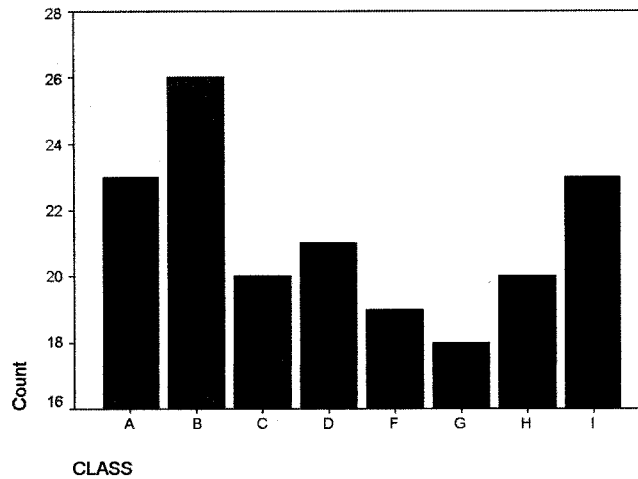


Graph 3.2

The principals decided the participation of the schools. The program was completely voluntary for each student. If he or she decided not to participate at all in the program, or if they decided not to participate in a particular lesson, they were not forced to be included. Also, parents had the option of refusing to allow their child to participate

in all or parts of the program. Whatever the reason for non-participation, the child/children was not forced to participate and other arrangements were made for them. For those who did participate, there are no psychological or physical risks involved.

A graph is also included showing the number of students in each class. This is shown in Graph 3.3.



Graph 3.3

MEASURE

The measure for this study was designed by the researcher to determine the loci of control and the self-concepts of the children in question, both before and after the administration of the B.A.B.E.S. Program. The measure is composed of 30 questions, 15 of which are questions regarding the child's locus of control and 15 of which are questions concerning the child's self-concept. The questions were taken from two other scales, both of which are well known and well tested. The locus of control questions are from the Nowicki-Strickland Locus of Control Scale, which was completed in 1973. The

questions concerning self-concept are from the Harter's Self-Perception Profile for Children, completed in 1983.

The measure had a coding key also developed by the researcher. For the purposes of this study, a higher score on the test represented a higher self-concept and an internalized locus of control for the child. Test taker complacency was taken into account and some of the questions on the test were reversed for that purpose.

The completed tests and all data concerning them will be kept in two locations. The originals of all of the tests will be kept by the researcher. A copy of all of the completed tests, data, and results will also be kept at The Southwest Council, 711 N. Main St., Glassboro.

Confidentiality of the data was maintained in a very simple manner. Numbers were written in the upper right hand corner on all of the tests. The numbers were either red (girls) or blue (boys), so as also to distinguish data based on the child's sex. The teacher had a sheet with the numbers of the tests on it. The teacher distributed the pre-test and the teacher wrote the students' names down on the sheet corresponding to their number on the test. This was done for confidentiality, but also to make sure each student gets a post-test with the same number on it, so as to get accurate reporting of the results. The teacher kept the sheet of the numbers and names assigned to those numbers. The researcher has the tests and did not know the identity of the students from their tests.

DESIGN

The independent variables of this study were the results from the pre-test, the time of testing, the age of the students, the sex of the students, and the B.A.B.E.S. curricula. The results of the pre-test described what the self-concept and the loci of control of the children were.

The B.A.B.E.S. Program is a six-week program comprised of six lessons geared to assist children in making responsible decisions and choices about the substances they will put in their bodies, both currently and in the future. The lessons were as follows:

Week 1: Feelings and Self-image. Different feelings were discussed and their relation to each person's self-image.

Week 2: Decision Making. This lesson discussed the many decisions the children will have to make and how to make the right decisions, especially with the presence of peer pressure.

Week 3: Coping Skills. This lesson discussed skills that allow a child to respond to and deal with stress and certain stressful situations.

Week 4: Alcohol and Drug Information. This allowed the children to understand some effects and facts about alcohol and drugs so they can make an informed decision about using them.

Week 5: Getting Help. This lesson discussed the fact that asking for help is not a weakness but a strength. It also discussed places where a person can go for help when they need it, in any type of case.

Week 6: Addiction. This lesson discussed different types of addiction by looking at it through the eyes of a child living in a chemically dependent home. This lesson also gives locations a person can go for help.

