

Brief Research-to-Results

Child TRENDS

...information for program providers on
assessing and enhancing self-concept
among adolescents.

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ASSESSING WHAT KIDS THINK ABOUT THEMSELVES: A GUIDE TO ADOLESCENT SELF-CONCEPT FOR OUT-OF-SCHOOL TIME PROGRAM PRACTITIONERS

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BACKGROUND

Children in the United States tend to experience a decline in positive self-concept during their adolescent years. This decline often begins around age 12 for girls and around age 14 for boys. For some, the decline can become severe in early adolescence (between the ages 14 and 16) before generally recovering in the mid-teen years.¹ Having a negative self-concept during adolescence has been associated with maladaptive behaviors and emotions. In contrast, having a positive self-concept has been linked to positive social and emotional development. This brief discusses child and adolescent self-concept and provides information for out-of-school time program practitioners on how to assess self-concept among program participants. The brief also suggests ways that program practitioners can foster positive self-concept in adolescents.

WHAT IS SELF-CONCEPT?

Self-concept refers to self-evaluation or self-perception, and it represents the sum of an individual's beliefs about his or her own attributes. Self-concept reflects how an adolescent evaluates himself or herself in *domains* (or areas) in which he or she considers success important.² An adolescent can have a positive self-concept in some domains and a negative self-concept in others. Research also suggests that each individual has a *global* (or overall) self-concept that reflects how the individual evaluates his or her self-worth as a whole.³

An adolescent can make targeted self-evaluations in a number of different domains. Researchers have identified the following eight domains that make up an adolescent's self-concept:⁴

- Scholastic competence
- Athletic competence
- Physical appearance
- Peer acceptance
- Close friendships
- Romantic relationships
- Job competence
- Conduct/morality

An adolescent's self-concept is dynamic, and causality is complex. That is, problems and difficulties can lower self-concept; but low self-concept can also cause problems. For example, researchers have found that levels of self-worth in each of the above domains are associated with behaviors and accomplishments relevant to success in those particular areas of development. For adolescents, having a high academic self-concept is associated with positive academic performance⁵ and having a high physical self-concept is related to increased physical activity, for example.⁶ Positive overall self-concepts have been linked to various markers of positive development, including positive peer relationships¹⁰ and overall happiness.¹¹

Having an overall negative self-concept in adolescence has been associated with depression,⁷ drug use,⁸ and eating disorders in girls.⁹ Both male and female adolescents struggle with negative self-concepts, but female adolescents tend to worry more

about physical appearance than do males.¹² Additionally, Black adolescents tend to have more positive self-concepts than do their white counterparts.¹³

SIGNS OF NEGATIVE SELF-CONCEPT IN ADOLESCENTS

Several signs may indicate that an adolescent has a negative self-concept. These may include one or more of the following:¹⁴

- Doing poorly in school;
- Having few friends;
- Putting down oneself and others;
- Rejecting compliments;
- Teasing others;
- Showing excessive amounts of anger;
- Being excessively jealous;
- Appearing conceited; or
- Hesitating to try new things.

WHAT SHOULD YOU DO IF YOU THINK AN ADOLESCENT IN YOUR PROGRAM HAS A NEGATIVE SELF-CONCEPT?

If you think that one of the participants in your program suffers from a negative self-concept, there are a number of steps that you can take. First, program directors and staff members should identify the particular domains in which the child feels inadequate (e.g., scholastic, athletic, etc.). Helping improve self-concept in the domain in which the adolescent feels inadequate should contribute to helping the adolescent improve his or her overall self-concept.¹⁵ Once program directors and staff members have identified the domains in which an adolescent has a negative self-concept, several strategies can be used to improve that self-concept:

- **Strategy 1: Praise the adolescent's accomplishments in specific domains.** Specifically, praise the adolescent's successes. Feedback is most effective when it addresses the role that the adolescent played in producing positive outcomes.¹⁶ For example, rather than simply saying "It's great that you got a good grade on

your paper," bring up the adolescent's actions and abilities by saying "You worked so hard on that paper, and you really deserve the good grade that you got."

