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THE EFFECTS OF THE KIDS' CONNECTION PROGRAM
ON SIXTH GRADERS' DRUG KNOWLEDGE
AND SELF-CONCEPT

A THESIS
SUBMITTED IN PARTIAL FULFILLMENT OF REQUIREMENTS
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To the Dean for Graduate Studies and Research:

I am submitting herewith a thesis written by Terry Ann Stumbaugh entitled "The Effects on Sixth Graders of the Kids' Connection Program in Addition to the Regular Drug Education Program." I have examined the final copy of this thesis for form and content and recommend that it be accepted in partial fulfillment of the requirements for the degree of Master of Science, with a major in School Health Education.

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ABSTRACT

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The problem addressed by this study was to determine the effectiveness of Kids' Connection in terms of increasing drug knowledge and self-esteem. The purpose of the study was to identify the key criteria essential to a complete, effective prevention program and to evaluate the Kids' Connection Program's effectiveness as a curriculum to be added to the existing public school drug educational material. Students from an elementary school in Denton, Texas were used. Half of the students (n=9) were assigned to the experimental group, which received Kids' Connection in addition to the regular public school drug education program. The control group (n=9) received only the regular public school drug education. Both the experimental and control groups were given pretests in knowledge and self-esteem before any drug education was presented. At the end of the intervention, posttests were administered. Analysis of the data indicates there is a significant difference in the amount of knowledge gained by the group receiving the Kids' Connection curriculum.

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CHAPTER 1

INTRODUCTION

According to Levine (1986) "The drug plague is seeping into lower and lower grades. Students today identify drugs as a major problem among their schoolmates, as early as fourth, fifth, and sixth grade" (p. 63). Somewhere between the ages of 10 and 15, children experience their first experimentation with alcohol (Miller, 1988).

An understanding of adolescent drug use patterns is necessary in order to develop and evaluate drug use prevention programs among sixth graders.

The causes of adolescent drug use are numerous and varied. Authorities agree that low self-concept or self-image is one of the main causes of adolescent use. Most studies report at least a weak relationship, and usually a strong relationship, between chemical use and self-image measures (Ried, Martinson, & Weaver, 1987; Selnow, 1985). Among adolescents, peer pressure is the leading cause of drug abuse. Use appears to be greater with adolescents who have poor or distant peer relationships (Ried, et al., 1987). Drug use will also be greater with those whose peers engage in drug using behaviors. However, peer approval is more important with teens than it is with pre-teens (Miller, 1988).

According to Svobodny, alcohol use is related to the inadequacy of relating to others (Selnow, 1985). Adolescence, in itself is a stressful period which is often compounded by academic, social, and family pressures and problems. If these youths have not been taught coping skills to use in dealing with these stresses, alcohol use or abuse may occur (Franklin, 1985) along with maladaptive behaviors (Gersick, Grady, & Snow, 1988). Parents' influence on their child's drug use is twofold. Adolescents who perceive little parental love have a higher rate of substance use (Kozicki, 1986; Selnow, 1985; Streit, 1987). Children perceive their family differently. A lack of closeness between children and their parents or an absence of a parent is significant as a predictor of drug use (Ried, et al., 1987). Many children in today's society spend very little time with their parents due to both parents working to make an adequate income, parents holding down more than one job for extra income, a high percentage of divorces separating children from one of their natural parents, and/or single mothers never married. These conditions can lead children to a poor or distant relationship with one or both parents. Parents who fail to communicate drug free values to their children contribute to the increased probability that their adolescent will drink or use drugs (Ried, et al., 1987).

Other causes for adolescent drug use are dislike of school; positive attitude about drug use; disbelief of personal, negative drug related consequences (Ried, et al., 1987); value conflicts; inadequate moral development; apathy (Franklin, 1985); and poor cognitive skills (Gersick, et al., 1988). Unhappiness, boredom, lack of responsibility, frustration (Kozicki, 1986), to relax, to be social, to have a good time, to get intoxicated (Milgram & Griffin, 1986), and an inability to identify and express feelings appropriately (Kids' Connection, 1988) also lead to drug use. Therefore, there is a need for teaching drug prevention skills at a younger age than is being addressed traditionally in the schools for effective drug prevention.

Rationale

This study is significant to elementary classroom teachers, counselors, and student assistance personnel because it: (a) identifies the criteria essential to a complete, effective drug prevention program, (b) evaluates the Kids' Connection program as an addition to the already existing drug prevention curriculum, and (c) determines whether Kids' Connection program improves drug knowledge and enhances self-concept.

Since 1975, the percentage of students using drugs in the sixth grade has tripled. Approximately one in every six 13 year olds has used marijuana (Bennett, 1987). Drug abuse

in the upper elementary schools, junior high schools, and high schools is widespread. Research shows there are certain criteria that make prevention programs more effective. There is evidence of experimentation at early ages; therefore, drug abuse programs should begin as soon as children enter school (Ried, et al., 1987). According to Gersick, Grady, and Snow (1988), primary prevention programs must be aimed at the age group that has not shown a high incidence of chemical use. The problem addressed by this study was to determine the effectiveness of Kids' Connection in terms of increasing drug knowledge and self-concept.

