

Rowan University

## Rowan Digital Works

---

Theses and Dissertations

---

5-6-1999

### A validation study for the use of the Adolescent and Adult Self-Concept Retrospective Scale for emotionally disturbed adolescents

Stephanie D. Frasier  
*Rowan University*

Follow this and additional works at: <https://rdw.rowan.edu/etd>

 Part of the Educational Psychology Commons

Let us know how access to this document benefits you - share your thoughts on our feedback form.

---

#### Recommended Citation

Frasier, Stephanie D., "A validation study for the use of the Adolescent and Adult Self-Concept Retrospective Scale for emotionally disturbed adolescents" (1999). *Theses and Dissertations*. 1801.  
<https://rdw.rowan.edu/etd/1801>

This Thesis is brought to you for free and open access by Rowan Digital Works. It has been accepted for inclusion in Theses and Dissertations by an authorized administrator of Rowan Digital Works. For more information, please contact [LibraryTheses@rowan.edu](mailto:LibraryTheses@rowan.edu).

A VALIDATION STUDY FOR THE USE OF  
THE ADOLESCENT AND ADULT SELF-  
CONCEPT RETROSPECTIVE SCALE FOR  
EMOTIONALLY DISTURBED  
ADOLESCENTS

by  
Stephanie Frasier

A Thesis

Submitted in partial fulfillment of the requirements of the  
Master of Arts Degree  
Of  
The Graduate School  
At  
Rowan University  
Spring 1999

Approved by \_\_\_\_\_ Professor

Date Approved 5/6/99

## ABSTRACT

Stephanie D. Frasier

A Validity Study on the Use of the Adolescent and Adult Self-concept  
Retrospective Scale for Emotionally Disturbed Adolescents

May 4, 1999

Dr. Klanderman  
School Psychology

The purpose of this study was to determine the validity of the Adolescent and Adult Self-concept Retrospective Scale (AASRS) for use with emotionally disturbed adolescents. To determine validity, scores on a behavioral rating scale, the Behavioral Dimensions Rating Scale (BDRS), completed by a teacher or teachers' assistants were correlated to scores on the AASRS. It was thought that if there was a high congruence between the scores on the two measures the AASRS would be validated.

The sample in this study consisted of 29 dually diagnosed adolescents that attended a school for special needs students. All subjects were between 13 and 20 years old and were previously diagnosed as emotionally disturbed, and had a secondary diagnosis. The sample consisted of primarily males, 21 males and 8 females from various SES and ethnic backgrounds.

The data was analyzed using a Pearson correlation and Spearman rho correlation coefficients. Correlations were computed for all subjects based on gender and secondary diagnosis. The results of the current study did not yield any significant correlations between the BDRS and the AASRS.

## ABSTRACT

Stephanie D. Frasier

A Validity Study on the Use of the Adolescent and Adult Self-concept  
Retrospective Scale for Emotionally Disturbed Adolescents

May 4, 1999

Dr. Klanderman  
School Psychology

The purpose of this study was to determine the validity of the AASRS for use with emotionally disturbed adolescents. To determine validity, scores on a behavioral rating scale, the BDRS, were correlated to scores on the AASRS. It was thought that if there were high congruence between the scores on the two measures the AASRS would be validated. Correlations computed for all subjects, based on gender, and secondary diagnosis. The results of the current study did not yield any significant correlations ( $p < .05$ ) between the BDRS and the AASRS.

## ACKNOWLEDGMENTS

The author wishes to thank everyone that participated in the study, you made it all possible and you will not be forgotten. In addition, thanks to her family, friends, and especially Justin for all the support and encouragement.

## TABLE OF CONTENTS

Acknowledgements .....	ii
Table of Contents .....	iii
List of Tables and Charts .....	iv
Introduction	
1.1 Need .....	1
1.2 Purpose .....	2
1.3 Hypothesis .....	2
1.4 Theory .....	3
1.5 Assumptions.....	5
1.6 Limitations .....	5
1.7 Definitions .....	5
Literature Review	
2.1 Emotionally disturbed versus regular education students.....	9
2.2 How others perceive the emotionally disturbed students .....	14
2.3 Self- concept and academic achievement.....	15
2.4 Self-concept assessment used to differentiate between emotionally disturbed and conduct disorder.....	17
2.5 Method designed to improve self-concept .....	19
2.6 Summary.....	21
Design of Study	
3.1 Sample .....	24
3.2 Measure .....	24
3.3 Procedure.....	27
3.4 Testable hypothesis.....	28
3.5 Analysis .....	28
3.6 Assumptions .....	29
3.7 Summary.....	29
Analysis of results	
4.1 Results of correlations of BDRS and AASRS scores.....	30
4.2 An analysis of AASRS scores .....	33
Discussion	
5.1 Summary of results.....	35
5.2 Discussion.....	36
5.3 Conclusion .....	41
5.4 Implications for further research .....	43

**LIST OF TABLES AND FIGURES**

**Table**

4.1 .....32

4.2 .....33

**Figures**

4.1 .....33

5.1 .....39

## Chapter 1

### Need

Traditionally the mental health profession has thought that emotionally disturbed children maintain a negative self-concept (Zimet and Farley, 1985). However, not all studies agree that these children possess a negative self-concept. Some studies report that emotionally disturbed children have a significantly lower self-concept than their non-diagnosed peers. Other studies report that emotionally disturbed children have a self-concept equal to that of their non-diagnosed peers. The reason for the discrepancies in the findings is unknown, although there are several studies that propose it is dependent on the person rating the self-concept.

Understanding this discrepancy is extremely important since teachers frequently include curriculum that enhances one's self-concept and self esteem in the IEP (individual educational plan) for the emotionally disturbed student (Paul, 1990). Zimet and Farley (1985) conducted a study that suggests that the discrepancy between a teacher's rating and a student's rating may be due to test design. Their 1985 study examined the difference between the self-concept scores for emotionally disturbed students when rated by their teacher and when rated by the student themselves on a self-report measure. They found that teachers tended to rate the emotionally disturbed students with a negative self-concept, where as the students scored in the positive range for self-concept on a self-report measure. The authors attribute this finding to poor design of the self-concept scales. They found that self-concept-rating scales frequently ask



questions that are directly stated, very personal in nature, require a forced choice answer, and the questions generally pull for socially acceptable answers. It is important that a reliable and valid measure of self-concept be used when assessing a child's self-concept for designing that student's educational program. An accurate assessment of self-concept is significant when one considers how much time and money educators dedicate to programs designed to improve a child's self-concept.

### Purpose

The purpose of this study is to examine the correlation between the emotionally disturbed students' score on the Adolescent and Adult Self-concept Retrospective Scale, a self-report measure, and the student's score on the Behavioral Dimensions Rating Scale when completed by the teacher.

### Hypothesis

It is hypothesized that there is a high level of congruence between the teacher's rating on the Behavioral Dimensions Rating Scale and the self-report ratings on the Adolescent and Adult Self-concept Retrospective Scale for an emotionally disturbed adolescent population.

### Theory

Most theorists believe that a child gradually develops a self-concept, which occurs along with the development of the ability to differentiate the external environment. Lewis and Brooks-Gunn (1979) state that there are four core skills to develop a sense of

self. The core skills are (a) an awareness that he/she is separate from others, (b) knowledge of object permanence, objects exist independent of oneself and have a permanent existence, (c) sense that one can be a source of action, (d) the ability to visually recognize and describe oneself.

