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Effect of Reality Therapy/Control Theory on predictors of responsible behavior of junior high school students in an adolescent pregnancy prevention program

Harris, Margaret Ann Cannon, Ph.D.

The University of North Carolina at Greensboro, 1992

EFFECT OF REALITY THERAPY/CONTROL THEORY ON PREDICTORS

OF RESPONSIBLE BEHAVIOR OF JUNIOR HIGH SCHOOL STUDENTS

IN AN ADOLESCENT PREGNANCY PREVENTION PROGRAM

by

Margaret Ann Cannon Harris

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Approved by

Dissertation Co-Advisor

Dissertation Co-Advisor

APPROVAL PAGE

This dissertation has been approved by the following committee of the Faculty of the Graduate School at the University of North Carolina at Greensboro.

Dissertation Co-Advisor ___Barbara Clawson___

Dissertation Co-Advisor ___Mary G. Morgan___

Committee Members ___Sarah M. Shoffner___
___Anne M. Weiner___

___November 2, 1992___
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The purpose of this study was to assess the effect of Dr. William Glasser's Reality Therapy/Control Theory, presented as part of an adolescent pregnancy prevention program, on the predictors of responsible behavior of junior high school students. Curriculum was developed and implemented for a semester through an exploring home economics class during the 1991-92 school year at Mattamuskeet School in the Hyde County Schools, North Carolina. Two groups of 27 students were randomly selected to participate in the study: (a) students who received the Reality Therapy/Control Theory-based-instruction and (b) students who did not receive the Reality Therapy/Control Theory-based-instruction. Self-esteem, locus of control, and decision-making skills served as predictors of responsible behavior in this study.

There was a significant increase on the self-esteem measures in the students who received the Reality Therapy/Control Theory instruction and those who did not receive the instruction. There was no significant difference on locus of control; however, it approached significance. No relationships were found among self-esteem or locus of control and gender, socioeconomic status, and academic achievement.

Students who participated in the Reality Therapy/Control Theory-based-instruction were able to distinguish between responsible and irresponsible behaviors. Most of these students stated that the Reality Therapy process was beneficial in helping them choose responsible behaviors.

ACKNOWLEDGMENTS

DEDICATION

This dissertation is dedicated to the Glory of God, and in loving honor of the most need-fulfilling people in my life, my parents, Heber and Sue Cannon and my husband, Morgan H. Harris.

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CHAPTER 1

INTRODUCTION

In recent years, adolescent pregnancy has become a major concern in the United States. More than 3,000 teens become pregnant every day in the United States--resulting in over 1 million pregnancies each year. From these pregnancies, 300,000 babies are born each year to mothers who have not finished high school (Scholl & Johnson, 1988). Annually, more than 400,000 teenagers obtain abortions and almost 470,000 give birth. The majority of these births are to unmarried mothers, nearly half of whom have not yet reached their eighteenth birthday (National Research Council [NRC], 1987, p.1). In 1985, the United States taxpayers spent $16.65 billion to support families begun by teenage mothers (Burt, 1986; NRC, 1987).

A number of factors have been found to contribute to the incidence of adolescent pregnancy, including adolescents wanting someone to love and call their own, feeling hopeless about the future as a result of poverty, and

> cultural transmission among some blacks who regard bearing children as a symbol of womanhood or manhood, especially in the absence of more traditional and acceptable methods for achieving success. (Ladner, 1987, p. 54)

Changes that have occurred in our society's mores since the sexual revolution of the 1960s also contribute to the incidence of adolescent pregnancy. There has been an increase in sexual permissiveness, a decrease in the double-standard viewpoint, and a decrease in marriage to legitimize births (Ladner, 1987). Today's society is ambivalent about premarital sexuality, especially concerning adolescents (Brindis, 1990; Newcomer, 1987).

> Movies, music, radio, and TV tell them that sex is romantic, exciting, titillating; premarital sex and cohabitation are visible ways of life among their own parents or their parents' friends who are likely to be divorced or separated . . . At the same time, young people get the message [that] good girls should say "No". Almost nothing they see or hear about sex informs them about contraception or the importance of avoiding pregnancy . . . Such messages lead to an ambivalence about sex that stifles communication and exposes young people to increased risk of pregnancy, out-of-wedlock births, and abortions. (Newcomer, 1987, p. 115)

Brindis (1990) stated that the media is important in shaping the messages young people receive about gender roles and sexual behavior. Adolescents are bombarded with sexual messages, but they are rarely shown the consequences of irresponsible sexual activity.

Other factors which may affect the incidence of adolescent pregnancy include a lack of self-esteem, dysfunctional families who may find it difficult to provide guidance and support to children, peer pressure, and risk-taking behaviors of teens as a result of their stage in development (Lindsay & Rodine, 1989a).

Ennis (1987) stated that indicators of adolescents at-risk for early pregnancy include (a) low self-esteem, (b) lack of basic skills, (c) poverty, (d) minority group member, (e) limited opportunities, (f) peer pressure, (g) a mother who was a teen parent, and (h) a pregnant older sister. Poverty, not race, is identified as a major predictor of pregancy in adolescence (Ennis, 1987; Franklin, 1987, 1988; Lindsay & Rodine, 1989a), but the combination of poverty and lack of basic skills is an even more reliable predictor.

Although adolescent sexuality is not a new phenonmenon, the negative consequences of early pregnancy and parenthood may have a profound impact on society in the 1990s. Adolescent pregnancy is a more critical issue today because of the severity of the consequences for the adolescent mother, her child, and society (Ennis, 1987; Lindsay & Rodine, 1989a). These negative consequences of teenage pregnancy include lower educational attainment, poverty, high probability of divorce if the couple marries, a risk of second or higher-order pregnancy, and a risk of premature birth (Lindsay & Rodine, 1989a; The North Carolina Coalition on Adolescent Pregnancy [NCCAP], 1989). Adolescent mothers under 18 years of age may suffer health risks such as toxemia, anemia, and prolonged labor (Dryfoos, 1990). Scholl and Johnson (1988) stated that pregnancy is the largest single contributing factor to females dropping out of school. Teen mothers earn lower wages, experience more unemployment, have more health problems, and

are more dissatisfied with their personal lives than
non-parenting teens (Dryfoos, 1990). This is compounded when
the mother drops out of school. Teens who come from families
with lower socioeconomic levels are more likely to drop out of
school than teens who come from families in the middle and
upper socioeconomic levels. Minority teens are more likely
than whites to drop out or to be behind a grade level in
school. Ennis (1987) stated that inadequacy in basic skills
limits career opportunities, and the failure associated with
lack of skills leads to low self-esteem. Lindsay and Rodine
(1989a) stated that disadvantaged teens are more likely to
become teen parents. One in every five teens aged 16-19 who
has below-average basic academic skills and who comes from a
family with an income below the poverty level is a parent. In
contrast, only 1 out of 20 teens in the same age group who has
average or better skills and who comes from a family with an
income above poverty level is a parent, regardless of race or
ethnicity. The key predictor is poverty, not race, but more
minorities are in poverty.

Statement of the Problem

In 1985, there were 75 teenage pregnancies per day in
North Carolina. Over 1200 high school adolescents had a
second or higher-order pregnancy. In Hyde County, NC, the
pregnancy rate (per thousand) for teens aged 15-19 has
increased from 35.2 in 1985 to 101.0 in 1988. A little over
half (57.7%) of these pregnancies resulted in live births,

with the remaining 43.3% ending in abortion (NCCAP, 1989).
However, the rate of pregnancy for teens aged 10-14 has been
minimal (there were no incidences in 1988).

According to records of the Hyde County School System,
there were 19 dropouts in the 1989-90 school year. Fourteen
of these dropouts were females, all of whom listed pregnancy
as the reason for dropping out of school.

In the 1988-89 school year, as a result of great concern
expressed by the community and parents, the Hyde County
Schools implemented the "Here's Looking at You, 2000" drug
prevention program hoping to reduce dropouts and also educate
students about the perils of drug use. The number of teenage
pregnancies was also expressed as a concern. At the state
level, Rebecca Payne, Chief Consultant for Home Economics
Education with the North Carolina State Department of Public
Instruction, at the 1990 Vocational Education Summer Workshop,
identified priorities for Home Economics Education. One of
these priorities was to keep students in school by preventing
teen pregnancy.

During the 1990-91 school year, the Hyde County Schools,
in cooperation with the North Carolina State Department of
Public Instruction-Division of Vocational Education and the
Region 1 Vocational Education Coordinator, implemented a new
program through funds allocated under Vocational Program

Improvement. This program added a new semester course through the Home Economics Department for junior high school students that addressed adolescent pregnancy prevention.

The Hyde County School System received a Consumer and Homemaking grant from the North Carolina State Department of Public Instruction, Department of Home Economics Education, to continue the program in the 1991-92 school year. This year the curriculum included a unit on Reality Therapy/Control Theory.

Dr. William Glasser's Reality Therapy/Control Theory may be beneficial in adolescent pregnancy prevention, as well as other at-risk behaviors, by helping students to choose responsible behaviors. There is some evidence that self-esteem, locus of control, and decision-making skills are predictors of responsible behavior (Abbott, 1983; Glasser, 1965, 1969, 1984, 1985, 1990; Hawes, 1970; Houston-Slowik, 1982; Omizo & Cubberly, 1983). The more love, power, freedom, and fun one has--the more likely one is to have a higher self-esteem and an internal locus of control. Improved decision-making skills satisfy one's need for power and freedom, which will in turn raise the level of self-esteem and internalize locus of control. Therefore, for the purposes of this study, self-esteem, locus of control, and decision-making skills were used as predictors of responsible behavior.

The major purpose of this study was to assess the effect of Dr. William Glasser's Reality Therapy/Control Theory, presented as part of an adolescent pregnancy prevention program, on the predictors of responsible behavior of junior high school students. The primary research question was: What is the effect of Reality Therapy/Control Theory on the predictors of responsible behavior of junior high school students in Hyde County, NC?

The specific objectives of this research were to:

1) Develop an instructional program for junior high school students based on the concepts of Reality Therapy/Control Theory.

2) Determine the level of self-esteem of a group of junior high school students using the Coopersmith Self-Esteem Inventory before and after an instructional program based on the concepts of Reality Therapy/Control Theory.

3) Determine if any relationship exists among the level of self-esteem of junior high school students after an instructional program based on the concepts of Reality Therapy/Control Theory and gender, socioeconomic status, and academic achievement.

4) Determine the locus of control of a group of junior high school students using the Nowicki-Strickland Locus of Control Scale for Children before and after an instructional program based on the concepts of Reality Therapy/Control Theory.

5) Determine if any relationship exists among the level of locus of control of junior high school students after an instructional program based on the concepts of Reality Therapy/Control Theory and gender, socioeconomic status, and academic achievement.

6) Determine the decision-making skills of a group of junior high school students using classroom journal assignments and student interviews after an instructional program based on the concepts of Reality Therapy/Control Theory.

Hypotheses

Based upon the problem statement, the null hypotheses examined were:

1. There is no significant difference in students' self-esteem before and after instruction using Reality Therapy/Control Theory.

2. There is no significant difference in students' locus of control before and after instruction using Reality Therapy/Control Theory.

3. There is no relationship among students' self-esteem scores after instruction using Reality Therapy/Control Theory and gender, socioeconomic status, and academic achievement.

4. There is no relationship among students' locus of control scores after instruction using Reality Therapy/Control Theory and gender, socioeconomic status, and academic achievement.

Assumptions

The major assumptions of this study were:

1. All people choose their behaviors.

2. Responsible behavior is observable and measurable.

3. Self-esteem, locus of control, and decision-making are predictors of responsible behavior.

4. Adolescents have the ability to report their perceptions accurately.

Limitations

This study was limited to students enrolled in the seventh and eighth grades at Mattamuskeet Junior/Senior High School in the Hyde County School System, during the 1991-92 school year. Due to the small sample size and the scope of the sample, the findings of this study have limited generalizability.

Definition of Terms

The following terms are defined for the purpose of this study:

1. Responsible Behavior--choosing to behave or to act in a manner that fulfills one's own needs and does not deprive others of fulfilling their psychological needs.

2. Needs--the five basic physiological and psychological needs described by Glasser, i.e. survival (reproducing), love (belonging,), power (self-worth, achieving, recognition), freedom (choosing), fun (learning, playing).

3. Self-Esteem--the value or worth that an individual places on himself/herself as measured by the score on the Coopersmith Self-Esteem Inventory.

4. Locus of Control--the sense of personal control over the events in an individual's life, as measured by the score on the Nowicki-Strickland Locus of Control Scale for children.

5. Decision-Making Skills--the ability to choose responsible decisions, as indicated by classroom journal assignments.

CHAPTER 11

REVIEW OF RELATED LITERATURE

A review of the literature was done to investigate
(a) adolescent development, (b) self-esteem, locus of control,
and decision-making as related to adolescent pregnancy,
responsible behavior, gender, socioeconomic status, and
academic achievement, (c) adolescent pregnancy prevention,
(d) the concepts of Reality Therapy/Control Theory, and (e)
research on Reality Therapy/Control Theory.

Adolescent Development

Cognitive Development

Adolescence is a time of change for children. It is the
period in the life span when children are emerging into
adulthood. G. Stanley Hall characterized adolescence as a
period of "storm and stress" (Newman & Newman, 1986). Hall's
"storm and stress" description refers to the conflict and
confusion that may coincide with a growing awareness of self
and society. In contrast to Hall's view, Gesell described
adolescence as a period from ages 10-16 years as a "gradual
ripening toward maturity" (Newman & Newman, 1986, p. 42).

Adolescence is a time of cognitive and emotional change
in addition to physical change. Piaget classified adolescence
as the period when formal operational thought begins to
develop. The adolescent may be able to begin hypothetical and

deductive thinking. Hopkins (1983) stated that formal thinking is more readily available to older adolescents and adults, although they may not demonstrate their ability to use formal thinking. Newman and Newman (1986) identified new conceptual skills that an adolescent may develop during the stage of formal operations. The adolescent may be able to (a) manipulate more than two variables in their minds at one time, (b) think about things changing the future, (c) hypothesize about a logical sequence of events that might occur, (d) anticipate the consequences of their actions, (e) detect logical consistency or inconsistency in a set of statements and may be angered by hypocrisy, and (f) think about themselves in relation to their world. Since adolescents may now be able to predict the consequences of their actions before acting, this allows them to decide whether or not they wish to choose an action based on their prior knowledge of the possible outcomes. Adolescents also are capable of knowing that they are expected to act in a particular manner because of the norms of their culture and community (Newman & Newman, 1986).