Statement of the Problem

This study evaluated the effectiveness of the Kids' Connection curriculum in improving drug knowledge and self-concept among sixth graders.

Statement of Purpose

The purpose of the study was to identify the key criteria essential to a complete, effective drug prevention program and to evaluate the effectiveness of the Kids' Connection program as a curriculum to be added to the existing drug educational materials in a sixth grade curriculum. This was achieved by identifying the criteria for an effective prevention program through reading the research that has been conducted on existing programs. This comprehensive program was then tested for effectiveness in

improving children's drug knowledge and self-concept. Two groups of sixth grade students were used to evaluate the Kids' Connection program. Effectiveness was determined through quasi-experimental design.

Research Questions

The study was designed to address the following questions:

Will knowledge of the harmful effects of drug use, misuse, and abuse be increased by the addition of the Kids' Connection curriculum to the regular drug education program?

Will self-concept of the sixth grade students be improved by the addition of the Kids' Connection curriculum to the regular drug education program?

Definition of Terms

The following terms are used in this study:

1. Addiction. "Physical or psychological dependence on a drug; the overpowering physical or emotional urge to use a drug repeatedly that a person cannot control, accompanied by a tolerance for the drug and withdrawal symptoms if the drug use is stopped" (Here's Looking at You, 2000, 1986, p. 5).

2. Adolescence. "It is a period of transition from childhood to adulthood. It is a period of time when young people search for their identity as an adult. It is a time

of intense feelings and emotions. In most western society, it is typically the human developmental period between the ages of 12 and 18 years of age" (Kozicki, 1986, p. 1).

3. Alcoholism. A progressive, treatable illness characterized by uncontrolled drinking (Here's Looking at You, 2000, 1986, p. 5).

4. Behavior roles. Routine ways of behaving to be able to cope in daily situations.

5. COA. Children or child of an alcoholic.

6. Coping. "Any way of dealing with the problems and challenges of living, changing, and growing. Examples of coping skills are; seeking help from others, getting involved in new activities, and being assertive" (Here's Looking at You, 2000, 1986, p. 6).

7. Dependence. "A state of periodic or chronic intoxication detrimental to the individual and to society, produced by the repeated consumption of a natural or synthetic drug. Dependence consists of an overpowering desire to continue using the drug; a tendency to increase the dosage or the frequency of consumption; and a psychological and sometimes physical dependence on the drug's effect" (Here's Looking at You, 2000, 1986, p. 6).

8. Drug. "Any substance, including alcohol, which affects the way the mind or body functions" (Here's Looking

at You, 2000, 1986, p. 6). Chemical or substance are terms that may be used synonymously in place of the word drug.

9. Drug abuse. "The use of a drug to the detriment of either the user or society and usually in contrast to rules and laws" (Here's Looking at You, 2000, 1986, p. 6).

10. Drug education. "A system of education which attempts to prevent drug abuse by providing information and skills to a target audience" (Here's Looking at You, 2000, 1986, p. 6).

11. Drug misuse. "The use of a drug contrary to the instructions of a medical professional or manufacturer's recommendations" (Here's Looking at You, 2000, 1986, p. 6).

12. Drug use. "Deliberate exposure to a drug, generally in a continuing and nonexperimental manner" (Here's Looking at You, 2000, 1986, p. 6).

13. High-risk. Students with an increased risk of becoming chemically dependent due to environmental or hereditary factors.

14. Natural high. "Any state of euphoria that is achieved without the use of chemical substances, or the process by which that state is reached" (Here's Looking at You, 2000, 1986, p. 7).

15. Peer pressure. "A social demand to behave in a way that is acceptable among people in one's own general age group. Peer pressure involves the need to be accepted, the

need to have friends, and the need to check out feelings and values with others" (Here's Looking at You, 2000, 1986, p. 8).

16. Primary prevention. "A constructive process designed to promote personal and social growth of the individual and thereby inhibit or reduce physical., mental., emotional., or social impairment which results in or from the abuse of drugs" (Here's Looking at You, 2000, 1986, p. 8).

17. Self-concept. "The self-evaluation of one's own worth" (Here's Looking at You, 2000, 1986, p. 8).

Limitations and Delimitations

In selecting students to participate in the Kids' Connection groups, an effort was made to select students of varied personalities. This was done in order to have a well-balanced mix of personalities. Consequently, the results are more generalizable to the other student populations of the same age group. There was also an attempt to select high-risk students. This was desirable because this is the targeted population for which primary prevention programs are aimed. No effort was made to equalize the number of males and females in the groups.

