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ABSTRACT

A topic of much national concern is the mental health of youth. Adolescents often enter psychiatric treatment with poor school performance, having attended numerous schools, and have very negative attitudes toward the school environment. In order to facilitate more effective psychiatric functioning, this study sought to learn more about two groups of adolescents: one group with a variety of psychiatric diagnoses, the other with psychiatric diagnoses in addition to a medical illness. The study compared these psychiatric adolescents with normed data on educational functioning and self-esteem, and gathered information in order to do a longitudinal study of adolescents' functioning after hospitalization. Subjects were admissions to the adolescent psychiatric unit of a children's hospital. Subjects (N=22) in one group had only a psychiatric diagnosis; subjects (N=13) had a medical illness and a psychiatric disorder. Subjects were administered an intelligence test and completed a self-report measure of self-esteem. Analyses indicated that the two groups were similar to each other in educational functioning and self-esteem. Psychiatric adolescents rated lower than normed data on global self-esteem. As a group the mean scores of the psychiatric adolescents were all found to be below the 50th percentile of the average scores for those adolescents who are not psychiatrically impaired. (ABL)

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Educational Functioning and Self-Esteem  
of Psychiatrically Hospitalized Adolescents

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Educational Functioning and Self-Esteem  
of Psychiatrically Hospitalized Adolescents

A topic of much national concern is the mental health of our youth. Of particular concern are problems such as the high suicide, school dropout, and juvenile delinquency rate of adolescents. Many of these behaviors result from a corresponding emotional disturbance such as major depression or oppositional-defiant disorder for which treatment may require psychiatric hospitalization. Generally, when adults meet the criteria for psychiatric hospitalization, they have several areas of disturbance including occupational functioning. A corollary for adolescent psychiatric patients is school functioning. Adolescents often enter psychiatric treatment with poor school performance, having attended numerous schools, and have very negative attitudes toward the school environment. The adolescent is not likely to improve in this area unless some intervention is made. Yet frequently lacking in adolescent psychiatric hospitalization is an emphasis on the educational aspect of treatment.

One purpose of this study was to learn more about two groups of adolescents, in order to facilitate more effective psychiatric treatment. One group of adolescents had a variety of psychiatric diagnoses; the other group had a variety of psychiatric diagnoses in addition to a medical illness (i.e., diabetes, anorexia, asthma, gunshot wound, biliary atresia). Another purpose of this study was to compare these psychiatric adolescents with normed

data on educational functioning and self-esteem. A third purpose of this study was to gather information in order to do a longitudinal study of adolescents' functioning after hospitalization. The adolescents' educational functioning and self-esteem were studied because these two variables impact on adolescents' school adjustment during and after hospitalization.

### **Subjects**

Subjects were admissions to the adolescent psychiatric unit of a children's hospital in a large city in the Western United States. Subjects were placed in one of two groups, depending on whether they had (1) a medical illness and a psychiatric disorder (the "med-psych" group) or (2) a psychiatric disorder without a medical illness (the "psych-only" group). The med-psych group was composed of 13 patients (7 females and 6 males), and the psych-only group was composed of 22 patients (9 females and 13 males). Subjects were between 12 to 18 years old and had a Full Scale Score of 70 or above on the Wechsler Intelligence Scale. There were no significant differences between groups on age or IQ. Race/ethnicity of subjects was Anglo-American (77%), Chicano/Latino (14%), and African-American (9%), and was similar between the two groups. The average length of hospitalization was 53.8 days. About half (54%) of the adolescents then returned home after hospitalization, while the others were placed by social services in residential treatment (37%) or some other placement (9%), such as in a foster home or in detention.

### **Procedure**

Upon admission to the hospital each adolescent and his/her

parents or guardians were given a description of the study and a consent form to participate in the study. Subjects were placed in the appropriate group based on independent evaluations by a psychiatric nurse and a psychiatrist.

Upon admission to the adolescent psychiatric unit subjects were administered an intelligence test by a psychologist and an educational battery by a school specialist, and completed a self-reported measure of self-esteem. Tests were completed within two to three weeks of their admission.

### **Measures**

Cognitive Measures. **Wechsler Intelligence Scale for Children-Revised (WISC-R), Wechsler Intelligence Scale for Children-Third Edition (WISC-III), or the Wechsler Intelligence Scale for Adults-Revised (WAIS-R).** The WISC-R (Wechsler, 1974) and WISC-III (Wechsler, 1991) are appropriate for children up to age 16, and have norms up to 16 years, 11 months. The WAIS-R can be given to children older than 16 years. The Wechsler Intelligence Scales were used to assess intellectual ability. The Wechsler Scales produce three intelligence scores (Full Scale, Verbal, and Performance). The two groups of subjects were compared on the Full Scale score.