Each lesson incorporated several types of learning. Each lesson, except the first, began by reviewing the previous lesson. The current week's lesson was then introduced through a brief discussion. The lesson was then done through a scripted puppet show. After the puppet show, there was a discussion, during which the lesson was reviewed, discussed, and any questions were answered. The students then returned to their desks and were given worksheets to further support the lesson. The lesson was then concluded by singing songs relevant to the current lesson and previous lessons. Each class received the same lessons in the same manner. There may have been some fluctuation in the discussions, but this was only a slight variety, if present at all.

TESTABLE HYPOTHESIS

The null hypothesis of this study was as follows: The implementation of the B.A.B.E.S. Program will not impact the locus of control in students. A second null hypothesis was there will be no change in the students' self-concept. The alternate hypothesis of this study was as follows: The implementation of the B.A.B.E.S. Program will increase the internal locus of control in students. A second alternative hypothesis was that the program would make the students more aware of their own self-concept,

needs, and the ways to go about achieving both of these necessary aspects of life.

Symbolically, these hypotheses were demonstrated below.

$$H_0: B=L$$

$$L=S$$

Legend: B= B.A.B.E.S. Program implementation; L= Unchanged locus of control; S= Unchanged awareness of self-concept

$$H_{1a}: B= L_1=S_1$$

$$L_1=S_1$$

Legend: B= B.A.B.E.S. Program implementation; L_1 = Increased locus of control; S_1 = Increased awareness of self-concept.

ANALYSIS

To analyze the data, a paired-samples t-test was performed to achieve the difference in test scores between the pre-test and the post-test. An ANOVA was also done to determine if there was a difference in test scores among the sex of the students taking the test.

SUMMARY

This study was designed prove or disprove the idea that the B.A.B.E.S. Program assists children in deciding not to use and abuse drugs by internalizing their locus of control. This deters the children from “caving in” to peer pressure. This internal locus of

control also then helps the students become more aware of their self-concept. This, in turn, assists the students in understanding themselves and helps them make healthy decisions about their lives. All of this was done through a six-week program comprised of six lessons addressing several factors that have been shown to lead to drug abuse. Before and after the program, the children were tested on their locus of control and self-concept to determine if it changed regarding the B.A.B.E.S. Program.

CHAPTER 4

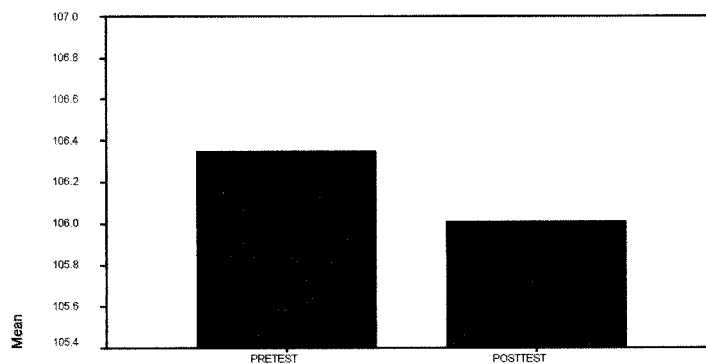
HYPOTHESIS

The hypothesis that was examined in this study was that the implementation of the B.A.B.E.S. Program would increase the locus of control in students. This would, in turn, lead a child to a greater awareness of their own self-concept, needs, and the ways to go about achieving both of these necessary aspects of life.

ANALYSIS OF RESULTS

The scores were analyzed through an ANOVA to determine if there was a main effect of time of testing (pre-test/post-test); main effect for sex (male/female); or an interaction effect (time of testing/sex). The results show that there was no significant difference.

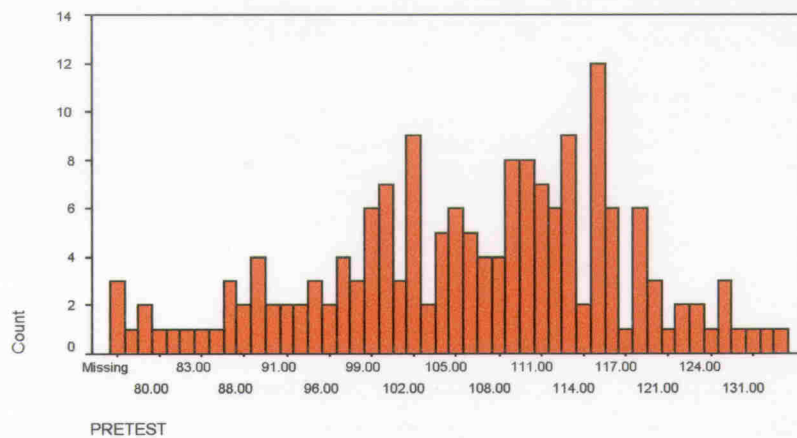
The results show that the mean test score decreased, although not significantly, on the post-test. This can be seen on Graph 4.1.