CHAPTER II

LITERATURE REVIEW

The literature reviewed discussed the incidence of drug use among adolescents and what places some adolescents at greater risk for using drugs. Traditional prevention programs of the past were examined. Much of the literature focused on different criteria that is essential to good prevention programs.

Incidence

Miller (1988) reports that "a 1982 nationwide survey indicated that among adolescents between the ages of 12 and 17, 27% were using alcohol frequently and 65% had experimented with alcohol" (p. 26). Adolescents often use more than one drug. There have been steady increases in the arrest rate of youths under 18 for drug-related offenses over the past 20 years (Franklin, 1985; Kozicki, 1986).

Children of alcoholics are at very high risk of becoming chemically dependent or marrying someone who is chemically dependent. A commonly used statistic among professionals in the field of alcoholism is a child having one alcoholic parent has a 50% chance of becoming alcoholic. If a child has two alcoholic parents, even if both are no longer drinking, the chances go up to 75-80% that the child will become chemically dependent. According

to Chasnoff, Ellis, and Falman (1983), 50-80% of all alcoholics have had a close alcoholic relative. According to Lehr and Schrock (1987), "An estimated four to six COAS attend each classroom of 30 students...one study showed grandchildren of alcoholics were three times more likely to become alcoholics" (p. 344).

Traditional Prevention Programs

The traditional prevention programs of the past have been based on giving factual information to the students and using scare tactics. Research shows that simply providing accurate information in order to frighten adolescents away from substance experimentation has little impact on actual using behavior (Botwin, 1986; Franklin, 1985; Gersick, et al., 1988; Milgram, 1987; Miller, 1988). According to Franklin (1985), "It is difficult for adults to present that information without being seen as representatives of a condemning older generation or as hypocrites" (p. 15). Pre-teens often receive "too little, too late" in the way of alcohol and drug education (Miller, 1988).

Criteria Essential to Prevention Programs

The criteria for primary drug prevention program development is extensive. Primary prevention programs must include "...training to ensure that all staff have the knowledge and skills to implement efforts to minimize chemical use problems among students" (Milgram & Griffin,

1986, p. 4). The following questions need to be addressed to ensure a good prevention program:

Are all staff aware of the school's responsibility to respond to student chemical use problems? Have all school staff been made aware of chemical use and related problems and the specific purposes of prevention...? Have appropriate staff received information related to existing state laws, policies, and procedures for preventing and responding to student problems...? Have prevention curriculum and instruction skills for appropriate staff been developed? Have all staff had an opportunity to develop behaviors of concern? Are all staff aware of the needs of students? (Griffin and Svendsen, 1986, p. 32)

Only educated teachers and staff can begin to educate our nation's youth. Factual information is basic to all prevention efforts. The information must be correct, current, and objective; otherwise credibility is lost. It should not just be about alcoholism, but about beverage alcohol and the problems caused by alcohol to alcoholics and others, and about drugs and the problems caused by them. There is a wide range of backgrounds and abilities among teachers, which means that without specific training, the

prevention program could be conducted by teachers who are not competent or comfortable in this area (Milgram, 1987).

Students must receive training in cognitive skills. Factual information about alcohol and drugs is still an important part of prevention, as long as it is not the only element in the program (Goodstadt, 1987; Milgram & Griffin, 1986; Milgram, 1987). Bennett (1987) says we must teach about drugs, but reinforce that information in social studies, science, and other curriculum classes for students to internalize the knowledge. Also, basic cognitive skills are needed in order for an adolescent to develop a healthy self-concept by having the skills to find and hold a job (Franklin, 1985).

Building self-concept in pre-teen children builds independence and individuality and helps protect those children from peer pressure (Miller, 1988). For adolescents 10-12 years old, self-image explained the largest variance in student use, according to Selnow's study (1985). Therefore, self-concept building should be emphasized in the prevention program for this age children. Research has provided documentation that a well-developed self-concept prevents the impact of societal and peer pressure. Those individuals with a healthy self-concept experience positive educational achievements and a decreased risk of chemical use (Gersick, 1988; Miller, 1988; Selnow, 1985).

Several studies show that there is a greater impact on drug use through broader based generic approaches to teaching interpersonal and intrapersonal skills (Botwin, 1986). Young people must be helped to develop interpersonal skills to enable them to generate alternative activities; make decisions while recognizing the possible consequences; solve problems; develop skills to cope with stress and pressures in daily life; develop a sense of responsibility, which can lead to increased self-control and self-change; develop positive attitudes for non-use; and learn to set and attain goals. These criteria focus on the social influences that lead to drug use and are designed to improve personal and social skills (Botwin, 1986). These skills can be taught and enhanced through roleplay, debates, and discussion (Edens, 1987; Milgram, 1987).

