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Critical Analysis of the Self-Esteem Index

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The Self-Esteem Index (SEI; Brown & Alexander, 1991), designed to assess self-esteem in school-age children and adolescents, is composed of 4 self-esteem subscales: Perception of Familial Acceptance, Perception of Academic Competence, Perception of Peer Popularity, and the Perception of Personal Security.

The Self-Esteem Index (SEI; Brown & Alexander, 1991) measures the personality construct of self-esteem. Personal and social adjustment, school achievement, and academic success are related to high self-esteem. Indicators of high self-esteem have been incorporated into the SEI to identify students who qualify for, or may benefit from, special education, remedial programs, counseling, or therapy. The SEI has been used for research purposes to monitor progress in a course of therapy or counseling and to evaluate the success or failure of a particular intervention plan. In addition, the authors claim that the SEI can be used with confidence to identify children and adolescents who are believed to have self-esteem or behavior problems, emotional disturbances, and adjustment disorders. The four subscales indicate the extent of self-esteem problems in school, at home, in peer relationships, and regarding feelings of safety or vulnerability.

The SEI is designed to assess self-esteem for children and for adolescents. The test manual reports that administration is appropriate for groups as well as individuals. The authors do not recommend oral administration of the SEI because it would "detract from the privacy of the situation and disparages the examiner's claims to confidentiality" (Brown & Alexander, 1991, p. 6). For most people, the index can be completed in one session or 30 minutes. Very young children, students who have difficulty concentrating, and people who frequently need to ask the definitions of words included in the index will require more time.

DIMENSIONS THAT THE TEST PURPORTS TO MEASURE

The SEI measures the individual's perceptions in the following four areas: Familial Acceptance, Academic Competence, Peer Popularity, and Personal Security. A composite score, the Self-Esteem Quotient, is the best predictor of global or general self-esteem. There is one form of the test with 20 items in each of the four subscales.

The Perception of the Familial Acceptance subscale is a measure of the way that individuals perceive and value themselves as members of their families and in their own homes. This subscale focuses on the individual's perception of him- or herself as an important member of the family unit who is trusted, listened to, and cared about. Generally, family traits and characteristics such as expectations for achievement, warmth and closeness, and expression of anger are considered. In addition, the scale regards individual family members as potential sources of assistance, comfort, and support.

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The Perception of Academic Competence subscale is a measure of the way that the person perceives self in academic and intellectual pursuits. This subscale is concerned with people's perceptions of their school performance, achievement motivation, values they attach to intellectual achievement, and affective qualities associated with achievement.

The Perception of Peer Popularity subscale measures an individual's view of his or her acceptance and popularity with people his or her own age. It is concerned with perceptions of what peers think about self, social and interpersonal skills, the ease of interaction with peers, and leadership traits.

The Personal Security subscale measures perceptions of physical and psychological well-being. The scale focuses on general health including sleep and eating patterns, the presence of psychosomatic conditions, guilt and shame over real or imagined transgressions, general feelings of anxiety and personal vulnerability, desire to be younger (regression), and fears and phobias.

ADMINISTRATION

Generally, the SEI takes about 30 minutes to administer. The test can be administered individually or in groups. More time may be required for younger children, for those who have difficulty concentrating, and for students who need more clarification. Although it is possible, the author indicates that oral administration of the test would not violate confidentiality.

To ensure that the SEI is given in a standard manner, specific administration procedures are outlined in the manual. In addition, examiner qualifications are delineated. Although the SEI can be administered by a variety of professionals such as classroom teachers, psychologists, and counselors, examiners "should have had some formal training in appraisal that results in (a) a working knowledge of psychometrics, (b) proficiency with general testing procedures, (c) an appreciation of the uses and abuses of norm referenced tests, and (d) an understanding of specific assessment procedures employed in the area of personality or self-esteem testing" (Brown & Alexander, 1991, p. 6).

The SEI can be administered to people ranging in age from 8 to 18 years. The authors believe that those students who are able to attend to the testing tasks, who know the meaning of most of the words and concepts in the index, and who respond to items in a consistent manner, are the most qualified to take this instrument. Because the SEI is based on sociocultural experiences considered to be common in the U.S., and the norms are based on the responses from individuals who have shared this common experience, the SEI may be inappropriate for those students who have had limited exposure to the U.S. culture.