Lewis and Brooks-Gunn (1979) believe that the development of self-concept starts at birth and continues with the development of language and cognitive abilities. In the first three months of life, self-concept emerges as an interest in social objects and distinction between self and others. At 3-8 months, there is a consolidation of the self-other distinction and recognition of self through contingency and the onset of feature recognition. When the child reaches 12-24 months there is a basic understanding of self, they begin to recognize categories such as age and gender, and verbal labeling and they begin using personal pronouns. Between the ages of 3 years to 9 years, the child's self-concept continues to develop along with a dramatic increase in language skills as she/he is exposed to new experiences. During this time, the child is beginning to understand how their actions affect others. They are developing an understanding of empathy, trust, nurturance and expectations. Through this understanding, a child creates an awareness of a distinction between self and others and the reciprocity of his/her actions and this affects the development of self-concept.

When the self-concept of emotionally disturbed children is compared to "normal" children, it appears that emotionally disturbed children view themselves more globally than multidimensionally. This suggests they are responding like children functioning at an earlier stage of development (Zimet and Farley, 1985). One of the earlier researchers

in this area, Schwartz et al (1960), developed a theory on the development of self-concept of the emotionally disturbed child.

Schwartz et al (1966), theorizes that emotional disturbance is a role-making behavior and develops along with the person's self-concept. People seek to create and maintain a stable identity, and if a person were given reinforcement for performing disturbed behavior, that behavior may become a part of their identity. A person that has acquired the role of the emotionally disturbed person through reinforcement may view their role as a positive role and therefore value it and have a positive self-concept. The self-concept of the emotionally disturbed student will vary depending on how comfortable they are with the role of the deviant. Schwartz et al believes that the more comfortable the student is with the role of the deviant the more positive his/her self-concept will be. The student that is not comfortable with his/her role as a deviant will feel anxiety and will in turn have a negative self-concept and will not be as committed to the role of the deviant/ emotionally disturbed student. One fault with this theory is that it is based on a sample that defined emotionally disturbed to include all behavior problem children. Schwartz et al (1966) describes the population they studied as "primarily behavior problems of an acting out, aggressive type and excluded autistic or other seriously psychotic children" (p. 301).

Dr. Ray Turner (1997) also supports Dr. Schwartz' theory with his description of emotionally disturbed children as not having successfully developed all four-core skills for self-concept acquisition. Emotionally disturbed children have difficulty with recognizing the natural consequences of their behavior (Turner, 1997). If this is the case, the child is unable to recognize their actions as a means-end relationship and to

understand the consequences of their actions; they can not accurately assess the influence they have had on their environment. This study will examine the relationship between the emotionally disturbed child's self-report score for self-concept compared to the teacher's self-concept report score.

### Assumptions

1) It is assumed that the sample involved in this study has not been exposed to any curriculum designed to enhance the self-concept. 2) It is assumed that all subjects understand the dichotomous picture sets. 3) It is assumed that all the subjects comprehend the retrospective element.

### Limitations of this study

1) The sample in this study uses students that are in a day treatment program and some subjects that are living in residential treatment setting. 2) The subjects have a dual diagnosis and varying levels of reading and comprehension.

### Definitions

1) Self-concept- "... the way an individual perceives himself, his behaviors, how others view him, and the feelings of personal worth and satisfaction that are attached to these perceptions" (Joseph 1998).

2) Self-report measure- the subject reports information about his or herself.

## Overview

In the following chapter literature pertaining to the development of self-concept assessment tools and past studies examining the relationship between self-report self-concept scales and teacher report self-concept scales will be reviewed. In chapter three the design of the study will be explained in more detail, along with an in-depth look at the Adolescent and Adult Self-concept Retrospective Scale. In chapter four, an analysis of the results will be presented. In the final chapter, there will be a summary and a discussion on the conclusions of the study.

## Chapter 2

A review of the literature on the self-concept of the emotionally disturbed revealed studies that examined the assessment of self-concept, other uses for self-concept measures, how self-concept affects academic performance, and methods used to improve self-concept. Early research compared the self-concept of the “normal” student to that of the emotionally disturbed student. Researchers used both self-report measures and other report measures for assessment of the self-concept of emotionally disturbed (ED) students. Later research looked at how other groups, such as peers, teachers and parents not only rated, but also perceived the self-concept of the ED student. There is research that pertains to the development of self-concept scales and other uses for the self-concept scales. The last portion of research looks at ways to improve self-concept.

### Development of Self-concept Measures

In the late 60's, researchers became interested in measurements that assessed self-concept (Parish & Taylor 1978a). Before going into an in depth review of the self-concept (Parish & Taylor 1978a). Before going into an in depth review of the literature it is important to explain the development of two measures that are frequently used to assess self-concept. Two measures used most frequently are the Piers Harris Children's Self-Concept Scale and the Personal Attribute Inventory. Both of the measures provide a

global self-concept score and cluster scores that measure different aspects of self-concept. The first measure developed was the Piers Harris Children's Self-concept Scale.

The Piers Harris Children's Self-concept Scale (PHCSCS) was the primary measure used for the assessment of self-concept from 1973-1978 (Zimet and Farley 1985). The PHCSCS is a self-report measure that consists of 80 questions that ask about a person's feelings towards himself. The questions are forced-choice, yes-no questions written at a third grade reading level. The measure has not shown any significant difference based on age, race, gender, or SES. The measure was designed to provide a global score, but has an internal factor analysis that indicates six cluster scores, behavior, intellectual abilities and school status, physical appearance and attributes, anxiety, popularity, and happiness and satisfaction. This measure continues to be used to measure self-concept, and was used to validate other self-concept measures.

The second measure developed to assess the self-concept of children is the Personal Attribute Inventory for Children. (PAIC), developed by Parish and Taylor (1978a). They did several studies to determine its validity and reliability for third and sixth grade students. The PAIC was developed from the PAI (Personal Attribute Inventory) which was developed for young adults, but had not been proven reliable for children. The PAI consisted of 50 paired negative and positive adjectives, that were derived from Gough's Adjective Check List (ACL). Once the PAI was created it was used to create the PAIC. To create the PAIC, Parish and Taylor eliminated adjectives from the PAI adult version by excluding words that were not easily understood by elementary school students. The Children's version of the PAI, was then called the Personal Attribute Inventory for Children, the PAIC, and consisted of only 24 paired

positive and negative adjectives. To administer the measure the children are presented the list of adjectives and asked to pick the 15 that best described themselves. To validate the PAIC the researchers then gave third and sixth grade students the PAIC and the Piers-Harris Children's self-concept (PHCSCS). In summary, the researchers found that the scores on the PAIC had a higher correlation to the scores on the PHCSCS for sixth grade students, than for the third grade students, but was still reliable for both grades. Parish and Taylor (1978a) recommend that the PAIC be used for sixth grade students because of the ease of administration and the PHCSCS be used for third grade students.

Parish and Taylor (1978b) did a second study, in response to their previous study that investigated the reliability and validity of the PAIC for third through eighth graders. This study used test-retest design to assess the reliability and compared it to the PHCSCS to determine validity. In this study, they found the PAIC to be a reliable and valid measure for assessing the self-concept of third through seventh grade students, but not eighth grade students. One hypothesis Parish and Taylor proposed to explain the discrepancy is that the nature of adolescence is a period of instability, which suggests constant change. A second hypothesis they propose is that the PAIC is measuring the affective component of self-concept and the PHCSCS is measuring the other components of self-concept.

#### Self-concept of ED versus regular Education students

The traditional view has been that ED students have a negative self-concept when compared to their mainstream peers, however, a review of the literature reveals some contradictions to this. Some of the literature reports that emotionally disturbed children



have a more negative self-concept than their non-disturbed peers and other literature reports that the ED child has an equivalent or more positive self-concept. Studies have also looked at the difference between the way people rate the self-concept of the ED child. These studies looked at the difference in self-concept ratings using self-report versus teacher report versus reports from mainstream peers, versus parent report. Many theorists report discrepancies in self-concept measures' scores are due to the measurement that the researchers choose to assess the self-concept. Other researches report that the discrepancy is due to assessment measures that assess the subject's conscious self-concept while other measures that assess both conscious and unconscious self-concepts.

