

Competency, Importance, and Social Support,
of Learning Disabled Children in An Inclusion Program:

A Test of A Model

by

Von Renee Brown

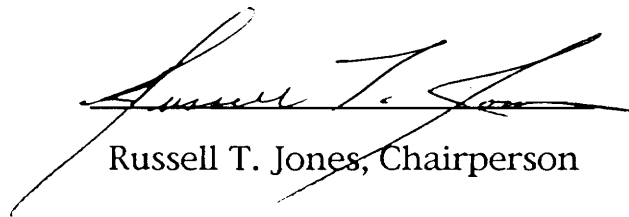
Thesis submitted to the Faculty of the
Virginia Polytechnic Institute and State University
in partial fulfillment of the requirements for the degree of

MASTER OF SCIENCE

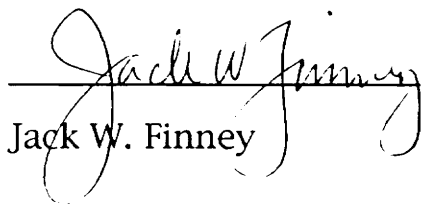
in

Psychology

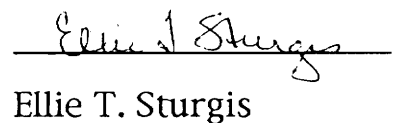
APPROVED:



Russell T. Jones, Chairperson



Jack W. Finney



Ellie T. Sturgis

January, 1995

Blacksburg, Virginia

c.2

LD
5655
Y855
1995
B773
c.2

COMPETENCY, IMPORTANCE, AND SOCIAL SUPPORT OF LEARNING
DISABLED CHILDREN IN AN INCLUSION PROGRAM:

A TEST OF A MODEL

by

Von Renee Brown

Russell T. Jones, Chairman

Psychology

(ABSTRACT)

The purpose of this study was to examine the mediational role of social support, importance, and competency on global self-worth for a group of learning disabled (LD) children who participated in an inclusion program. Inclusion programs are one method of educating LD children. These LD children spend the entire school day, including all academic classes, in a regular classroom. Special education teachers assist these children within this regular classroom setting. In the current study, 24 children from the fourth, fifth, and sixth grades completed four questionnaires. Their perceived competency and importance scores were used to derive a discrepancy score. It was hypothesized that social support and discrepancy scores would correlate with global self-worth. Social support was found to correlate significantly with global self-worth, but discrepancy scores did not. In addition, competency in the areas of general intellectual ability, behavioral conduct, and physical appearance were found to correlate with global self-worth. It was also hypothesized that these children would spontaneously compare themselves to other children in their regular classroom rather than other

handicapped children. A majority of the children in this sample acted in accordance with this hypothesis. This comparison also resulted in a positive effect on their feelings of competency. Finally, it was hypothesized that classmate support rather than parental, teacher, or friend support would correlate highest with global self-worth. This hypothesis was not supported. The parent subscale of the social support measure correlated highest with global self-worth. The relevance of these findings to children's feelings of self-worth and the inclusion program are discussed.

Table of Contents

Introduction.....	1-25
Learning Disability Definition.....	1
Pull-out Problems.....	4
Mainstreaming.....	7
Peer Relationships.....	9
Social Comparisons.....	10
Self-Concept.....	11
Models of Self-Concept.....	13
Discrepancy.....	16
Social Support.....	19
Self-Worth.....	21
Research Problem.....	23
Hypotheses.....	26
Methods.....	27
Subjects.....	27
Procedure.....	28
Measures.....	29
Results.....	34
Discussion.....	40
References.....	57
Appendix A.....	64
Appendix B.....	66
Appendix C.....	69
Appendix D.....	71
Appendix E.....	76
Appendix F.....	78
Appendix G.....	79
Appendix H.....	84
Appendix I.....	86
Table1.....	88
Table2.....	89
Table3.....	90
Table4.....	91
Table5.....	92
Table6.....	93
Table7.....	94
Table8.....	95
Table9.....	96
Table10.....	97
Table11.....	98
Table12.....	99
Figure Captions.....	100
Figure 1.....	101
Figure 2.....	102

APPENDIXES

Appendix A- Questionnaire Protocol

Appendix B- Self-Perception Profile for Learning Disabled
Children

Appendix C- Importance Scale-original version

Appendix D- Importance Scale-revised version

Appendix E- Social Support Scale for Children

Appendix F- Social Comparison Questionnaire

Appendix G- Parental Consent Form and Child Assent Form

Appendix H- Letter to Parents (1)

Appendix I- Letter to Parents (2)

List of Tables

Table 1:	Descriptive Statistics.....	88
Table 2:	Means for The Self Perception Profile for Learning Disabled Childrens' Subscales.....	89
Table 3:	Means For The Revised Importance Subscales.....	90
Table 4:	Means For The Social Support Subscales.....	91
Table 5:	Correlation Matrix For The Self-Perception Profile Subscales.....	92
Table 6:	Correlation Matrix For The Importance Subscales.....	93
Table 7:	Correlation Matrix For The Social Support Subscales.....	94
Table 8:	Pearson Correlation Coefficients for Discrepancy, Social Support, and Global Self-Worth. Scores.....	95
Table 9:	Stepwise Regression Analysis on Global Self-Worth.....	96
Table 10:	Percentage of subjects choosing group (1) and group (2) in the Social Comparison Questionnaire.....	97
Table 11:	Means for Each Competency Area for Those Children Who Compared Themselves to Group (1) and Group (2).....	98
Table 12:	Pearson Correlation Coefficients of Global Self-Worth and Social Support.....	99

List of Figures

Figure Captions.....	100
Figure 1: Harter's Model.....	101
Figure 2: Revised Model.....	102

Competency, Importance, and Social Support, of Learning Disabled Children in An Inclusion Program: A Test of A Model

The purpose of this study was to investigate the role of competency, importance, and social support on learning disabled children's feelings of self-worth. This study was interested in examining the feelings of learning disabled children participating in an inclusion program. Therefore, the different methods of educating handicapped children, pull-out, mainstreaming, and inclusion programs will be discussed. Also, how these programs effect their peer relationships and social comparison process will be deliberated. In addition, the main theories of self-concept will be outlined followed by Harter's model of self-worth. This model was tested with this special population of learning disabled children participating in an inclusion program.

A learning disability (LD) is a delay or deficit in an academic skill which results in academic difficulties in school aged children. According to Rourke and Dotto (1992), learning disabilities have been adequately described by the National Joint Committee on Learning Disabilities as:

Learning disabilities is a generic term that refers to a heterogeneous group of disorders manifested by significant difficulties in the mastery of one or more of the following: listening, speaking, reading, writing, reasoning, mathematical, and other skills and abilities that are traditionally referred to as "academic." The term learning disabilities is also appropriately applied in instances where persons exhibit significant difficulties in mastering social and other adaptive skills and abilities. In some cases, investigations of learning disabilities have yielded evidence that would be consistent with hypotheses relating central nervous system dysfunction to the disabilities in question. Even with other handicapping conditions (e.g., sensory impairment, mental retardation, social and emotional disturbance) or environmental

influences (e.g., cultural differences, insufficient/inappropriate instruction, psychogenic factors), it is not the direct result of those conditions or influences. However, it is possible that emotional disturbances and other adaptive deficiencies may arise from the same patterns of central processing assets and deficits that generate the manifestations of academic and social learning disabilities (p. 520).

A child with a learning disability is an individual who has specific limitations in the cognitive abilities required in learning academic skills and knowledge. The limitations experienced by the learning disabled child must be specific enough to not significantly lower their IQ. When tested, these children show a significant discrepancy between their overall intelligence score and one or more of their academic achievement scores. To be diagnosed with a learning disability the child cannot have emotional or behavioral problems that are the primary cause of the learning difficulties. An additional requirement is that they have been provided with the knowledge and values necessary to succeed in school in the preschool environment. Given that these children are unable to meet the educational expectations placed upon them, a frustrating situation for the teachers, parents and especially the student often exists.

Several research efforts attested to the negative consequences often associated with LD status. Kistner and Torgesen (1987) reviewed the literature on the effects of failure in school. They found that, "frequent failure on tasks that are important to the individual elicit unpleasant emotional responses such as anxiety, frustration, and unhappiness" (p. 301). They further stated that these feelings can result in avoidant behaviors and/or a decrease in the use of effective strategies. The authors also found that, in

comparison to their peers, "LD children experience more anxiety, frustration, and unhappiness in evaluative achievement situations" (p.302). Such experiences have been correlated with reductions in the individual's efforts resulting in an increase in the likelihood of failure. This hypothesized cycle of failure has been shown to be relevant to an LD child's experiences (Weiner, 1979).

Recent investigations demonstrated negative consequences of LD status along several dimensions, including self-efficacy, self-concept, and self-esteem. Gresham, Evans and Elliot (1988) investigated the academic and social self-efficacy of mildly handicapped children (which included LD) as compared to samples of gifted and nonhandicapped children. All children were given the Academic and Social Self-Efficacy Scale. The LD children in this sample had lower academic and social self-efficacy scores than their non-disabled peers. Heyman (1990) hypothesized that the self-perception of LD by an LD child would be related to their academic self-concept and general self-esteem. All subjects were given the Coopersmith Self-Esteem Inventory-School Short Form, the Students Perception of Ability Scale, and the Self-Perception of Learning Disability scale. Results showed that one's self-perception of his/her LD status explained 12% of the variability in self-esteem and 30% of the variability in academic self-concept. This study demonstrated that a child's perception of his/her LD influences their academic self-concept. Unfortunately, the previously mentioned studies failed to assess to whom these children were comparing themselves (the

gifted, nonhandicapped, or handicapped peers) while filling out the self-perception questionnaires.

Omizo, Cubberly, & Omizo (1985) theorized how one's academic self-concept can influence one's general self-perception. They found that LD children likely experienced continuous failure and negative feedback due to academic problems. This led to feelings of inferiority and negatively impacted their general self-perception. The low self-perception then contributed to low performance, which began a vicious cycle.

Pull-out Problems

Traditionally, handicapped children have received their education in separate "resource rooms". That is, once a child has been determined to have a handicapping condition, they are "pulled-out" of the regular classroom and receive instruction for all academic areas in a special education classroom. They may rejoin their nonhandicapped peers for nonacademic situations such as lunch and/or recess. According to Wang, Reynolds, & Walberg (1985), this approach has three major problems. First, the pull-out program is based on the assumption that poor performance in school is due to students' characteristics and not the school environment. Second, these programs may cause the significant others in the child's life to expect less of them. Consequently, the LD child may experience a loss in self-confidence as well as develop a negative perception of learning. Third, the removal of a child from the regular classroom

has been shown to disproportionately affect males and minorities. The fact that males and minorities are overrepresented in the resource room brings into question the objectivity used in determining which children qualify for placement.