Erikson theorized that human development occurs in eight stages throughout the life span. During each stage a person is confronted with psychosocial crises or conflicts that must be resolved before personal growth can occur (Newman & Newman, 1986). These stages are hierarchical--that is, for an individual to progress to the next developmental stage in the

life cycle, the task or crisis of the present stage must be
positively resolved (Protinsky, Sporakowski, & Atkins, 1982).
A crisis occurs "when a person faces an obstacle that cannot
be surmounted by the use of learned, customary methods of
problem-solving" (Hopkins, 1983, p. 40). Baugher and Martin
(1981, p. 40) described two types of crises: (a) situational
and (b) developmental. Situational crises deal with major
life changes such as death, divorce, or role changes.
Developmental crises are changes that all persons experience
during the normal growth process. According to Erikson, the
crisis that challenges adolescents is identity vs. role
confusion (Hopkins, 1983). This crisis must be resolved in a
predominately positive manner before the adolescent can face
the crisis of intimacy vs. isolation in early adulthood.

Protinsky et al. (1982, p. 73) identified three
areas that are components of Erikson's concept of identity:
(a) intrapsychic sphere--one's ability to see himself/herself
as a separate and meaningful person with a sense of direction
or personal identity, (b) group identity--the formation of
meaningful relationships with a peer group in which one
obtains a sense of belonging, and (c) philosophical
identity--the specific meaning that life holds for oneself.

All transitions are more difficult when they occur out of
sequence from cultural norms. Pregnancy during adolescence
complicates the developmental task of identity formation and
severs the girl from her peer group relationships (Protinsky

et al., 1982). The pregnant adolescent is now concerned with
successful pregnancy and parenting. Pregnancy may also bring
a sense of dependence on adults at a time when the adolescent
is striving for independence. Parenthood involves a giving of
oneself to the child, which may be difficult without a firm
sense of personal identity, as often found during adolescence.

Moral Development

Moral questioning is a major component of adolescent
development. Moral development concerns the relationship
between an individual and society (Hopkins, 1983). Moral
issues are not necessarily religious in nature, but are issues
of human behavior--of right and wrong.

Lawrence Kohlberg's theory of moral development focuses
on the cognitive processes dealing with moral reasoning
(Newman & Newman, 1986). Kohlberg's model has three
levels: (a) preconventional, (b) conventional, and
(c) postconventional. Individuals in the preconventional
level adopt rules of parents or society out of fear of
consequences or in order to gain reward. At the conventional
level, one is concerned with the approval of others, including
authority figures. Persons who have attained reasoning at the
postconventional level "identify universal ethical principles
transcending rules and convention in favor of a humanistic and
ultimately self-respecting orientation" (Rothbart, Hanley, &
Albert, 1986, p. 646). Kohlberg's theory of moral reasoning
was influenced by Piaget's cognitive development theory with

the preconventional stage relating to Piaget's concrete-operational stage and the conventional stage relating to Piaget's formal-operations stage. Few people attain the postconventional stage of moral reasoning (Hopkins, 1983).

In a 1976 study of moral judgement among parents and adolescents, Haan, Langer, and Kohlberg found that there was no relationship between the moral level of the parents and their daughters, in either early or late adolescence. They also found that early adolescent girls are ahead of boys in moral judgement; however, this reverses in late adolescence with the boys at a higher stage of moral judgement (Hopkins, 1983).

Kohlberg neglected in his research to address the extent to which moral development may differ with gender (Gilligan, 1982; Rothbart et al., 1986). Gilligan proposes two different perspectives to moral reasoning. She posits there are two moral voices that can be known by everyone: (a) the care voice and (b) the justice voice (Gilligan, 1982). These two moral voices represent the self speaking as a moral agent or actor because the individual chooses the voice to use in a given situation (Gilligan, 1982). The care and justice voices are not opposite voices, nor are they dichotomous. They may shift over time and over context. In some situations, there is distinctive justice representation and in others distinctive care representation. In other situations, the care and justice voices may overlap (Gilligan, 1982). It is

caring to be just, and it is just to care. The care orientation deals with attachment and abandonment, whereas the justice orientation deals with equality, issues of fairness, and individual rights. The sequence of the care orientation includes: (a) caring for the self, (b) caring for others, and (c) caring for the self and others. Often women are socialized into thinking the caring for others stage (i.e., to be self-sacrificing) is the highest level, which may offer an explanation for girls becoming sexually active early. Gilligan, Lyons, and Hanmer (1990, p. 9) stated that adolescence poses a crisis of connection for girls. Often girls are encouraged to solve these problems of connection with others by excluding themselves. Hopkins (1983) stated that children may judge acts by consequences because children themselves are often judged by a different set of standards than are adults. Gilligan et al. (1990) stated that adolescent girls are in danger of losing their "voices", thus losing their connection with others and their connections with reality.

Gilligan et al. (1990) stated that goodness in relation to being a "good woman" is defined by the

> willingness to take care of, or to take on the cares of, others, a willingness often to sacrifice oneself for others in the hope that if one cared for others one would be loved and cared for by them. (pp 8-9)

The feeling of being abandoned by others may lead to desparate actions, desparate efforts at connection. Some

women may create connection by having a child who will be with them and love them, thus filling the void of disconnection.

Socialization of males and females may influence their relationships. Individuals who have traditional gender roles base their relationships on infatuation, while individuals who have more egalitarian gender roles emphasize trust and understanding as the basis for their relationships (Newman & Newman, 1986).

Boys and girls approach sexual choices in different ways based on the importance they place on the relationship. In close relationships, males tend to restrain themselves sexually. The male sexual expression focuses on sexuality or wanting casual relationships. On the other hand, females are more likely to become sexually active in a close relationship, wanting a permanent-type relationship. The female sexual expression is concerned with romanticism (Gilligan et al., 1990).

In a 1971 study, Gilligan, Kohlberg, Lerner, and Belenky investigated the interaction of moral reasoning and sexual behavior. From this research they developed a model, comparable to stages two through five of Kohberg's theory of moral development, called the "hierarchy of reasoning about sex" which looks at "how adolescents think about sexual decisions and what values they take into consideration when deciding about sexual behavior" (Gilligan et al., 1990, p. 275). The lower stages of this model represent a purely

sexual involvement without any involvement in a relationship.
Higher levels of the model view sex as an expression of love
where partners enter into the relationship freely by
contractual agreements. "Sex is seen as an ethical issue only
in the sense that it should involve equal partners, dealing
with each other honestly and responsibly" (Gilligan et al.,
1990, p. 275). The results indicated that

> male reasoning about sex follows the traditional path of
> justice reasoning, but female reasoning does not. As a
> result, no females reached the highest stage of
> reasoning. Girls refuse to separate feelings of love
> from their consideration of the rightness or wrongness of
> sex. This is apparently true even when girls have shown
> an ability to reason at the higher stages in other moral
> domains. (Gilligan et al., 1990, p. 275)

As a result of this study, Gilligan proposed an
alternative to the model of "hierarchy of reasoning about sex"
which alluded that due to a preoccupation with relationships,
girls consistently appeared less morally developed than males.
Gilligan et al. (1990) stated that two characteristic modes,
or "voices", of describing sexual decision-making exist: (a)
attachment and (b) contractual reasoning. The contractual
reasoning voice relates to the justice orientation in which
sexual decisions are based on fairness and equality, made as a
"choice and contract between individual partners based on
standards derived from each person's beliefs and sense of
responsibility." The attachment voice relates to the care
orientation in which sexual decisions are based on "notions of
connection and interdependence" (Gilligan et al., 1990, p.

276). Gilligan et al. (1990) stated that adolescent girls may use a combination of the two voices rather than purely attachment or purely contractural reasoning. Resulting from interviews at Emma Willard School, Gilligan et al. (1990, p. 282) suggest that "a positive value framework for sex lies not just in a fair contract between freely consenting partners, but also in the caring between the partners."

Hopkins (1983, p. 199) stated that "highest levels of moral development might be elicited by parents who reason, present alternatives, and allow their children some freedom of choice in behavior." This approach also has implications in the classroom and in adolescent pregnancy prevention.

The gender differences in relationships proposed by Gilligan relate to Glasser's physiological and psychological needs and may have implications in adolescent pregnancy prevention. Females want attachment from a relationship (Glasser's need for love and belonging), while males want separation from a relationship (Glasser's power, freedom, and fun). If a girl refuses sex, the boy may feel rejected, which leads to a loss of power. If a girl does not refuse sex, she may or may not fulfill her need for love and belonging, but is at-risk of the negative consequences of too-early pregnancy. Understanding these gender differences may enable adolescents to choose responsible behaviors to meet their needs.

Self-Esteem, Locus of Control, and Decision-Making as Related
to Adolescent Pregnancy, Responsible Behavior, Gender,
Socioeconomic Status, and Academic Achievement

Self-esteem is defined as "the evaluation which the
individual makes and customarily maintains with regard to
himself: it expresses an attitude of approval or disapproval,
and indicates the extent to which the individual believes
himself to be capable, significant, successful, and worthy"
(Coopersmith, 1981, pp. 4-5). One's perception of
himself/herself provides a means of understanding and
predicting his/her behavior (Patten, 1981).

Locus of control describes the extent to which a person
follows the expectations for behavior that come from outside
the person (external) and the extent to which the person's
behavior is guided by his or her own wishes (Maples, 1984).
Individuals with an external locus of control tend to believe
that chance or other people are in charge of their lives.
They believe that they have very little to do with the
outcomes of their behavior, whereas individuals with an
internal locus of control believe they, not outside
circumstances, are in charge of their lives.

According to Maples (1984), a healthy self-concept may
determine one's locus of control. Young (1989) found in early
adolescents 13-15 years of age, that among school, home, and
peer self-esteem, school self-esteem was significant in

relation to sexual activity. Patten (1981) found that pregnant adolescents have lower self-esteem than non-pregnant adolescents.

Gilligan found that women's self-concept is focused on interdependence and connection with others; therefore, their moral outlook involves a concern with maintaining relationships and a sensitivity to not hurting others (Rothbart et al., 1986). Walker and Greene (1986) conducted a study which looked at global self-esteem of adolescents in relation to (a) perceived quality of their relationships with parents and peers, and (b) self-evaluations in areas of school, popularity, and athletics. The results indicated that relationships with parents made a contribution to the adolescents' self-esteem; however, peers accounted for an additional contribution of global self-esteem in girls but not in boys. On the self-evaluations, the girls valued popularity while the boys valued school performance. The development of self-esteem is related to the quality of interpersonal relationships (Coopersmith, 1967). Walker and Greene (1986, p. 316) explained that "given sex role socialization, boys and girls might differ in the extent to which self-evaluation in each of these areas is related to their global self-esteem".

Ireson (1984) stated that since locus of control, self-esteem, and school grades may be linked to gender-role orientation, they may also affect the incidence of adolescent pregnancy. Additional factors which may affect the incidence

of adolescent pregnancy are age and socioeconomic level. Low socioeconomic level is strongly related to traditional gender roles and fertility at all ages.

Schvaneveldt and Adams (1983) described adolescents as having limited experiences in decision-making. During childhood, decisions were made for them. It is believed that adolescents are either not ready or too inexperienced for the responsibility of decision-making. However, adolescents are confronted with decisions daily. Decision-making is the core of many theories of adolescent development, such as Erikson's stage of establishing an ego identity.

Newman and Newman (1986) and Schvaneveldt and Adams (1983) outline the work of Harren which focused on styles of decision-making. Harren asserted that, not only can adolescents use defined steps or models in their decision-making, they can choose among a number of styles (Schvaneveldt & Adams, 1983, p. 99). The three styles of decision-making described by Harren are the planning style, the intuitive style, and the dependent style. In the planning style of decision-making one gathers information and evaluates the situation. The decision-maker takes personal responsibility for the decision. The intuitive style of decision-making emphasizes the use of fantasy and emotions, without seeking information or weighing alternatives. The decision is primarily based on what "feels right". In the

dependent style of decision-making one is influenced by the
expectations, opinions, and recommendations of others. The
decision-maker takes little responsibility for the decision.

It appears that many teenagers at-risk for too-early
pregnancy may utilize either the intuitive style of
decision-making by acting on emotions only without weighing
the alternatives or consequences, or the dependent style of
decision-making by allowing the expectations of their
boyfriend/girlfriend or other peers to influence their
decisions.

In relation to Reality Therapy/Control Theory, a
responsible individual would utilize the planning style of
decision-making. In his study of self-esteem, Coopersmith
found that parents who allow their children a voice in the
making of family plans and who respect their children's views
contribute greatly to their children's higher self-esteem
(Glasser, 1969). It appears that adolescents who have an
internal locus of control are more likely to use the planning
style of decision-making, rather than rely on others or
intuition--which would in turn satisfy their need for power
and freedom, and increase their self-esteem.

Adolescent Pregnancy Prevention

Today's youth experience many problems and stress factors
that affect their chances of growing up into healthy,
functioning adults. Some of these problems are interrelated
and have common antecedents such as (a) delinquency,

(b) substance abuse, (c) school failure, and (d) early childbearing (Dryfoos, 1990). Among many youth there appears to be a clustering of risk-taking behaviors (Brindis, 1990; Dryfoos, 1990). Dryfoos (1990, p. 3) defined adolescents at risk of never becoming responsible adults as "young people who are functionally illiterate, disconnected from school, depressed, prone to drug use and early criminal activity, and eventually, parents of unplanned and unwanted babies".

Falling behind a grade or more in school is a predictor of school failure, which in turn may lead to teen pregnancy and other at-risk behaviors (Ennis, 1987; Lindsay & Rodine, 1989a). Teenagers from lower income families do not believe they have educational or career opportunities ahead of them as do teens from middle and upper income families; therefore, pregnancy does not cause the fear of foregone opportunities (Brindis, 1990).