Carroll Jones (1985) did a study that looked at the phenomenal (conscious) and nonphenomenal (unconscious) self-concept of handicapped students by using self-report measures. She found that both the phenomenal and the nonphenomenal self-concepts of handicapped students were more negative than their nonhandicapped peers were. This study used the Piers-Harris Children's Self-concept Scale (PHCSCS) to measure the phenomenal self-concept and the Human Figure Drawing Test (HFD) to assess the nonphenomenal self-concept. Koppitz designed the HFD in 1968, specifically for the assessment of the nonphenomenal self-concept. It consists of the child being asked to draw a picture of a whole person, and it can not be a stick figure. Once the picture is completed, it is evaluated and the features of the drawings are categorized based on quality of signs, special features, and omissions of some of the basic items expected on the human figure drawing. The subjects used in this study ranged in age from 10-13 years of age, 30 nonhandicapped and 120 handicapped students. The researchers created

four classifications to designate the particular handicap the handicapped child had. The classifications were defined by the 1981 Kansas Department of education's definitions, and the categories were learning disabled, emotionally disturbed, educable mentally retarded or speech/language impaired.

Jones' (1985) analysis of the results on PHCSCS revealed that all four categories of handicapped students scored lower on the PHCSCS than the nonhandicapped students. When the behavior cluster scores on the PHCSCS were compared, the ED students were significantly lower in four of the six cluster scores. Low scores in the four clusters indicated high levels of anxiety and negative feelings regarding their behavior, intellectual ability, school status and popularity. On the HFD the ED student scored significantly higher on emotional indicators than nonhandicapped and LD peers. The five most frequent emotional indicators were no neck, legs together, integration, tiny figure, and big hands. These features according to Jones (1985) suggest "immaturity, instability, impulsevity, poor coordination of impulses and behavior, tenseness, insecurity, inadequacy, aggressive behavior involving the hands, and concerns about sexual matters" (P35). In the conclusion of this study, the author states that efforts should be made to improve the handicapped students' self-concept since they have a more negative phenomenal and nonphenomenal than "normal" peers. Improvement of the handicapped child's self-concept should include: improvement of status, provisions of a more ideal learning situation, reduction of high anxiety levels, and improvement of perceptions of their own intellectual abilities.

Sweeney and Zionts (1989) reported similar findings in a study they did that only used ED subjects and "normal" subjects. Their study primarily focused on one facet of

self-concept, body image. Body image is one of the first aspects of “self” that a person develops positive or negative feelings towards, and was defined as the way a person’s body appears to oneself. In this study they compared self-concept, body image and selected uses of clothing for ED students and regular education students. They found that the ED students perceived themselves more negatively than the regular education students did, and were less likely to use clothing to influence their moods. The authors feel that this factor may be more important for disturbed individuals because the more disturbed an individual is, the more distorted their perception of their physique. They also point out that multidisciplinary teams need to address body image in the educational system because the child’s distorted perceptions are when enforced when one is discriminated against by peers and even teachers. It is suggested that if one feels better about one’s body, the better one feels about oneself, and the better others will feel about that person. The researchers stress that this is why it is important to include self-concept in the curriculum and that ED students are better served by helping the child to become more realistic and self-accepting.

Zimet, Farley (1985), Burden, and Parish (1983) provide two studies that oppose the research that ED children have negative self-concepts. The study by Zimet and Farley (1985) compared the Piers-Harris Children’s Self-concept Scale to the Perceived Competence Scale for Children (PHCSC) to determine if the difference between ED and “normal” students was due to poor test design. Zimet and Farley thought that the ED students were responding with answers they felt were socially desirable. These researchers choose the PHCSC because it “is a measure designed to reduce socially desirable response sets” (Zimet and Farley 1985). (p. 33) From their research they

concluded that the majority of the ED students in day hospital treatment report positive self-concepts. Zimet and Farley (1985) also noticed that this study showed a significant positive correlation between the way ED children perceived their academic performance and their popularity with their peers.

Burden and Parish (1983) looked at the difference in the self-concept of “normal” middle schools students and the self-concept of the exceptional student. The “exceptional” child in this study was classified as physically handicapped, learning disabled or emotionally disturbed and was in a mainstream classroom. Burden and Parish used the Personal Attribute Inventory for Children (PAIC), to measure self-concept. Burden and Parish (1983) conclude that exceptional children in regular classrooms had positive self-concepts and did not differ significant from their “normal” peers.

Beck et al (1982) took a slightly different perspective and looked at how the ED students’ self concept compared to the self-concept of individuals with other handicaps, and how it was effect by the student’s classroom placement. Their research examined the relationship between the self-concept of the EEN student and a non-EEN student, and the EEN student placed in special education classes and EEN student in mainstream classes. Beck et al (1982) suggests that there is no significant difference in the self-concept of exceptional educational needs (EEN) students regardless of their handicap and they do not differ from non-exceptional education needs (non-EEN) students. EEN students were defined as being ED, educable mentally retarded or learning disabled. The sample was divided into 4 categories, 1) regular education students, 2) emotionally disturbed students, 3) educable mentally retarded students and 4) learning disabled students and matched by sex and chronological age. PHCSCS was used to assess the self-concept of

each group. The results from this study yielded no significant difference between the self-concept of the EEN student in special education classrooms, the EEN student in regular education classrooms and the non-EEN student. There was no significant difference found for both the total scores and cluster scores on the PHCSCS. There was no significant difference even when the cluster scores were compared. The authors suggest that even though the two groups scored similar there may be variations in the developmental process of self-concept.

#### How others perceive the self-concept of emotionally disturbed individuals

The previous studies have all dealt with self-report scales and how each group of students perceive themselves, this next section will look at how others perceive the self-concept of the ED student. The first study reviewed was by Parish and Copeland (1978) and looked at teachers' attitudes towards their handicapped students. Their sample consisted of 216 middle school students that attended mainstream classrooms and had been classified as "normal," physically handicapped, learning disabled, or emotionally disturbed. Each group of students was given the Personal Attribute Inventory for Children (PAIC) to rate their own self-concept. The teachers of these students were then given the PAIC to complete to assess the self-concept for each group of students. In a comparison of the results, Parish and Copeland concluded that all the groups of students viewed themselves positively, where as the teachers reported that the handicapped students would evaluate themselves as having a lower self-concept than the "normal" students. Parish and Copeland interpreted this to mean that the teachers possessed a negative stereotype regarding how the handicapped children perceived themselves. They

suggest that further research in how the incongruence between the two scores affects mainstreaming handicapped children.

Parish, Ohlsen and Parish (1978) also did a study that examined how others rate the self-concept of the ED student. In particular these researchers looked at how mainstreaming handicapped children affected “normal” children’s attitudes toward the handicapped children. The researchers investigated the claim that all children and teachers benefit from mainstreaming handicapped children. The sample in this study consisted of 131 grade school non-handicapped students in fifth through seventh grades. All the students were given four forms of the PAIC to complete, one form was to be completed for each groups of students. The groups were 1) learning disabled students 2) physically handicapped 3) emotionally disturbed 4) “normal children.” The results showed that the emotionally disturbed children were rated the least favorable, followed by the learning disabled, than the physically handicapped, and the most favorable was the “normal children.” Parish, Ohlsen, and Parish (1978) feel that the results from this study need to be examined more closely, because negative attitudes towards handicapped children might seriously affect their educational environment. They feel that handicapped children in mainstream classrooms may be labeled as physically handicapped, learning disabled, or emotionally disturbed either, directly or indirectly by the “normal children.”