Activities that let adolescents have fun without drugs reinforce the messages for no chemical use. (Levine, 1986). These activities can include dancing, running, camping, hiking, volunteer work in institutions, and many other activities and hobbies. Children can be taught to experience natural highs, but this must be done before students experience the highs from drugs or alcohol. It is the belief of some professionals that natural highs are not as grand as those produced by chemicals. Therefore, we must

teach our children about natural highs before they have a chance to experience chemical highs (Henry, 1987).

CHAPTER III

RESEARCH DESIGN

This study was designed to evaluate the Kids' Connection in addition to the regular drug education program used in the Denton elementary schools. One teacher was selected to teach all of the drug education and conduct all of the Kids' Connection groups. Therefore, students in the control group and both experimental groups received basically the same information presented in the same way.

Subjects

Twenty-eight sixth grade students in one elementary school in Denton, Texas, were used to test the addition of the Kids' Connection curriculum, developed by Rainbow Days, Inc. of Dallas. Half of the students (N=14) were assigned to the experimental groups, which received Kids' Connection in addition to the regular drug education program. Students in the experimental group were divided into two groups. The control group (N=14) received only the regular drug education information. By the end of the semester there were only nine children left in the control group and nine children left in the experimental groups. Subject attrition was due to students moving out of the school area or missing too many of the lessons.

Criteria for selection of subjects in the study were:

1. Sixth grade regular education students of the selected elementary school.

2. Referral from counselor and teachers.

High-risk students, as previously defined, were selected. Care was given to insure a well balanced mix of behavior roles in both experimental groups. Selection of the students was by convenience, due to the schedules of the teachers involved. A referral form was used for selection.

Instruments

The following instruments were used in this study: Student Measures for Sixth Grade and The Self-concept Adjective Checklist.

"Student Measures for Sixth Grade", supplied by Here's Looking at You, 2000 was used to assess the knowledge possessed by the students regarding drugs by answering nine multiple choice and six short answer essay questions. All answers were scored by the number correct out of the total number of questions.

The Self-Concept Adjective Checklist (Politte, 1971) is an instrument containing 114 adjectives from which the children check (a) I am, (b) I am not, or (c) I would like to be. Score values were assigned to each of the words in the "I am" column, according to the directions with the test. These were from one to four points apiece. These values were then totaled and averaged. An average score of 1.5 or

less indicates a poor self-image; an average score between 1.6 and 2.5 indicates self-confidence; and an average score of 2.6 or greater indicates aggressiveness and exaggerated self-confidence. The reliability coefficient is .83 for a test-retest format with an interval of six months when tested on public school students (N=120) ranging from 5 to 14 year olds over a four year period. The instrument was developed on a face validity format.

Procedures

To meet the needs for factual information in the primary drug prevention program, Here's Looking at You, 2000, which is a Seattle curriculum, was used with all of the sixth grade students. These materials and videotapes assist the teacher in education activities and have been utilized since 1987 in the Denton Independent School District.

Two groups of seven students worked with one teacher for one hour once a week for 10 weeks in Kids' Connection groups. This sixth grade teacher taught all the drug education and the Kids' Connection. These groups could have received slightly different information because the dynamics of each group would be different due to different personalities within the groups interacting with each other and issues brought up by individuals. The Kids' Connection curriculum was presented, in addition to the specific drug

education program that the entire class received together. The small group of peers acted as a support group in addition to aiding in the development of skills. All sixth grade students filled out the Student Measures for Sixth Grade Knowledge test and a Self-Concept Adjective Checklist before having any drug education or Kids' Connection.

Each weekly session of Kids' Connection had a particular goal. The topics for the 10 sessions were: (a) Getting to Know You, (b) Goal Setting, (c) My Individual Self-- A Celebration of Me, (d) My Inside Self: Feelings, (e) My Outside Self: Defenses, (f) Decisions and Consequences, (g) Chemical Dependency, (h) Others in My Life: Family, (i) Others in My Life: Friends, and (j) Celebration (which was reinforcing all the positive outcomes from the previous nine weeks). These goals include the elements that the drug education research recommends.

At the end of the first 10 weeks experimental period, seven more students were selected to go through the supplemental program of Kids' Connection. Immediately following the completion of the second ten weeks Kids' Connection group, all sixth grade students completed another checklist and took the knowledge test. Posttests were administered at the completion of the regular drug education. Kids' Connection groups had been conducted during the same period of time as the regular drug

education. Therefore, posttesting was done within a week of completion. The Mann-Whitney U Test was used to compare pretest scores of both experimental and control groups to determine that both groups were equivalent.

The Mann-Whitney U Test was used to compare the posttests of the experimental group and the control group. This was used to determine the influence of the Kids' Connection curriculum on self-concept and drug knowledge.