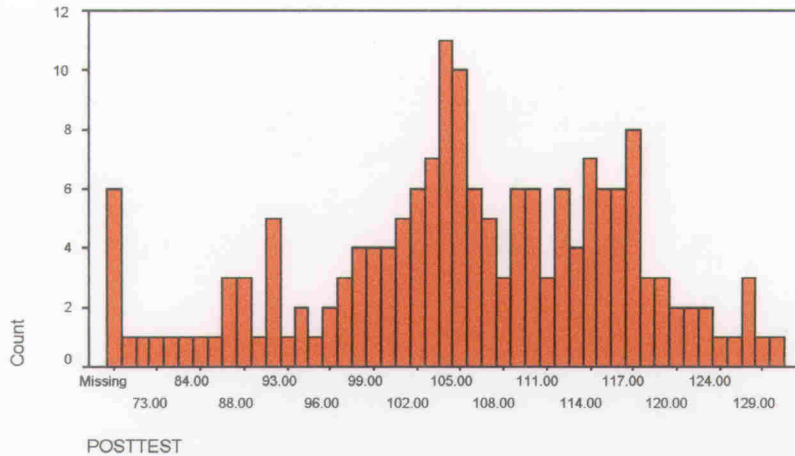
Graph 4.1

For purposes of analysis, some ages were combined with others. There was one (1) six year old in the study and this student was analyzed as a seven year old. There were three (3) nine year old in the study and their test scores were analyzed with the eight year old test scores. The scores were then analyzed to determine if the B.A.B.E.S. Program had an impact on a particular age group. The results show that there was no significant difference between the pre-test and the post-test in regards to age.

The mean score on the pre-test was 106.3478. The mode on the pre-test was 115 and the number of students who obtained this score was 12. The mean score on the post-test was 106.0062. The mode on the post-test was 104 and the number of students who obtained this score was 11. The results show that the scores did slightly decrease on the post-test when compared to the pre-test. The frequencies of the pre-test scores and the post-test scores can be seen in Graph 4.2 and Graph 4.3, respectively.



Graph 4.2



Graph 4.3

DISCUSSION

The results show that there was not a significant difference in the students' loci of control and identification of self-concept before and after the implementation of the B.A.B.E.S. Program. There could be several reasons for these results and they will be discussed further in Chapter 5.

SUMMARY

The results of this study show that the null hypothesis cannot be rejected because the difference in scores was not significant. The scores actually went down on the post-tests compared to the pre-tests.

CHAPTER 5

SUMMARY

Self-concept is very rarely tested on an examination, although it gives a child motivation to do well or not to do well in school and in life. A child is not automatically born with their self-concept. They are “taught” how to see themselves by their parents, caregivers, teachers, others in positions of power, and especially their peers. The way this is done is by demonstrating to the child different loci of control. The child’s self-concept and locus of control help determine their eventual use or non-use of illegal drugs.

This study was conducted by using the B.A.B.E.S. (Beginning Awareness Basic Education Studies) Program. This program strives to assist the child in understanding their self-concept and internalize control to the best of their ability. It does this through a variety of activities aimed at decreasing a child’s chances of using and/or abusing drugs. Drug prevention programs have demonstrated they are very valuable tools for averting children of drug use if given to children at an early age. Research has shown that drug prevention programs have the ability to work if they address certain issues including substance use and abuse. The programs need to help youth know how to “Say No to Drugs,” and the B.A.B.E.S. Program is designed to do this.

Different prevention programs teach and enhance a variety of skills. The most common skills to assist in drug refusal are: problem-solving skills, coping skills, decision-making skills, peer resistance skills, self-concept development, and several other

behavioral and social skills. It is believed by researchers that the skill from which all other skills develop is understanding and developing self-concept. Self-concept may be influenced by other people, but it is really how one person sees themselves in their surroundings.

Self-concept is largely swayed by a person's locus of control. Generally, the more internal a person is the more positive their self-concept is. Children with internal loci of control have a greater ability to think for themselves, solve a problem, and use creativity to accomplish these tasks. Internal children do not feel the need to conform to the actions of their peers. Generally, they will explore the idea of using drugs and decide not to participate.