#### Self-concept and academic achievement

A study by Wolf and Wenzl (1982) looked at how others perceive the self-concept of the ED student and how self-concept relates to school achievement. Their

study looked at how a child's social competence was perceived by teachers, teacher aids, peers, and the child themselves. They also looked at how self-concept was related to reading and arithmetic.

To assess social competence the researchers used The Behavior Problem Checklist, a rating scale that assessed deviant behavior, which was completed by the teacher and teacher aids and the students completed the PHCSCS. PHCSCS was used to assess self-concept. The Behavior Problem Checklist consists of a three point rating scale that looks at 55 problem-behavior traits occurring during childhood and adolescence. The sample used was comprised of 27 students ranging from 11-15 years old, and most were from lower SES families and all were black except one. It was also noted that most did not have a father present in the home.

The results of the study revealed a negative correlation between the teachers' ratings on the Behavior Problem Checklist and the students' self-concept; and a positive correlation self-concept and reading; and self-concept and arithmetic. The researchers feel this correlation may be due to the teachers' perception of the student being reflected in the students' perception of themselves. Another theory proposed was that the students with a negative self-concept engage in more deviant behavior because they feel inadequate and inferior. The researchers also found that the teacher aids' ratings did not show the same correlation that the teacher ratings did. The researchers propose that the teachers' extensive experience and training in the field provided them a better understanding of the children than the teacher aids had.

The second correlation between self-concept and reading, and self-concept and arithmetic was a positive correlation, the students that performed well in reading and

arithmetic had higher self-concepts. This correlation appeared in both the teacher and teacher aids ratings. The authors of this study suggest that assessment of deviant behavior and self-concept may help in identification of at-risk children.

Calhoun and Elliott (1977) did a study that looked at the academic achievement of the educable mentally retarded and emotionally disturbed students and their self-concept. Calhoun and Elliot (1977) wanted to find out what effect mainstreaming handicapped students had on their self-concept and academic achievement. The sample for this study consisted of 100 students, 50 students were placed in special classrooms and 50 in mainstream classrooms. The students in special education classrooms were divided, twenty-five students were placed in special classrooms for the emotionally disturbed, and 25 students were placed in a special class for the educable mentally retarded. The other 50 students, 25 ED and 25 educable mentally retarded were placed in mainstream classrooms. The PHCSCS was administered to assess self-concept and the Stanford Achievement Test was used to assess achievement; the students completed both assessments in Sept. and June. The researchers concluded that the emotionally disturbed child's self-concept remained the same for the first year the child was mainstreamed, but displayed an increase in self-concept the following year. They also noticed that the emotionally disturbed student had better achievement scores than the students in the special classrooms.

#### Self-concept assessment to differentiate between conduct disorder and ED.

Another genre of research looks at the use of self-concept measures to differentiate between ED and conduct disorder. This research began in an effort to



design a comprehensive screening battery for distinguishing between the two. Kelly (1988) and Kelly & Van Vactor (1991, 1992) did a series of three studies that looked using self-concept measures in this way. Kelly (1988) felt that the self-concept of an ED child should differ from that of a conduct disorder child, because the conduct disorder child views his/herself as “normal” and having no more internalized affective problems than other nonhandicapped groups. The ED child on the other hand views themselves as “emotionally disturbed, with self-concept problems and expressed internalized affective disturbance” and were regarded as self-defined handicapped individuals (Kelly & Van Vactor 1991, p. 306).

The first study by Kelly (1988) used the Tennessee Self-concept scale and the Piers-Harris Children’s Self-concept scale to differentiate between the two disorders. In his 1988 study, the two populations showed a difference from the general norm on the Tennessee empirical scales, but no significant difference from the norm on Piers-Harris sub-test. On Tennessee Self-concept Scale both the ED and conduct disorder children scored negatively compared to the norm population. On the Piers-Harris sub-test the ED students and the conduct disorder students scored more positively on the category dealing with physical appearance and the ED students showed a lower popularity mean score on both the tests than the general norm did. Although there are these differences, there is no significant difference between the three populations in their total score.

Kelly & Van Vactor (1991, 1992) did two more studies that examined the use of another series of tests to distinguish between conduct disorder and emotional disturbance in secondary students and elementary students. In the 1991 study, they looked at secondary school students and the use of the Differential Test of Conduct and Emotional

Problems, Louisville Behavior Checklist, Personality Inventory for Children, 16 PF Test, and Tennessee Self-concept Scale to discriminate between the two disorders. In the second study by Kelly & Van Vactor (1992), they used the Children's manifest Anxiety Scale, Differential Test for Conduct and Emotional Problems, Personality Inventory for Children, Piers-Harris Children's Self-concept Scale, and the Revised Behavior Problem Checklist were used to differentiate between ED and conduct disorder. In the studies they found that the ED child scored above the cutoff level for pathology on one or more of the emotional disturbance scales on at least two of the five instruments used. They also noted that the scores on the self-concept scales only differed slightly between the conduct disorder children and the ED children, and therefore was not useful in distinguishing between ED and conduct disorder.

#### Methods Designed to improve self-concept

In a review of the literature, two articles were found that dealt with the issue of improving a student's self-concept. The first article looked at the use of rational emotive affective education for high-risk middle school students (Lanconte, Shaw & Dunn, 1993) and use of bibliotherapy for handicapped students (Lenkowsky, Barowsky, Dayboch and Puccio, 1987).

Lanconte et al (1993) were motivated to study the effect of rational emotive therapy (RET) on self-concept after reviewing previous studies that reported conflicting results. Lancote et al (1993) reports that in their review of the literature on "affective education that, self-concept is reported to be related to children's academic achievement as well as their nonacademic behavior," (275). RET is based on the idea that faulty

thinking produces negative emotions and rational thinking, defined as cognitions that reflect reality, reduces personal conflict and in turns increases attainment of goals.

Lancote et al sampled twenty-three middle school students in sixth through eighth grades. The students ranged in age from 12 to 15 years and were identified as being at risk for dropping out of school before graduation. The principals and special education teachers identified the students as high-risk using a standardized instrument used by their district. The students were randomly assigned to either the treatment group or the non-treatment group. The treatment group received RET and the non-treatment group did not. At the end of the treatment, both groups of students were given the Tennessee Self-concept scale. The results of this study showed no significant difference between the treatment groups and the non-treatment groups. The authors of this study suggest that their findings may not accurately represent the affects of RET. They suggest that further studies in this area use a pretest and posttest design and the teachers running the RET have better supervision and training.

The second study looks at the effects of Bibliotherapy on the self-concept of LD and ED adolescents. Lenokowsky et al (1987) stresses that LD and ED students have not learned effective skills for coping with frustration and failure. They also report that LD and ED students typically develop maladaptive behavior strategies to cope and these strategies cause the student further academic failure, that in turn perpetuates a failure and a low self-concept. The authors feel that by providing the LD and ED adolescents with stories of other adolescents in similar situations the student will identify with the characters in the story. It is thought that this will help the adolescent achieve new insight on dealing their own stresses and will in turn allow for personal growth, a change in

behavior and development of new coping skills. The sample in this study consisted of 96 LD and ED students between the ages of 12 and 14, with WISC-R Full Scale IQs between 92-114 and reading levels in fourth through seventh grade. They were divided into four groups, groups one and two attended a three book report and literature session and read books pertaining to general interests, but group two attended one group discussion session a week. Groups 3 and 4 were the bibliotherapeutic intervention groups. Both groups read literature pertaining to problems that are experienced by LD and ED students, and group four had a weekly discussion group and group three did not. All groups were given the PHCSCS both before and after the intervention.