CHAPTER IV

PRESENTATION AND ANALYSIS OF DATA

This study was designed to determine the effectiveness of the Kids' Connection curriculum on drug knowledge and self-concept. Twenty-eight sixth grade regular education students were selected from high-risk students referred by a counselor and three teachers. These students were selected by convenience due to the schedules of the teachers involved. The students were divided into two experimental groups and a control group, with care being given to make sure both groups were comprised of students with a diverse pattern of behaviors. After the attrition of five students from the experimental groups and the control group, both groups contained an equal number of students ($n=9$). Both groups were given a drug knowledge test and a self-concept test before receiving any drug education. Both groups were presented the regular public school drug education curriculum, Here's Looking at You, 2000. The two experimental groups received a ten week Kids' Connection program in addition to the regular drug education the control group received. After both the experimental groups and control group each received the required drug education curriculum and the experimental groups received Kids'

Connection intervention, both were posttested using the same drug knowledge test and self-concept test. Pretest and posttest scores on both instruments were recorded for the experimental and control groups. The Mann-Whitney U test was used to test the research questions. The significance level for this study was set at .05.

Findings

The findings will be presented in two sections portrayed in Tables 1 and 2.

For pretest knowledge, the experimental group had a mean of 50.8889 and the control group had a mean of 44.4444. The P value was 0.3867, which was not significant.

For pretest self-concept, the experimental group had a mean of 4.1611 and the control group had a mean of 2.0944. The P value was 0.1443, which was not significant.

As Table 1 indicates, the experimental and control group were essentially equivalent on both pretest dependent variables.

TABLE 1
Pretest Data

Variables	Group	Mean	P Value	Significance
Pretest	Exper	50.8889	0.3867	NS
Knowledge	Cntrl	44.4444		
Pretest	Exper	4.1611	0.8912	NS
Self-Concept	Cntrl	2.0944		

The mean for the experimental group was 59.6667 and the mean was 43.0003 for the control group in posttest knowledge. The P value was 0.0064, which was significant.

For posttest self-concept, the experimental group had a mean of 2.1589 and the control group had a mean of 2.0900. The P value was 0.2692, which was not significant.

TABLE 2
Posttest Data

Variables	Group	Mean	P Value	Significance
Posttest	Exper	59.6667	0.0064	S
Knowledge	Cntrl	43.0003		
Posttest	Exper	2.1589	0.2692	NS
Self-concept	Cntrl	2.0900		

As shown in Table 2, the two groups differed significantly for only one posttest variable: knowledge.

Analysis of the data revealed a significant difference between the experimental and control groups for knowledge but not for self-concept.

Teacher Observations of Experimental Groups

The teacher of Kids' Connection was interviewed about behaviors exhibited by students during the ten weeks of participation in a Kids' Connection group.

One boy would not sit in the circle with the rest of the group. He refused to share sunshine and cloud (a good and an unpleasant happening that is going on in his life at present). He passed every time they had any discussion and it was his turn to share. By the seventh week, he had pulled himself into the circle and was sharing some with the group.

An overweight girl was completely silent and withdrawn for the first three sessions. By the fourth session she shared and by the last session she was as comfortable as everyone else.

Another boy was very isolated in the group and also in his classroom. As the group sessions continued, the classroom teacher noticed much change in behavior, as the boy began to join the class in activities and discussions.

During the second session goals are discussed. Then everyone sets a short term goal to work on every week. The teacher makes a chart to record the progress being made on the goals. One of the boys did not work on his goal at all during the first three weeks, he appeared to have no interest in reaching a goal. Then the fifth week he became diligent in working on his goal. He had reached it by the last session.

The group makes a set of basic rules during the first session. In one group there was a boy that kept on interrupting the discussions and talking all the time. The peer group voted that if he continued to break the rules, he would have to leave the group. The boy improved his behavior within the group. In the other experimental group a similar situation occurred.

The fifth session discusses defenses used in order to not show feelings. The students begin to identify what defenses they use most often. An extremely quiet girl identified silence as her major defense. She came out with this without even being asked. She began to share more on a personal level during the last five weeks of the group. She also began participating in her class discussions.

Another girl was not able to share personal information until the third or fourth week. She then appeared to be comfortable sharing.

The teacher's observations of student behavior throughout the ten week participation in Kids' Connection reveal that several students exhibited increased cooperative behavior as their attendance in the group increased. This was also observed by the classroom teacher.

Chapter V

DISCUSSION

Drug abuse in the upper elementary schools, junior high schools, and high schools is widespread. Primary prevention programs must be aimed at the age group that has not shown a high incidence of chemical use. The problem addressed by this study was to determine the effectiveness of Kids' Connection in terms of increasing drug knowledge and self-concept of the sixth grade boys and girls. The purpose of the study was to identify the key criteria essential to a complete, effective prevention program and to evaluate the Kids' Connection program's effectiveness as a curriculum to be added to the drug educational materials (Here's Looking at You, 2000). Students from an elementary school in Denton, Texas were used to test the addition of the Kids' Connection curriculum, developed by Rainbow Days, Inc. of Dallas. Half of the students ($n=9$) were assigned to one of two experimental groups, which received Kids' Connection in addition to the regular public school drug education program. The control group ($n=9$) received only the regular public school drug education information.