In 1985, the National Research Council (NRC) appointed a 15 member interdisciplinary panel, the Panel on Adolescent Pregnancy and Childbearing, to study issues and document the impact of various interventions on the problem of adolescent pregnancy. The goals of the Risking the Future Report were: (a) to reduce the rate and incidence of unintended pregnancy among adolescents, especially among school-age teenagers; (b) to provide alternatives to adolescent childbearing and parenting; and (c) to promote positive social, economic, health, and developmental outcomes for adolescent parents and

their children (NRC, 1987). The goals specific to primary
pregnancy prevention were: (a) delay the onset of sexual
activity among adolescents, (b) encourage sexually active
teens to use contraceptives, and (c) find ways to enhance the
life options of adolescents for whom pregnancy might appear to
be a positive alternative (NRC, 1987).

When considering development of a program or curriculum
to address the prevention of adolescent pregnancy, one must
have a vision of what is to be accomplished and how to go
about achieving that vision. Franklin (1987) suggested five
explanatory theories of sexual expression as follows:
(a) the access to knowledge approach, (b) the adolescent
cognitive development approach, (c) the social influence
approach, (d) the psychological approach, and (e) the
decision-making approach.

The access to knowledge approach theory suggests two
views. Adolescents become pregnant because they have more
knowledge and awareness of sex or they lack the knowledge of
the mechanics of sex and information concerning
contraceptives.

The adolescent cognitive development approach relates to
Piaget's developmental stage of formal cognitive operations.
However, according to Piaget, adolescents are in transition
from the concrete to the formal operations stage which implies
that they may not be capable of comprehending reality and
looking beyond the present. They must "move beyond adolescent

egocentrism" before they can recognize the risk of pregnancy as a result of unprotected sexual activity and reject the "it won't happen to me" train of thought. Abstract concepts such as fertility are difficult to process until the adolescent has reached the formal operations stage of cognitive development. The outcome of this inability to think abstractly may be worsened by the adolescent operating in the personal fable of "pregnancy won't happen to me", no matter how high the risk. (Smith, Nenney, Weinman, & Mumford, 1982).

The social influence approach upholds the influence of group membership in social groups. During adolescence, there is a move from the parents having the greatest influence on individuals to their peers. This explains the great effect of peer pressure associated with the statement, "But everybody else is," often heard from teens. Foster (1986) stated that if teens perceive their peers to be sexually active or if they are knowledgeable about their peer's use of birth control, they are more likely to engage in sexual activity. Girls who begin to date at an early age, and those who date frequently, are more likely to be sexually active than girls who begin dating in later adolescence (Newman & Newman, 1986).

The psychological approach suggests that even with an increase in knowledge and access to contraceptives, there may be conscious or unconscious motives to become pregnant.

Motives such as rebellion against parents, filling an
emotional void, and believing that it will make a relationship
permanent may prevail.

The decision-making approach uses the decision-making
model to aid teens in problem-solving techniques. Brindis
(1990) identified two themes emerging in adolescent pregnancy
prevention as (a) increasing the life options available to
young people, and (b) increasing the capacity of young people
to make decisions, especially in the area of sexuality.

Based on the work of Caplan's three-stage model of
prevention, Klingman (1983) distinguished between the stages
on the basis of (a) timing, (b) target population, and
(c) strategies employed. According to Klingman (1983) primary
prevention is the intervention made before the appearance of a
problem, aimed at the general population, and uses educational
intervention which either changes the environment or teaches
new coping skills to deal effectively with the environment.
Secondary prevention is the intervention made in the early
stages of a problem, aimed at a specific group to resolve a
mild crisis, and uses therapeutic crisis intervention
methodology. Tertiary prevention is the intervention made
after a crisis is eased to minimize the residual effects,
aimed at recovering individuals, and uses rehabilitative
strategies.

Lindsay and Rodine (1989a) describe adolescent pregnancy

prevention as a continuum with numerous points for

intervention as follows:

help delay sexual involvement	help teens who are sexually active avoid too-early pregnancy	reduce the negative consequences of teen pregnancy and early parenting

While numerous adolescent pregnancy prevention programs

exist today, a vast number deal with secondary or tertiary

prevention and target black, inner-city youth. Most of the

primary prevention programs that exist either focus on

abstinence in the form of "Just Say No" or birth control

methods for the prevention of pregnancy. Some school

systems operate a school-based health clinic such as the

Baltimore City School System which is run by Johns Hopkins

School of Medicine, Departments of Pediatrics and of

Gynecology/Obstetrics (Zabin & Hirsch, 1988) and the

Adolescent Parent Prevention Program (APPP) Snow Hill, North

Carolina, in the Greene County School System (Lindsay &

Rodine, 1989b).

Harriman, Wilson, and Hale (1989) presented overviews of

selected Cooperative Extension programs in teen parenting and

pregnancy prevention used in various states in the United

States; however, North Carolina was not represented. Most of these programs were for teens who were already pregnant or parenting.

"Postponing Sexual Involvement" is a program in Georgia whose goal is to prevent teenage pregnancy by postponing sexual involvement. The course helps teens understand peer pressure and messages from the media and how these pressures affect their feelings and actions. The program is a 6-hour course that may be condensed to two 2-hour sessions (Harriman et al., 1989).

"Education for Parenting", in Arkansas, is a three year curriculum, targeting grades 7-12, with three to four lessons each year. It focuses on the consequences of teenage pregnancy, parenting, decision making, communication skills, building positive self-concepts, and moral values (Harriman et al., 1989).

In Colorado, "Dare to Be You" is for preteens ages 8-12. It also focuses on self-esteem, responsibility, communication, and decision-making. Each activity runs from 30 minutes to 1 hour (Harriman et al., 1989).

The "Rural Adolescent Pregnancy Prevention" program in Connecticut involves parents in the curriculum. The focus is decision-making, self-esteem, reproductive system, physiological changes, and communication skills. For teenagers the program lasts for eight 1-hour sessions, while parents attend six 1-hour sessions (Harriman et al., 1989).

In Mississippi, the "Teenage Pregnancy Prevention" program is offered for 5th-12th grade students and their parents. Topics for students include financial management, reproductive system, health risks, teen dropout rate, risks of childbearing to mother and child, the cost of raising a child for one year, birth control, self-esteem, values and priorities clarification, abstinence, and problem solving. Parents attend a session on self-esteem and communication. The length of the program is one 2-hour lesson for both students and parents (Harriman et al., 1989).

The "Values and Choices" curriculum is used in Virginia. This program's content includes human sexuality, abstinence, sexually transmitted diseases, anatomy, and responsibility of raising a child. The program consists of ten lessons which are 45 minutes in length (Harriman et al., 1989)

Christopher and Roosa (1990) stated that information on abstinence-only programs has yet to provide much promise for strictly "Just Say No" approaches. Programs should encourage abstinence but also offer an alternative for those who are already sexually active or who choose to become so.

Almost one-half of first premarital pregnancies to teens occur in the first six months after they become sexually active (NCCAP, 1989). Programs to prevent adolescent pregnancy will not succeed unless they reach youth before they begin sexual activity. Ennis (1987) stated that the incidence

of pregnancy is closely related to the adolescents' feelings about the opportunities available to them. Those who see possibilities ahead have an incentive to avoid pregnancy.

Schools have a vital role in preventing adolescent pregnancy. Unless a student drops out, the school is a constant factor in the life of every adolescent until he/she graduates. Ennis (1987) proposed that schools may well be the only way to reach some at-risk students. Lindsay and Rodine (1989a) stated that children who feel a connectedness with their families and their community and who enjoy and do well in school are less likely to become pregnant too soon.

Whereas many of the programs described earlier do include decision-making, self-esteem, peer pressure, and communication skills in their content, the length of the program was often less than a total of two weeks, which may not be adequate time for students to internalize these concepts.

Buie (1987) and Lindsay and Rodine (1989a) suggested that when developing programs, no single approach is a panacea. Administrators must choose programs that fit their communities and tailor them to fit local needs. A program that focuses on primary prevention by giving students skills that enable them to choose responsible behaviors was selected by administrators in the Hyde County Schools as an appropriate starting point to address adolescent pregnancy. This corresponds to the first point on the continuum described earlier by Lindsay and Rodine (1989a).

This study focused on primary prevention--before pregnancy--aimed at the general population. It also utilized the concepts of Reality Therapy/Control Theory as educational strategies throughout a semester class to help students cope effectively by choosing responsible behaviors.

Concepts of Reality Therapy/Control Theory

The Reality Therapy approach to counseling, developed by Dr. William Glasser, is in contrast to several psychological beliefs. Glasser's premise is that we (humans) are not victims ourselves (Freud's theory), nor is our behavior caused by an event or stimulus that is outside of us (Skinner's Stimulus-Response Theory). Rather, Glasser's theory states that all we do from the time we are born to the time we die is to behave, and we choose our behaviors in response to how well our needs are being met (Glasser, 1965). Control Theory is the theoretical foundation of Reality Therapy which is based upon how the brain functions as a control system. It describes how these needs affect our behavior. Control Theory is a theory that explains how we function as human beings. Johnson (1989, p. 73) stated that

> Control Theory provides a conceptual framework within which Reality Therapy may be practiced more effectively. It is useful in teaching individuals to evaluate what they are thinking and feeling in light of what they are doing and to adopt more appropriate behaviors.

According to Glasser, we are born with a set of instructions (no one is born a blank slate) about how to behave. These instructions are called basic needs. He identified the five basic needs as 1) survival, 2) love (belonging, caring, friendship), 3) power (self-worth), 4) freedom (to make choices), and 5) fun. When one of our needs is not met, we choose behaviors to deal with the frustration (Glasser, 1984). These psychological needs are not heirarchical, we need a balanced amount of all of them in order to function effectively. Glasser (1986b) states "All any living creature can do is behave and all behaviors are total. All behaviors are internally motivated, purposeful, flexible, and creative". Glasser (1985) explains that the word "control" does not mean "to dominate," but only that we attempt to act as best we can to satisfy our needs.

In viewing the brain as a control system, Glasser divides the brain into two parts: (a) the new brain and (b) the old brain. The new brain, the cerebral cortex, is the place where basic psychological needs (love, power, freedom, and fun) originate. The old brain, all structures below the cerebral cortex, is where the survival need originates (Glasser, 1986a, 1986b).

According to Glasser, reality is what exists in the real world, whether we choose to deal with it or not. Glasser identified three systems within us: (a) sensory system--the five senses, (b) perceptual system--composed of a total

knowledge filter and a valuing filter, and (c) behavioral system--where we choose either organized behaviors or create new ones. When we choose to deal with reality it becomes pleasurable, painful, or neutral depending on our perceptions. A stimulus will enter through the sensory system and be filtered through the total knowledge filter. If we think that the stimulus is important to us, it passes through the valuing filter into our perceived world (or all-we-know world) as pleasurable, painful, or neutral feelings or positive, negative, or neutral values (Glasser, 1986a, 1986b).

We take mental pictures of things, persons, etc. that we love or that are very important to us and place them in our quality world. In order for something to be important to us, we must put it in our quality world (picture album). When a stimulus has entered the perceived world, it goes to a comparing place where it is compared with what we want from our quality world. Like placing something on a scale, when what we want weighs more than what we don't have, frustration occurs. This frustration activates our behavioral system, where we either choose an organized behavior that we have used before and know will get us what we want, or we create a new behavior. We choose what we think is the best behavior at the time to deal with the frustration (Glasser, 1986a, 1986b).

Control Theory looks at behavior as total behavior which consists of four components: (1) actions (doing), (2) thinking, (3) feeling, and (4) physiology. We are not

always totally aware of these components, but they are present. By having people focus on behavior, of which the most obvious component is acting or thinking, we are able to assist people to cope more adequately with unhappy situations. Understanding total behavior enables one to assist people to cope with their feelings more adequately (Montagnes, 1991). The amount of control over each of the components of total behavior varies with individuals. Most of us have almost total control over our actions, considerable control over our thinking, less control over our feelings, and the least amount of control over our physiology. To tell someone they should not feel an emotion, such as anger, is not realistic. Just telling someone to feel better will not work. A person cannot control their feelings in this manner (Montagnes, 1991). People will have more control of their lives if they choose acting and thinking behaviors (over which they have total control), and probably feel better with these choices (Montagnes, 1991).

Glasser uses the analogy of total behavior as a four-wheel drive car. Each component represents one wheel of the car. The needs are the engine, and the car would always be steered in the direction that you, the driver, thought would get you closest to the picture you wanted at that time from your quality world. As in a car, you have total and voluntary control over where you steer the front wheels of your car (actions and thoughts) and the back wheels will

follow (feelings and physiology). People can be taught to steer their cars in a better direction than they are now (Glasser, 1984).

Reality Therapy helps people satisfy their basic needs by helping them do what is real (reality), responsible (responsibility), and right (morality) (Glasser, 1965). An action can be called realistic or unrealistic when its remote and immediate consequences are considered and compared. This evaluation must be done by the individual. Glasser (1965, p. 15) defines responsibility as "the ability to fulfill one's needs, and to do so in a way that does not deprive others of the ability to fulfill their needs". We must also do what is right in order to attain measures of self-worth. The individual sets the standards for what is right and does an evaluation. There must be an element of involvement and commitment in order for someone to be able to choose better behaviors. Festinger's theory of cognitive dissonance "suggests that once a judgement is made and a personal commitment is declared, that internal pressure to follow through and fulfill that commitment is almost a certainty" (Parish, 1988, p. 31).

Reality Therapy is a counseling technique which progresses through eight steps: (1) Make friends--with the student, (2) Ask "What do you want?"--have student determine what he/she wants, (3) Ask "What are you doing?"--have student determine what he/she is doing to get what he/she wants,

(4) Ask "Is it helping?"--have the student determine if it is helping to get what he/she wants (value judgment), (5) Make a plan--if the present behavior is not helping the student get what he/she wants, have the student make a plan (involves commitment), (6) Follow up with student on progress, (7) Revise plan if needed and never accept excuses, and (8) Never give up on the student.

Reality Therapy can be done on an individual basis or in a group setting. When it is done in a group setting, such as a classroom, it is called a "classroom meeting" (Glasser, 1969).

Glasser's theories of Reality Therapy and Control Theory may be applied to any situation where a person needs to make better choices about his/her behavior. The instruction of these concepts may be useful when applied to an adolescent pregnancy prevention program. Adolescents need a reason to believe that success will be improved by postponing pregnancy (to put this picture in their quality world).