In conclusion, the authors found an increase in the PHCSCS scores for groups three and four, and an insignificant change in groups one and two. The authors feel that the bibliotherapy readings allowed the students to distance themselves from the problems the ED students face, and develop solutions to problems without feeling threatened. The difference between groups three, four is minimal, and the authors suggest this due to the adolescent's need to remain independent and free from the interference of others. In summary they feel that bibliotherapy is an effective classroom intervention for increasing the self-concepts of ED students.

### Summary

In summary, the literature on the self-concept of emotionally disturbed students has been looked at from multiple perspectives and reported various results. Previous researchers have compared the self-concept of the ED student to their "normal" peers, to their peers with other handicaps; they have rated it through the use of self-report

measures, teacher rating, peer ratings, and parent rating. There have been studies that support the notion that the ED student has a more negative self-concept than their “normal” peer and other studies that report that they have equivalent self-concepts. Studies have looked at how the ED student’s self-concept compares to students with other handicaps and found that the ED students were rated the least favorable of the three categories of handicaps studies, by peers and teachers. Other studies have look at the relationship between the ED student’s self-concept and their academic performance and self-concept, academic performance and mainstreaming. One study reported that there is a finding a correlation between self-concept and reading, and self-concept and arithmetic. Another study on the affects of mainstreaming found that it increased a ED student’s self-concept and improved their academic performance. All these studies looked at how the ED students’ self-concept compares to others and how the educational environment affects the student’s academic achievement.

The second line of research looked at applications of self-concept assessment. Two studies looked at the inclusion of self-concept measures to distinguish between emotional disturbance and conduct disorder and another two studies using self-concept measures to assess the effectiveness of intervention programs. The studies that looked at using self-concept assessment to differentiate between conduct disorder and ED. The researchers found that it played an important role in distinguishing between the two, but not able to be the sole determinant and it was necessary to include it in a battery of tests for an accurate distinction.

The third line of research uses self-concept measures to measure the success of interventions designed to improve self-concept. The two interventions reviewed were

RET and bibliotherapy. The first study looked at RET and found its effects to be minimal, and feel the limited effectiveness may be due to poor training for the persons running RET and poor study design. The second study looked at the effects bibliotherapy had on self-concept. These researchers found that reading books that discussed issues related to problems ED and LD students face, improved their self-concept.

Self-concept assessment has served several functions. It has been used to compare the self-concepts of different populations and to assess the success of intervention programs. It has assisted in the development of theories on self-concept although no one theory has been agreed upon. There are many different theories to explain the discrepancy in findings of studies on the self-concept of ED students and it is hoped that the current study will provide a new measure to more accurately assess the self-concept of the ED student.

## Chapter 3

### Sample

The sample in this study consisted of 30 dually diagnosed students that attended a school for special needs students in an affluent southern New Jersey town. All subjects were between the ages of 13 and 20 years of age and were previously diagnosed as emotionally disturbed and have a second diagnosis that was either perceptually impaired or neurologically impaired. Twenty-one of the subjects lived in a group home within the community, seven of the subjects lived at home, and one was in a foster home. The sample consisted of primarily males, 21 males and 8 females. The subjects included various SES and ethnic backgrounds, 15 of the subjects were white, 10 were black, two were Hispanic, and two were Asian. All subjects were from suburban towns in south Jersey.

### Measure

There were two measures used in this study were The Adolescent and Adult Self-concept Retrospective Scale (AASRS) by Jack Joseph, Ph.D. (1998) and the Behavioral Dimensions Rating Scale (BDRS), by Lyndal M. Bullock and Michael J. Wilson (1989). The AASRS is a self-report measure designed to measure self-concept, and the BDRS, as the name implies is a behavioral rating scale. Both tests were completed at the school,

with the students that were selected to participate in the study completing the AASRS and their teachers completing the BDRS.

The AASRS was recently developed by Jack Joseph and is an adaptation of an earlier self-concept scale, the Joseph Preschools and Primary Self-Concept Screening Test (JPPSCT, originally developed in 1979). The JPPSST was designed to be administered to preschool and primary school children ages 3-6 to 9-11. The AASRS is an adolescent and adult version of the JPPSST. The two tests remain very similar except JPPSS contains an Identity Reference Drawing, and the AASRS does not. The Identity Reference Drawing is not used in the version for older subjects because it is designed to remind the subject that the questions are being asked about his/herself and older subjects are thought to understand this concept. The AASRS is also different in that it has a retrospective element and the JPPSST is not.

Before the administration of the AASRS begins, the subject is asked to remember back to when they were seven years old. This revision is based on the reconstructionist's model of memory. This theory suggests that "memories are malleable and constantly evolving." (Joseph 1998, Pg. 1) Joseph (1998) suggests that when you ask an adolescent or adult to retrieve childhood self-experiences, s/he actually offers a representation of how the experiences have evolved into the self-experiences of today. Therefore, when the subject is asked to remember back to when to s/he was seven years old and recall self-judgements, the subject reports present self-judgements. Joseph (1998) goes on to say that by having the subject "recall" self-judgements about childhood there is less defensiveness and less socially desirable responding. People tend to be more comfortable when describing their childhood, even when it may be self-effacing. Once the subject is



remembering when they are seven years old, they are presented with the testing book and asked to respond to the following questions, as they would have when they were seven years old.

The AASRS takes approximately 7-9 minutes to administer and scale uses a forced choice self-report format. The test consists of four booklets; two sets of male and female line drawings, one set having shaded skin (the minority booklet and a set of non-shaded line drawings. The minority set has lightly shaded skin; which allows it to be used for several different minority groups. The pictures consist of nine sets of faceless line figure drawings that represent 21 self-concept situation items and 4 Distortion Index items. One picture in each pair represents a positive self-concept situation and the other represents a negative self-concept situation. When testing the subject the tester chooses the booklet the subject is most likely to relate to base on gender and skin tone.

Scoring the AASRS will consist of a total number of points. Since the AASRS is a new, so there is no reliability or validity information available and the norming data is still being collected. The students will only receive a total number of points, from which the rater can relate to the JPPSST norming sample to infer a self-concept score. In this study, the scores will only be correlated to the JPPSST for research purposes and, the subjects will not be given a self-concept rating. The current study is designed to determine the validity of this measure for the emotionally disturbed adolescent population by correlating it to a teacher report rating, the BDRS.

The second measure used in the study is the BDRS, which will be completed by the teachers of the subjects used. The BDRS is designed to be completed by a parent, teacher, and psychologist to identify children at risk for emotional or behavior disorders

and to monitoring behavior changes. This measure presents the rater with 43 bipolar descriptors of emotional and behavior problems which, the rater scores the subject on a seven point scale. The descriptors selected are representative of four major categories; aggression, irresponsibility, social withdraw, and fearfulness, all considered components of emotional or behavior disorders.

According to Joseph (1989), behavior-rating scales can serve as teacher rating scales when measuring for self-concept. Many questions on the BDRS mirror questions asked by the AASRS, for example plays with others or plays alone is on both tests. In Joseph's (1989) manual for the JPPSST, he reports finding a correlation coefficient of .65 ( $p < .001$ ) between the teacher report rating and the JPPSST self-report rating global score for preschool children.