Several recent investigations have shown that pulling children out of regular classrooms has been correlated with a host of negative consequences. Grolick and Ryan (1990) stated that this practice may increase the likelihood of social stigmatization and increase one's sense of "difference" from other students. Crocker and Major (1989) found that social structural conditions such as segregation of stigmatized groups can limit the possibilities of those members to form efficacy-based self-esteem because of the limitation of resources. The segregation of stigmatized people does not allow for comparisons of one's abilities with those of the advantaged group because of the lack of proximity to the advantaged group.

Several studies have shown that pull-out LD students have lower self-concept scores than their non-LD peers. Bear, Clever, & Proctor (1991) and Grolick and Ryan (1990) found the scholastic competence of pull-out LD students to be lower than their non-LD peers. A related finding reported by LaGreca and Stone (1990) showed that social acceptance and global self-worth scores were lower in pull-out LD populations. Kistner, Haskett, White, & Robbins (1987) found cognitive and physical scores to be lower in the pull-out LD populations.

Edgar and Hayden (1984) outlined three additional disadvantages to pull-out programs. One, the idea of removing the least capable students from the regular classroom would become a perpetual cycle. They stated that there will always be a group of children performing poorly in comparison to their peers. Therefore, as more children would be removed, resource rooms would contain more children with borderline diagnoses and children with problems in only one or two academic areas. Two, many children who were removed from the regular classroom and placed in resource classrooms never returned to their regular classroom and three, the removal of a child from the regular classroom removed the responsibility from the regular teacher to educate these children. Given the documented negative consequences of pulling out, Stainback, Stainback, & Bunch (1989) concluded that such practices were morally and ethically wrong. They stated that society's attitude of separating handicapped citizens from nonhandicapped citizens denied individuals of their equal rights.

The segregation of handicapped children in the schools has become an important issue for the educational system. According to Public Law 94-142, the term handicapped may be used to describe mentally retarded, hard of hearing, deaf, speech impaired, visually handicapped, seriously emotionally disturbed, orthopedically impaired, or other health impaired children, or children with specific learning disabilities (Edgar & Hayden, 1984). In 1985, Madeleine C. Will, the assistant secretary for the Office of Special Education and

Rehabilitation Services, addressed the issue of educating handicapped children. She stated that the pull-out programs (taking handicapped children out of regular classrooms to receive instruction in the resource room) have not been able to satisfactorily meet the educational needs of these children, citing the results of research done in this area. Furthermore, she claimed that the pull-out programs stigmatized children, resulting in lowered expectations and a greater emphasis on failure.

In 1986, the United States Office of Special Education and Rehabilitation Services in the U.S. Department of Education issued the "Regular Education Initiative" (REI). Its purpose was to investigate ways of educating mildly and moderately handicapped children within the regular classroom. This was to be accomplished by the merging of special and regular education, commonly referred to as mainstreaming.

Mainstreaming

Mainstreaming, specific to the educational system, is the educating of a handicapped child for all or part of the day in regular education classrooms (Hayes and Livingstone, 1986). Generally, children are only removed from the regular classroom for those academic areas directly affected by their handicapping condition. For some students, their handicapping condition only affects one or two academic areas, and therefore, they may only be educated separately for those areas. This method differs from the pull-out

programs because mainstreaming does not automatically segregate handicapped students for all of their academic education.

According to the guidelines outlined by the Virginia Statewide Systems Change Project (1991), mainstreaming, "provides opportunities for students to access needed special services and address individualized goals/objectives without being segregated from either their peers or from the rich variety of experiences that general education has to offer all students" (p. 3). Many school districts have attempted to accomplish the objectives of REI by mainstreaming handicapped children into regular education classrooms. The services a child receives within the regular classroom can vary among school districts. Some schools provide little to no special assistance to the handicapped child while they are in the regular classroom and other schools use intensive special education techniques within the regular classroom. Therefore, the term mainstreaming should be considered a broad theoretical term, subject to different interpretations.

The present study was conducted in a school district that recently initiated an inclusion program. Inclusion is the full integration of all handicapped children into the regular classroom. No special education classroom exists, rather special education teachers assist handicapped children within the regular classroom. This program is based on a desire to integrate handicapped children into "regular" society. It is also an attempt to avoid the negative consequences of pull-out programs. Therefore, the children in the

present study were educated in a similar manner as their normally-achieving peers in the same classroom. There may significant effects of total integration or inclusion that differ from pull-out programs or even partial mainstreaming. One area that has been examined is the effects of inclusion programs and partial mainstreaming on peer relationships.

Peer Relationships

One area recently examined was the relationship between handicapped students and their nonhandicapped peers. Madge, Affleck, & Lowenbraun (1990) studied the peer ratings of LD students in an inclusion program (receiving special services within the classroom), partially mainstreamed LD students (average of 2.3 hours a day in a resource room), and non-LD students. Over a three year period the children in the inclusion program were rated higher (liked more) than the partially mainstreamed children by the non-learning disabled students.

DeCooke & Nelson-LeGall (1989) investigated the help seeking behaviors of LD students in an inclusion program and partially mainstreamed LD students with their non-LD peers. They found that the partially mainstreamed LD students were significantly less successful in eliciting help from their non-LD classmates than were the LD students in the inclusion program. Concluding from these two studies, it seems that over time, children, who are not associated

with the stigmatized group (handicapped children), are more liked and accepted by their peers.

Interactions with peers inevitably leads to comparing one's performance with that of one's peer's performance. Mainstreamed LD children and LD children participating in an inclusion program now have two groups to whom they may compare themselves, other children with handicapping conditions or the children in their regular classroom.

Social Comparisons

A notion of comparison is based on Cooley's (1902) Social Support/Positive Regard Theory which is consistent with current social comparison theory. In that, it suggests that as a child acquires the ability to perceive what others think of them, they also gain the ability to compare their performances to that of those around them. Renick and Harter (1989) found the classroom to be an area of significant social comparison inasmuch as children are grouped, graded, and praised based on their performance as compared to their peers. Wood (1989) provided empirical evidence that people used others in their social environment rather than objective measures to define themselves. Wood stated that, "whatever aspect of oneself is distinctive in relation to other people in any particular setting is prominent in one's thoughts about the self" (p.233). The academic difficulties of LD children differentiate them from others in the classroom. Therefore, if their academic problems are made salient, possibly by their removal from the regular class for certain academic

areas, they will be at a disadvantage in making social comparisons within the classroom. Crocker and Major (1989) stated that members of stigmatized groups may find comparisons with members of the advantaged groups painful and potentially esteem lowering. The authors stated that integration, however, would facilitate these comparisons. Therefore, if the stigmatized individuals have less favorable outcomes when compared with nonstigmatized individuals, integration may result in lower self-esteem within the stigmatized group. But, on the other hand, inclusion programs may reduce a child's feelings of stigmatization. Children in an inclusion program are treated very similarly to their normally-achieving peers. Therefore, even if inclusion programs facilitate these comparisons between LD and non-LD students, these comparisons may not negatively impact their feelings of self-worth.

Self-Concept

Because of these social comparisons, researchers have investigated the impact of inclusion programs and mainstreaming on children's self-concepts. Research has shown that (LD) children in inclusion programs, but not receiving any special assistance within the regular classroom, have lower self-concepts than their nonLD peers. Beltiempo & Achille (1990) investigated a group of LD children participating in an inclusion program. An important aspect of this program is that these children were simply moved into the regular classroom to be educated by the regular classroom teachers.

They did not receive any additional assistance within or outside of the regular classroom. It was hypothesized that these LD children would have significantly lower self-concept scores as compared to non-LD controls. They administered the Piers-Harris Children's Self Concept Scale in October and June of the same school year. Results showed that LD children who were mainstreamed but did not receive any special services tended to have lower self-perceptions than their non disabled peers. These findings are consistent with the idea that LD children who are not receiving any help are still distinctive in their academic difficulties as compared to their classmates. It is important that future research investigate the impact of inclusion programs on those LD children who are in fact receiving special services within the regular classroom. The present study did examine an inclusion program in which children received special assistance within the regular classroom.

In summary, while fewer studies exist examining the impact of inclusion versus mainstreaming on LD individuals, the available evidence shows that LD children participating in an inclusion program are more accepted and liked more than mainstreamed LD students by their non-LD classmates. There is a need for further empirical efforts in the areas of inclusion programs and mainstreaming.

In that consequences of LD status have been most frequently examined in reference to one's self-concept, a brief overview of the leading models of self-concept will be presented in an attempt to

identify major components of this construct as well as factors which moderate its status within LD children. The presentation of a somewhat complimentary model targeting self-worth will follow.

Models of Self-Concept

Because there is no one universal definition of self-concept, it is important to examine the leading models of self-concept. First, there is the Nomothetic model of self-concept. Its original form was strongly supported by Coopersmith (1967). This theory maintained that self-concept was a unidimensional concept. He argued that the facets of a general self-concept were so heavily influenced by the general factor that they could not be differentiated. Therefore, he purported that self-concept was a consistent entity that could be used to explain one's behavior in various settings. This theory is currently most often used in modified forms rather than its original form. Its major shortcoming is that the research implemented since its conception has provided evidence for different facets of self-concept.

Second, there is the Hierarchical model of self-concept, originally proposed by Shavelson (1976). This model posited that self-concept was multifaceted, i.e., was composed of several distinct entities. Also, these facets were ranked in a triangular, hierarchical formation. At the apex of the triangle was a general self-concept that had academic and nonacademic components. The academic self-concept was itself divided into several academic areas such as math

and English. The nonacademic self-concept was similarly divided into the areas of social, physical, and emotional self-concepts which themselves were further divided. At the base, Shavelson placed the situational specific self-concepts and toward the apex were the more general self-concepts. Shavelson maintained that the general self-concept was the most stable factor and as one descended the hierarchy toward the situational specific self-concepts, the factors became less stable. Unfortunately, a study conducted by Marsh (1987) in which a first order analysis was used found the multifaceted hierarchical structure was weaker and more complex than originally stated.