NORM GROUPS

The SEI was standardized in the English language. The normative sample includes 2,455 participants ranging in age from 8 to 18 years and residing in 19 states (including states in the North, South, East, and West). Participants were tested individually and in groups according to the protocol described in the manual. The only students that were excluded from testing were those identified as seriously emotionally disturbed. Demographic characteristics such as sex, domicile, race, geographic area, ethnicity, principal language spoken in the home, age, and educational attainment of parents are presented in the manual. The authors found that the SEI normative group resembles the population of the U.S. and constitutes a

representative sample. Race (Caucasoid, Negroid, Other) and Ethnicity (Native American, Hispanic, Asian, Other) seem to overlap one another. Some may argue that Asian represents race and not ethnicity. Overall, the demographic characteristics of the participants are clearly outlined, and the large sample size ensures representativeness.

Normative scores used on the SEI include deviation quotients, standard scores, and percentile ranks. There are no age or grade equivalent scores available for the SEI. The authors discourage the use of age or grade equivalent scores because they are misleading and imply an even rate of development. One scoring table is used for all individuals taking this instrument.

INTERPRETATION OF SCORES

Scores are expressed as raw scores, percentile ranks, standard scores, and deviation quotients. Tables A and B in the test manual provide conversion charts. Irrespective of the participant's age, one table is provided to interpret the SEI score. The cutoff points follow the normal curve with very high and very low SEI scores contained in the minority of the population (2% with very high SEI scores and 2% with very low SEI scores). The Profile and Record Form provides space for standard error scores as an indication of variability (see the Appendix). In addition, the authors provide clear guidelines for interpreting each of the scores. Unusually high scores and very low scores are signals for self-esteem problems. Low scores (percentile ranks below 25, standard scores below 7, or quotients below 90) may be indicative of poor self-esteem, immature behavior patterns, negative feelings, or unsatisfactory adjustment. On the other hand, unusually high scores (percentile ranks above 75, standard scores above 13, or quotients above 110) may suggest skewed self-perceptions, guarded responses, or a deliberate attempt to present a positive self-image.

Because the authors' normative sample is representative of the U.S. population, the effects of dissemblance are mitigated. Although the test does not contain a formal "lie" scale, very high or very low scores may be indicative of dissemblance. The manual provides additional tables and formulas for the interpretation of the subscales.

Low scores on the Familial Acceptance subscale may be because of immaturity, abuse, neglect, situational disorders, developmental disorders, poor or immature parenting, or a specific trauma related to the home. Low scores on the Academic Competence subscale may suggest difficulty with school, learning problems, or school phobia. Low scores on the Perception of Peer Popularity subscale suggest overall low self-esteem, poor social skills, or culturally or linguistically different students. Students with conduct disorders, or those who are socially maladjusted, typically have low scores on this scale. Low scores on the Personal Security subscale are characteristic of overanxious, withdrawn, abused, immature, or neglected students. The authors stress that deviant scores on this scale be confirmed by a diagnostician through other sources of information. In addition, the authors provide clear guidelines for sharing the results of the SEI.

SOURCE OF ITEMS

The item pool was developed from researching the literature on self-esteem, examining the content of related self-esteem instruments, and consulting professionals. This yielded more than 1,000 test items. By eliminating theoretically

inconsistent items, duplicates, and by combining similar items, 300 test items remained. This list was submitted to a group of professionals (counselors, school psychologists, teachers) who then rated the items on how discriminating they would be for students who are emotionally disturbed and have low self-esteem. This resulted in 120 items. Interrater reliability data were not presented. Item discrimination coefficients and item difficulty percentages were used to reduce the pool to the final 80 test items. The placement of the items into the four categories (familial, academic, peer, personal) was not discussed.

METHOD OF VALIDATION

The manual reports that content validity was built into the test through three procedures: reviewing the relevant literature, viewing similar tests, and consulting professionals. The authors provided preliminary evidence of the instrument's validity: "This is by no means generic, all-purpose validity and examiners who use the SEI to satisfy different appraisal goals than those set forth in this manual must accept responsibility for establishing the validity of the SEI for those additional purposes" (Brown & Alexander, 1991, p. 32). Criterion related validity does not focus on the predictive capability of the SEI. Instead, the authors provide evidence that the SEI correlates with other self-esteem instruments and teacher evaluations. Construct validity evidence focused on the relationship between the test scores and age, the interrelationship of the SEI items, and the ability of the test to discriminate among participants who are emotionally and behaviorally handicapped.

VALIDITY AS DETERMINED BY THE AUTHORS

Content validity evidence, which was discussed previously, was strong. As to criterion related validity, the manual reported a range of .29 to .77 correlation values for Piers-Harris Children's Self-Concept Scale, Revised (Piers, 1984), using a sample of 25 participants from 10 to 12 years of age. Age was controlled for by the use of standard scores. The authors expected the correlation of the SEI and the Piers-Harris Children's Self-Concept Scale to be .35 or higher. This indicates a moderate relationship. Thirty-four of the coefficients (97%) met the stated criteria (coefficients of .35 or higher).