<div align="center">Research on Reality Therapy/Control Theory</div>

Much of the literature on Reality Therapy/Control Theory describes the theoretical aspects and case study applications. Glasser described its use in classroom applications dealing with disruptive behavior and student achievement in his book Schools Without Failure.

Hawes (1970), in his dissertation, studied the effects of a Schools-Without-Failure program on self-concept, locus of control, and classroom behavior of third and sixth grade black students. The results indicated that the Schools-Without-Failure program did significantly effect the belief of internal locus of control. There was no significant effect on self-concept; however, there was a larger increase in the self-concept of the third graders than the sixth graders (Hawes, 1970). One explanation for this may be that, according to Purkey and Schmidt (1987), the self-concept of children dramatically plummets around the sixth grade, creating a larger deficit to overcome.

Babcock (1983) found that student teachers who were more successful in applying the principles of Reality Therapy had fewer discipline problems and felt more in control of situations.

In conducting a program evaluation of an alternative school for disruptive youth using Reality Therapy, Gorter-Cass (1988) found that significant changes in identity, personal self-worth, family-self and total self-concept occurred. However, development of responsibility for self, plans for future behavior, and improvement in behavior were not as successful, even though there was a trend toward less severe behavior.

Tamborella (1987) also used Reality Therapy in an alternative school program. She found that using Reality Therapy had a significant and positive change in students and staff members. Students had better attendance, fewer suspensions, and more positive perceptions regarding personal and academic needs satisfaction. Both students and staff had positive changes in self-perceptions as a result of participation in the Reality Therapy program.

Atwell (1982) found that teaching Reality Therapy as a self-management strategy to disruptive pupils increased the students' time-on-task.

Reality Therapy has also been used with learning disabled students. Abbott (1983) found that group counseling based on the principles of Reality Therapy had a positive change in the self-esteem of learning disabled sixth, seventh, and eighth graders with low self-esteem.

Summary

The review of literature was presented in five parts. These included (a) adolescent development, (b) self-esteem, locus of control, and decision-making as related to adolescent pregnancy, responsible behavior, gender, socioeconomic status, and academic achievement, (c) adolescent pregnancy prevention, (d) the concepts of Reality Therapy/Control Theory, and (e) research on Reality Therapy/Control Theory.

William Glasser's Reality Therapy/Control Theory may be beneficial as the basis of an adolescent pregnancy prevention program. No empirical research was found where Reality Therapy/Control Theory was used in such a program. Therefore, such use is proposed in this study. While education alone cannot change behaviors, it appears to be the first step by increasing behavioral options which result from knowledge. Many adolescent pregnancy prevention programs emphasize abstinence in the form of "just say no" and contraception. Often these programs are initiated after the adolescent becomes sexually active. A program based on Reality Therapy/Control Theory may be implemented at any age to provide primary pregnancy prevention based on effective choices of behavior.

For students to learn, they must perceive quality and relevance in what they are asked to do and in some way find it need satisfying. If students think that they can feel a connectedness with the group (love), that others will non-judgmentally listen to their ideas (power), that they can make individual choices (freedom), and that the program is fun they will be likely to become involved in learning. The change in behavior will occur when the knowledge gained enables students to explore their needs, weigh behavioral alternatives, and make their own decisions; thereby, taking responsibility for their own behaviors.

Adolescents with high levels of self-esteem and an ·
internal locus of control may be better equipped to make
better decisions and choose responsible behaviors. It is
proposed that as Reality Therapy/Control Theory enables
adolescents to meet their needs, thereby increasing
self-esteem and internalizing locus of. control that they will
in turn make more responsible decisions and avoid adolescent
pregnancy (see Figure 1).

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                   │ Reality Therapy/Control Theory │
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                         │ Meeting Needs │
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   ┌─────────────┐                            ┌──────────────────┐
   │ Self-Esteem │                            │ Locus of Control │
   └─────────────┘                            └──────────────────┘

               ┌───────────────────────────┐
               │ Responsible Decision-Making │
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         ┌─────────────────────────────────────┐
         │ Choosing to Avoid Adolescent Pregnancy │
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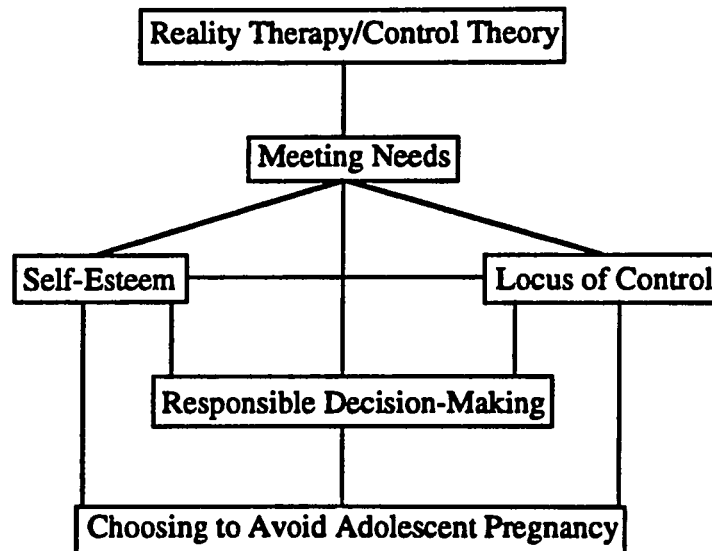
Figure 1. Diagram of Influence of Reality Therapy/Control
Theory on Adolescent Pregnancy

CHAPTER lll

METHODS AND PROCEDURES

This study was designed to assess the effect of an
instructional program based on Reality Therapy/Control Theory
on the predictors of responsible behavior of junior high
school students. The methods and procedures are presented in
five sections: (a) design of the study, (b) selection of
subjects, (c) instrumentation, (d) data collection, and (e)
data analysis.

Design of Study

The research design was a quasi-experimental,
nonequivalent control group, pretest/posttest design. The
independent variable in this study was the instruction of the
principles of Reality Therapy/Control Theory. The dependent
variables were (a) self-esteem, as measured by the Coopersmith
Self-Esteem Inventory, (b) locus of control, as measured by
the Nowicki-Strickland Locus of Control Scale for Children,
and (c) decision-making, as indicated by classroom journal
assignments. These served as measures of predictors of
responsible behavior.

The moderator variables in this study were gender;
socioeconomic status, as differentiated by free lunch or
full-priced lunch assignment; and academic achievement, as
assessed by grade averages at the end of the 1991-92 school

year. The lunch assignments were obtained from child nutrition records which were determined by federal eligibility standards for free and reduced-price meals, based on family income and the household size.

The instruction was given in regular 50-minute class meetings, 5 days per week for 18 weeks. The students received one-half unit of home economics credit. The researcher developed the curriculum and served as the instructor for the class. Qualifications of the researcher to provide the instruction included teacher certification and completion of the Reality Therapy certification by the Institute of Reality Therapy.

The experimental treatment was a semester Exploring Home Economics class based on the principles and concepts of Dr. William Glasser's Reality Therapy/Control Theory. The semester class, Choices: Choosing Responsible Behavior at Mattamuskeet School, was the experimental treatment in this research. This class followed the Vocational Competency Achievement Tracking System (VoCATS) instructional management model. A course description, course blueprint, and plans are included in Appendix A. Reality Therapy/Control Theory, a three week unit, was the first unit of the semester class. The course content and lesson plans were reviewed by Dr. Marion Franklin, instructor for the Institute for Reality Therapy.

The class focused on responsible decision-making using Reality Therapy/Control Theory, as a means of primary prevention of adolescent pregnancy, the first point of the adolescent pregnancy continuum described by Lindsay and Rodine (1989). Lessons guided students in analyzing fulfillment of their basic needs as described by Glasser. Any student who was absent during the instruction of the class was given review sessions and allowed to make-up all assignments.

Students were encouraged to take a look at themselves--what they wanted and if they were choosing the best behaviors to obtain it--not only during the Reality Therapy/Control Theory unit but throughout the semester. Lessons also required the students to make a personal commitment to the choices they made in behaving in a responsible manner.

Selection of Subjects

The Hyde County School System, in Swan Quarter, North Carolina, is a small rural school system. There are four schools that serve the county, three on the mainland and one on Ocracoke Island. Two of the schools on the mainland are elementary schools, K-6. The remaining mainland school is Mattamuskeet Junior/Senior High School which has 375 students in grades 7-12. Ocracoke School is a K-12 school with a total enrollment of 92 students.

The major industries of the county are farming, commercial fishing, and tourism on Ocracoke Island as well as the mainland which is home to Lake Mattamuskeet, where hunters and fishermen from all parts of the country come to enjoy these sports. In spite of the tourism industry, Hyde County is one of the poorest counties in North Carolina. In 1986 Hyde County ranked 99th out of 100 counties in North Carolina, on a scale of 1-100 with 1 being the highest, with a median family income of $11,053 (NC Child Advocacy Institute [NCCAI], 1988). Some women in Hyde County receive late or no prenatal care since there are no hospitals in the county. The only medical service dealing with prenatal care is the local health department. From 1982-1986, Hyde County has ranked 4th out of 100 counties (with 1 being the highest) in infant mortality (NCCAI, 1988).

The subjects in this study consisted of seventh and eighth grade students enrolled in the exploring home economics class at Mattamuskeet School in Swan Quarter, North Carolina. Students at Mattamuskeet School in the seventh and eighth grades may choose to take a band class. From the remaining population of seventh and eighth grade students who did not enroll in band, a random sample of 27 students was selected. These students were enrolled in the exploring home economics class and, with parental consent, served as the experimental group. The remaining students were enrolled in a career

exploration class. From the students in the career
exploration class, a random sample of 27 students, matched by
gender, was selected to serve as the control group.

Instrumentation

The Coopersmith Self-Esteem Inventory and the
Nowicki-Strickland Locus of Control Scale for Children were.
chosen as quantitative measures to be used in this study. The
instruments were selected as general, broad-based measures of
self-esteem and locus of control. Both instruments are
frequently used as research tools in the Reality
Therapy/Control Theory literature. Classroom journal
assignments and student interviews were used for qualitative
analysis of decision-making skills.

Coopersmith Self-Esteem Inventory

The Coopersmith Self-Esteem Inventory (Coopersmith, 1967)
is a paper-and-pencil instrument designed to measure
evaluative attitudes toward one's self. The School Form of
the Coopersmith Self-Esteem Inventory, which was used in this
research, is designed for children ages 8-15. It consists of
50 items, which the student checks "Like Me" or "Unlike Me",
measuring self-esteem, and an 8-item Lie Scale. The inventory
is scorable on five scales: General Self, Social Self-Peers,
Home-Parents, School-Academic, Total Self, and Lie Scales
(Adair, 1984). The lie scale is scored to indicate if
students are attempting to answer all questions positively,
but it is not included in the self-esteem score. Possible

final scores are 100; the higher the score, the more positive
the individual's self-esteem. Predictive validity was
reported by Donaldson in 1974 as .53 (p < .01).

In 1973, Spatz and Johnson administered the School Form
to over 600 students in grades 5, 9, and 12. They randomly
selected 100 students from each grade and calculated
Kuder-Richardson reliability estimates (KR 20). Coefficients
of > .80 were obtained at all three levels. An example of the
Coopersmith Self-Esteem Inventory: School Form is included in
Appendix B.

Nowicki-Strickland Locus of Control Scale for Children

The Nowicki-Strickland Locus of Control Scale for
Children (1973), one of the Nowicki-Strickland Locus of
Control Life Span Scales, is a paper-and-pencil instrument
used to measure generalized locus of control, internal vs.
external, in children. Nowicki and Strickland (1973) reported
an internal consistency by the split-half method, corrected by
the Spearman-Brown formula, as .68 for grades six, seven, and
eight.

> This reliablilty is satisfactory in light of the fact
> that the items are not arranged according to difficulty.
> Since the test is additive and the items are not
> comparable, the split-half reliabilities tend to
> underestimate the true internal consistency of the scale.
> (Nowicki & Strickland, 1973, p. 152)

Test-retest reliabilities were reported as .66 for the
seventh grade. Construct validity was reported as r=.51, p <
.01 for the seventh grade when compared with the Crandall,

Crandall, & Katkovsky's Intellectual Achievement
Responsibility Scale and r=.61 with the Rotter Locus of
Control Scale.

The Nowicki-Strickland Locus of Control Scale for
Children consists of 40 items to which the students respond by
marking yes or no. An example of the Nowicki-Strickland Locus
of Control Scale for Children is included in Appendix C. The
inventories were scored by identifying the number of items
which indicated an external response. Possible final scores
were 40. The higher the score, the more external the
individual's locus of control.

Classroom Journal Assignments

Assignments which guided students in the application of
Reality Therapy, referred to as classroom journal assignments,
were used for qualitative analysis of decision-making skills
of the experimental group. The Reality Therapy process was
expanded for the journal assignment format (see Appendix D) to
assess if the students were making responsible decisions. The
purpose of these journal assignments was to enable the student
to become aware of the process he/she uses in choosing
behaviors (decision-making). Over time, the student should
move toward making more responsible decisions. Content
validity of the journal format was verified by Dr. Marion
Franklin, instructor for the Institute for Reality Therapy.

The application journals, done as classroom assignments,
were kept in a locked file to maintain confidentiality.

During each of the four days in the Reality Therapy/Control
Theory instruction when the basic needs of love, power,
freedom, and fun were discussed, the students were introduced
to the Reality Therapy process by answering the first question
in the journal about the need of that day; for example, "What
do I really want that relates to love?". After the 3 weeks of
Reality Therapy/Control Theory intruction, the students wrote
the first plan (questions numbered 1-11) for their journal
assignment. Two weeks were given for the students to
implement their plans, then the follow-up (questions numbered
12 and 13) was recorded during class. At the end of the
semester, 15 weeks after the Reality Therapy/Control Theory
unit, students repeated the process for a second plan. The
second plan served as practice and reinforcement.

