

Exploring the Utility of Using the Self Esteem Index for Treatment and Outcome Evaluation With Early Adolescents in a Residential Treatment Center

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Abstract

The Self-Esteem Index (SEI) was used to compare the experiences of 24 youth ages 11 to 13, in their scores after they had been in treatment for 6 months. Results indicate that the SEI can be useful in treatment planning and as an outcome assessment. The SEI yielded significantly higher self-esteem scores for participants after 6 months of treatment. Self-esteem in youth consists of feelings and perceptions that one has about his or her own self-worth (Berk, 2002). A positive sense of self-esteem, or self-worth, is an essential part of healthy social-emotional development and it can affect other aspects of a child's life. One's sense of self-worth or self-esteem can have a strong influence on behavior, competence, and overall socio-emotional development and psychological adjustment. The development of self-esteem can be viewed as a constructive process (Stetsenko & Arievidtch, 1997) whereby individuals learn to define themselves through their own actions and their interaction with others (Rogoff, 1998). In a youth's life this includes interaction with parents, other family members, teachers, other adults, and other youth. For example, youth with a positive self-perception of their own academic and social competency are more likely to be academic achievers and social leaders than their peers who do not have the same self-perception (Harter, 1988). The development of self-esteem is a life-long process; however, youth between the ages of 11-13 years are at a critical stage in the development of the self. Youth in this age group are beginning to make comparisons between themselves and others, a critical key to self esteem development (Flavell, Miller, & Miller, 2002; Ruble, 1987).

Purpose of the Study

What are the significant areas of changes in the SEI scales after at least 6 months of treatment and how can that inform treatment planning?

Procedure

The effect of a comprehensive milieu based treatment program was investigated in an evaluative study. The study was conducted over a 3 yr period. The participants were administered a pre-test to determine their "perception of familial acceptance," "perception of academic competence," "perception of peer popularity," and lastly their "perception of personal security." The youth participated in a program that lasted for about 6 months. A matched t-test was performed to determine if the youths' self-esteem was significantly influenced by treatment.

Instrument

The Self-Esteem Index (SEI) scale (Brown & Alexander, 1991). The 80-item scale measures various aspects 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 youth who qualify for, or may benefit from remedial academic 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 (Brown & Alexander, 1991).

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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 (Brown & Alexander, 1991). 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, indicates global or general self-esteem. The test includes 80 items, 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 his 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 expectation 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. The Perception of Academic Competence subscale is a measure of the way that a 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 perceptions of a youth's popularity with people their own age, including perception of acceptance, perception of social skills and successes, and leadership characteristics. The Perception of 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.

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 cultural or linguistic differences. Students with conduct disorders, or those who are socially maladjusted, typically have low scores on this scale. Low scores on Personal Security subscale are characteristic of overanxious, withdrawn, abused, immature, or neglected students. The authors stress that a diagnostician through other sources of information confirm deviant scores on this scale. In addition, the authors provide clear guidelines for sharing the results of the SEI (Brown & Alexander, 1991).

Participants

Participants consisted of 13 males and 11 females ($n=24$), with an average age of 12.5, age range 11-13, and ethnicity composition of 90% White, 5% American Indian, 5% Latino/a.

Research Site

An adolescent residential treatment center site in the United States (U.S.) Rocky Mountain region participated in this study. The facility receives court-referred mental health challenged and substance abusing adolescents, most of who had been involved in criminal activity. Typical therapeutic treatment at this site consisted of full school days, recreational activities, outdoor programming, and individual, group, and family counseling. Participant youth averaged one hour of individual counseling, four hours of group counseling, and 30 minutes of family counseling per week at each site.

Results

Youth made progress over the 6-month treatment period, especially in the statistically significant areas of academic competence (from 25% to 63%; $p=.024$, $df\ 23$, $t\ 2.410$) and personal security (from 9% to 25%; $p=.080$, $df\ 23$, $t\ 2.829$). Overall improvement (from 23% to 37%; $p=.177$, $df\ 23$, $t\ 1.393$) was also noted as important.

Table 1

SEI Outcome Study (N=24)

	Admission	6 Months
1. Total Test	23%	37%
2. Family Acceptance	37%	37%
3. Academic Competency	25%	63% *(P=.02)
4. Peer Popularity	37%	37%
5. Personal Security	9%	25% **(P=.08)

*Significant Differences ($p < .05$)**Significant Differences ($p < .10$)

% = Percentile Rank

Discussion

In a discussion with the clinical staff at the agency and in an informal conversation with youth, a number of important conclusions were made. Clinical staff believed that academic competence was significantly improved due to the school environment as "ready made" to provide an atmosphere of success through individual tutoring, individualized instruction and encouragement. Youth seem to respond to this process and indicators of success (e.g., improved grades) almost immediately. Staff noted that the school perhaps provides a framework for success in other areas, as well as the confidence and sense of self efficacy needed to make more difficult changes. Staff noted they believed personal security was significantly improved because the clinical treatment environment is designed to provide a sense of safety and impenetrability for youth whose lives have been "breached" in many ways. Staff noticed that family acceptance and peer popularity probably did not change these may be later stage changes, particularly related to the family. They are changes that are not in as much control of the individual; external factors that sometimes cannot be influenced as readily.

References

- Brooke, S. (1996). Critical analysis of the self-esteem index. *Measurement and Evaluation in Counseling and Development*, 28(4), 233-240.
- Brown, L., & Alexander, J. (1991). *Self Esteem Index Manual*. Austin, TX: Pro-Ed.
- Daniel, L. G., & King, D. A. (1995). Factor validity and reliability of the self-esteem index: Finding inconsistencies between normative and field study results. (ERIC).
- Hinshaw, S. P. (1992). Externalizing behavior problems and academic underachievement in childhood and adolescence: Causal relationships and underlying mechanisms. *Psychological Bulletin*, 111(1), 127-155. doi:10.1037/0033-2909.111.1.127
- Maxwell, L. E., & Chmielewski, E. J. (2008). Environmental personalization and elementary school children's self-esteem. *Journal of Environmental Psychology*, 28(2), 143-153. doi:10.1016/j.jenvp.2007.10.009
- Perez, V. C. (2009). Effects on juvenile self-esteem per type of detention facility and programming. (ERIC)