- **Strategy 2: Praise the adolescent's efforts.** Research suggests that children who focus on improving their skills gain self-worth through growth. In contrast, children who only focus on achievements base their self-worth solely on their successes and failures.¹⁷ Program directors and staff members should praise adolescents' efforts and improvement in skills, in addition to the praise directed towards their accomplishments.

- **Strategy 3: Work with the adolescent to improve skills in domains in which he or she feels deficient.** Program directors and staff members must first work with youth to identify and discuss elements of tasks that show room for improvement. Staff members can then provide the guidance, support, and resources needed to accomplish this improvement. Strategies include helping adolescents practice skills, giving them tips, or suggesting relevant workshops or programs to enhance skills. Recognize that skill training is typically only effective when it is used in conjunction with positive feedback.

- **Strategy 4: Refrain from negative comments or feedback.** Research finds that praise and positive reinforcement are more effective in changing behavior and sustaining positive behavior.¹⁸ Avoid making negative comments or giving negative feedback to a child. Instead, describe and praise what they should do, rather than what they should not do.

Note: Program practitioners should pay special attention to the gravity of the negative self-concepts that adolescents in their programs may exhibit. If staff members notice that an adolescent shows signs of having an extremely negative self-concept, this may indicate that he or she is suffering from serious mental health issues, such as depression or anxiety. Symptoms, such as feelings of anxiety, worthlessness,

and disinterest in hobbies, require attention outside of the out-of-school time program. Should program practitioners notice that a participant in their program shows any of these or similar symptoms, they should seek ways to inform or involve parents to help their child and refer him or her to a trained clinician. For more information, program practitioners may also want to refer to the Child Trends research brief on assessing mental health in adolescents.¹⁹

To summarize, strategies that can be used to improve an adolescent's self-concept include providing praise for accomplishments, praising effort, working with the individual to encourage improvement in areas where he or she feels deficient, and refraining from using negative feedback.

ASSESSING SELF-CONCEPT

Below, we provide a series of measures that programs may use to assess the self-concepts of participating children and adolescents.²⁰ We provide items to measure each of the following domains of self-concept: scholastic competence, athletic competence, physical appearance, peer acceptance, and conduct/morality. You may wish to use one or several sets of items. With the information provided by these tools, you will be able to better determine services that participants in your programs may need and to more effectively monitor trends in self-concept over time.

It is a good idea to involve a researcher or research organization to help you learn how best to ask sensitive questions such as these. A researcher can also help you work with your local Institutional Review Board (IRB), which will look over the questions that you want to ask and the way you are going to obtain the information (e.g., paper-and-pencil survey, or in-person interviews). The IRB will also make sure the children and/or adolescents in your program have parental permission and have agreed to participate. To use these instruments for assessment

purposes, the IRB must approve your research plan.

Measures of Self-Concept

The five measures on the next page require individuals to rate the extent to which they personally agree with each of a series of six statements.

Instructions. Please use this list of sentences to describe yourself as accurately as possible. Describe yourself as you see yourself at the present time, not as you wish to be in the future. Describe yourself as you are generally or typically, as compared with other persons you know of the same sex and of roughly your same age. There is no right or wrong answer. Please choose the number that best describes you.²¹

1	2	3	4	5
Strongly Disagree	Disagree	Neither Agree Nor Disagree	Agree	Strongly Agree

Athletic Competence

- 1. I think that I could do well at just about any new sports activity that I haven't tried before.
- 2. I do very well at all kinds of sports.
- 3. I feel that I am better than others my age at sports.
- 4. I wish that I could be a lot better at sports.*
- 5. I don't do well at new outdoor games.*
- 6. In games and sports, I usually watch instead of play.*

Conduct/Morality

- 1. I behave very well most of the time.
- 2. I usually do the right thing.
- 3. I do things that I know I shouldn't do.*
- 4. I usually act the way that I am supposed to.
- 5. I usually get into trouble because of the things that I do.*
- 6. I often do not like the way that I behave.*