Third, there is the Taxonomic model of self-concept, first proposed by Soares and Soares (1969). This theory endorsed the idea of a multi-faceted self-concept. That is, self-concept could be divided into several areas, referred to as facets. These facets were independent of each other, in that a change in one would not have necessarily resulted in a change in another. In addition, they noted the existence of a basic general self-concept factor as well as the semiautonomous specific factors. Soares and Soares (1969) proposed that these factors were so distinct that the hierarchical structure posed by Shavelson could not exist. A problem with Soares and Soares' stance was that some facets have been found to be more closely related than others and therefore did not support this independent model.

Fourth, there is the Compensatory model of self-concept. This model supported a general facet of self-concept. In contrast to the other models presented, the compensatory model suggested that the specific facets were inversely related rather than proportionally (hierarchical model) or independently (taxonomic model) related. The perceived lower status on one specific facet, according to this model, might have been compensated by perceived higher status on another specific facet of self-concept. Winne and Marx (1981) found that students who were relatively less successful academically tended to perceive themselves as relatively more successful on the physical and social facets of self-concept.

In summary, although each of these models emphasized an important aspect of self-concept (the existence of a general factor as well as other facets of self-concept: academic, social, behavioral), none have been able to adequately support their suppositions with research, thus their predictive power has been limited. Therefore, the need for a more empirically supported model exists. Harter (1982) provided a useful alternative in that she combined two of these models, the multi-dimensional model proposed by Shavelson(1976) and the nomothetic model described by Coopersmith (1967) in an attempt to better explain self-concept. She stated that as children mature their views of their self-concept become self-judgments. The relative positive and negative feelings surrounding these judgments were termed self-worth or competency. She defined self-worth as, "the overall value that one

places on the self as a person" (p. 67). Within this model, two major determinants of self-worth, the competence-importance discrepancy and social support/positive regard were described. Each component will be discussed in turn.

Insert Figure 1 about here

Discrepancy

Harter's model was based on James' (1892) model of self-esteem. James postulated that adults possess both global self-esteem and feelings of competency in specific areas (i.e., socially, academically). Harter equated James' self-esteem concept with self-worth which allowed for the determination of one's perception of him or herself in an objective fashion. Hence a more specific definition of self-worth was a ratio of one's successes to one's pretensions. Pretensions are one's assertion or claim of ability. If one's successes are at the same level or a higher level than one's pretensions, high self-worth should result. On the other hand, if one's pretensions are higher than the actual success, low self-worth should result. Harter translated this ratio into the discrepancy between the child's believed competence (adequacy judgments) and the importance of success in that area. In those domains deemed important, she derived a discrepancy score (competence minus importance). The more the importance score exceeded the competence score, the lower the self-worth should have been. For example, a child would have a competency score for reading and an

importance score for reading. If this child felt achieving in reading was very important, yet did not feel that he or she was good at reading, then his or her self-worth should have been negatively effected.

Harter conducted a study to investigate this formulation. Fifth and sixth grade children who were high, medium, and low on the self-worth scale of the Self-Perception Profile for Children (1982) served as participants. There were thirty children per group. She found that the discrepancy score became more negative, the lower the child's self-worth score. It was inferred from the findings that children judged their competencies in relation to the importance of success in that domain. Harter suggested that the product of this personal equation formed the basis of evaluating their overall feelings of worth.

Renick (1985) and Renick and Harter (1988) showed that LD children perceived their academic abilities not as one construct (i.e., scholastic competence) but as two constructs. One was a general intellectual ability and the other was academic competency, which separated into the following four different academic subjects (reading, writing, spelling, and math). Therefore, when assessing LD children, it is necessary to use an assessment instrument that measures the two constructs separately. Renick and Harter (1988) developed such a measure, the Self-Perception Profile for Learning Disabled Children, for this purpose.

Using this scale designed for learning disabled children to examine discrepancy scores, Renick and Harter (1988) found no difference in importance scores between LD and normal achieving (NA) children. They found that NA children perceived themselves as more competent than LD children in six domains: General Intellectual Ability, Reading, Writing, Math, Social Acceptance, and Behavioral Conduct. Both the LD and NA children's discrepancies in Social Acceptance, Athletic Competence, Behavioral Conduct, and Physical Appearance were more highly related to the child's feelings of global self-worth than the five academic domains. LD children were found to relate Writing Competence more highly with Global Self Worth than NA children. The need to understand this relationship provides further evidence for the importance of identifying subtypes of learning disabled children (reading, writing, written language, math).

Clever et al, (1992) examined the discrepancy between competence and importance scores using Harter's Self Perception Profile for Children (1982). The subjects included normally achieving (NA), low achieving (LA), and LD fifth grade students. A majority of the LD children were integrated into regular classrooms for most of the school day. All children completed the Self Perception Profile for Children and a supplementary 10-item importance rating scale (1982). Results showed both the LA and the LD children had lower scholastic competence scores than the NA children. The LD children also had lower self-perceptions of behavioral conduct than the NA children. No differences were found

among the three groups for global self-worth or the importance rating of each domain. This lack of differences was attributed to the limited reliability of the importance scale. The authors felt that because there are only two items per domain, the reliability of the instrument is compromised, although no reliability scores were reported. The authors concluded that future research in this area should expand the 10-item importance rating scale and thus increase its reliability.

Another limitation of this study included the authors' decision to use the Self Perception Profile for Children (1982) and not the Self Perception Profile for Learning Disabled Children (1988). This is important because the Scholastic domain in the Self Perception Profile for Children has been found to be inadequate when using LD children (Renick, 1985; Renick & Harter, 1988). As stated previously, these authors found the scholastic competence domain of the original scale did not capture the two constructs that comprised a LD child's sense of academic competence. A final limitation is that the authors did not report subtypes of LD (i.e., reading, writing), but treated them as a homogenous group of children.

Social Support

As stated earlier, the second determinant of self-worth is social support. Cooley (1902) stated that our feelings about ourselves come from our perceptions of what significant others think about us. This model suggested that our attitudes about ourselves were formed by

the attitudes we believed others hold about us, which he termed the phrase, the looking glass self. Harter(1988) stated that elementary aged children's feelings of self worth were influenced by significant others. Children learned what areas (i.e., academic achievement, physical attractiveness) were important to themselves and to those around them (i.e., parents, peers).

Cooley (1902) postulated that people attempt to determine what others feel about them and incorporate this information into their self-concept. In addition, Mead (1934) discussed the concept of a generalized other, which was a representation of significant other's opinions and views of the self. These feelings were conceptualized as a form of social support by a number of researchers. Caplan (1974) defined social support as, "continuing social aggregates that provide individuals with opportunities for feedback about themselves and for validation of their expectations of others" (p.4-5). Cobb (1976) defined social support as, "information that leads a person to believe that she or he is cared for and loved, esteemed and valued, or belong to a network of communication and mutual obligation (stated in Wolchik, Sandler, and Braver,1987, p.321). These definitions were consistent with the notion of a generalized other.

Harter (1985) designed the Social Support Scale for Children to investigate perceived support and regard. Support one feels they receive from significant others and the influence of this support on self-worth was the primary purpose of this scale. Harter assessed social support from four sources: parents, teachers, classmates, and

close friends. In a study with elementary age children, Harter (1985) found that feelings of social support correlated with feelings of global self-worth. Among the four sources of support, classmate support correlated highest with self-worth, followed by parents, friends, and lastly teachers.

In two studies by Belle and Longfellow (1983,1984) in which they investigated five different sources of support (mother, father, sibling, friend, and no one) it was shown that levels of perceived support were correlated with locus of control, self-esteem, loneliness, worries, and parental report of behavior adjustment. In addition, Wolchik, Sandler, and Braver (1987) developed the Children's Inventory of Social Support. They found that children with high levels of social support had higher levels of perceived social competence on Harter's Perceived Competence Scale for Children (1981). These studies provided evidence that the concept of social support is an important and influential area of a child's psychological well-being.

Self-Worth

Harter (1988) maintained that the child's perceptions of his or her abilities and traits contributed to feelings of self worth. By the age of eight, a child is able to distinguish between their feelings of general self-worth and their feelings of competencies or adequacies in different areas of their life. In that LD children often had lower academic self-concepts than normally achieving students (Bear et al, 1991; Gresham et al, 1988; Kistner et al, 1987), they may have also

evidenced lower global self worth scores than their normally achieving peers (Bear, et al 1991; LaGreca and Stone, 1990). However, contradictory findings have also been reported. For example, Clever et al (1992) found no differences between LD children participating in an inclusion program and their normally achieving peers on global self worth scores. Similarly, Kistner et al, (1987) found no difference between learning disabled elementary and middle school aged students and their normally achieving peers on global self worth scores.

There are several factors that may explain these contradicting findings with regard to global self worth. These include, a lack of a conceptual model to describe the effects of LD status, ambiguity surrounding the definition of learning disability, and failure to consider subtypes of learning disabilities in research efforts. More specifically, Rourke and Dotto (1992) stated that research in the area of learning disabilities was rarely based on a theoretical model and many researchers attempted to explain their results post-hoc by using the theory that best fit their results. These studies are not likely to lead to a greater understanding of learning disabilities. In addition, these authors report that researcher often use, "vaguely defined or even undefined groups" (p. 513) of learning disabled subjects in their studies. It is important for generalization and future validation studies that researchers provide a specific and clear definition of a learning disability, report on different subtypes of

learning disabilities, and obtain a greater understanding of the diversity of functioning amongst LD children.

Research Problem

Given the definitional ambiguity surrounding the term learning disability as well as conceptual impreciseness of models frequently employed to explain correlates of the disorder, the need for further examination of learning disabilities was apparent. A logical starting point was the identification of a conceptual model which might assist in the prediction and control of learning disabled children's functioning. In that Harter's 1988 model appeared to have some predictive use, the present investigation examined the determinants of self-worth with learning disabled children. Therefore, the relative impact of discrepancy scores and social support on self-worth was examined. The primary research problem was that there appeared to be a correlation between discrepancy scores, social support, and self-worth. However, the strength of this relationship was unknown due to several gaps in research studies in this area. Further, the applicability of this model to a special population, LD children who participated in an inclusion program was examined.

In light of the previous research mentioned, several steps were taken in the proposed study to address several of these gaps. One, different subtypes of LD children were examined. Researchers rarely considered the impact that different types of learning disabilities had

on a child. For example, children with a reading LD may perceive their competence in that area as low, whereas children with a math LD may perceive themselves a less competent in math. Therefore, LD children were not treated as a homogenous group, but examined the type of disability and assessed its impact on the mediators of discrepancy scores and social support.