### Procedure

Before the tests are administered, each student will be assigned a number to be placed on their AASRS and BDRS and will serve as their identification number. This is done to ensure anonymity and for the pairing the student's self-report rating to the teacher's rating. Each student will be assigned a D or R, depending on whether they are a day student only or a day and residential student. All testing will take place over two weeks with students in the same classes being tested on the same day. The teachers will complete the BDRS on the same day their student is given the AASRS. A person trained in administration of the AASRS will administer it during school hours in a separate room with only the rater and the student present. All the original scoring sheets will be sent to

Jack Joseph, so that he may use it as a reliability measure in the manual that will be released with this scale.

### Testable Hypothesis

Null hypothesis- there is no congruence between the teacher's rating on the Behavioral Dimensions Rating Scale and the self-report ratings on the Adolescent and Adult Self-concept Retrospective Scale for an emotionally disturbed adolescent population.

M1 – Scores on the AASRS; M2 – Scores on the BDRS

Hypothesis- there is a high level of congruence between the teacher's rating on the Behavioral Dimensions Rating Scale and the self-report ratings on the Adolescent and Adult Self-concept Retrospective Scale for an emotionally disturbed adolescent population.

M1 – Scores on the AARS; M2 – Scores on the BDRS

### Analysis

The current study is a validity study, designed to show convergent and discriminant validity between the BDRS and AASRS. All subjects completed the AASRS and their teachers or another classroom staff, completed a BDRS. To determine validity of the AASRS, the two tests will be correlated using a Pearson correlation. It is expected that there will be a high correlation between scores on the AASRS and the elements of the BDRS that correlate to self-concept.

### Assumptions

- 1.) This study assumes that all the subjects used understand the concept of answering the questions retrospectively. Before beginning the AARS the subject is asked to remember back to when they were seven, and remember where they lived, who was their teacher and who were their friends. It will be assumed that if the subject is able to correctly remember these facts they understand the retrospective concept. Periodically throughout the testing, they are reminded that they are to answer the questions as if they were seven years old.
- 2.) It is assumed that the larger number of males in the study will not affect the correlation between the tests. To control for differences based on gender the scores will be analyzed separately as well as a group.
- 3.) It is assumed that the AARS is not a predictor of emotional disturbance. This will be controlled for through the use of convergent and discriminate validity.

### Summary

In summary this study will parallel a previous study by Joseph (1989) that used a behavior rating scale as a teacher-report scale to assess the self-concept of emotionally disturbed students to validate the JPPSST self-report measure. Joseph (1989) found a .65 correlation ( $p < .001$ ) between the two scales. The BDRS is the behavior rating scale used and the AASRS is the self-concept scale used. When testing is complete, Pearson's correlation and Spearman's correlations will be used to correlate the scores on the two tests. The degree of correlation will determine the validity of the AASRS as a self-concept scale.

## Chapter 4

To determine the validity of the AASRS and prove our hypothesis the scores on the AASRS and the BDRS were correlated. It is hypothesized that there is a high level of congruence between the teacher ratings on the Behavioral Dimensions Rating Scale and the self-report ratings on the Adolescent and Adult Self-concept Retrospective Scale for an emotionally disturbed adolescent population. All scores were correlated using a Pearson's correlation and then Spearman correlation was completed for groups of scores that had large variations. Correlations were completed for all subjects, then by gender, and then by diagnosis experienced by the subjects in addition to the diagnosis of emotionally disturbed.

### Results of BDRS and AASRS correlations

A Pearson's and Spearman's correlation was used to correlate all raw scores on the BDRS to all the scores on the AASRS. Raw scores on the BDRS were calculated by tallying the number of points for each response on the score generation form included in the rating packet provided with the BDRS. All sub scale scores were tallied and then totaled to provide the total BDRS score. The total score on the AASRS was derived by tallying the number of points for questions 1-6, 8-13, 15-20, 22-27, 29-30. The questions 7,14, 21, 28 were omitted because they provide a score for a distortion index that will be discussed later in the chapter. A correlation of the data revealed that the total raw score on the BDRS and the ASSRS are not significantly related,  $p < .05$ , two tails.

The relationship between scores on the AASRS and standard scores on the BDRS was also evaluated. The scores were correlated using both a Pearson correlation and a Spearman correlation. The standard score on the BDRS was calculated by first determining the total raw score as discussed previously in the chapter, then using the score transformation table provided in the BDRS manual to convert the score. The score transformation table provided in the manual is arranged by gender and the grade level that the subject is placed in his or her school. Since the subjects used in this study were not in assigned grade levels within their school, grade levels were derived by calculating the number of years of schooling each subject received. For example a subject that has been in school for 10 years, not including kindergarten and preschool, was considered to be in tenth grade, regardless of the level of functioning. Both a Pearson and Spearman correlation of the data revealed that there was no significant relationship between standard scores on the BDRS and the AASRS,  $p < .05$ , two tails.

A Pearson and Spearman correlation was also computed only using the subjects that scored five or more on the distortion index of the AASRS. The distortion index score on the AASRS provides the rater with information on the truthfulness of the subject's response. A total of 8 points could be earned by the subject, with 8 suggesting a high degree of truthfulness in responding and 0 suggesting a high degree of distortion of the truth. Dr. Jack Joseph suggests that the total AASRS scores for individuals with a distortion index score of five or more are reliable and then the AASRS score of individuals that score of four or less. Tallying the total points a subject received for questions 7, 14, 21, and 28 derived the score on the distortion index. A correlation of the data revealed no significant relationship between the AASRS and BDRS standard scores

when subjects that scored four or less on the distortion index were eliminated from the sample,  $p < .05$ , two tailed.

The affects gender had on the relationship between BDRS total raw and standard scores and AASRS scores were also examined. Correlation were computed for males and then for females using both BDRS raw scores and standard scores. When samples were controlled for by gender, a Pearson's correlation of the data found no significant relationship between scores on the AASRS and standard and raw scores on the BDRS, see table 4.1.

**Table 4.1 Pearson correlation based on gender**

Gender	Used BDRS raw scores	Used BDRS standard scores
Males	.137	.146
Females	.064	-.162

The relationship between the two measures was also correlated after controlling for additional disabilities that subjects had been diagnosed as having in conjunction with being emotionally disturbed. Additional diagnosis that were correlated were for students that had additional disabilities that included; mild to moderate mental retardation, developmental delays, and ADHD. The correlational data revealed that the relationship between scores on the AASRS and BDRS remained insignificant when scores were correlated based on additional diagnosis, see table 4.3. The reader is advised to use caution when interpreting the correlations, due to the small number of subjects used in each sample.

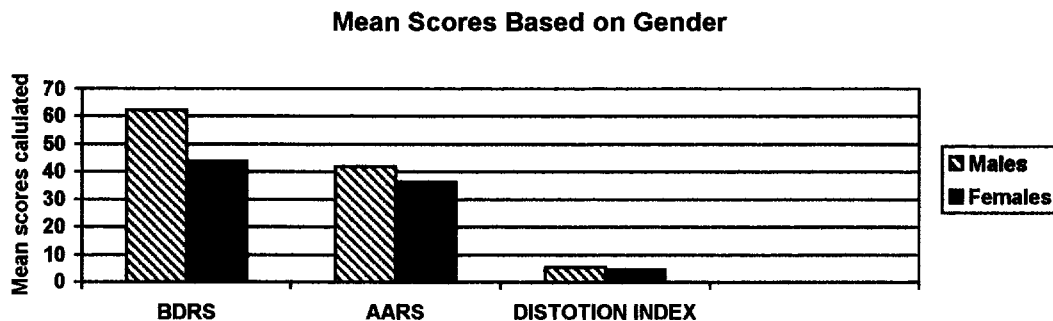
**Table 4.2 Correlation of additional Diagnosis**

Additional diagnosis	Sample	Correlation	Significance -2-tails
Mild to Moderate Mental retardation	9	$r=.144$	.640
Developmentally Delayed	3	$r=-.993$	.077
ADHD	4	$r=-.204$	.796

An analysis of scores

Independent t-tests were also completed to determine the difference between scores for males and females on the AASRS, BDRS and the distortion index scores. Significance was found for the scores on the BDRS by gender, but not for the AASRS or the distortion index scores. The males scored significantly higher than the females did on the BDRS. The males had a mean score of 62.11 and females had a mean score of 43.67, the significance level was,  $p<.05$ . On the AASRS the mean scores for males was 36.16 and 41.83 for females and had a significance level of .190. The mean scores for males and females on the distortion index were 5.58 for males and 4.33 for females with a significance level of .705,  $p<.05$ .