**The Woodcock-Johnson Psychoeducational Battery.** Part II of the Woodcock-Johnson Psychoeducational Battery (Woodcock & Johnson, 1977) was used to assess educational functioning. Percentile scores were derived in four areas of achievement (reading, mathematics, writing, and knowledge), and the two groups of adolescents were compared on these scores.

Self-Esteem Measure. Self-perceptions of competence and self-esteem were assessed with the **Self-Perception Profile for Adolescents** (Harter, 1985). This self-report measure assesses adolescents' perceptions of competence in five life domains: scholastic competence, social acceptance, athletic competence, physical appearance, and behavioral conduct. The instrument also provides a separate index of global self-esteem.

Each of the nine domains contains five items, constituting a total of 45 questions. Adolescents decide to what extent the items are true for them (4 = high perceived competence and 1 = low perceived competence). Alpha coefficient ranging from .74 to .92 have been reported for the nine specific subscales (Harter, 1988). In addition, for each specific domain there are additional questions on a 4-point scale asking adolescents to rate how important this specific area is to them. For example, for the Athletic Competence domain the adolescents respond to the statement, "Some teenagers think its important to be good at sports." Discrepancy scores between low competence and high importance are assumed to be related to global self-esteem.

### **Results/Discussion**

The following results were found with independent t-tests. The two groups of psychiatrically hospitalized youth were similar to each other on both areas of measurement (i.e., educational functioning and self-esteem). Due to the lack of differences, the two groups were then combined and their scores were compared to normed data for the measure of self-esteem and for the Woodcock-Johnson.

In the area of self-esteem, the psychiatric adolescents were found to rate lower than normed data on global self-esteem (mean=2.3). They also scored lower in all specific domains of perceived competence, all means at least .3 below the norm (means ranged from 2.3 to 2.9). Perceived scholastic competence was rated .4 below the norm (mean=2.5). The three competence domains rated highest were close friendship (mean=2.9), job competence (mean=2.9), and social acceptance (mean=2.7). The three lowest rated competence domains were physical appearance, romantic appeal, and behavioral conduct (all with means of 2.3). It seems significant that the areas of physical appearance and romantic appeal are lowest, as these are areas which are of heightened importance during the adolescent years. That the adolescents as a group perceived themselves as incompetent in the area of behavioral conduct is interesting, as this perception is likely to impact on their actual behavior after hospitalization. The greatest discrepancy between the psychiatric adolescents' data and the normed data was found in the area of global self-esteem (mean=2.3), with this mean falling .7 below normed data. The psychiatric adolescents did not feel competent in many areas, and also did not feel good about themselves or the direction of their lives.

In the area of educational functioning, as measured by the Woodcock-Johnson, the mean scores of the psychiatric adolescents as a group were all found to be below the 50th percentile of the average scores for those adolescents who are not psychiatrically impaired. Data was not available for nine subjects related to

early discharge. The mean percentile scores for the psychiatric adolescents in the four areas of achievement were as follows: reading (41.8th percentile), knowledge (38.9th percentile), writing (37.8th percentile), and mathematics (34.5th percentile). This finding suggests that other than a few adolescents who did very well, as a group the psychiatric adolescents were having a fair amount of trouble academically. In addition, one-fifth (n=5) of the adolescents' achievement scores fell below the 25th percentile. It seems significant that mathematics was the lowest area of achievement. As this is an area of study that is incremental, one skill building on another, low scores in this area do not bode well for the adolescents' future mathematical study. Writing skills were the next lowest area of achievement. This is significant, since mathematics and writing are skills in which the adolescents will need to be proficient in the upcoming century. Group IQ means were all in the normal range (V=94, P=98, FS=97). While intellectual ability was not a problem for these adolescents, their perception of themselves as academically competent individuals as well as their actual academic achievement was problematic.

### **Conclusion**

It was expected that the adolescents with a major medical illness and a psychiatric diagnosis would score lower on the two measures than the adolescents with a psychiatric diagnosis only. This hypothesis was not confirmed. When combined, the psychiatric youth were significantly below the average normed scores on educational functioning and self-esteem. These results

are important because these adolescents often have poor academic records, and report negative self-perceptions concerning their scholastic competence and behavioral conduct. These characteristics are factors that can influence them for the rest of their lives. In this way this study contributes to an understanding of the clinical and educational needs of psychiatrically hospitalized youth. It is recommended that in addition to the areas most commonly focused on in psychiatric treatment such as behavioral change and medical treatment, special attention needs to be given to psychiatrically hospitalized adolescents concerning their self-esteem, feelings of competence, and educational needs.

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