Two, this study used an assessment tool designed for learning disabled populations, the Self-Perception Profile for Learning Disabled Children (Harter, 1988). This assessment instrument contained subscales of academic competency in areas that were also defined as learning disability areas (i.e., reading, writing, math). This allowed for a more specific investigation of areas of perceived competency for different subtypes of learning disabled children. The subjects were LD children who participated in an inclusion program and received special services within the regular classroom.

Three, because past researchers have found that the importance scale does not provide any additional information than the competency scales, the importance scale designed by Harter (1988) was revised. The equation used to derive discrepancy scores required a score from each domain of the importance scale. Therefore, rather than dismissing the equation and simply using the competency scores, an attempt was made to make the importance scale more reliable and the scores from that scale a useful part of the equation. The revised scale included additional questions in hopes of providing researchers with more information about self-worth.

Four, it was determined to whom these LD children spontaneously compared themselves, either normally achieving peers or other handicapped children. It has been shown in the past that when LD children compared themselves to other handicapped children they had higher self-worth scores than when they compared themselves to their normally achieving peers. Therefore, this comparison was examined. This was important because it investigated the effects of the current trend in education which was to include handicapped children in regular classes.

Hypotheses

1. Discrepancy scores and social support will correlate with Global self-worth scores. That is, the more negative the average of discrepancies scores is, the lower the self-worth score; and the lower the perceived support, the lower the self-worth score.
2. Both discrepancy scores and social support will predict global self-worth scores.
3. Learning disabled children will have lower competency scores in those academic areas affected by their learning disability.
4. Learning disabled children will be more likely to spontaneously compare themselves to the children in their regular classroom rather than other handicapped children.
5. Learning disabled children feelings of support from classmates, rather than parents, close friends, or teachers, will correlate highest with global self-worth.

Methods

Subjects

Learning disabled children from grades 4 and 5 were recruited from the Montgomery County Public School System. Twelve elementary schools participated in the study. A letter describing the purpose and procedures of the study (see Appendix H) was mailed directly from the Special Education Office to homes of all identified LD children. All subjects had been identified as having a LD by a multidisciplinary evaluation team. Afterwards, this team developed, for every identified child, an Individualized Education Program (IEP), which specified what kinds of services would best help each child. These children, dependent on their IEP, received special services within the regular classroom. Only students with a significant discrepancy between scores on an individual measure of IQ and any academic area assessed by an achievement test would be considered LD. Significance was defined by the state of Virginia as one standard deviation below the mean of an individual measure of IQ. That is, the score on the achievement test had to be at least one standard deviation lower than the child's IQ score. Subtypes of LD were determined by which academic areas on the achievement test were considered deficient.

Children whose parents returned signed consent forms (see Appendix G) were included in this study. A second set of letters was mailed at the beginning of the following school year in an effort to recruit additional subjects (see Appendix I). This letter simply asked parents to contact the Psychological Services Center if they were interested in allowing their child to participate. This letter also included an offer of five dollars as an incentive.

In total, 24 subjects participated in this study, 17 males and 7 females. The range of ages was 9 to 12 years old, mean age was 10.46 ($SD = .93$). There were 14 fourth graders, 9 fifth graders, and 1 sixth grader. Twenty-three were white and one child was Black.

Procedure

The present study was conducted in one 30-45 minute session. During the session, each subject was asked to complete the following questionnaires: the Self Perception Profile for Learning Disabled Children(see Appendix B), the Importance Scale(see Appendix D), the Social Support Scale for Children(see Appendix E), and the Social Comparison Questionnaire(see Appendix F). All questions were read out loud to each subject and answers were recorded by the experimenter. At the beginning of each session the child assent form (see Appendix G) was read out loud to the child and signed if the child had not already done so. Each child was told that there were four questionnaires to complete and they were presented in the following order: (1) Self-Perception Profile for Learning Disabled

Children, (2) Social Comparison Questionnaire, (3) Importance Scale, (4) Social Support Scale for Children.

Upon completion of the questionnaires, each child was asked if they had any questions. They were thanked for their participation and given coupons for Burger King and/or five dollars.

The study involved gathering information from two sources, teachers and subjects. A questionnaire was given to all fourth and fifth grade special education teachers in Montgomery County who assisted LD children. This questionnaire asked for the gender, age, and grade of the learning disabled children. In addition, information concerning what type of LD the child has (i.e. reading, writing, arithmetic) and special services received within and without the regular classroom was obtained. The purpose of this questionnaire was to identify subtypes of LD children. Individual IQ test and achievement scores were obtained from school records. Any child whose IQ was determined to be less than 75 was excluded from this study because it was felt that children with IQ's lower than 75 may not be able to understand the questionnaires.

Measures

Self-Perception Profile for Learning Disabled Children (SPPC-LD, Renick and Harter, 1988) (see Appendix B)

This was a measure of self-concept appropriate for learning disabled children. This measure assessed the self-concept of learning disabled students in nine specific domains: General Intellectual Ability, Reading Competence, Math Competence, Writing Competence,

Spelling Competence, Social Acceptance, Athletic Competence, Physical Appearance, and Behavioral Conduct. It also determined a Global Self-Worth score. The format of the SPPC-LD was designed to reduce children's tendencies to give socially desirable responses. Each domain consisted of four to six items comprising two statements. One statement was on the left side of the page, and the other was on the right. The word "BUT" separated the two statements. Children were first asked to choose which statement best described the kind of child he or she was most like. Next, the child was asked if that statement was "really true" or "sort of true" for them. The score for each item ranged from one, the least positive self-perception, to four, the most positive self-perception. Scores for each domain were derived by averaging the scores for each item in that domain. Harter (1988) reported Cronbach's alphas ranging from .78 to .89 for the SPPC-LD domains on samples of learning disabled children.

Cronbach's alphas in the present study for each subscale were as follows: General Intellectual Ability = .59, Reading Competence = .92, Writing Competence = .83, Spelling Competence = .87, Math Competence = .84, Social Acceptance = .76, Athletic Competence = .75, Behavioral Conduct = .74, Physical Appearance = .79, and Global Self Worth = .70. The range for the current study, .59 to .92 was larger than Harter's study. Each child in the present study received a separate score for each domain. Scores for each item for each child were entered by the author.

The global self-worth subscale items were found to have low intercorrelations. Thus, they did not represent a common concept. Therefore, three of the five items that originally devised the scale were deleted. The deleted items inquired about whether the subjects were unhappy or pleased with themselves, whether they liked the kind of person they were or wished they were someone else, and whether they were not happy with the way they did a lot of things or thought they way they did things was fine. The items retained asked about whether they were happy with themselves or often not happy with themselves and whether they were very happy being the way they are or wished they were different. The remaining two items correlated well and resulted in an alpha of .70. Because the Global Self-Worth subscale had been altered the results of this study could not be as readily compared to studies that used all of the items for this subscale. However, this subscale could still be used to examine the results of the current study.

Importance Ratings and Discrepancy Scores

Originally, Harter(1988) developed an 18-item importance rating scale to supplement the SPPC-LD(see Appendix C). Because research following the development of the scale had questioned its usefulness, it was modified. The revised scale had an importance item that was directly related to each competency item on the SPPC-LD(see Appendix D). No original item were omitted from the original

scale. This new scale contained 48 items and this scale used the same format and scoring procedures as the SPPC-LD (there was no importance scale for global self worth). Harter (1988) did not report any psychometric properties of the scale. However, because all of the original items were retained in the development of the revised importance scale, correlations were performed on the original items for this sample. Cronbach's alphas are as follows: General Intellectual Ability = .02, Reading Competence = .18, Writing Competence = .70, Spelling Competence = .70, Math Competence = .62, Social Acceptance = .51, Athletic Competence = .68, Behavioral Conduct = .68 and Physical Appearance = .44. These low correlations may be the result of Harter's scale only having two items comprising each subscale.

Using the revised scale in the present study resulted in the following Cronbach's alphas: General Intellectual Ability = .65, Reading Competence = .63, Writing Competence = .81, Spelling Competence = .85, Math Competence = .74, Social Acceptance = .77, Athletic Competence = .77, Behavioral Conduct = .78, and Physical Appearance = .61. One item from the Physical Appearance subscale was omitted because its low correlations with other items suggested it was not a useful item. It appears that the revised scale was significant improvement from Harter's original scale.

Joint administration of the SPPC-LD and the importance scale allowed for the computation of the perceived competency/importance discrepancy score for each domain. Discrepancy scores were calculated following procedures described by Harter (1988).

used because only important domains were expected to affect global self-worth. Therefore, any domain whose average score is 3.0 or higher was considered important. In those domains, the importance score was subtracted from the respective competency score. An average competency/importance discrepancy score was calculated by dividing the total domain competency/importance discrepancy scores by the number of domains deemed important. This score indicated the cumulative effect of domain discrepancies on global self-worth. The average competency/importance discrepancy score was simply referred to as the discrepancy score.

In the present study, 17 children had at least one area in which their scores qualified for the discrepancy score calculation. Therefore, the other subjects were not included in the analyses involving discrepancy scores. The mean discrepancy score was $-.36$ ($SD = .45$). That is, the average difference between a child's competency and importance scores was $-.36$.

Social Support Scale for Children (SSS-C; Harter, 1985)

This measure consisted of four subscales measuring the child's perceived support and positive regard from four sources, parents, teachers, classmates, and close friends. Each subscale was comprised of six items for a total of 24 questions. The format of the questions and scoring procedure was the same as the SPPC-LD and the importance scale. Harter (1985) reported the internal consistency

reliabilities as ranging from .72 to .82 for elementary-aged normally achieving students.

In the present study, all subjects received a score in the four areas. Cronbach's alphas for each subscale are as follows: Parents =.79, Classmates = .71, Teachers =.79, and Friends =.81.

Who I Am Like (Renick and Harter, 1988)

This measure asked the children to report on who they were comparing themselves to while completing the SPPC-LD. The original measure asked children to indicate whether they were thinking about other students in their regular classroom or other students in their resource room or learning lab. Because the sample in this study did not experience learning in a resource room or learning lab, they were asked about other children who have physical, emotional, behavioral or learning problems.

Results

Data analysis proceeded in several stages. Initial analyses consisted of performing descriptive statistics on all variables, specifically, age, gender, SES, subtypes of LD, and minority status (see Table 1). Correlations, and a multiple regression were undertaken to investigate the hypotheses.