**Figure 4.1 Mean scores based on gender**





## Summary

All correlations failed to show significance between the scores on the BDRS and the AASRS. Correlations were computed for subjects based on gender, secondary diagnosis, and distortion index scores. Significance was found when an independent T-test was completed for scores on BDRS based on gender, males scored significantly higher than females. No significance was found when scores received by males on the AASRS were compared to scores received by females.

## Chapter 5

### Summary of results

The purpose of this study was to determine the validity of the AASRS for use with emotionally disturbed adolescents. To determine validity, scores on a behavioral rating scale, the BDRS, completed by a teacher or teachers' assistants were correlated to scores on the AASRS. The use of a behavior rating scales to validate self-concept measures is common. Joseph (1989) reports that, behavior-rating scales can serve as teacher rating scales when measuring for self-concept. Questions on the BDRS mirror questions asked on the AASRS, for example; student plays with others or plays alone is on the BDRS and when you were seven years old do you usually play with others or plays. It was thought that if there were high congruence between the scores on the two measures the AASRS would be validated.

The sample in this study consisted of 29 dually diagnosed students that attended a school for special needs students in an affluent southern New Jersey town. All subjects were between the ages of 13 and 20 years old and were previously diagnosed as emotionally disturbed and had second diagnosis that was either perceptually impaired or had neurological impairments. Most of the subjects lived in a group home (21), one lived in a foster home, and seven lived at home. The sample consisted of primarily males, 21 males and 8 females. The sample included subjects from various SES and ethnic

backgrounds, 15 of the subjects were white, 10 were black, two were Hispanic, and two were Asian.

The results of the current study did not yield any significant correlations between the BDRS and the AASRS. Correlations were computed using both Pearson's correlations and Spearman's rho correlation coefficients. Correlations were first computed using all subjects involved in the study, then computed including only subjects that had distortion index score of 5 or more. A Pearson's correlation was also computed for males and females separately.

### Discussion

There are several possible explanations for the lack of significant correlations found in the current study. The first is that the standard scores on the BDRS may not be accurate, because the score transformation table that the standard scores were derived from was arranged by grade level. Since the subjects used in this study were not in assigned grade levels, grade levels were derived by calculating a raw score and the number of years of schooling. For example a subject that has been in school for 10 years, not including kindergarten and preschool, was considered to be in tenth grade, regardless of functioning level. However when the raw scores on the BDRS were correlated to total scores on the BDRS there was still no significance,  $r = -.079$ ,  $p < .05$ .

Another factor that may have affected the scores on the BDRS is that all the teachers and teacher assistants that completed the measure were in a school only for students with special needs. Since the school is for students with special needs the raters were exposed to severe behavior problems on a daily basis, and this may have influenced

their perception of “normal” behavior. The raters may have rated the subjects in relation to their handicapped peers, not “normal” adolescents in a public school. If this were the case, it would be expected that the actual behavior of the subjects is more deviant than reported.

The BDRS ratings may also be inaccurate due to differences in the rater. Wolf and Wenzel (1982) discuss findings that suggest the teachers may be different from the ratings of teacher assistants. Their study correlated the scores on the PHCSCS and the Behavior Problem Checklist completed by teachers and teacher aids. The teacher aids’ ratings did not show the same correlation that the teacher ratings did. The researchers propose that it was the teachers’ extensive experience and training in the field provided them a better understanding of the children than the teacher aids had. Wolf and Wenzel go on to suggest that the negative correlation may be due to the teachers’ perception of the student being reflected in the students’ perception of themselves. Another theory proposed was that students with a negative self-concept engage in more deviant behavior because they feel inadequate and inferior. A correlation between the teacher ratings and teacher aids ratings was not completed in the current study due to the small number of BDRS completed by teacher aids (4 out of 29).

The population the sample used in this study was drawn from diverse population, which may led to the lack of correlation between the two measures. The population in this study had multiple handicapped, and the different handicaps could have affected how the subjects answered the questions. The author of the current study attempted to account differences in scores due to multiple diagnosis of the students by correlating scores for

subjects with same handicaps, there was no significant relationships,  $p < .05$ , two tail (see table 4.2). A study by Beck et al also supports this finding.

Beck et al (1982) did a study comparing students with various handicaps and found no significant difference. Their research examined the relationship between the self-concept of the student with exceptional educational needs (EEN) and students without exceptional educational needs (non-EEN), and EEN students placed in special education classes and EEN students in mainstream classes. EEN students were defined as being ED, educable mentally retarded or learning disabled. The results from this study yielded no significant difference between the self-concept of the EEN student in special education classrooms, the EEN student in regular education classrooms and the non-EEN student when the total scores on the PHCSCS were compared. Beck et al does suggest that although the two groups scored similar there may be variations in the developmental process of self-concept, which was found in the current study.

The diverse functioning level of the students may have also effected their scores on the AASRS. The AASRS was designed to assess the self-concept of adolescent and adult populations. The population in this study had varying degrees of cognitive functioning, which may have affected their interpretation of the questions. The correlation may have been significant if subjects with the same functioning level were compared.

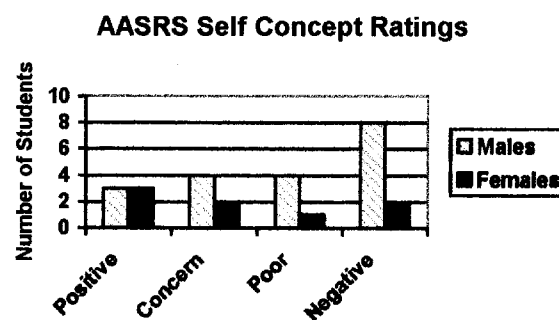
Another explanation for the lack of correlation is that the AASRS does not accurately measure the self-concept of emotional disturbed subjects. During testing many subjects reported that their life had been considerably different when they were seven ten it is now. A large proportion of the subjects used in the study were living at

home with their families and reported having extreme behavioral problems. Several subjects reported that their behavior was better now, because people understand their problem. However according the reconstructivist theory that the AASRS is based on the subjects is actually reporting how they feel about themselves now (Joseph, 1989).

The findings in the current study relating to the self-concept scores on the AASRS are consistent with the literature on the self-concept of emotional disturbed subjects. The scores on the AASRS support the traditional view held by the mental health profession, that reports individuals that are emotional disturbed have a more negative self-concept.

Several studies reviewed report that the self-concept of individuals that are emotionally disturbed and individuals with other handicaps is more negative (Sweeney & Zionts, 1989, Jones, 1985, Parish and Copeland, 1978, Parish, Ohlsen, & Parish, 1978, Wolf & Wenzl, 1982). The results of the current study show that 40% of the individuals sampled in this study have a self-concept that was in the high-risk negative range of the AASRS rating scale, see figure 5.1.