At the completion of the study, students' journal
assignments were analyzed to assess if students were making
responsible decisions using the following procedure. Question
number 1 was "What do I really want?". From looking at
question number 3 "What am I doing now to get what I want?",
and question number 4 "Is this helping?", students decided by
making a value judgement if their present behavior was getting
them what they wanted. In response to Question number 5 "Who
(besides me) does this decision affect?", and question number
6 "How does my decision affect their ability to meet their
needs?" students identified others that their decisions
affected and how it affected them. Question number 7 "Is my

decision responsible?" allowed students to decide if they thought their decisions were responsible or irresponsible. If their decision did not prevent someone else from meeting one or more of their needs of love, power, freedom, or fun, the student's decision was considered responsible. The answers were coded into four categories as follows: (a) answered "yes" their decision was responsible and it indeed was responsible, (b) answered "yes" and it was not responsible, (c) answered "no" and it was responsible, or (d) answered "no" and it was indeed not responsible.

Journal assignments were also analyzed to assess how well the plans were carried out by looking at question number 12 "How did my plan work?" and question number 13 "Do I need to revise my plan?". The answers were coded into four categories as follows: (a) did not carry out plan, (b) plan worked--went on to next plan, (c) plan did not work--revised plan, or (d) plan did not work--gave up on plan.

Student Interviews

Students were interviewed at the end of the semester to assess their thoughts on the Reality Therapy process and to determine the extent to which they had internalized the concepts of Reality Therapy/Control Theory. A copy of the interview schedule is included in Appendix E. These interviews were conducted during the class period as private, individual conferences in a separate room, while the other students were completing another assignment. Use of the

interview schedule insured that each student was asked the same questions. The students appeared to answer the questions openly and honestly, which may be a result of the establishment of a caring environment. This is crucial to the Reality Therapy process, whether as part of a counselor/client or teacher/student relationship.

Data Collection

The data collection procedures were implemented during the second semester of the 1991-92 (January - June) school year. Permission was granted from the Hyde County School System to conduct this research (see Appendix F). After the sample was identified, parental permission was obtained for students to participate (see Appendix G).

At the beginning of the semester, both the experimental group and control group were given the Coopersmith Self-Esteem Inventory and the Nowicki-Strickland Locus of Control Scale for Children. The experimental group participated in the semester class based on Reality Therapy/Control Theory. During this class the students wrote journal assignments which were analyzed for their ability to make responsible decisions. At the end of the semester both groups were given the posttest. In addition, students in the experimental group were interviewed concerning their reactions to the Reality Therapy process.

Data Analysis

The data obtained from the inventories were keypunched and data analyses were done with the help of a computer and statistical consultations (Bolding, 1989; Glass & Hopkins, 1984). Statistical analyses were used to determine differences in:

1) Experimental and control group pretests and posttests

2) Experimental posttest scores by gender, socioeconomic status, and academic achievement.

Descriptive statistics were used to summarize the data. T-tests for independent samples were performed on the pretest self-esteem and locus of control scores for both groups to assess any differences between the groups. Analysis of variance was performed on the self-esteem scores and analysis of covariance was performed on the locus of control scores. Chi-square tests of independence were performed to assess relationships among gender, socioeconomics status, and academic achievement and the self-esteem and locus of control experimental group posttest scores. Correlation techniques were used to assess the relationship between self-esteem and locus of control.

CHAPTER 1V

ANALYSIS OF DATA

The purpose of this study was to assess the effect of Dr. William Glasser's Reality Therapy/Control Theory, presented as part of an adolescent pregnancy prevention program, on the predictors of responsible behavior of junior high school students. Instruments used in this study were the Coopersmith Self-Esteem Inventory and the Nowicki-Strickland Locus of Control Scale for Children. The relationships among the scores on the inventories and gender, socioeconomic status, and academic achievement were also studied. In addition, classroom journal assignments and student interviews were used.

In order to facilitate the presentation of the results, data were analyzed and are presented as follows:

1. A description of the students according to (a) gender, (b) race, (c) grade level, (d) grade average at the end of the semester, and (e) socioeconomic status.

2. Test of hypotheses.

3. A description of the student journal assignments and interviews.

A Description of Students by

Demographic Variables

Students from the seventh and eighth grades at
Mattamuskeet School were randomly selected as the experimental
and control groups for this study. Specifically, the sample
contained 27 students in each group, for a total of 54
students. Data on demographic variables are summarized in
Table 1 for the total sample. In the explanations that
follow, experimental group will refer to students who received
Reality Therapy/Control Theory-based-instruction and control
group will refer to students who did not receive Reality
Therapy/Control Theory-based-instruction.

The sample was comprised of 70% females and 30% males.
Forty-eight percent of the sample were seventh graders and 52%
were eighth graders. The majority of the sample (74%) had
grade averages above 80 at the end of the first semester.
Half of the sample paid for school lunches; the other half
qualified for the school free lunch program. Although the
sample was randomly selected, there appears to be a mirror
image reversal in the experimental and control groups. The
majority of the experimental group was white, paid for their
school lunch, and had grade averages above 80. The majority
of the control group was Black, received free school lunches,
and had grade averages below 80.

Table 1

Descriptive Data for Total Sample (n=54)

Variable	Experimental		Control		Total	
	n	%	n	%	n	%
Sex:						
Male	8	30	8	30	16	30
Female	19	70	19	70	38	70
Race:						
Black	9	33	17	62	26	48
White	18	67	10	37	28	52
Grade Level:						
Seventh	13	48	13	48	26	48
Eighth	14	52	14	52	28	52
Grade Average:						
Above 80	25	93	15	56	40	74
Below 80	2	7	12	44	14	26
SES:						
Paid Lunch	18	67	9	33	27	50
Free Lunch	9	33	18	67	27	50

Test of Hypotheses

In this section, each hypothesis is presented with the data enumerated, statistical procedures discussed, and results analyzed. Two groups of students were used: (a) students who

received Reality Therapy/Control Theory-based-instruction and
(b) students who did not receive Reality Therapy/Control
Theory-based-instruction.

The first hypothesis tested was:

Hypothesis 1: There is no significant difference in
students' self-esteem before and after instruction
using Reality Therapy/Control Theory.

The data used as evidence to test the first hypothesis
were the scores on the Coopersmith Self-Esteem Inventory.
Due to demographic differences in the experimental and control
groups, a t-test for independent samples was performed on the
self-esteem scores prior to treatment. The pretest mean score
for the experimental group was 72.44 and 69.56 for the control
group (see Table 2). The results demonstrated that there were
no significant differences between the groups, (t = .67, p <
.25). Therefore, it was concluded that there was homogeneity
of variance between the two groups.

The one-way analysis of variance was performed to assess
differences in self-esteem between students who did and did
not participate in the Reality Therapy/Control Theory
instruction. There was a significant difference between the
groups, F (3,104) = 3.13, p < .03 (see Table 3).

The analysis of variance was followed by the Sheffé test,
which indicated that there was a significant difference
between the posttest self-esteem scores of the students;
students who received the Reality Therapy/Control Theory-

based-instruction had higher scores than those who did not receive the Reality Therapy/Control Theory-based-instruction. Therefore, Hypothesis 1 was rejected.

Table 2

T-Test for Independent Samples on Coopersmith Self-Esteem Scores

	Experimental		Control	
	Pre	Post	Pre	Post
Sample Size	27	27	27	27
Mean	72.44	81.78	69.56	72.67
Standard Deviation	13.43	12.06	17.99	17.91

Table 3

One-Way Analysis of Variance Between Experimental Group and Control Group on Self-Esteem

Source	SS	DF	Var. Est.	F-Ratio	Prob. F
Among	2278.67	3	759.56	3.13	0.03
Within	25224.00	104	242.54		
Total	27502.67	107			

The second hypothesis tested was:

> Hypothesis 2: There is no significant difference in
> students' locus of control before and after
> instruction using Reality Therapy/Control
> Theory.

The data used as evidence to test the second hypothesis were the scores on the Nowicki-Strickland Locus of Control Scale for Children. Due to demographic differences in the experimental and control groups, a t-test for independent samples was performed on the pretest means of the locus of control scores. The pretest mean score for the experimental group was 12.59 and 15.22 for the control group. The results demonstrated that there was a significant difference between the two groups, t = 2.65, p < .01 (see Table 4).

Table 4

T-Test for Independent Samples on Nowicki-Strickland Locus of Control Scores

	Experimental		Control	
	Pre	Post	Pre	Post
Sample Size	27	27	27	27
Mean	12.59	9.26	15.22	13.48
Standard Deviation	3.31	4.17	3.96	5.23

Therefore, an analysis of covariance, using the pretest score as the covariate, was performed to assess the differences between students who did and did not participate in the Reality Therapy/Control Theory instruction (see Table 5). When the initial difference between the two groups was adjusted, the difference between the groups approached significance, E (1,51) = 3.65, p < .06. Therefore, Hypothesis 2 was not rejected.

Table 5

Analysis of Covariance Between Experimental Group and Control Group on Locus of Control

Source	Adjusted SS	DF	Var. Est.	F-Ratio	Prob. F
Among	48.28	1	48.28	3.65	0.06
Within	675.34	51	13.24		
Total	723.62	52			

The third hypothesis tested was:

> Hypothesis 3: There is no relationship among students' self-esteem scores after instruction using Reality Therapy/Control Theory and gender, socioeconomic status, and academic achievement.

Three 2 x 2 chi-square tests of independence were performed on the posttest self-esteem scores of those students who received the Reality Therapy/Control Theory-based-instruction in relation to gender, academic achievement, and socioeconomic status (see Table 6).

For the chi-square analysis, two groups representing self-esteem were formed by placing those above the median score in the upper group and those below the median score in the lower group. Females were coded (+) and males were coded (-). For socioeconomic status, students who paid for their school lunch were coded (+) and students who received free school lunches were coded (-). Groups for academic achievement were formed by identifying the top 11 students above the median academic achievement score (coded +) and the bottom 11 students below the median score (coded -). It was concluded that neither gender, academic achievement, nor socioeconomic status had any effect on the self-esteem scores. Therefore, Hypothesis 3 was not rejected.

Table 6

Chi-Square Analysis of Self-Esteem Scores by Gender, Academic Achievement, and Socioeconomic Status

Variable	X^2	df	p
Gender	0.94	1	0.33
Academic Achievement	1.64	1	0.20
Socioeconomic Status	1.85	1	0.17

The fourth hypothesis tested was:

Hypothesis 4: There is no relationship among students' locus of control scores after instruction using Reality Therapy/Control Theory and gender, socioeconomic status, and academic achievement.

Chi-square tests of independence were performed on the posttest locus of control scores of those students who received the Reality Therapy/Control Theory-based-instruction in relation to gender, academic achievement, and socioeconomic status (see Table 7).

Table 7

Chi-Square Analysis of Locus of Control Scores by Gender, Academic Achievement, and Socioeconomic Status

Variable	X^2	df	p
Gender	0.52	1	0.47
Academic Achievement	0.18	1	0.67
Socioeconomic Status	0.91	1	0.34

Categorization of variables for the chi square analysis related to locus of control followed the same procedure as reported previously. It was concluded that neither gender, academic achievement, nor socioeconomic status had any effect on the locus of control scores. Therefore, Hypothesis 4 was not rejected.

In order to determine if any relationship existed between the self-esteem scores and locus of control scores, a correlation analysis was performed. Pearson's Product-Moment Correlation procedure was performed on the self-esteem and locus of control posttest scores of the students who received

the Reality Therapy/Control Theory-based-instruction. The results demonstrated that there was a negative correlation between self-esteem and locus of control, r = -0.48, p < .01. The moderate correlation is what would be expected in the general population. Although self-esteem and locus of control are two different constructs, one would expect that as self-esteem increased, locus of control would become more internal.

A Description of Students' Journal Assignments
and Interviews

Students wrote their first journal plan after the instruction in the Reality Therapy unit and a second plan at the end of the semester. Student journals were analyzed by the researcher, as described earlier, and validated by a guidance counselor who is Reality Therapy certified.

Journal Assignments

In response to question numbered 1, "What do I really want?", some of the wants students listed were to have a girlfriend/boyfriend, to improve grades, to lose weight, to get a job, and to improve relationships with family members. The most frequent response was to have a boyfriend or girlfriend. Six females and one male wanted to have a boyfriend or girlfriend. Of the six students who responded that they wanted to improve their grades, half were male and half were female. Five students stated they wanted an afterschool or weekend job: four females and one male. The

types of jobs the students wanted followed traditional gender
role patterns. The females wanted jobs babysitting and the
male wanted a job working in construction. Of the 27
students, 24 correctly identified their decisions on the first
plan as responsible or not reponsible and three identified
them incorrectly (see Table 8).

Table 8

Analysis of Journal Assignments: Responsible Decisions

Outcome	Plan 1	Plan 2
Said responsible and it was responsible	16	18
Said responsible and it was not responsible	2	1
Said was not responsible and it was responsible	1	1
Said was not responsible and it was not responsible	8	7

On the second plan, 25 students correctly identified their
decisions as responsible or not responsible and only two
identified them incorrectly. This demonstrated that the

majority of these junior high school students were able to distinguish responsible vs. irresponsible decisions. When interpreting the fact that only three students misjudged responsible vs. irresponsible decisions, one must consider that the first plan occurred during the Reality Therapy/Control Theory instruction and not before the instruction. The second plan served as practice and a reinforcement at the end of the semester. Although they could distinguish between responsible and irresponsible decisions, they could still choose an irresponsible decision.

Journal assignments were also analyzed by assessing how well the plans were carried out by looking at question number 12 "How did my plan work?" and question number 13 "Do I need to revise my plan?" (see Table 9).

On the first plan, 19 students said that their plan worked and went on to a new plan. One student said that his plan did not work and revised it. Three students stated that their plans did not work and gave up. Four students were coded as did not carry out the plan at all; however, three of these plans were long-term so no results of the plan were available at this time. Students improved their implementation aspects of their plans on the second plan. Twenty-three students stated that their plans worked and they got what they wanted in a responsbile manner. One student's

Table 9

Analysis of Journal Assignments: Plan Implementation

Outcome	Plan 1	Plan 2
Did not carry out plan	4	0
Plan worked- went on to next plan	19	23
Plan did not work- revised it	1	1
Plan did not work- gave up	3	3

plan did not work and it was revised. Three students were

coded as "plan didn't work--gave up"; however, two of these

students realized that they could not have what they wanted

and changed the pictures in their quality worlds. This can be

considered a revision--quite different from giving up. There

were no students who did not carry out the second plan.