Descriptive Statistics

The range of ages was 9 to 12 and the mean age was 10.46 ($SD = .93$). There were 17 males and 7 females. According to parents and school records, 10 subjects lived in lower SES households, 10 lived in middle SES households, and four subjects did not provide enough information to be classified. Means and standard deviations for each subscale administered can be found in Tables 2-5.

Insert Tables 2-5 About Here

A correlation matrix for all subscales in each measure administered can be found in Table 5-7.

Insert Tables 5-7 About Here

In Harter's sample, boys were found to have significantly higher feelings of athletic competence than girls. This was supported in the current sample. The mean athletic competence for the boys in the current sample was 3.30, $n = 17$, and for the girls the mean was 2.69, $n = 7$. This difference was significant, $p = .03$.

Fourteen subjects were diagnosed with a reading learning disability, nine with a math learning disability, and 22 with a written language disability. Obviously, many children had dual diagnoses.

Four subjects were diagnosed ADHD, and eight subjects received additional services such as occupational therapy or speech therapy. The range of IQ on the verbal scale was 78 to 140 and the mean IQ score for the verbal scale was 99.95 ($SD = 16.18$), on the performance scale the range was 80 to 137 and the mean IQ was 100.1 ($SD = 15.66$) and full scale range was 83 to 133 and the mean IQ was 99.8 ($SD = 15.29$).

Discrepancy Scores, Social Support, and Global Self-Worth

Hypotheses 1 (H1) was tested using correlations. The first part of H1 predicted that Discrepancy scores would correlate with Global Self-Worth. This was not supported in the present study. The Pearson's Product Moment Correlation Coefficient was $-.019$ ($p=.94$). Only the 17 subjects that had a discrepancy score average were included in this analysis.

The second part of H1 predicted that Social Support would correlate with Global Self-Worth. The Pearson's Correlation Coefficient for Global Self-Worth and Social Support was $.51$ ($p < .010$). All 24 subjects were included in this analysis. The correlations between Discrepancy scores, Social Support scores and Global Self-Worth scores are presented in Table 8.

Insert Table 8 About Here

Hypothesis 2 (H2) was tested using a stepwise regression. H2 predicted that Social Support and Discrepancy Scores would predict Global Self-Worth scores. The two variables were Social Support and Discrepancy Scores. Again, only the 17 subjects that had a discrepancy score average were included in this analysis. Because there were only two variables included in this analysis, sample size was not determined to be a limitation. Only Social Support entered the model and was found to predict, although not quite to a significant level, Global Self-Worth $F(1,15) = 3.56, p=.079. R^2=.1919$ (see Table 9).

Insert Table 9 About Here

Subtypes of LD

Hypothesis 3 (H3) predicted that LD children would have lower competency scores in those academic areas affected by their LD. Unfortunately, the majority of subjects in the present study were diagnosed with multiple types of learning disabilities. Therefore, there were a substantial number of competency scores that were affected by an LD status, preventing performing meaningful comparisons in the four subscales (reading, writing, spelling, and math).

Although we were unable to perform within subject analyses, math was determined to be an area that had a fairly even number of subjects with and without an LD diagnosis. Therefore, children with

a math LD were compared to children who did not have a math LD in the area of perceived math competency. The mean for the children with a math LD was 2.44, $n = 9$. The mean for the children who did not have a math LD was 2.88, $n = 15$. There was no significant differences ($p = .23$) in perceived math competence between these two groups.

Peer Comparison

Hypothesis 4 (H4) predicted that LD children would be more likely to spontaneously compare themselves to the children in their regular classroom rather than other handicapped children. Each subject was asked to report whether they compared themselves to (1) other children with physical, emotional, behavioral or learning problems or (2) other children in their regular class, across the nine areas. Percentages of each in each area are presented in Table 10.

Insert Table 10 About Here

For General Intellectual Ability 91.7 % chose group (2). For Reading Competence 58.3% chose group (2). For Writing Competence 70.8% chose group (2). For Spelling Competence 70.8% chose group (2). For Math Competence 70.8% chose group (2). For Social Acceptance 66.7% chose group (2). For Athletic Competence 66.7% chose group (2). For Behavioral Competence 70.8% chose group (2). For Physical Appearance 70.8% chose group (2). The majority of subjects

indicated that they did compare themselves to children in the regular classroom. The stability of a percentage test was used to determine how much confidence can be placed in the differences found. The confidence intervals for each percentage was found by computing the standard error. This sample could not be assumed to be a normal distribution because the sample did not contain at least 50 subjects. With more subjects, error is more likely to be randomly distributed within the sample. For all nine areas, the percentages were different at the $p=.05$ level.

Further exploration in this area was carried out by comparing the perceived competency of the children who chose group (1) to those who chose group (2) in each competency area using T-tests. In three of the nine areas, significant differences were found, general intellectual ability ($F = 15.69$, $DF = 21,1$ $p = .05$), reading competence ($F = 1.51$, $DF = 13,9$ $p = .03$), and physical appearance ($F = 1.17$, $DF = 16,6$ $p = .01$). In all three areas those children who compared themselves to children in their regular classroom felt significantly more competent than those children who compared themselves to other handicapped children (see Table 11). Using the Bonferonni correction method none of the nine areas reach significance.

Insert Table 11 About Here

Social Support

Hypothesis 5 (H5) predicted that LD children's classmate support, rather than parents, close friends, or teachers would correlate highest with their feelings of self-worth. Findings in the present study did not support this hypothesis. The parent subscale of the Social Support measure correlated highest with Global Self-Worth. Three of the four subscales of the social support measure correlated with Global Self-Worth, namely, parents, classmates, and friends, but not teachers. The Pearson's Product Moment Correlation Coefficients as related to Global Self-Worth are as follows: Parents .56, Classmates .37, Friends .54, and Teachers .09 (See Table 12).

Insert Table 12 About Here

Discussion

Discrepancy Scores, Social Support and Global Self-Worth

The first part of hypothesis (H1), namely, that Discrepancy Scores would be correlated with Global Self-Worth was not supported. The discrepancy scores did not correlate with global self-worth.

H1 was specifically designed to test Harter's model that Social Support and Discrepancy Scores are related to Global Self-Worth. While 17 of the 24 children had at least one area in which a discrepancy score could be calculated, the mean discrepancy between competence areas and importance areas was only -.36 suggesting

that in those areas in which they felt it was important to be competent, they reported that they were relatively competent. Correlations found from Harter's standardization sample suggested that a discrepancy score of $-.36$ should be found in a sample with the mean Global Self-Worth score of 3.8 . Therefore, in order for Discrepancy scores and Global Self-Worth to be related in the present sample, the mean Global Self-Worth score should be higher or the mean Discrepancy score should be larger (more negative).

An explanation for these unexpected findings may be that children in this sample may have answered the questions in a socially desirable fashion. It was never disclosed to the children that the experimenter knew of their disability, therefore they may have attempt to present themselves as more competent than they actually were. Additionally, these children may have been taught, formally or informally, how to cope with their learning disability. They may have used a coping skill Harter describes as discounting. This occurs when a child copes with feelings of low competency by reducing or discounting the importance of being competent in that area. In addition, the child may increase or inflate the importance of being competent in those areas they feel more competent.

Since discrepancy scores in general did not correlate with global self-worth, discrepancy scores for each subscale area were examined. There was no significant correlation between any discrepancy score in the nine areas and global self worth. Therefore,

it appears that there is no subscale area in which discrepancy scores are important to feelings of global self-worth.

The two factors that comprise the discrepancy scores, namely, competency scores and importance scores were examined for possible correlations with global self-worth. First, whether importance scores in the nine areas were correlated with global self worth was examined. Even with the improved reliabilities with the revised scale, none of the nine areas correlated significantly with global self worth. This supports the idea of past researchers that importance scores may not be a useful factor (Clever et al, 1992). Because of their influence on global self-worth, competency scores alone seem to provide the necessary information. In the present study, a revised importance scale was utilized and therefore the means of each subscale of this measure for this sample were compared to Harter's sample which used the original measure. No significant differences between the samples were found on any subscale. Therefore, even though the children in this sample felt that competency in each area was equally important as those children in Harter's sample, this feeling did not affect their global self-worth.

Second, competency scores in the nine areas were examined to determine if there was a significant correlation with global self-worth. There were three areas significantly correlated with global self-worth, general intellectual ability, behavior conduct, and to a lesser extent physical appearance (see Table 5). This finding may suggest that children's self worth is based on feelings of being

generally smart, behaving well, and being physically attractive. Intuitively, these findings seem to represent characteristics valued in this culture. Therefore, these children may have been taught, directly or indirectly that intelligence, behavior, and attractiveness are important to being valued in our society and have internalized these values in judging themselves.

The second part of H1, that Social Support would correlate with Global Self Worth was supported. Social support was found to significantly correlate with Global Self-Worth. Social support did have an impact on the present subjects' feelings of self-worth. That is, the more social support the children reported, the higher their feelings of self-worth.

The rationale for this hypothesis was based on models by Cooley (1902) and Harter (1982). As stated earlier, the second determinant of self-worth was social support. Cooley(1902) maintained that our perceptions of what significant others think about us influences how we feel about ourselves. This model purposed a term, looking glass self, for the phenomenon that our judgments about ourselves are the result of the attitudes we believe others hold about us. Harter(1988) applied this model to elementary aged children and stated that their feelings of self worth were similarly influenced by significant others. Further, children quickly learned what characteristics (i.e., academic achievement, physical attractiveness) were important to those around them (i.e., parents, peers) and therefore to themselves.

The Social Support Scale for Children (1988) was developed by Harter to investigate perceived support and regard. She designed this scale to determine how social support from significant others influences global self-worth. The significant others Harter investigated were: parents, teachers, classmates, and close friends. Harter (1985) tested her model with elementary aged children and found that these children's feelings of social support correlated with their feelings of global self-worth. Among the four sources of support, classmate support correlated highest with self-worth, followed by parents, friends, and lastly teachers.

The present finding is supported by past research. Belle and Longfellow (1983,1984) investigated five different sources of support (mother, father, sibling, friend, and no one) they found that levels of perceived support were correlated with locus of control, self-esteem, loneliness, worries, and parental report of behavior adjustment. Further, Wolchik, Sandler, and Braver (1987) administered the Children's Inventory of Social Support and found a positive correlation between children's level of social support and their level of perceived social competence on Harter's Perceived Competence Scale for Children (1982). These studies provide evidence that the concept of social support is an important and influential area of a child's psychological well-being.