The design used for the study was relatively simple. The sample consisted of 161 second grade students from two schools in Southern New Jersey, both public schools. The curriculum was given to eight classes. A total of 77 girls participated in the study and a total of 91 boys. The program was completely voluntary for each student. Also, parents could have decided to withhold their children from the program or from particular lessons. All students decided to participate and all parents decided to allow their children to participate in both the program and the study.

The measure for the study was designed by the researcher to determine the loci of control and the self-concepts of the children in question. A copy of the measure has been included in the Appendix. The measure was comprised of 30 questions gathered from the Nowicki-Strickland Locus of Control Scale and the Harter's Self-Perception Profile for Children. Both scales have been well tested. The measure was given before and after the implementation of the B.A.B.E.S. Program. A scoring key was also designed by the

researcher and is also located in the Appendix. Also, confidentiality of the data was kept at all times. When scoring the tests, the researcher was not aware of which student took which test.

The independent variables in the study were the time of testing and utilizing a pre-test post-test design. Each lesson incorporated several types of learning including, review of lesson from previous weeks, puppet shows, discussion, worksheets reinforcing the lessons, and songs that are relevant to the lessons. The dependent variable was the results of the post-test as they determined if the program implemented raised the children's awareness of their self-concept and internalized their locus of control.

The results were analyzed using a paired sample t-test and a within-subjects factor. A total of 161 students took both the pre-test and the post-test. The mean score on the pre-test was 106.3478. The mean score on the post-test was 106.0062. The scores were non-significant, but the results show that the scores did slightly decrease. More discussion of the results of the study will be discussed in the next section.

DISCUSSION

This study of the implementation of the B.A.B.E.S. program has failed to reject the null hypothesis. The difference between the pre-test scores and the post-test scores is not significant. The scores on the post-test did decrease when compared to the scores on the pre-test, but the decrease was very minimal (.3416). If one focuses on the actual whole number of the mean score, the scores did not change at all.

The score that would best show that a child had an internal locus of control and an awareness of their self-concept was 150. The score that would best show that a child had an external locus of control and very little to no awareness of their self-concept was 30. The mode score for the pre-test was 115 and the number of students who obtained this score was 12. The results of the pre-test agree with Rotter's theory that a child should internalize most actions and thoughts, but still externalize others. The results also coincide with research that shows child begin to become more aware of their self-concept at around 8-11 years of age.

The results of the post-test show that the mode was 104 and this was the mode for 11 students. Along with the results of the mean for the post-test, which was 106.0062, the results of the post-test concerning the mode show that although some students lowered their awareness of their self-concept, most stayed around the same awareness. It is important to note that some students did not take the pre-test and the post-test. Some students were absent on the day of the pre-test or the post-test and scores were not calculated for them. There were two students in one class who moved during the course of the study and the program. Pre-test scores were obtained for these students, but post-test scores were not.

The results of the post-test were interesting for the researcher because the scores of the post-test were expected to increase significantly. Proposed reasons for the lack of increase will be discussed in a later section. Although scores of the post-test did not increase, it is important to note that the B.A.B.E.S. Program still has much value to youth. Many students asked questions to clarify material and did learn about subjects they had very little knowledge of before the program.

CONCLUSIONS

The conclusions of this study are contradictory to the hypothesis stated in the beginning of the study. The hypothesis of the study was that the implementation of the B.A.B.E.S. Program would increase the internal locus of control in students. This would then lead the student to a greater awareness of their self-concept, needs, and the ways to go about achieving both of these necessary aspects of life. The conclusions of the study are:

- The B.A.B.E.S. Program does not internalize a child's locus of control.
- The B.A.B.E.S. Program does not increase a child's awareness of their self-concept.
- A child's age was not a factor in a change in awareness of self-concept and locus of control internalization.
- A child's sex was not a factor in a change in awareness of self-concept and locus of control internalization.

IMPLICATION FOR FURTHER RESEARCH

Further research should be done to determine if locus of control and awareness of self-concept are true determiners of future drug use and abuse. It is still thought that these two aspects of development are major contributors to the eventual use or non-use of drugs, but these factors may not be the main determining factor. Further research should

also be done to determine if there are better measures to determine both locus of control and awareness of self-concept.