The following instruments were used in this study: Student Measures for Sixth Grade and The Self-concept Adjective Checklist. These were used to pretest and to posttest. The Mann-Whitney U Test was used to compare the

posttests of the experimental group and the control group. This was used to determine the influence of the Kids' Connection curriculum on self-concept and drug knowledge.

The experimental and control groups differed significantly for only one dependent variable: knowledge. There was no significant difference between the experimental and control groups for self-concept.

The study was designed to address the following questions:

Will knowledge of the harmful effects of drug use, misuse, and abuse be increased by the addition of the Kids' Connection curriculum to the regular drug education program?

Will self-concept of the sixth grade students be improved by the addition of the Kids' Connection curriculum to the regular drug education program?

Discussion

The nature of this study was exploratory in the absence of previous evaluations of the Kids' Connection curriculum. Major limitations of the study included lack of randomization and small sample size. No attempt was made to randomly assign subjects to experimental and control groups because of constraints dictated by school administrators and schedules. No significant differences were found between the two groups on pretests of each dependent variable.

Given a small treatment effect of the intervention, a larger size would have been more appropriate. Research design modifications are limited by the nature of the Kids' Connection curriculum, which is based on small group interaction.

This study evaluated the effectiveness of the Kids' Connection curriculum in improving drug knowledge and self-concept among sixth graders. Results indicate that the Kids' Connection curriculum improved knowledge but had no effect on self-concept. However, according to teacher observations of students in experimental groups, cooperative behavior may have been enhanced by the Kids' Connection curriculum.

Recommendations

This study should be repeated using a larger sample of students from a school in which the students are not as transient. Starting out with a total of thirty-five to forty students would allow for some loss of group members without the numbers in the samples becoming too small. The study should be undertaken with fourth grade students or below. Fewer of the younger students have experimented with drugs and, therefore, are a better age to target. Sixth graders may have already formed a rigid defense system. From working with this age child, it becomes evident that many have built tall, thick walls around themselves, for

protection, which makes them difficult to reach. Many sixth graders have already started to use drugs or have experimented with drugs. The Kids' Connection curriculum was found to be effective along with the regular public school drug education in improving drug knowledge. The teacher observations should be considered strongly in judging the influence of Kids' Connection on self-concept of students. Teacher observation may be more valid in this case than the results from the Self-concept Adjective Checklist. Therefore, Kids' Connection perhaps should be considered a useful adjunct to the regular school drug education curriculum.

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Appendix A



Student Measure

Sixth Grade

_____ pre-test _____ post-test

Circle the letter of the best answer.

1. Which contains more cancer-causing ingredients?
a) marijuana smoke b) tobacco smoke
c) chewing tobacco d) all the same
2. Smoking can cause
a) lung cancer b) heart disease
c) yellow fingers d) all of these
3. If an advertisement suggests that all the modern generation is drinking a certain beverage, what technique is it using?
a) testimonial b) card stacking
c) bandwagon d) plain folks
4. How long do the chemicals in marijuana remain in the body?
a) several hours b) several days
c) up to a month d) forever
5. Possession of alcohol by a minor generally is illegal unless the minor is
a) not in a public place b) accompanied by an adult
c) not in a vehicle d) supervised by her/his parents
6. Which of the following drugs may harm a newborn if the baby's mother is using it during pregnancy?
a) alcohol b) marijuana
c) nicotine d) all of the above
7. Chewing tobacco
a) is harmful only if swallowed
b) can cause cancer of the mouth
c) decreases the blood pressure
d) has no effect on the oxygen level in your body
8. If you suspect a friend of trying to get you in trouble, the first thing you should do is
a) ask questions
b) suggest alternatives
c) identify the consequences
d) get up and leave
9. If you are being pressured by a group of friends to take a drink, and you find it hard to get a word in to suggest any alternatives, the best thing to do is to
a) walk away
b) take the drink
c) single out one of your friends to talk with
d) not say anything
10. What is Alateen?

Grade 6 / Lesson 1
Grade 6 / Lesson 21

Student Measure

Sixth Grade Continued

11. What does it mean when we say that someone is dependent on drugs?

12. Listed below are the six steps to making a friend. Put them in the right order.

- a) Break the ice. _____
- b) Suggest something to do. _____
- c) Go do it. _____
- d) Plan for a future event. _____
- e) Go over and say hi. _____
- f) Relax. _____

13. Why is it a good idea to go some place you usually don't go when you're looking to make a friend?

14. Name two drugs that are addictive.

15. Give two reasons why so many accidents are caused by people who have been drinking too much.

THOUGHT QUESTION (not graded—used for post-test only). What is the most important thing you learned in this unit?