Hypothesis 2 (H2), which stated that both discrepancy scores and social support would predict global-self worth was

partially supported. Again, only social support showed a trend towards significance in predicting feelings of global self-worth.

The rationale for this hypothesis was similar to that for Hypothesis 1. Within Harter's model, two major determinants of self-worth, the competence-importance discrepancy and social support are described. Because discrepancy scores were not found to correlate with global self-worth it is not expected to predict global self-worth. It is presumed to be these two findings are probably the result of the same phenomenon. In addition, the small sample size may have contributed to this outcome. Possibly, with more subjects the positive trend for Social Support would have reached significance. Nonetheless, this finding provides tentative support for the relevance of Social Support in a child's perception of his or her self-worth.

Subtypes of Learning Disabilities

The third hypothesis (H3) predicted that children would have lower competency scores in those areas affected by their learning disability. The lack of research in the area of subtypes of learning disabilities created the need for this hypothesis. Rourke and Dotto (1992) stated that researchers often use, "vaguely defined or even undefined groups" (p. 513) of LD subjects in their research. Further, a comprehensive definition of LD is needed in order to have the ability to compare results across different groups of LD children in different studies. Also, a specific definition of subtypes of LD would

allow for the investigation of the diversity amongst LD children. Hence, statewide criteria for a LD was used as a standard for inclusion in the current study as well as the determination of specific LD diagnosis for each child. Therefore, we did not assume that learning disabled children were a homogenous group but attempted to examine the impact of specific learning disabilities on self-worth.

In the present study, the impact of subtypes of learning disabilities was planned to be examined. However, this analysis was not possible to perform. This was concluded after examining the number of areas affected by an LD status. The majority of subjects were diagnosed with multiple types of learning disabilities. Therefore, there were not a substantial number of competency scores unaffected by LD status. That is, in the four subscales (reading, writing, spelling, and math) there were 96 scores obtained. Only 26 of these scores were not affected by a LD. It was hoped that each child would have had only one academic area affected by the LD, in order to make meaningful comparisons to other unaffected academic areas. In the present study, only one child had a LD that only affected one academic area and five children had learning disabilities that affected every academic area assessed in the Self-Perception Profile.

Although we were unable to perform within subject analyses, math was determined to be an area that had a fairly even number of subjects with and without an LD diagnosis. Therefore, children with a math learning disability were compared to children who did not

have a math learning disability in the area of perceived math competency. There were no significant differences in perceived math competence between these two groups. This finding may indicate that subtypes of LD may not be an important factor in feelings of competency. In this study, only one area was examined with a small group of LD students. Therefore, further examination in this area is warranted before dismissing the importance of subtypes of LD.

Peer Comparison

The fourth hypothesis (H4) predicted that the learning disabled children in the present study would compare themselves to children in their regular classroom, rather than other children with emotional, behavioral, physical or learning problems. In all nine areas investigated, a majority of the subjects indicated that they compare themselves to the children in their regular classroom.

The rationale for this hypothesis was based on past research. Renick and Harter (1989) concluded that comparisons among children were an unavoidable component of the classroom setting. Harter (1985) found that 84% of LD students assessed spontaneously compared their performance to that of their normally-achieving peers. This supports the findings in the current study. These findings are interesting because they were in direct contradiction with the prevailing assumption in LD literature that LD students compared themselves with their LD peers. It was thought that

individuals would typically compare themselves with others who were similar rather than dissimilar.

In completing the Social Comparison Questionnaire, each subject was asked to report to whom they were comparing themselves. The children were asked to indicate whether they were thinking about other students in their regular classroom or other students who had physical, emotional, behavioral, or learning problems. In the present study, a greater percentage of children indicated that they compared themselves to children in their regular classroom across all nine areas. An explanation for these findings which does not directly contradict common thought in the LD literature is that mainstreaming has increased the perception by LD students as being more similar to their normally-achieving peers. Given that, for a majority of the day, LD students are treated similar to their normally-achieving peers such a perception may have developed. This supports Harter's finding that LD children attending public as opposed to private schools are more likely to compare themselves to normally-achieving peers.

Further exploration in this area was carried out by comparing the perceived competency of the children who chose group (1) to those who chose group (2) in each competency area. For example, children who chose group (1) in the area of reading were compared to children who chose group (2) in the same area to determine if there were significant differences in their perceived competence in reading. That is, which group of children felt more competent in the

area of reading, those that compared themselves to children in their regular classroom or those that compared themselves to other handicapped children.

In three of the nine areas, significant differences were found, general intellectual ability, reading competence, and physical appearance. In all three areas those children who compared themselves to children in their regular classroom felt more competent than those children who compared themselves to other handicapped children.

These findings are in direct contradiction to Harter's results with her standardization sample. She found that when learning disabled children compared themselves to children in their regular classroom their feelings of competency were lower. An explanation for this difference is that Harter's children were not participating in an inclusion program. The children in her sample spent a substantial time of their school day in a special education classroom. Therefore, it may be that when children feel like a part of the regular classroom, comparisons to their normally-achieving peers are not damaging to their feelings of self-worth. Additional research is needed to pursue this hypothesis further.

Social Support

The fifth hypothesis (H5) predicted that children feelings of classmate support, rather than parents, friends, or teachers would correlate highest with their feelings of self-worth. The data in the

present study do not support this hypothesis. Of the areas of social support, parents correlated highest with global self-worth, followed by friends, classmates and teachers.

The rationale for this hypothesis was based on Cooley's (1902) and Harter's (1982) model. As stated earlier, Cooley maintained that one's feelings about him or herself come from our perceptions of what significant others think about us. Similarly, Harter(1988) stated that elementary aged children's feelings of self worth were influenced by significant others. Children learned what areas (i.e., academic achievement, physical attractiveness) were important to themselves and to those around them (i.e., parents, peers).

In the present study, parents' rather than classmates' social support correlated highest with Global Self-Worth. A unique factor of the population for the present study was that the children were predominantly white and male. This type of child may perceive more support from their parents than the more diverse population in Harter's standardized sample. Another possibility is that the parents in this sample could be more involved with their children. For example, allowing their child to participate in the study may be an indirect indication of the level of concern for and commitment to their child. Further support for this notion is that children reported that their parents provided the greatest level of support. This suggests that children in this sample viewed their parents as the most positive source of social support. Further, this study supports Harter's finding that teachers' level of social support is the least

correlated with global self-worth. Therefore, teachers may have less of an impact on how children feel about themselves than do their parents, friends, and classmates. The major difference between teachers and parents, classmates and friends, is that students generally have a different teacher each year. With parents, classmates, and friends, there is the potential for the relationships to be more long-term. Therefore, it may be unreasonable to expect teachers to have the same ability as parents, classmates, and friends, to impact a child's feelings of self worth.

Harter found that the means in the areas of teacher and parental support were higher than the areas of classmate and friend support. This finding was supported in the present study. Although the mean of the teacher subscale suggests feelings of support for their LD students, this does not seem to affect how these LD students feel about themselves. This means that LD children's self-worth is not dependent on teacher support.

Harter has also found a relationship between the classmate subscale of the Social Support measure and the social acceptance subscale of the SPPC-LD. Findings in the present study support this idea. This may be explained by Harter's prediction that children receiving social support from their classmates should be those children whose self-perception is one of popularity. This indicates that support of the LD children from their classmates may foster feelings of being liked and accepted within the LD children.

Conclusions

Harter's (1982) model proposed that Social Support and Discrepancy Scores were two determinants of Global Self-Worth. Her model was based on the work of James (1892) who postulated that adults possess both global self-esteem and feelings of competency in specific areas. Harter equated James' self-esteem concept with self-worth which allowed for the determination of one's perception of him or herself in an objective model. The current findings partially support this model.

The present study suggests that, while Social Support seems to be related to feelings of Global Self-Worth, the factors involved in the Discrepancy scores may be more complex than initially thought. That is, in order for Discrepancy scores and Global Self-Worth to be related in the present sample, the mean Global Self-Worth score should be higher or the mean Discrepancy score should be larger (more negative). These children may have adapted coping skills which assisted them in dealing with their disability. As mentioned earlier, discounting may be one such skill. Finally, the children in this sample may have answered the questions in a socially desirable fashion, in that it was never disclosed to the children that the experimenter knew of their disability, therefore they may have attempted to present themselves in a more competent manner. In the present study, competency in the areas of general intellectual ability, behavior conduct, and physical appearance were correlated with feelings of self-worth. This finding may suggest that children's self worth is based on feeling generally smart, behaving well, and

being physically attractive rather than academic competence in specific areas such as, athletic competence, or social acceptance.

Concerning social comparisons, children in this sample spontaneously compared themselves to their normally achieving peers. This finding also supports Harter's contention that LD children who attend public schools versus those who attend private LD schools are more likely to compare themselves to their normally achieving peers. An explanation for this finding may be that children in this sample are in an inclusion program and spend their entire day with their normally achieving peers. Therefore, they may not feel different from these individuals. Further, the children who compared themselves to the children in their regular classroom had higher competency scores than children who compared themselves to other handicapped children in the areas of general intellectual ability, reading competence, and physical appearance.

The present study did not support Harter's theory of classmates being the most influential source of social support. Parents in this sample were perceived as the most positive source of social support and are also the most influential on the child's perceptions of their self-worth. Therefore, future research should examine in detail what components of the parent-child relationship positively influence an LD child's self-worth. This could lead to recommendations to parents of LD children on how to foster positive feelings of self-worth.

The most apparent limitation in the present study is the low participation rate within the schools. Only 15-20% of the parents who received letters allowed their child to participate. This suggests the possibility of a biased sample. The parents who allowed their child to participate may be more involved in their child's life or may be more supportive of psychological research. Another limitation is that 94% of the sample was white and 17 of the subjects were male. This limits the ability to generalize the present findings to nonwhite and female LD children. Also, the fact that a majority of the children in this study were diagnosed with multiple subtypes of LD, it was impossible to examine the affect of these subtypes.

Nonetheless, the current study has shown that Social Support is related to children's perception of Global Self-Worth. Further exploration of how Discrepancy Scores relate to Global Self-Worth is necessary in order to gain further understanding of the relationship among competency, importance, and global self-worth.

Implications

The finding that LD children value the same characteristics that the larger society values may be evidence of social learning theory. That is, these children in an inclusion program value the same attributes as their normally achieving peers. This may have developed through their interactions with "normal" peers.