**Figure 5.1 AASRS Self-concept ratings**



One study that agrees with the current study, and suggests that mainstreaming a student can increase their self-concept was a 1977 study by Calhoun and Elliot. Their

emotionally disturbed students and their self-concept. Calhoun and Elliot (1977) wanted to find out what effect mainstreaming handicapped students had on their self-concept and academic achievement. The researchers concluded that the emotionally disturbed child's self-concept remained the same for the first year the child was mainstreamed, but displayed an increase in self-concept the following year.

There are two studies by Zimet, Farley (1985), Burden, and Parish (1983) that oppose the research that ED children have negative self-concepts. Zimet and Farley thought that the ED students were responding with answers they felt were socially desirable. These researchers choose the PHCSC because it "is a measure designed to reduce socially desirable response sets" (p. 33). From their research, they concluded that the majority of the ED students in day hospital treatment report positive self-concepts.

In the current study, considerations were made to detect when subjects are responding with socially acceptable response, and correlations were completed excluding subjects that had a high degree of distortion of the truth. The AASRS includes a distortion index to detect if the subject is responding with a socially desirable response. The distortion index consists of four questions that are scored to derive a score that detects the degree of truthfulness. A total of 8 points could be earned by the subject, with 8 suggesting a high degree of truthfulness in responding and 0 suggesting a high degree of distortion of the truth. Dr. Jack Joseph suggests that the total AASRS scores for individuals with a distortion index score of five or more are reliable and AASRS scores that have a distortion index score of four or less is valid. When scores on the AASRS with a distortion index of four or less were dropped from the sample the study, found that 38% of the subjects had a self-concept in the high-risk negative range.

## Conclusion

Overall, the current study did agree with a large portion of the literature on self-concept, although no significant correlations were found between the scores on the BDRS and scores on the AASRS. When scores on the AASRS analyzed the findings, agree with the findings reported in other studies. The AASRS scores in this study support findings that there is no significant difference found between subjects when mental retardation was controlled for, and emotionally disturbed students have negative self-concepts. Due to the high degree of similarities found when comparing the self-concept ratings determined by the AASRS in this study to other studies; further research on should be done to determine the validity of the AASRS for an emotionally disturbed population.

## Implications for further research

It is suggested that future validation studies on the use of the AASRS for individuals that are emotionally disturbed, choose a more homogeneous sample, and use multiple raters if correlating to a behavior rating scale. A more homogenous sample would decrease the possibility of confounding variables caused by using subjects that have multiple handicaps and varying degrees of cognitive functioning.

It is also recommend that future researchers examine how the subject's functioning level affects scoring. In the current study, all subjects were scored according to their chronological age, not mental age. By scoring the subjects according to their chronological age and comparing them to samples of "normal" peers their self-concept may have been under rated. A correlation between the subject's self-concept rating



when derived from their chronological age to his/her score when derived from their mental age needs to be investigated.

If the AASRS is found to be a valid measure of self-concept for a population that is emotionally disturbed it will be valuable. The AASRS could be used in a schools setting to determine assess the need for a curriculum to improve self-concept. Teachers can use it to determine if goals to increase self-concept are really needed in the IEP for students that are emotionally disturbed. Researchers interested in studying the affects of mainstreaming emotionally disturbed students into regular education classrooms versus placing them in classes for the handicapped. It can also be used to study how the self-concept of an emotionally disturbed person changes over time, since it also has a version for young children. Lastly, the AASRS will be valuable to the students being tested. In the current study, many students reported finding the ASSRS a lot of fun and requested more tests like it.

## References

- Beck, Mitchell A., Roblee, Kathleen, and Hanson, John (1982). Special Education/Regular Education A comparison of Self-concept. Education, 102 (3) 277-279.
- Burden, Paul & Parish, Thomas S. (1983). Exceptional and Normal Children's Descriptions of Themselves. Education, 104(12) 203-205.
- Calhoun, George, JR., Elliot, Raymond, JR., (1977). Self-concept and Academic Achievement of Educable Retarded and Emotionally Disturbed Pupils. Exceptional Children, 43(6), 379-380.
- Hewett, Frank. (1987). The Ecological View of Disturbed Children; Shadow versus Substance. The Pointer, 31(3) 61-63.
- Kelly, Edward J. (1988). Use of Self-Concept Test in Differentiating Between Conduct Disorder And Emotionally Disturbed Students. Psychological Reports, 62 363-367.
- Kelly, Edward J. & Van Vactor, John C. (1992). Distinguishing Between Conduct-Problem and Emotionally Disturbed Students in Elementary School: A Five Instrument Discriminant Analysis. Psychological Reports, 70, 311-319.
- Kelly, Edward J. & Van Vactor, John C. (1991). Distinguishing Between Conduct-Problem and Emotionally Disturbed Students in Elementary School: A Five Instrument Discriminant Analysis. Psychological Reports, 69, 303-311.
- Jones, Carroll J. (1985). Analysis of the Self-concept of Handicapped Students. RASE, 6(5) 32-36.
- Lancote, Michael A., Shaw, Dale, Dunn, IMA (Debbie), (1993). The Effects of a Rational Affective Education Program for High-Risk Middle School Students. Psychology in the Schools, 30, 274-280.
- Lenokowsky, Ronald S., Barowsky, Ellis I., Dayboch, Mark, Puccio, Larry, (1987). Effects of Bibliotherapy on the Self-concept of Learning Disabled and Emotionally Handicapped Adolescents in a Classroom Setting. Psychological Reports, 61, 483-488.
- Parish, Thomas S., Ohlsen, Robert L. and Parish, Joycelyn G., (1978). A Look at Mainstreaming in the Light of Children's Attitudes Toward the Handicapped. Perceptual and Motor Skills, 46, 1019-1021.
- .Parish, Thomas S. & Copeland, Terry F. (1978). Teacher's and Student's Attitudes in Mainstream Classrooms. Psychological Reports, 43, 54.

- Parish, Thomas & Taylor, James C. (1978a). The Personal Attribute Inventory For Children: A Report on Its Validity and Reliability as a Self-concept Scale. Educational and Psychological Reports, 38, 565-569.
- Parish, Thomas & Taylor, James C. (1978b). A Further Report on the Validity and Reliability of The Personal Attribute Inventory For Children: as a Self-concept Scale. Educational and Psychological Reports, 38, 1225-1228.
- Paul, Stephen. (1991). A Validity Study of Self-esteem measures with Emotionally Handicapped Special School Adolescents. Dissertation Abstracts International, 51(3), 848-A.
- Pierce, Lois and Klein, Helen, (1982). A Comparison of Parent and Child Perception of the Child's Behavior. Behavioral-Disorders, 7(2), 69-74.
- Schwartz, Michael, Fearn, Gordon F. and Stryker, Sheldon, (1966). A note on Self-concept and the Emotionally Disturbed. Sociometry, 29(3), 303-305.
- Sweeny, Maureen M. & Zionts, Paul, (1989). The "Second Skin": Perceptions of Disturbed and Nondisturbed Early Adolescents on Clothing, Self-concept, and Body Image. Adolescence, 24(94), 411-420.
- Turner, Ray. (1997). The Emotionally disturbed and their Special Needs Transportation Team. White Buffalo Press on-line,  
<http://www.whitebuffalopress.com/bused.htm>.
- Wolf, Thomas M., Wenzel, Paula A. (1982). Assessment of Relationship Among Measures of Social Competence and Cognition in Educable Mentally Retarded – Emotionally Disturbed Students. Psychological Reports, 50, 695-700.
- Zimet, Sara G. & Farley, Gordon K. (1987). How do the Emotionally Disturbed Report Their Competencies and Self-Worth? Journal of the American Academy of Child and Adolescent Psychiatry, 26(1), 33-38.