Student Interviews

Students were interviewed at the end of the semester, by

the researcher, to assess their reactions to the Reality

Therapy process. Some of the students' thoughts on the

positive and negative aspects of the Reality Therapy process

are listed in Table 10.

Table 10

Student Interviews: Thoughts on Reality Therapy Process

Positive Aspects	Frequency (n=27)
Made you aware of how the mind works and how you think about things	24
Good, useful, interesting	14
Made you stop and think before doing something	6
Liked actual theory	5
Helped communication with parents	2

Negative Aspects	Frequency (n=27)
Hard to understand chart, theory but journals (RT process) were easy	10
Hard to think of situations on demand (for journals)	2
Too much writing (work)	2
Too many questions (in journal)	2
When plan didn't work; you felt bad but it felt good when plan did work	2
Hard to put feelings on paper	1

Most students liked the process and thought that it helped them become aware of their own thinking. Students stated that the most negative aspect was that it was hard; then they clarified that the Control Theory Chart itself was hard, but the journals were easy.

Almost half of the students (44%) reported using the steps in Reality Therapy in other situations outside of the classroom. Of these students, all of them worked through the steps in their heads, rather than writing them down. This demonstrates internalization of the process by the students. Of the remaining students who did not use the Reality Therapy process outside of the classroom, all of them stated the reason was that they did not perceive any occasions to use it. Almost three-fourths (74%) of the students stated that they had told someone else about the Reality Therapy process. When asked to clarify if they had just talked about the class in general or actually taught the steps, 65% of these stated that they actually taught the steps in Reality Therapy to someone else, usually a parent or grandparent.

Case Study

During the instruction of the Reality Therapy/Control Theory unit, students were asked to write a journal entry at the end of each day when the basic needs were introduced, as well as two Reality Therapy plans. The following excerpts, taken verbatim from a student's entries, may give insight to the needs of the student and the problems she brings to school

with her daily. The name of the student has been changed to a

ficticious name. Any connection with any real person by this

name would be purely coincidental.

Jill, an eighth grade student

Day 4 What do you really want that relates to love?

I would really want somebody to listen to me besides my
pastor, friends, and God. My family is like you have
nothing to say and you don't matter. It's like I'm not
even there. I get all of the chores like sweeping the
floor, washing the dishes, cooking and cleaning the
children. They think I'm some kind of slave and all they
do is command me around. They always tell me that my mom
don't care or my father don't care and sometimes they act
like they don't care. I ask to see my brothers and
sisters and they say, "What in the hell do you want to
see them for?" I never have birthday parties because
they always forget. This year they didn't even know till
I was almost home it was my birthday. I don't invite
friends because they won't let me. But my Aunt Bessie's
chidren can curse, hit, holler, and do anything they
want, but as soon as I do something like try to stop
them, all holy hell breaks loose. That is why I'm doing
all I can in school because nobody in my family are worth
anything cause they quit school and don't want to see you
get ahead. I'm not going to live in Hyde County all of
my life in poverty. My Christmas wasn't so hot either-a
watch, sweater, and a doo-doo bird.

Day 5 What do you really want that relates to power?

I really want to have a good reputation in Mattamuskeet
School. I make good grades and get along with them real
well. Everything don't go to my head like for example
pictures taken of me or my name in the newspaper or if I
get called on in class. Some of those things go to
people's head and they think that they are lot better
than you. There are some who think they so much better
than you and ain't got a bit more than you do. I can't
afford suede L. A. Gears or Gucci suits. I am not rich
and don't pretend to be rich. My life is not all it is
cracked up to be. I don't want the kind of power where
you can tell people to jump, how high, and when to come
down. I just want to be recognized as a person with

feelings. I would hate to be a kid who makes all A's and
his parent's expect him to and he has no fun because he
is a brain and when he goes to have fun he acts goofy
with it.

Day 6 What do you really want that relates to freedom?

My freedom is probably as lean as could be. I do have a
choice in who I want to be friends with, my class and how
good I do in school and who I hang around with. Friends
should not be jealous of the fact that other friends
don't hang around them. It's their choice if their
interest change. People change over the years. No one
should take away my freedom. The Pledge of Alligence
says in one nation, under God, individual (sic), and
justice for all. And you should never stop anyone from
attempting their goals.

Day 7 What do you really want that relates to fun?

Life isn't a party even though some think so. I would
just like to cook new and interesting foods and serving.
I think just sitting around is fun. I don't like
ballgames and staying around a whole pile of people. (10
is my limit) I like just exploring new places and
talking to people. I'm not the ordinary teenager who
sneaks out to parties and running away (even though I
thought about it). Some people might think my fun isn't
equal to the rest of my needs but I think so. I don't
like fishing or hunting. My life to some is boring. My
friends tell me you never have any fun or you never get
out of the house. I like to stay home.

Things I Do		Things I Don't
sew	listening to music	steal, fight
cook	clean	I don't go to parties
studying	work	hunting fishing
listening	to rain pitter	don't go out
	patter on the roof	dance
talking to people		
praying		
walking, sports		

Jill does not have a great deal of love, power, freedom,
or fun in her life. She is constantly being put-down by her
family and is often told that no one cares about her, which
reduces her love and power. Jill makes above-average grades,

is not a discipline problem, and has an outgoing personality. She has often redone assignments, even before they were graded, in efforts to try for a higher grade. In the realm of Glasser's concept of a quality school, she practices self-evaluation as she strives for "quality" (Glasser, 1990). One morning she was unusually apathetic and lethargic. After class we talked. She stated there was nothing wrong with her, she was just tired. She explained that she didn't have time to complete her homework because she had to cook supper and look after all of the children in the house. Several of her cousins, unmarried adolescent mothers who dropped out of school, live in the house with her and her elderly grandmother. She is responsible for taking care of the children while her cousins go out and have fun. She stated that she never wants to become pregnant as a teenager because she has seen the consequences firsthand. She wants to "get a PhD and become a psychologist to help other people"; however, she gets ridiculed at home for having goals, which reduces her power and freedom. This is evidenced when she wrote in relation to freedom that "you should never stop anyone from attempting their goals". Jill's scales are definitely out of balance; that is, the picture in her quality world does not match her perception of what actually exists in her real world.

Reality Therapy Plan #2

1. What do I really want?

    What I really want is to have a better relationship with
    my father. I mean I think he should talk to me and stop
    ignoring me and pay attention to me and be a father for
    once in his life. He tells my granny, aunts, and uncles
    what he wants me to know. I try my hardest to make
    things work but until he changes I can't do nothing but
    try.

2. Which of my needs (love, power, freedom, or fun) will
    what I want affect?

    My needs are to be loved and to have fun with him.

3. What am I doing now to get what I want?

    Nothing actually because he don't want to talk to me.
    Why? I kind of figure he don't care or don't own me.

4. Is this helping?

    No. Because he is not putting any effort in his part of
    the relationship.

5. Who (besides me) does this decision affect?

    Him, Because he thinks I'm self-centered and don't
    really care. Me, Because there was never no one to hug
    or be a daddy's girl.

6. How does my decision affect their ability to meet their
    needs of love, power, freedom, and fun?

    His freedom.

7. Is my decision responsible?

    Yes. It is very responsible trying to mend a
    relationship.

8. What other choices could I make to get what I want?

    The choices I could make is call more often, talk face to
    face, and visit more often.

9. Which choice will I choose?

The choice that I will choose is call more often then work my way up to talking face to face.

10. When will I put my decision into action?

I will put my decision into effect Saturday.

11. How committed am I to keeping my plan? (1-10)

I am an 8. I will try this for the next 2 weeks.

Follow-Up

12. How did my plan work?

It didn't work. I did not try. Didn't want to try. I hate trying to do something by myself. All I see is self-centered persons. (him)

13. Do I need to revise my plan?

No. Why not? I quit trying.

During a conference, Jill told me that she had in fact called her father. Her stepmother answered the phone and pretended her father was not home. Her stepmother tries to get her father to talk to her, but he refuses. Jill initially thought that she quit trying because her plan did not get her what she wanted. However, she realized that she is in control of only her behavior, she cannot change someone else's behavior. We cannot always have what we want. Jill had a picture in her head, in her quality world, of what a good father should be like. When Jill decided it was not possible for her to have what she wanted, that her father was not willing, she realized that she needed to change her picture.

She stated that what she really wanted was someone to fulfill her need for love and fun and it was not necessary for her father to fill that picture because he never had before.

Many of the students' plans dealt with interpersonal relationships. Susan, a seventh grade student, wrote

> I really want a boyfriend. This would affect my need for love. I'm looking for a guy who's smart, intelligent, good-looking, and likes me for who I am and not the way I look...This would affect my parents, they are very overprotective...they think I'm not ready so they keep me in the house a lot.

Susan stated that she thinks a boyfriend would satisfy her need for love; however, it appears to be her need for freedom that is unbalanced. If Susan does not choose a responsible way to meet her need for freedom, this could lead to early sexual involvement.

Betty, an eighth grade student, wrote

> What I really want is for guys to not lead you on. They tell you they love you and that stuff. Then turn around and tell you if you don't do something with them, it will be the end of your relationship.

Betty stated that this affected her need for love. She wrote that she was talking to him (her boyfriend), trying to get him to understand that they were too young to do anything, and real love takes time. She thought that this decision only affected her and her boyfriend, no one else. She wrote "It should give him the feeling of being loved, because I do love him". Betty, like many other females, is seeking a

relationship, which Gilligan et al. (1990) described as being based on attachment. Her boyfriend appears to be trying to fulfill his need for fun, rather than love and attachment.

Missy, an eighth grade student, also wanted a true friend and a boyfriend.

> What I really want is a true, honest friend who does not go back and tell other people things you have told them...It would affect love, having a new friend; power, someone to tell me what I do good; and fun, to spend time with them.

Missy was asked to expand on her entry concerning the friend she wanted. Later she wrote that she really wanted

> a real boyfriend who understands me...it affects their love because they'll get someone who really cares about them and does things with them for the fun part, like go off to the movies and out to eat.

Missy also appears to want a relationship based on attachment and commitment.

John, an eighth grade student, stated that he wanted friends that he can trust.

> What I really want is to have true friends that I can talk to...I am trying to get into a different group [peer group]...This would affect love by having someone to talk to. It would also affect fun because I would have someone to hang around with and it would affect freedom by knowing what I say is being kept a secret.

John appears to accurately identify how friendships can affect more than one of his basic needs. He has a picture of trustworthy friends in his quality world. John perceives that

the friends with whom he has been associating have not matched the picture in his quality world of the type of friends he wants. John has decided to change this frustration by changing his "acting" component of behavior--to try to get into a different peer group.

Several themes emerge from reading the case studies: (a) desire for a "good reputation", clear goals, and knowledge of negative consequences of early pregnancy, (b) females wanted a relationship based on attachment, and (c) females wanted to maintain their relationship without hurting others. Jill stated that she wanted a "good reputation", that she has seen firsthand the negative consequences of early pregnancy, and that she has clear goals of college. All of these factors may meet Jill's need for power (self-worth); thereby, the combination of these factors may encourage Jill to postpone early sexual involvement, or at least early pregnancy.

From the other case studies, it appears that most of the females wanted a relationship based on attachment (Glasser's need for love and belonging), as suggested by Gilligan et al. (1990). This correlates with the care orientation which may lead to sexual involvement. They want to meet their need for love, but fear the loss of their boyfriend if they do not engage in sexual activity. By thinking (part of their total behavior) they are "caring for others" the girls keep their boyfriends by engaging in early sexual activity and may meet one or more of their needs of love, power, freedom, and fun.

It also appears that the females are concerned with
maintaining relationships without hurting others, as Gilligan
suggested, which may lead to early sexual involvement.
However, if they do not consider how the consequences will
affect others (parents, boyfriend, etc), they are not choosing
responsible behaviors. Wanting a relationship based on
attachment, love and belonging, and caring for others relates
to the dependent style of decision-making described earlier.
The process of Reality Therapy is a tool girls could use to
move from the dependent style of decision-making (influenced
by the expectations of their boyfriends) to the planning style
of decision-making (taking personal responsibility for the
decision).

Discussion of Findings

The major strength of this study was the Reality
Therapy/Control Theory curriculum. The curriculum and class
setting were a "quality classroom" as described by Glasser
(1990) in his book The Quality School: Managing Students
Without Coercion. The curriculum was need-fulfilling.
Students indicated that they perceived the class as relevant
to their lives and that it was fun. The curriculum resulted
in the students learning the Reality Therapy process, leading
to responsible decision-making. As a result of the study, no
major curriculum changes are indicated; however, it may be

beneficial to incorporate the classroom journal assignments
more frequently throughout the other units. This would allow
for more practice of the Reality Therapy process.

The major limitation of the study was the lack of
adequate instrumentation. Self-esteem, locus of control, and
decision-making were used as predictors of responsible
behavior in this study. The instruments were indirect
measures of the outcome of teaching Reality Therapy/Control
Theory, i.e., how well the students were meeting their needs
and the degree of balance among them. The researcher was
unable to obtain information on decision-making behavior prior
to the Reality Therapy/Control Theory instruction because the
students had to learn the related concepts and terminology
before they could respond to the series of questions related
to decision-making. If instruments had been available to
assess the fulfillment and balance of the students' needs and
compare pre/post instruction decision-making skills, rather
than relying only on indirect measures, assessment of the
effect of the independent variable would have been
strengthened.

The test of the first hypothesis determined that there
was a significant difference in students' self-esteem before
and after instruction using Reality Therapy/Control Theory.
Students who participated in the Reality Therapy/Control
Theory-based-instruction had significantly higher self-esteem
scores than those who did not participate. Since it was

expected that self-esteem would take a longer period of time to change significantly, the difference in self-esteem scores indicates the potency of the Reality Therapy/Control Theory approach to increasing self-esteem. Thus, according to the proposed model in this study, it is possible that more responsible decision-making may result.

The test of the second hypothesis determined there was no significant difference in students' locus of control before and after instruction using Reality Therapy/Control Theory. However, the locus of control scores of the students who received the Reality Therapy/Control Theory-based-instruction approached significance and the posttest scores indicated a more internal locus of control than the pretest scores.