The more these LD students believed they were different from the stereotypical, dumb, funny-looking, uncontrollable, image of a

special education student, by indicating competency in intellectual, behavioral, and attractiveness domains, the higher their self-worth. This ability to divorce oneself from the stereotype may be a result of their interactions with normally-achieving peers. Being treated similarly may have taught them that they were actually not so different from these peers. This study supports inclusion programs because it may instill in LD children a sense of being part of the regular school population and consequently have a positive impact on their feelings of self worth.

In addition, parents need to be made aware of their potential in impacting their learning disabled child's feelings of self-worth. Although children spend 8 hours a day in school, it is still the parental support that may be affecting their self-worth more significantly. Further, if we wish for teachers to impact a child's self-worth both positively and negatively, we need to further examine the parental-child relationship to determine the specific factors that predict parental support and their impact on the development of their child's self worth. We must keep in mind that children change teachers yearly and during the school year from hour to hour in a given school day, and therefore, may not have the emotional bond with their teachers that is observed between parents and children. It may be necessary for children to maintain the same teacher for consecutive years of schooling in order to expect them to have a significant impact on their feelings of self worth.

In conclusion, mainstreaming may be a valid means to achieve integration of handicapped children into the regular classroom physically, emotionally, and psychologically.

References

Bear, G.C., Clever, A. & Proctor, W.A. (1991). Self-perceptions of nonhandicapped children and children with learning disabilities in integrated classes. *The Journal of Special Education, 24*, 409-425.

Belle, D. & Longfellow, C. (1983). *Emotional support and children's well-being: An exploratory study of children's confidants*. Paper presented at the biennial meeting of the Society for Research in Child Development, Detroit.

Belle, D. & Longfellow, C. (1984). *Turning to others. Children's use of confidants*. Paper presented at the meetings of the American Psychological Association, Toronto.

Beltiempo, J. & Achille, P.A. (1990). The effect of special class placement on the self-concept of children with learning disabilities. *Child Study Journal, 20*, 81-101.

Clever, A., Bear, G., & Juvonen, J. (1992). Discrepancies between competence and importance in self-perceptions of children in integrated classes. *The Journal of Special Education, 26*, 125-138.

Cooley, C.H. (1902). *Human nature and the social order*. New York: Charles Scribner's Sons.

Coopersmith, S. (1967). *The antecedents of self-esteem.*

San Francisco: Freeman & Co.

Crocker, J. & Major, B. (1989). Social stigma and self-esteem: The self-protective properties of stigma. *Psychological Review*, 96, 608- 630.

DeCooke, P.A. & Nelson-LeGall, S. (1989). The effects of familiarity on the success of children's help seeking. *Journal of Applied Developmental Psychology*, 10(2), 195-208.

Edgar, E. & Hayden, A.H. (1984). Who are the children special education should serve and how many children are there? *The Journal of Special Education*, 18, 523-539.

Gresham, F.M., Evans, S. & Elliot, S.N. (1988). Self-efficacy differences among mildly handicapped, gifted, and nonhandicapped students. *The Journal of Special Education*, 22, 231-239.

Grolick, W.S., & Ryan, R.M. (1990). Self-perceptions, motivation, and adjustment in children with learning disabilities: A multiple group comparison study. *Journal of Learning Disabilities*, 23(3), 177-184.

Harter, S. (1982). The perceived competence scale for children. *Child Development*, 53, 87-97.

Harter, S. (1983). Developmental perspectives on the self-system. In M. Hetherington (Ed.), *Handbook of child psychology: Social and personality development* (Vol. 4). New York: Wiley.

Harter, S. (1989). Causes, correlates, and the functional role of global self-worth: A life span perspective. In Kolligian, J. & Sternberg, R. (Eds.), *Perception of Competence and Incompetence Across the Life-Span*. New Haven, CT: Yale University Press.

Harter, S. (1985). Competence as a dimension of self-evaluation: Toward a comprehensive model of self-worth. In R. Leahy (Ed.). *The development of the self*. New York: Academic Press.

Harter, S. (1986). Processes underlying the construction, maintenance, and enhancement of the self-concept in children. In J. Suls, & A.G. Greenswald (Eds.), *Psychological perspectives on the self* (Vol. 3). Hillsdale, NJ: Lawrence Erlbaum Associates.

Hayes, A., & Livingstone, S. (1986). Mainstreaming in rural communities: An analysis of case studies in Queensland schools. *The Exceptional Child*, 33, 35-49.

Heyman, W.B. (1990). The self-perception of a learning disability and its relationship to academic self-concept and self-esteem. *Journal of Learning Disabilities*, 23, 472-475.

James, W. (1892). *Psychology: The briefer course*. New York: Holt, Rinehart & Winston.

Kistner, J.A. & Torgesen, J.K. (1987). Motivational and cognitive aspects of learning disabilities. In Lahey, B.B., & Kazdin, A.E. (Eds.), *Advances in clinical child psychology (Vol. 8)*. New York: Plenum Press.

Kistner, J., Haskett, M., White, K. & Robbins, F. (1987). Perceived competence and self-worth of LD and normally achieving students. *Learning Disability Quarterly, 10*, 37-44.

LaGreca, A.M. & Stone, W.L. (1990). LD status and achievement: Confounding variables in the study of children's social status, self-esteem, and behavioral functioning. *Journal of Learning Disabilities, 23*, 483-490.

Madge, S., Affleck, J.Q., & Lowenbraun, S. (1990). Social effects of integrated classrooms and resource room/regular class placement on elementary students with learning disabilities. *Journal of Learning Disabilities, 23(7)*, 439-445.

Marsh, H.W. (1987). The hierarchical structure of self-concept and the application of hierarchical confirmatory factor analysis. *Journal of Educational Measurement, 24*, 17-39.

Mead, G.H. (1934). *Mind, self, and society*. Chicago, IL: University of Chicago Press.

Omizo, M.M., Cubberly, W.E., & Omizo, S.A. (1985). The effects of Rational-Emotive Education on groups on self concept and locus of control among learning disabled children. *Exceptional Child, 32(1)*, 13-18.

Renick, M.J. & Harter, S. (1988). *The self-perception profile for learning disabled students*. Unpublished manuscript, University of Denver, CO.

Renick, M.J., & Harter, S. (1989). Impact of social comparison on the developing self-perceptions of learning disabled students. *Journal of Educational Psychology, 81(4)*, 631-638.

Rogers, C.M., Smith, M.D., & Coleman, J.M. (1978). Social comparison in the classroom: The relationship between academic achievement and self-concept. *Journal of Educational Psychology, 70*, 50-57.

Rourke, B.P., & Del Dotto, J.E. (1992). Learning Disabilities: A neuropsychological perspective. In Walker, C.E. & Roberts, M.C. (Eds.), *Handbook of clinical child psychology* (2nd ed.). New York: Wiley & Sons.

Shavelson, R.J., Hubner, J.J., & Stanton, G.C. (1976). Self-concept: Validation of construct interpretations. *Review of Educational Research, 46*, 407-441.

Silon, E. & Harter, S. (1985). Perceived competence, motivational orientation, and anxiety in mainstreamed and self-contained educable mentally retarded children. *Journal of Educational Psychology, 77*, 217-230.

Soares, A.T. & Soares, L.M. (1969). Self-perceptions of culturally disadvantaged children. *American Educational Research Journal, 6*, 31-45.

Stainback, W., Stainback, S. & Bunch, G. (1989). A rationale for the merger of regular and special education. In Stainback, S., Stainback, W., & Forest, M. (Eds.), *Educating all students in the mainstream of regular education*. Baltimore: Brookes Publishing.

Wang, M.C., Reynolds, M.C. & Walberg, H.J. (1985, December). Rethinking special education. Paper presented at a conference sponsored by the Learning Research and Development Center, Pittsburgh.

Weiner, B. (1979). A theory of motivation for some classroom experiences. *Journal of Educational Psychology, 71(1)*, 3-25.

Winne, P.H. & Marx, R.W. (1981) *Convergent and discriminant validity in self-concept measurement*. Paper presented at the annual meeting of the American Educational Research Association, Los Angeles.

Wolchik, S.A., Sandler, I.N., & Braver, S.L. (1987) Social support: Its assessment and relation to children's adjustment. In N. Eisenberg (Ed.), *Contemporary topics in developmental psychology*. New York: Wiley.

Appendix A

Questionnaire Protocol

The following instructions will be read to each child for the Self-Perception Profile for Children, Importance Scale and the Social Support Scale (the directions for the Social Comparison Questionnaire can be found in Appendix E):

We have some sentences here and, as you can see from the top of you sheet where it says... (read title and explain generally what the questionnaire is about). This is a survey, not a test. There are no right or wrong answers. Since kids are very different from one another, you may be putting down something different from other kids.

First let me explain how these questions work. There is a sample question at the top marked (a). I'll read it out loud and you follow along with me. (Examiner read the sample question.) This question talks about two kinds of kids, and we want to know which kids are most like you.

(1) So, what I want you to decide first is whether you are more like the kids on the left side, or whether you are more like the kids on the right. We won't mark anything yet. Just decide which kind of kid is most like you and put your finger on that side of the sentence.

(2) Now that you have decided which kind of kid is most like you, I want you to decide whether that is only sort of true for you, or

really true for you. If it's only sort of true, then I'll put an X in the box under sort of true; if it's really true, I'll put an X in the box under really true.

(3) For each sentence we will only check one box. Sometimes it will be on one side of the page and other times your answer will be on the other side. We can check only one box for each sentence.

(4) OK, that one was for practice. Now we have some more sentences that I'm going to read out loud. For each one, we will just check one box, the one that goes with what is true for you, what you are most like.

(Directions may be abbreviated after the first questionnaire, if the graduate student is confident that the child understands the procedure.)

Appendix B

Self-Perception Profile for Learning Disabled Children:

What I Am Like

a) Some kids would rather play outdoors in their spare time But other kids would rather watch T.V.

1. Some kids are sure they are pretty smart in school But other kids are not so sure they are all that smart in school.

2. Some kids find it hard to make friends But for other kids it is pretty easy.

3. Some kids can read most stories and books pretty easily But other kids have a hard time reading stories and books.

4. Some kids don't do well at new outdoor games But other kids are good at new games right away.

5. Some kids can write good stories or papers pretty easily But other kids find it hard to write good stories or papers.

6. Some kids often do not act the way they are supposed to But other kids usually act the way they know they are supposed to.