Grade 6, Lesson 1
Grade 6, Lesson 21

Appendix B

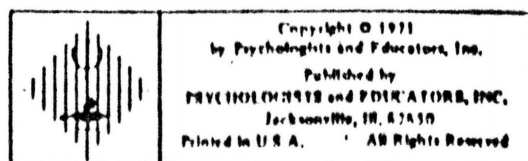
SELF-CONCEPT ADJECTIVE CHECKLIST

by Alan J. Pollite, M.B.

Student's Name _____ Age _____ Sex _____ Grade _____

Class or Teacher _____ Date _____

TRAIT	I AM	I AM NOT	I WOULD LIKE TO BE	CHANGE
1. restless	_____	_____	_____	_____
2. energetic	_____	_____	_____	_____
3. competitive	_____	_____	_____	_____
4. lively	_____	_____	_____	_____
5. active	_____	_____	_____	_____
6. attentive	_____	_____	_____	_____
7. restless	_____	_____	_____	_____
8. clumsy	_____	_____	_____	_____
9. large	_____	_____	_____	_____
10. small	_____	_____	_____	_____
11. rough	_____	_____	_____	_____
12. filthy	_____	_____	_____	_____
13. muscular	_____	_____	_____	_____
14. weak	_____	_____	_____	_____
15. pippy	_____	_____	_____	_____
16. awkward	_____	_____	_____	_____
17. always hungry	_____	_____	_____	_____



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	TRAIT	I AM	I AM NOT	I WOULD LIKE TO BE	CHANGE
18.	always sleepy	_____	_____	_____	_____
19.	fast	_____	_____	_____	_____
20.	skinny	_____	_____	_____	_____
21.	tired	_____	_____	_____	_____
22.	slow	_____	_____	_____	_____
23.	fat	_____	_____	_____	_____
24.	athletic	_____	_____	_____	_____
25.	graceful	_____	_____	_____	_____
26.	concerned	_____	_____	_____	_____
27.	self centered	_____	_____	_____	_____
28.	frank	_____	_____	_____	_____
29.	fair	_____	_____	_____	_____
30.	happy	_____	_____	_____	_____
31.	honest	_____	_____	_____	_____
32.	cooperative	_____	_____	_____	_____
33.	forgiving	_____	_____	_____	_____
34.	loyal	_____	_____	_____	_____
35.	thoughtful	_____	_____	_____	_____
36.	proud	_____	_____	_____	_____
37.	lazy	_____	_____	_____	_____
38.	selfish	_____	_____	_____	_____
39.	mischievous	_____	_____	_____	_____
40.	generous	_____	_____	_____	_____
41.	kind	_____	_____	_____	_____
42.	ambitious	_____	_____	_____	_____
43.	mannerly	_____	_____	_____	_____
44.	sincere	_____	_____	_____	_____
45.	patient	_____	_____	_____	_____
46.	sensitive	_____	_____	_____	_____
47.	logical	_____	_____	_____	_____
48.	capable	_____	_____	_____	_____
49.	studious	_____	_____	_____	_____
50.	bright	_____	_____	_____	_____
51.	diligent	_____	_____	_____	_____

	TRAIT	I AM	I AM NOT	I WOULD LIKE TO BE	CHANGE
52.	forgetful	_____	_____	_____	_____
53.	creative	_____	_____	_____	_____
54.	clever	_____	_____	_____	_____
55.	alert	_____	_____	_____	_____
56.	intelligent	_____	_____	_____	_____
57.	dull	_____	_____	_____	_____
58.	wise	_____	_____	_____	_____
59.	talented	_____	_____	_____	_____
60.	serious	_____	_____	_____	_____
61.	musical	_____	_____	_____	_____
62.	eager	_____	_____	_____	_____
63.	dependent	_____	_____	_____	_____
64.	noisy	_____	_____	_____	_____
65.	open-minded	_____	_____	_____	_____
66.	playful	_____	_____	_____	_____
67.	curious	_____	_____	_____	_____
68.	sociable	_____	_____	_____	_____
69.	talkative	_____	_____	_____	_____
70.	lovable	_____	_____	_____	_____
71.	unsure	_____	_____	_____	_____
72.	friendly	_____	_____	_____	_____
73.	withdrawn	_____	_____	_____	_____
74.	helpful	_____	_____	_____	_____
75.	insecure	_____	_____	_____	_____
76.	temper	_____	_____	_____	_____
77.	moody	_____	_____	_____	_____
78.	bragger	_____	_____	_____	_____
79.	cruel	_____	_____	_____	_____
80.	stubborn	_____	_____	_____	_____
81.	polite	_____	_____	_____	_____
82.	sad	_____	_____	_____	_____
83.	careless	_____	_____	_____	_____
84.	shy	_____	_____	_____	_____
85.	embarrassed	_____	_____	_____	_____