Correlation of standard scores with the Index of Personality Characteristics (IPC) was reported between .10 to .96 with a sample of 23 students from 11 to 13 years of age. Forty-two of the coefficients (93%) meet the criteria. In other words, 93% of the SEI items have a moderate relationship with items in the IPC.

In addition, the manual reported a moderate correlation for self-esteem scores with teacher ratings. Coefficients ranged from .21 to .43, which are significant; yet, the authors reported that only the Peer Popularity Scale and the global self-esteem score coefficients met their stated criteria. Teachers were asked to rate the self-esteem of 105 students ranging in age from 8 to 16 years on a 9-point Likert scale. It was not stated if the teachers had knowledge of the student test scores.

Using the normative sample, the authors tested the intercorrelation of the SEI items and found a range of .31 to .83. Because 80% meet the criteria, the authors argued that each section of the test makes a significant contribution to the self-esteem score. Factor analytic techniques were used for 550 students in the item selection process to provide evidence for the subscale validity and their relationship to the general factor of self-esteem. Sixteen students with emotional distur-

bances (nonhandicapped), 64 students who had learning disabilities (learning disability area was not identified), and 19 students who were gifted were examined. The authors hypothesized that low self-esteem scores would be typical of students with learning disabilities and emotional disturbances; students who were gifted would score closer to the norm. Their results confirmed their hypotheses and provided evidence that the SEI discriminates among these groups: students with emotional disturbances obtained the lowest SEI scores, students with learning disabilities had near normal scores, and the gifted students had highest SEI scores.

RELIABILITY

Reliability data were limited. Internal consistency reliability was reported to be significant beyond the 5% level of confidence by calculating coefficient alpha on the 550 students in the item selection procedure. Ten out of 11 of the coefficients for the total test reached or exceeded .90. Standard error of measurement scores were used to judge the variance and are part of the profile form. Test-retest and interrater reliability data are not presented in the manual.

DESIRABLE FEATURES

The SEI can be used confidently with younger children, providing self-esteem scores for familial, personal, social, and academic perceptions. The test does not require training; it is easy to administer and score. It can be administered in group settings or individually. There is strong validity evidence presented in the manual, particularly content validity. In addition, many tables and guidelines are provided to assist interpretation of the scores. The Profile and Record Form is very clearly organized; the manual is well written, providing explicit rationales and excellent references.

UNDESIRABLE FEATURES

Although the test is designed for use with adolescents, some of the test items may be worded inappropriately for this age group. The following questions may seem ridiculous to an adolescent:

4. Kids pick on me a lot.
43. Other kids think I'm a cry baby.
48. I would rather play with children who are younger than I am.
51. When I grow up, I will be an important person.

This can be remedied by creating other forms of the test. Because this test was so clearly planned and constructed, creating forms for adolescents and adults would add to its potential use as a self-esteem inventory.

The reliability evidence is limited. Test-retest and interrater reliability evidence were not discussed. In addition, the predictive capabilities of the test were not examined. Future editions of the manual might present evidence to support test-retest reliability and indicate the predictive capacity of the test.

OVERALL EVALUATION

It is evident from reading the test manual that the authors did their homework. Using excellent references, they provided clear rationales for the procedures used in the test design. One of the strongest elements of the test is the thorough procedures used for item selection. Despite the lack of interrater reliability, the authors provided strong evidence of content validity. In addition, criterion related validity was moderate to strong. Teacher evaluation correlations were not as strong as correlations with similar tests. Because depression is found to correlate with low self-esteem (Battle, 1978, 1980), the authors could examine the relationship of their instrument with a children's depression index such as Battle's (1988) North American Depression Inventories for Children and Adults.

On the other hand, reliability data were limited. From reading the manual, it is not clear if the test is reliable from one test period to the next. Also, it is not known how strongly the professionals who rated the self-esteem items agreed with one another. Internal consistency evidence was strong. The use of standard error scores was the only other mention of the test's variance. Future investigations might focus on providing evidence for test-retest reliability, interrater reliability, and the predicative capacity of the index.

Positively speaking, the test manual was very clear, well organized, and follows the guidelines set forth for psychological testing (Anastasi, 1988; American Educational Research Association, American Psychological Association, & National Council on Measurement in Education, 1985). The test is easy to administer with the manual providing clear guidelines for the interpretation of scores. The Profile and Record Form is clear and easy to use. The instrument can be used with confidence with younger children; yet, it may not be appropriate for adolescents. Creating adolescent and adult forms of the test would be helpful for teachers and counselors.

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