There were several aspects of the study that may have influenced outcomes. The B.A.B.E.S. Program is meant to be administered in six (6) consecutive weeks. This was not able to be done with the schools because of previously determined days off and a snow day for each school. It could be a benefit to the program if all six lessons could be done in six consecutive weeks.

It should also be noted that schools approached the subject matters differently. One school was also covering several of the subject areas of the B.A.B.E.S. Program in health class. This was brought to the attention of the researcher by the students. The other school was not receiving information on the subject areas in their health classes. In further research, an analysis could be done comparing the scores of the different schools to determine if reinforcement by others can be a contributing factor to the outcome of the study.

A limitation of the study that was noticed by the researcher and was also mentioned in Chapter 1 was the view of the program by the teachers. It was evident that some teachers agreed with the implementation of the programs while others considered it a hindrance to the “flow” of their day. Some teachers said that the program was an excellent addition to their day and the subject areas covered were important to the age group. Other teachers took time out of their day to complete various activities associated with the program and gave personal rewards for the students’ completion of the activities. In contrast, some teachers excused themselves from the situation as soon as the

B.A.B.E.S. Program started and only came back into the situation when the program was completed each day.

It should also be noted that the researcher did analysis on the total score of each students' pre-test and post-test. For future studies, another analysis could be done on each question to see to what degree responses changed. Analysis could also be done to determine the specific change in scores between individuals instead of the whole group. This could demonstrate that certain students may have been more impacted by the B.A.B.E.S. Program than others. When scoring according to a group rather than individual differences, a few extreme scores can skew the results of many. There were several extreme scores in this study, but not many. The researcher believes that the number of extreme scores in the study could be enough to skew the results.

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APPENDIX A

B.A.B.E.S. Pre- and Post-test

Age _____

Please circle the response that is most like you.

1. I feel that when good things happen to me, they happen because I work hard.
always sometimes not sure sort of never
2. I can figure out answers to questions.
always sometimes not sure sort of never
3. I like my face and my hair as it is.
always sometimes not sure sort of never
4. I think that if a kid my age wants to hit me, there's little I can do to change their mind.
always sometimes not sure sort of never
5. I think that most kids are just born good at sports.
always sometimes not sure sort of never
6. I think that planning ahead makes things turn out better.
always sometimes not sure sort of never
7. I behave correctly.
always sometimes not sure sort of never
8. I think that wishing can make good things happen.
always sometimes not sure sort of never
9. I think that how I act makes people like me or not like me.
always sometimes not sure sort of never

10. I like how I look on the outside as it is.
always sometimes not sure sort of never
11. I do well at sports.
always sometimes not sure sort of never
12. I have a lot of friends.
always sometimes not sure sort of never
13. I do well at classwork.
always sometimes not sure sort of never
14. I act the way I am supposed to.
always sometimes not sure sort of never
15. I think that I can change what might happen tomorrow by what I do today.
always sometimes not sure sort of never
16. I can easily join a new sport.
always sometimes not sure sort of never
17. I think that when I do something wrong there's very little I can do to make it right.
always sometimes not sure sort of never
18. If I find a four leaf clover I believe that it might bring me good luck.
always sometimes not sure sort of never
19. I think that if someone studies hard enough he or she can pass any subject.
always sometimes not sure sort of never

20. I have/had a good luck charm.
always sometimes not sure sort of never
21. I think it is better to be smart than lucky.
always sometimes not sure sort of never
22. I think that kids can get their own way if they just keep trying.
always sometimes not sure sort of never
23. I am happy with the way I look.
always sometimes not sure sort of never
24. Most people my age like me.
always sometimes not sure sort of never
25. I remember things easily.
always sometimes not sure sort of never
26. I think that I can stop myself from catching a cold.
always sometimes not sure sort of never
27. I can have as many friends as I choose to have.
always sometimes not sure sort of never
28. I usually do the right thing.
always sometimes not sure sort of never
29. When I get punished, it usually seems like it's for no good reason
at all.
always sometimes not sure sort of never
30. I do better than others at sports.
always sometimes not sure sort of never

B.A.B.E.S. Pre-Post Test Scoring Key

Questions 1, 2, 3, 6, 7, 9, 10, 11, 12, 13, 14, 15, 16, 19, 21, 22, 23, 24, 25, 27, 28, 30 will be scored as follows:

always= 5

sometimes= 4

not sure= 3

sort of= 2

never= 1

Questions 4, 5, 8, 17, 18, 20, 26, 29 will be scored as follows:

always= 1

sometimes= 2

not sure= 3

sort of= 4

never= 5