	TRAIT	I AM	I AM NOT	I WOULD LIKE TO BE	CHANGE
86	lonely	_____	_____	_____	_____
87	shy	_____	_____	_____	_____
88	jealous	_____	_____	_____	_____
89	bossy	_____	_____	_____	_____
90	stodgy	_____	_____	_____	_____
91	daydreamer	_____	_____	_____	_____
92	leader	_____	_____	_____	_____
93	funny	_____	_____	_____	_____
94	follower	_____	_____	_____	_____
95	rude	_____	_____	_____	_____
96	destructive	_____	_____	_____	_____
97	timid	_____	_____	_____	_____
98	silly	_____	_____	_____	_____
99	bored	_____	_____	_____	_____
100	mean	_____	_____	_____	_____
101	loud	_____	_____	_____	_____
102	messy	_____	_____	_____	_____
103	frightened	_____	_____	_____	_____
104	hateful	_____	_____	_____	_____
105	sassy	_____	_____	_____	_____
106	worried	_____	_____	_____	_____
107	spoiled	_____	_____	_____	_____
108	like clubs	_____	_____	_____	_____
109	pretty	_____	_____	_____	_____
110	cute	_____	_____	_____	_____
111	pushy	_____	_____	_____	_____
112	bold	_____	_____	_____	_____
113	prompt	_____	_____	_____	_____
114	tattle tale	_____	_____	_____	_____

Appendix C

KID'S CONNECTION AWARENESS GROUP

Behavior Referral Form

Student: _____ Grade: _____

Teacher: _____

Person Referring: _____ Position: _____ Date: _____

Please check behaviors you have observed this student exhibiting. Additional comments or information can be written in the space provided.

Academic Performance

- ___ Drop in grades and/or failure
- ___ Alternate periods of high & low productivity
- ___ Not staying on task
- ___ Unable to concentrate
- ___ Work incomplete and/or not turned in
- ___ Obsessive concern about grades
- ___ Constantly fails to follow directions
- ___ Lack of motivation

School Attendance

- ___ Absenteeism (especially Mondays and Fridays)
- ___ Tardiness
- ___ Suspension
- ___ Truancy
- ___ Extended stays at school (before or after)

Social Problems

- ___ Frequent visits to counselor
- ___ Withdrawn, loner
- ___ Low/poor self esteem
- ___ Inappropriate sexual behavior, knowledge
- ___ Stealing, vandalism
- ___ Change in dress, grooming
- ___ Change in friends
- ___ Increasing non-involvement
- ___ Inappropriate playground behavior
- ___ Change in family: death, divorce, illness, runaway, financial stress, legal problems
- ___ Poor peer relationships
- ___ Parental, bossy in relationships
- ___ Avoids stressful situations, arguments, confrontation
- ___ Fighting

Physical Symptoms

- ___ Lethargic, listless
- ___ Sleeps in class
- ___ Frequent visits to nurse
- ___ Poor hygiene
- ___ Poor nutrition
- ___ Physical complaints (stomachache, headache)
- ___ Unusual or unexplained physical injuries
- ___ Inappropriate dress

Classroom Conduct

- ___ Defiance of rules, authority
- ___ Frequently needs discipline
- ___ Inappropriate emotional outbursts
- ___ Inappropriate language, gestures
- ___ Argumentative
- ___ Blames others, denies behavior
- ___ Frequent visits to restrooms
- ___ Verbal, physical abuse to others
- ___ Overreacts to real or imagined criticism
- ___ Dramatic attention-getting
- ___ Gets out of seat frequently
- ___ Hyperactivity, nervousness
- ___ Quiet, seldom behavior problem
- ___ Works alone
- ___ Avoids eye contact
- ___ Compulsive about being the best

Behavior - Atypical

- ☐ Internalizes feelings
- ☐ Rigid attitudes
- ☐ Attaches to things, not people
- ☐ Unrealistic goals, perfectionist
- ☐ Insatiable need for attention, approval
- ☐ Super responsible
- ☐ Comic, super cute
- ☐ Overly adaptive behavior
- ☐ Behavior extremes
- ☐ Mood swings
- ☐ Depression
- ☐ Defensive
- ☐ Secretive
- ☐ Constant adult contact
- ☐ Cries inappropriately
- ☐ Refuses to eat lunch
- ☐ Regressive behaviors: thumbsucking, tantrums, enuresis, infantile behavior
- ☐ Rebellious
- ☐ Fear of situations involving contact with parents
- ☐ Consistently without lunch or lunch money
- ☐ Developmental lags
- ☐ Unable to express feelings in positive ways

Possible Alcohol/Drug Behavior

- ☐ Possession of paraphernalia
- ☐ Odor of alcohol, marijuana, incense
- ☐ Talks about use by self or family members
- ☐ Drug related literature, slogans
- ☐ Involvement in illegal activities
- ☐ Carries excessive amounts of money

COMMENTS:

Thank you for your assistance.