Several factors could account for the lack of change: (a) length of program and (b) timing of the posttest. A program longer than one semester may be needed to give students more time to practice the Reality Therapy process and move toward a more internal locus of control. The posttest was given at the end of the school year. If it had been given prior to final exams, a time when students feel they have little control, the results may have been different In addition, locus of control is a developmental issue, as evidenced by Nowicki & Strickland's Locus of Control Life Span Series. The age of the student, as well as grade level, may provide some insight into the lack of significant change in locus of control. As Schvaneveldt and Adams (1983) describe,

adolescents are beginning to make their own decisions, rather than have others (i.e., parents, teachers) make decisions for them. However, adolescents may continue to think they have little control over certain situations.

The test of the third hypothesis determined there was no relationship among students' self-esteem after instruction using Reality Therapy/Control Theory and gender, socioeconomic status, and academic achievement. Likewise, the test of the fourth hypothesis determined there was no relationship among students' locus of control after instruction using Reality Therapy/Control Theory and gender, socioeconomic status, and academic achievement. The small numbers respresenting the categories and the lack of variability within the sample may have affected the outcomes for both self-esteem and locus of control. An increase in sample size and a more heterogeneous sample may demonstrate different results.

The majority of the students who received Reality Therapy/Control Theory-based-instruction could distinguish between responsible and irresponsible behaviors. Of the total number of students in the experimental group, 93% correctly identified their behavior as responsible or irresponsible, as indicated by their journal assignments. Students who are able to identify and choose responsible behaviors are more likely to have a better sense of control over their lives, thereby increasing power and self-esteem.

The majority of the students who wrote journal
assignments stated that their plans were beneficial. Of the
total number of students in the experimental group, 74% stated
that their plans worked to help them get what they wanted. As
students became more familiar with the process, the level of
commitment increased. There were no students who did not
carry out their last plan. As previously mentioned, according
to Festinger's theory of cognitive dissonance, once a personal
commitment is made, internal pressure to fulfill that
commitment is almost a certainty (Parish, 1988). Therefore,
it may be unlikely that a student who can distinguish between
responsible and irresponsible behavior would make a commitment
to carry out a behavior that they know is irresponsible and is
not going to get them what they want.

The majority of the students who wrote journal
assignments thought the Reality Therapy process was beneficial
in decision-making. Almost half of the students (44%)
reported using the Reality Therapy process in their personal
lives outside of the classroom (put the process in their
quality world). Of the students who reported using Reality
Therapy in their personal lives, all of them stated they were
able to use the process without having to write down each
step. Incorporating the Reality Therapy process in their
personal lives demonstrates that students internalized the
process. This may indicate that using the Reality Therapy
process as a guiding principle leads to more responsible

decision-making. Almost three-fourths (74%) of the students told someone else about Reality Therapy. Of these students, 65% actually taught the steps of Reality Therapy to someone else. Therefore, it appears that Reality Therapy was beneficial to the students.

Many teenagers at-risk for too-early pregnancy may make decisions by acting on emotions without weighing the alternatives or consequences (intuitive style of decision-making) or by allowing the expectations of their boyfriend/girlfriend to influence their decisions (dependent style of decision-making). As illustrated in Figure 1, Reality Therapy/Control Theory helps students meet their psychological needs. Students who have more love, power, freedom, and fun are more likely to have a higher self-esteem and a more internal locus of control. As students feel love and connectedness and meet their need for power (self-worth), their perception have of themselves will improve. They will believe that they, rather than outside circumstances, are in control of their lives by realizing that they have the freedom to choose their behaviors. When students choose to meet their needs by gathering information and weighing the alternatives and consequences of their behaviors (planning style of decision-making), they are choosing responsible decision-making. By understanding and practicing the concepts of Reality Therapy/Control Theory, students may choose responsible behaviors; therefore, they may choose to avoid

adolescent pregnancy. Reality Therapy/Control Theory enables students to increase their life options and their capacity to make decisions, especially in the area of sexuality, two themes in adolescent pregnancy prevention.

CHAPTER V

SUMMARY AND RECOMMENDATIONS

The purpose of this study was to assess the effect of Dr. William Glasser's Reality Therapy/Control Theory, presented as part of an adolescent pregnancy prevention program, on the predictors of responsible behavior of junior high school students. A random sample of 27 seventh and eighth grade students at Mattamuskeet School was selected to serve as the experimental group which received instruction based on Reality Therapy/Control Theory. Twenty-seven additional seventh and eighth grade students were selected randomly to serve as the control group.

The independent variable in this study was the instruction of the principles of Reality Therapy/Control Theory. The dependent variables were (a) self-esteem, as measured by the Coopersmith Self-Esteem Inventory, (b) locus of control, as measured by the Nowicki-Strickland Locus of Control Scale for Children, and (c) decision-making, as indicated by classroom journal assignments. These served as measures of predictors of responsible behavior. The moderator variables were gender; socioeconmic status, as differentiated by free lunch or full-priced lunch assignment which were

determined by federal eligibility standards; and academic achievement, as assessed by grade averages at the end of the 1991-92 school year.

The Reality Therapy/Control Theory-based-instruction was given for a semester in regular 50-minute class meetings, 5 days per week through an exploring home economics class. This class focused on helping students make responsible decisions, as a means of primary prevention of adolescent pregnancy.

The analysis of data involved both descriptive and inferential statistics. Data included scores on the Coopersmith Self-Esteem Inventory and the Nowicki-Strickland Locus of Control Scale for Children before and after instruction. These scores were also analyzed in relation to gender, academic achievement, and socioeconomic status. Qualitative data included students' classroom journals assignments and interviews.

Numbers and percentages were computed for the demographic data. T-tests were performed to determine homogeneity of the two groups before instruction. The hypotheses were tested utilizing the one-way analysis of variance for the self-esteem scores and analysis of covariance for the locus of control scores. Chi square analyses were conducted to determine relationships among the scores and gender, academic achievement, and socioeconomic status. A correlation procedure was used to determine the relationship between the self-esteem and locus of control scores.

The test of the first hypothesis determined there was a significant difference in students' self-esteem before and after instruction using Reality Therapy/Control Theory. The test of the second hypothesis determined there was no significant difference in students' locus of control before and after instruction using Reality Therapy/Control Theory, although the results approached significance. The tests of the third and fourth hypotheses determined there were no relationships among students' self-esteem and locus of control scores after instruction using Reality Therapy/Control Theory and gender, socioeconomic status, and academic achievement.

Analysis of the students' journal assignments and interviews indicated that the majority of the students who received the Reality Therapy/Control Theory-based-instruction could distinguish between responsible and irresponsible behaviors. They also thought that the plans they wrote in their journal assignments as well as the Reality Therapy process were beneficial in decision-making.

Based on the hypotheses and findings, the results of this study of the effect of Dr. William Glasser's Reality Therapy/Control Theory, presented as part of an adolescent pregnancy prevention program, on the predictors of responsible behavior have implications for home economics education. Providing instruction in Reality Therapy/Control Theory could become a valuable strategy in the primary prevention of adolescent pregnancy. An exploring home econcomics class may

be an appropriate class to incorporate the curriculum. Most
of the students (93%) were able to correctly distinguish
between responsible and irresponsible behavior. This could
encourage students to take responsiblity for their actions.
Also, providing a semester-long class based on Reality
Therapy/Control Theory could allow students time to
internalize the process of choosing responsible behaviors.
Almost half of the students (44%) stated that they used the
Reality Therapy process in their personal lives outside of
class. Most of the students (93%) stated that Reality Therapy
helped them become aware of how they think and it encouraged
them to think before doing something--their thoughts and
actions. Since thoughts and actions are the two components of
total behavior which are the easiest to change, Reality
Therapy could lead to adolescents choosing to avoid an early
pregnancy. By using Reality Therapy/Control Theory, students
can identify the most responsible means of meeting their
needs.

Recommendations for Further Research

Based upon the results of this study, several
recommendations are made for further research.

The first issue of this study to consider is its
limitation of generalizability due to the scope of the sample.
It is recommended that this study be replicated, with larger

sample sizes, to assess the effect of an adolescent pregnancy program based on Reality Therapy/Control Theory in other areas throughout North Carolina.

The next issue is the lack of adequate instrumentation. It is recommended that three instruments, based on the concepts of Reality Therapy/Control Theory, be devised: (a) an instrument to measure the level of how well an individual is meeting his/her needs of survival, love, power, freedom, and fun, (b) an instrument to measure the degree of balance among the needs, and (c) an instrument to serve as an assessment of responsible decision-making.

The last issue to consider is the long-term effects of the study. It is recommended that a longitudinal study be conducted as a follow-up of the students in this present study to determine if they choose responsible behaviors throughout their high school years.

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APPENDIX A

REALITY THERAPY/CONTROL THEORY
COURSE DESCRIPTION

SEMESTER PLAN

Choices: Choosing Responsible Behavior

Reality Therapy/Control Theory	3 weeks
Adolescent Development	1 week
Self-Esteem	3 weeks
Values, Goals, and Decisions	2 weeks
Interpersonal & Family Relationships	3 weeks
Gender Roles and Stereotypes	1 week
Peer Pressure	3 weeks
Adolescent Pregnancy	2 weeks

SIX-WEEKS PLAN

Choices: Choosing Responsible Behavior

The student will be able to:

1st Six Weeks

    A. Reality Therapy/Control Theory

        1. Discuss the five basic needs.
        2. Distinguish between responsible and irresponsible behaviors.
        3. Explain the components of Control Theory.
        4. Apply the steps in Reality Therapy/Control Theory in his/her decision to choose behaviors.

    B. Adolescent Development

        1. Explain the meaning of adolescence.
        2. Give examples of the physical, emotional, mental, and social changes he/she goes through during adolescence.

    C. Self-Esteem

        1. Describe the concepts of self-esteem.
        2. Compare his/her view of himself/herself with how others see him/her.
        3. Explain how he/she can strengthen his/her self-esteem.

2nd Six Weeks

    A. Values, Goals, and Decisions

        1. Explain the relationship between values, goals, and decisions.
        2. Analyze his/her values and goals.
        3. Demonstrate use of the steps in the decision-making process.
        4. Explain how various factors can limit decision-making alternatives.
        5. Describe advantages of using the decision-making process.
        6. Explain how the decisions he/she makes affects himself/herself and others.

B. Interpersonal & Family Relationships

    1. Describe family structures.
    2. Describe the stages of the family life cycle.
    3. Explain the major functions of the family.
    4. Discuss the rights and responsibilities of family members.
    5. Explain the communication process.
    6. Show how good communication among family members can help solve problems.
    7. Explain desirable qualities of a caring friend.
    8. Discuss how parents affect friendships.
    9. Demonstrate positive ways to handle conflicts.

3rd Six Weeks

A. Gender Roles & Stereotypes

    1. Identify his/her roles.
    2. List factors affecting role expectations.
    3. Explain forces that influence role choices.
    4. Distinguish between types of stereotypes.
    5. Explain how stereotypes hurt individuals.
    6. Give examples of how he/she can learn to avoid prejudice in himself/herself and others.

B. Peer Pressure

    1. Define peer pressure.
    2. Analyze types of peer pressure.
    3. Demonstrate refusal skills.
    4. Discuss consequences of personal decisions regarding drugs, sex, and shoplifting.
    5. Explain causes of stress.
    6. Discuss ways to handle stress.
    7. Evaluate the effects that various crises could have on the life of a teenager.
    8. Identify sources of help with various crises.

C. Adolescent Pregnancy

    1. Discuss reasons for adolescent pregnancy.
    2. Discuss consequences of adolescent pregnancy.
    3. Analyze the relationship between choosing responsible behaviors and adolescent pregnancy.

HOME ECONOMICS EDUCATION
Course Blueprint for 7008-b: CHOICES: CHOOSING RESPONSIBLE BEHAVIOR
[Course Length: 1 Semester; Class Length: 1 Period]

Teacher: _____ School: _____ LEA: _____

Class Period(s): Circle   1st   2nd   3rd   4th   5th   6th   7th   Room: School Year: 199 - 199

Seq. Day 1	Test Pts.	Time Days	UNIT Weight	COURSE Weight	Type Beh.	Related Skill Area	Level	Core Supp.	Comp. # Obj. #	Unit Titles/Comp./Obj. Statements (The Student Will Be Able To:)
1	2	3	4	5	6	7	8	9	10	11 BP: HEC: 7008-b: 01/92 Page 1
		90.0		100.0%						
		15.0	100.0%	16.7%					UNIT A	REALITY THERAPY/CONTROL THEORY
		15.0	100.0%	16.7%	C3	C/SS	1	Core	001.00	Apply components of responsible behavior.
		5.0	33.3%	5.6%	C2	C/SS	1	Core	001.01	Discuss the five basic needs.
		1.0	6.7%	1.1%	C3	C/SS	1	Core	001.02	Distinguish between responsible and irresponsible behaviors.
		6.0	40.0%	6.7%	C2	C/SS	1	Core	001.03	Explain the components of control theory.
		3.0	20.0%	3.3%	C3	C/SS	1	Core	001.04	Apply the steps in Reality Therapy/Control Theory in his/her decision to choose behaviors.
		5.0	100.0%	5.6%					UNIT B	ADOLESCENT DEVELOPMENT
		5.0	100.0%	5.6%	C1	C/SS	1	Core	002.00	Describe the changes during adolescence.
		1.0	20.0%	1.1%	C2	C/SS	1	Core	002.01	Explain the meaning of adolescence.
		4.0	80.0%	4.4%	C1	C/SS	1	Core	002.02	Give examples of physical, emotional, mental and social changes he/she goes through during adolescence.
		15.0	100.0%	16.7%					UNIT C	SELF-ESTEEM
		15.0	100.0%	16.7%	C3	C/SS	1	Core	003.00	Evaluate his/her level of self-esteem.
		2.0	13.3%	2.2%	C1	C/SS	1	Core	003.01	Describe the concepts of self-estem.
		10.0	66.7%	11.1%	C3	C/SS	1	Core	003.02	Compare his/her view of himself/herself with how others see him/her.
		3.0	20.0%	3.3%	C2	C/SS	1	Core	003.03	Explain how he/she can strengthen his/her self-esteem.