Peer Acceptance

- 1. I would like to have a lot more friends.*
- 2. I am popular with others my age.
- 3. I am always doing things with a lot of kids.
- 4. I wish that more people my age like me.*
- 5. I have lots of friends.
- 6. I find it hard to make friends.*

Physical Appearance

- 1. I am happy with my height and weight.
- 2. I am happy with the way that I look.
- 3. I wish my physical appearance (how I look) were different.*
- 4. I wish my body were different.*
- 5. I wish that something about my face or hair looked different.*
- 6. I think that I am good-looking.

Scholastic Competence

- 1. I feel that I am very good at my schoolwork.
- 2. I often forget what I learn.*
- 3. I feel like I am as smart as other kids my age.
- 4. I do very well in my classwork.
- 5. I am pretty slow in finishing my schoolwork.*
- 6. I have trouble figuring out the answers in school.*

When scoring each item, first check to see if there is an asterisk (*) following the statement. For items with asterisks, apply the following rules:

- A value of "1" will be changed to "5"
- A value of "2" will be changed to "4"
- A value of "4" will be changed to "2"
- A value of "5" will be changed to "1"

Next, add up the total number of points received on the scale or scales. A score of 17 or less on a scale indicates a negative self-concept in the relevant domain.

ADDITIONAL MEASUREMENT OPTIONS

- **Self-Perception Profile for Adolescents (SPPA).**²² The SPPA is a 45-item domain-specific self-concept scale. This scale is especially appropriate when attempting to measure all eight domains of self-concept, because it contains questions on job competence, close friendships, and romantic relationships, in addition to the five domains addressed in the scale above. The SPPA also has a measure of overall self-worth.
- **Piers-Harris Children's Self-Concept Scale, Second Edition.**²³ The Piers-Harris 2 is a 60-item scale that measures an adolescent's general self-concept, as well as the following six domains: behavioral adjustment, intellectual and school status, physical appearance and attributes, freedom from anxiety, popularity, and happiness and satisfaction.

ADDITIONAL RESOURCES ON SELF-CONCEPT FOR YOUR PROGRAM

- **KidsHealth: Nemours Foundation**
For information about enhancing an adolescent's self-concept, go to www.kidshealth.org.

ADDITIONAL RESOURCES ON MENTAL HEALTH FOR YOUR PROGRAM

- **National Institute of Mental Health**
Find additional information on depression and anxiety by going to www.nimh.nih.gov or e-mailing nimhinfo@nih.gov. You can also use the institute's Web site to find local treatment options for depression and anxiety.
- **National Alliance on Mental Illness**
Find local treatment and program options by calling 1-800-950-NAMI or going to www.nami.org. The Web site also sponsors online discussion groups, which serve as sources of support for teens, parents, and providers.
- **National Mental Health Association**
For additional information on mental health issues, available in both English and Spanish, call 1-800-969-6642 / TTY: 1-800-433-5959 or go to www.nmha.org.
- **Suicide Hotlines**
This Web site provides local resources and hotlines for each state. Call 1-800-SUICIDE (784-2433), or visit www.suicidehotlines.com.
- **Anxiety Disorders Association of America**
For information on specific forms of anxiety disorders, such as generalized anxiety disorder and obsessive compulsive disorder, visit www.adaa.org.

CONCLUSION

Because negative self-concept in adolescence has been associated with various maladaptive behavioral and emotional problems, it is important to address signs of negative self-concept in youth. This brief emphasizes the importance of assessing the various domains that make up an adolescent's self-concept. Furthermore, by determining the specific causes of a negative self-concept, program directors and staff can use a variety of techniques to help adolescents combat any negative views that they may hold about themselves. By intervening to improve adolescents' self-concepts, out-of-school time programs hold the potential to influence the social, academic, and behavioral adjustment of adolescents at a critical time in their development.

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