1	2	3	4	5	6	7	8	9	10	11 BP: HEC: 7008-b: 01/92 Page 2
		10.0	100.0%	11.1%					UNIT D	VALUES, GOALS, AND DECISIONS
		10.0	100.0%	11.1%	C2	C/SS	1	Core	004.00	Discuss the relationship between values, goals, and decisions.
		2.0	20.0%	2.2%	C2	C/SS	1	Core	004.01	Explain the relationship between values, goals, and decisions.
		3.0	30.0%	3.3%	C3	C/SS	1	Core	004.02	Analyze his/her values and goals.
		2.0	20.0%	2.2%	C3/P	C/SS	1	Core	004.03	Demonstrate use of the steps in the decision-making process.
		.5	5.0%	.6%	C2	C/SS	1	Core	004.04	Explain how various factors can limit decision-making alternatives.
		.5	5.0%	.6%	C1	C/SS	1	Core	004.05	Describe advantages of using the decision-making process.
		2.0	20.0%	2.2%	C2	C/SS	1	Core	004.06	Explain how the decisions he/she makes affects himself/herself and others.
		15.0	100.0%	16.7%					UNIT E	INTERPERSONAL & FAMILY RELATIONSHIPS
		15.0	100.0%	16.7%	C3	C/SS	1	Core	005.00	Analyze interpersonal and family relationships.
		.5	3.3%	.6%	C1	C/SS	1	Core	005.01	Describe family structures.
		.5	3.3%	.6%	C1	C/SS	1	Core	005.02	Describe the stages of the family life cycle.
		.5	3.3%	.6%	C2	C/SS	1	Core	005.03	Explain the major functions of the family.
		.5	3.3%	.6%	C2	C/SS	1	Core	005.04	Discuss the rights and responsibilities of family members.
		3.0	20.0%	3.3%	C2	C/SS	1	Core	005.05	Explain the communication process.
		3.0	20.0%	3.3%	C3/P	C/SS	1	Core	005.06	Show how good communication among family members can help solve problems.
		1.0	6.7%	1.1%	C2	C/SS	1	Core	005.07	Explain desirable qualities of a caring friend.

1	2	3	4	5	6	7	8	9	10	11 BP: HEC: 7008-b: 01/92 Page 3
		2.0	13.4%	2.2%	C2	C/SS	1	Core	005.08	Discuss how parents affect friendships.
		4.0	26.7%	4.4%	C3/P	C/SS	1	Core	005.09	Demonstrate positive ways to handle conflicts.
		5.0	100.0%	5.6%					UNIT F	GENDER ROLES & STEREOTYPES
		5.0	100.0%	5.6%	C3	C/SS	1	Core	006.00	Distinguish between myths about gender roles and stereotypes.
		1.0	20.0%	1.1%	C1	C/SS	1	Core	006.01	Identify his/her roles.
		1.0	20.0%	1.1%	C1	C/SS	1	Core	006.02	List factors affecting role expectations.
		1.0	20.0%	1.1%	C2	C/SS	1	Core	006.03	Explain forces that influence role choices.
		.5	10.0%	.6%	C3	C/SS	1	Core	006.04	Distinguish between types of stereotypes.
		.5	10.0%	.6%	C2	C/SS	1	Core	006.05	Explain how stereotypes hurt individuals.
		1.0	20.0%	1.1%	C2	C/SS	1	Core	006.06	Give examples of how he/she can learn to avoid prejudice in himself/herself and others.
		15.0	100.0%	16.7%					UNIT G	PEER PRESSURE.
		15.0	100.0%	16.7%	C3	C/SS	1	Core	007.00	Distinguish between positive and negative consequences of pressures.
		.5	3.3%	.6%	C1	C/SS	1	Core	007.01	Define peer pressure.
		1.0	6.7%	1.1%	C3	C/SS	1	Core	007.02	Analyze types of peer pressure.
		3.0	20.0%	3.3%	C3/P	C/SS	1	Core	007.03	Demonstrate refusal skills.
		3.0	20.0%	3.3%	C2	C/SS	1	Core	007.04	Discuss consequences of personal decisions regarding drugs, sex, and shoplifting.
		2.0	13.4%	2.2%	C2	C/SS	1	Core	007.05	Explain the causes of stress.
		2.0	13.4%	2.2%	C2	C/SS	1	Core	007.06	Discuss ways to handle stress.
		3.0	20.0%	3.3%	C3	C/SS	1	Core	007.07	Evaluate the effects that various crises could have on the life of a teenager.
		.5	3.3%	.6%	C1	C/SS	1	Core	007.08	Identify sources of help with various crises.

1	2	3	4	5	6	7	8	9	10	11 BP: HEC: 7008-b: 01/92 Page 4
		10.0	100.0%	11.1%					UNIT H	ADOLESCENT PREGNANCY
		10.0	100.0%	11.1%	C3	C/SS	1	Core	008.00	Evaluate the consequences of adolescent pregnancy.
		2.0	20.0%	2.2%	C2	C/SS	1	Core	008.01	Discuss reasons for adolescent pregnancy.
		2.0	20.0%	2.2%	C2	C/SS	1	Core	008.02	Discuss the consequences of adolescent pregnancy.
		6.0	60.0%	6.7%	C3	C/SS	1	Core	008.03	Analyze the relationship between choosing responsible behaviors and adolescent pregnancy.

CHOICES: CHOOSING RESPONSIBLE BEHAVIOR-HEC 7008B

Instructor: Mrs. Margaret Harris
Home Economics Dept.
Mattamuskeet Junior/Senior High School

UNIT: REALITY THERAPY/CONTROL THEORY

Day 1   1. Pretesting

Day 2
    1. Make Friends
   11. Course Syllabus (Handout)
  111. Class Discussion Rules

Day 3
    1. Care Circle
   11. Introduction to Reality Therapy/Control Theory (RT/CT)
  111. Basic Needs
   1V. Definition of Responsible Behavior

Day 4
    1. Class Warm-up
   11. RT/CT-theory- Love
  111. Journals

Day 5
    1. Class Warm-up
   11. RT/CT-theory- Power
  111. Journals

Day 6
    1. Class Warm-up
   11. RT/CT-theory- Freedom
  111. Journals
   1V. Question Box

Day 7
    1. Discuss Questions
   11. Class Warm-up
  111. RT/CT-theory- Fun
   1V. Journals
    V. Activity- Sparkle Greeting Bags

Day 8
    1. Care Circle
   11. Class Warm-up
  111. Signals- Pictures in Your Head

Day 9   1.   Class Warm-up
                11. Behavior- Responsible vs. Irresponsible
                111. Activity- Create RT/CT Comic Strip

Day 10   1.   Class Warm-up
                11. Basic Needs Circle/Balance
                111. Activity- Basic Needs Mobile

Day 11   1.   Class Warm-up
                11. Steps in Reality Therapy- Role Plays
                111. Journals
                1V. Question Box

Day 12   1.   Discuss Question
                11. Class Warm-up
                111. Video- "Let's Talk About Responsibility"

Day 13   1.   Care Circle
                11. Introduce RT/CT board game/computer
                     software

Day 14   1.   Class Warm-up
                11. Review- RT/CT board game/computer software

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Day 15   1.   Test- Reality Therapy/Control Theory Unit

APPENDIX B

COOPERSMITH SELF-ESTEEM INVENTORY

PLEASE NOTE

Copyrighted materials in this document have
not been filmed at the request of the author.
They are available for consultation, however,
in the author's university library.

106-108

110-112

University Microfilms International

APPENDIX C

NOWICKI-STRICKLAND LOCUS OF CONTROL
SCALE FOR CHILDREN

APPENDIX D

CLASSROOM JOURNAL ASSIGNMENT

JOURNAL

1. What do I really want?

2. Which of my needs (love, power, freedom, or fun) will what I want affect?

3. What am I doing now to get what I want?

4. Is this helping?   (Value judgement)

5. Who (besides me) does this decision affect?

6. How does my decision affect their ability to meet their needs of love, power, freedom, and fun?

7. Is my decision responsible?

8. What other choices could I make to get what I want?

9. Which choice will I choose?

10. When will I put my decision into action?

11. How committed am I to keep my plan?

1	2	3	4	5	6	7	8	9	10
Least Committed									Most Committed

12. How did my plan work?   (Follow-up)

13. Do I need to revise my plan?
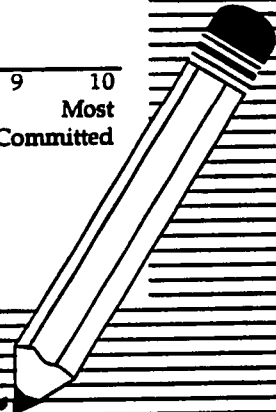
My Thoughts about

APPENDIX E

INTERVIEW SCHEDULE

INTERVIEWS

1. What did you think about the Reality Therapy process? What did you think was good about it (what did you like about it)?

    What did you think was bad about it (what did you NOT like about it)?

2. Have you used the steps in Reality Therapy with something else that you wanted other than what you wrote in your journal entries?

    If so, did you write out each step or just do it in your head?

    If not, what do you think kept you from using it?

3. Have you told anybody else about it?

    If so, did you just tell in general what we were doing in class, or did you actually sit down and explain the steps to them?

APPENDIX F

LETTER
HYDE COUNTY SCHOOLS

Hyde County Schools

DAVID SCOTT COBLE, SUPERINTENDENT

Swan Quarter, NC 27885

December 18, 1991

Mrs. Margaret C. Harris
PO Box 82
Swan Quarter, North Carolina 27885

Dear Mrs. Harris:

The Hyde County Schools grants you permission to use data collected, while teaching "Choices: Choosing Responsible Behavior" in the Department of Home Economics at Mattamuskeet School, for research purposes.

Sincerely,

Morgan H. Harris
Associate Superintendent
Vocational Director/Curriculum Coordinator
Hyde County Schools

APPENDIX G

CONSENT LETTER

MATTAMUSKEET SCHOOL
ROUTE 1, BOX 155a
SWAN QUARTER, N.C. 27885

OFFICE OF THE PRINCIPAL

January 13, 1992

Dear Parents:

The second semester of your son's/daughter's exploring home economics class will be a class called "Choices: Choosing Responsible Behavior". Some of the topics that will be covered in this class include how to choose responsible behaviors, self-esteem, and peer pressure. The goal of this class is to help our youth be better prepared to make critical life decisions.

Since this is a new class in the Hyde County Schools, I will be conducting research to evaluate the program. Any classwork or test results will be strictly anonymous. No student's name will be used in the evaluation.

Please sign the form in the space below if you agree for your child to participate in this project and return the form to me by Wednesday, January 15, 1992. Please fee free to contact me at 926-4521 if you have any questions. Thank you.

Sincerely,

Mrs. Margaret C. Harris
Vocational Curriculum Coordinator/Home Economics
Hyde County Schools

I give my permission for my son/daughter_____
to participate in this research project.

_____
Parent (s)/ Guardian

The Hyde County Schools in cooperation with the community will provide opportunities which will insure quality learning of academic skills by ALL students and will instill in them community values.

APPENDIX H

DEMOGRAPHIC DATA

Demographic Data

	Experimental			Control		
Student	Gender	AA	SES	Gender	AA	SES
1	M	88	P	M	79	P
2	F	87	F	M	78	F
3	F	96	P	M	92	P
4	F	92	P	M	91	F
5	F	89	F	F	89	P
6	M	90	P	F	91	P
7	F	84	P	F	93	F
8	F	86	P	F	62	F
9	M	85	P	F	81	F
10	F	90	F	F	80	F
11	F	84	P	M	74	F
12	M	86	P	M	90	F
13	F	95	P	F	82	F
14	F	80	P	F	81	F
15	F	80	F	F	76	F
16	F	85	F	F	83	P
17	F	83	F	F	72	F
18	M	81	P	F	82	F
19	F	91	P	F	85	P
20	F	91	P	F	72	P
21	M	86	P	M	80	F
22	F	92	P	F	77	F
23	F	91	P	F	79	F
24	M	85	F	F	80	F
25	F	84	F	F	88	F
26	F	78	F	M	98	P
27	M	89	P	F	86	P

NOTE: Gender   M = Male
                  F = Female

        AA   Academic Acheivement = grade average at the
                                      end of the school
                                      year

        SES   Socioeconomic Status P = paid lunch
                                      F = free lunch

APPENDIX I

SCORES ON COOPERSMITH
SELF-ESTEEM INVENTORY

Scores on Coopersmith Self-Esteem Inventory of Students Who
Received and Did Not Receive Reality Therapy/Control Theory
Based Instruction

Student	Experimental			Control	
	Pre	Post		Pre	Post
1	74	78		70	62
2	58	58		78	60
3	86	94		86	88
4	86	92		94	96
5	78	86		84	96
6	92	94		88	92
7	80	90		74	92
8	52	78		58	68
9	72	80		62	68
10	62	68		60	48
11	70	92		50	66
12	70	70		72	94
13	96	98		84	74
14	64	68		72	70
15	72	84		86	82
16	86	90		96	88
17	56	60		88	88
18	72	78		80	70
19	84	88		74	80
20	76	86		32	26
21	76	92		58	82
22	70	98		66	62
23	42	72		46	60
24	84	84		44	62
25	70	88		32	36
26	46	56		86	86
27	82	86		58	66

APPENDIX J

SCORES ON NOWICKI-STRICKLAND
LOCUS OF CONTROL SCALE
FOR CHILDREN

Scores on Nowick-Strickland Locus of Control Scale for
Children of Students Who Received and Did Not Receive Reality
Therapy/Control Theory Based Instruction

Student	Experimental		Control	
	Pre	Post	Pre	Post
1	12	8	21	21
2	15	10	15	16
3	7	4	16	18
4	7	3	12	7
5	12	3	13	6
6	10	6	11	7
7	15	8	13	5
8	22	11	15	13
9	13	9	16	13
10	13	9	18	21
11	15	7	16	13
12	16	11	16	10
13	8	7	13	16
14	10	8	8	13
15	14	8	14	13
16	10	8	14	8
17	18	19	11	9
18	11	6	12	12
19	11	11	20	23
20	10	5	20	21
21	11	7	19	15
22	11	4	20	13
23	15	16	20	15
24	12	15	14	14
25	15	7	24	23
26	14	14	10	12
27	13	17	10	7