7. Some kids can do their math pretty easily But other kids have a hard time when it comes to math.

8. Some kids wish that something about their face or hair looked different But other kids like their face and hair the way they are.

9. Some kids know how to spell most words they come across But other kids find it hard to spell most words.

10. Some kids are unhappy with themselves But other kids are pretty pleased with themselves.

11. Some kids feel that they are just as smart as others their age But other kids aren't so sure and wonder if they are as smart.

12. Some kids would like to have a lot more friends But other kids have as many friends as they want.

13. Some kids are really good readers But other kids have a hard time with their reading.

14. Some kids wish they could be a lot better at sports But other kids feel they are good enough at sports.
15. Some kids can easily write good sentences and paragraphs to make a nice story But other kids have trouble writing sentences and paragraphs in order to make a good story.
16. Some kids usually get into trouble because of the things they do But other kids usually don't do things that get them into trouble.
17. Some kids are good at math But other kids have a hard time with math.
18. Some kids wish their physical appearance (how they look) was different But other kids like their physical appearance the way it is.
19. Some kids have problems with their spelling But other kids can spell most words pretty easily.
20. Some kids are happy with themselves as a person But other kids are often not happy with themselves.
21. Some kids are not very good learners in school But other kids are good learners in school.
22. Some kids are always doing things with a lot of kids But other kids usually do things by themselves.
23. Some kids have trouble with their reading But other kids do well in reading.
24. Some kids do very well at all kinds of sports But other kids don't feel that they are very good when it comes to sports.
25. Some kids find it hard to write good stories or papers But other kids can write good stories or papers.
26. Some kids behave themselves very well But other kids often find it hard to behave themselves.
27. Some kids have trouble doing math problems But other kids do well at their math problems.
28. Some kids think that they are good looking But other kids think that they are not very good looking.
29. Some kids have trouble spelling a lot of words But other kids can spell a lot of words pretty easily.
30. Some kids like the kind of person they are But other kids often wish they were someone else.

31. Some kids sometimes feel kind of dumb when it comes to doing their schoolwork But other kids feel that they are pretty bright when it comes to doing their schoolwork.
32. Some kids are popular with others their age But other kids are not very popular.
33. Some kids read pretty fast But other kids are pretty slow readers.
34. Some kids think they could do well at just about any new athletic activity But other kids are afraid they might not do well at a new athletic activity.
35. Some kids have a hard time writing good sentences and paragraphs But other kids can write good sentences and paragraphs.
36. Some kids usually follow rules about how they are to behave But other kids find it hard to follow these rules.
37. Some kids find it hard to understand math But other kids can understand math pretty easily.
38. Some kids are not happy with the way they look But other kids are happy with the way they look.
39. Some kids have a hard time with their spelling But other kids do well in spelling.
40. Some kids are very happy being the way they are But other kids wish they were different.
41. Some kids feel that they are very good at their schoolwork But other kids worry about whether they can do the schoolwork assigned to them.
42. Some kids have a lot of friends But other kids don't have very many friends.
43. Some kids feel that they are better than others their age at sports But other kids don't feel they can play as well.
44. Some kids do not like the way they behave But other kids usually like the way they behave.
45. Some kids like their body the way it is But other kids wish their body was different.
46. Some kids are not very happy with the way they do a lot of things But other kids think the way they do things is fine.

Appendix C

Original Importance Scale:

How Important Are These Things

To How You Feel About Yourself As A Person

1. Some kids think it is important to be smart in school in order to feel good as a person But other kids don't think it is important to be smart in school in order to feel good about themselves.
2. Some kids don't think having a lot of friends is important to how they feel about themselves But other kids think that having a lot of friends is important to how they feel as a person.
3. Some kids think that it is important to do well in reading in order to feel good about themselves But other kids think it is not important to do well in reading in order to feel good as a person.
4. Some kids don't think that doing well at athletics is that important to how they feel about themselves as a person But other kids think that doing well at athletics is important to how they feel about themselves as a person.
5. Some kids think that it is important to be able to write good stories and papers in order to feel good as a person But other kids don't think how well they write is important to how they feel about themselves.
6. Some kids don't think that how they act is all that important to how they feel about themselves But other kids think it is important to act the way they are supposed to act in order to feel good as a person.
7. Some kids think it is important to get good grades in math in order to like themselves as a person But other kids don't think how well they do in math is all that important to how they feel about themselves.
8. Some kids feel that it is important to like the way they look in order to feel good as a person But other kids don't feel that it is all that important to like the way they look in order to feel good about themselves.
9. Some kids don't think it is important to be able to spell most words correctly in order to feel good as a person But other kids think it is important to be able to spell most words correctly in order to like themselves.
10. Some kids don't think that being bright in school is all that important to how they feel about themselves But other kids think that being bright in school is important to how they feel about themselves as a person.

11. Some kids think it is important to be popular in order to like themselves as a person But other kids don't think it is important to be popular in order to like themselves.

12. Some kids think it is important to be a good reader in school in order to like themselves as a person But other kids don't think being a good reader is all that important to how they feel about themselves.

13. Some kids think it is important to be good at sports in order to like themselves as a person But other kids don't think how good they are at sports is that important to how they feel about themselves.

14. Some kids don't think it is important for them to be a good writer in order to feel good about themselves But other kids think it is important for them to be a good writer in order to like themselves.

15. Some kids think it is important to behave the way they should in order to feel good as a person But other kids don't think that how they behave is all that important to how they feel about themselves.

16. Some kids don't think it is important to do well in math in order to like themselves as a person But other kids think it is important to do well in math in order to like themselves.

17. Some kids don't think that how they look is important to how they feel about themselves as a person But other kids think that how they look is important to how they feel about themselves as a person.

18. Some kids think it is important to do well in spelling in order to feel good about themselves But other kids don't think how good they are at spelling is important to how they feel about themselves.

Appendix D

Revised Importance Scale:

How Important Are These Things

To How You Feel About Yourself As A Person

1. Some kids think it is important to be smart in school in order to feel good as a person But other kids don't think it is important to be smart in school in order to feel good about themselves.
2. Some kids don't think it is important to make friends pretty easily in order to feel good about themselves But other kids think it is important for them to make friends pretty easily in order to like themselves.
3. Some kids think it is important to read most stories and books pretty easily in order to feel good about themselves But other kids think it is not important to read most stories and books pretty easily in order to feel good as a person.
4. Some kids don't think it is important for them to do well at new outdoor games right away in order to feel good about themselves But other kids think it is important for them to do well at new outdoor games in order to like themselves.
5. Some kids think it is important to write good stories or papers pretty easily in order to feel good as a person But other kids don't think that writing good stories or papers pretty easily is important to how they feel about themselves.
6. Some kids don't think that how they act is all that important to how they feel about themselves But other kids think it is important to act the way they are supposed to act in order to feel good as a person.
7. Some kids think it's important to do their math pretty easily in order to feel good as a person But other kids don't think doing their math pretty easily is important to how they feel about themselves.
8. Some kids don't think it is important for them to like their face and hair the way they are in order to feel good about themselves But other kids think it is important for them to like their face and hair the way they are in order to like themselves.
9. Some kids don't think it is important to be able to spell most words correctly in order to feel good as a person But other kids think it is important to be able to spell most words correctly in order to like themselves.
10. Some kids think it is important to feel that they are just as smart as others their age in order to feel good as a person But other kids don't think it is important to feel that they are just as smart as others their age in order to feel good as a person.

11. Some kids don't think it is important for them to have as many friends as they want in order to feel good about themselves But other kids think it is important for them to have as many friends as they want in order to like themselves.
12. Some kids think it is important to be a good reader in school in order to like themselves as a person But other kids don't think being a good reader is all that important to how they feel about themselves.
13. Some kids don't think it is important for them to be good at sports in order to feel good about themselves But other kids think it is important to be good at sports in order to like themselves.
14. Some kids think it is important to write good sentences and paragraphs easily in order to feel good as a person But other kids don't think that writing good sentences and paragraphs easily is important to how they feel about themselves.
15. Some kids don't think that staying out of trouble is all that important to how they feel about themselves But other kids think that it is important to stay out of trouble in order to feel good as a person.
16. Some kids think it is important to be good at math in order to feel good as a person But other kids don't think being good at math is important to how they feel about themselves.
17. Some kids feel that it is important to like the way they look in order to feel good as a person But other kids don't feel that it is all that important to like the way they look in order to feel good about themselves.
18. Some kids feel that it is important for them to spell most words pretty easily in order to feel good about themselves But other kids think it is important for them to spell most words pretty easily in order to like themselves.
19. Some kids don't think that being a good learner in school is all that important to how they feel about themselves But other kids think being a good learner in school is important to how they feel about themselves as a person.
20. Some kids think it is important to always do things with a lot of kids in order to feel good as a person But other kids don't think always doing things with a lot of kids is important to how they feel about themselves.
21. Some kids don't think it's important for them to understand what they read in order to feel good about themselves But other kids think it is important for them to understand what they read in order to like themselves.
22. Some kids think it is important to be good at sports in order to like themselves as a person But other kids don't think how good they are at sports is that important to how they feel about themselves.

23. Some kids think that it is important to be able to write good stories and papers in order to feel good as a person But other kids don't think how well they write is important to how they feel about themselves.

24. Some kids think it is important to behave the way they should in order to feel good as a person But other kids don't think how they behave is all that important to how they feel about themselves.

25. Some kids don't think it is important for them to do well at their math problems in order to feel good about themselves But other kids think it is important for them to do well at their math problems in order to like themselves.

26. Some kids feel it is important to think that they are good looking in order to feel good as a person But other kids don't feel that it is all that important to think that they are good looking in order to feel good about themselves.

27. Some kids don't think it is important for them to spell a lot of words pretty easily in order to feel good about themselves But other kids think it is important for them to spell a lot of words pretty easily in order to like themselves.

28. Some kids don't think that being bright in school is all that important to how they feel about themselves But other kids think being bright in school is important to how they feel about themselves as a person.

29. Some kids think it is important to be popular in order to like themselves as a person But other kids don't think it is important to be popular in order to like themselves.

30. Some kids think that it is important to read pretty fast in order to feel good as a person But other kids don't think how fast they read is important to how they feel about themselves.

31. Some kids think it is important to do well at just about any new athletic activity in order to like themselves as a person But other kids don't think how well they do at new athletic activity is that important to how they feel about themselves.

32. Some kids don't think it is important to be able to write good sentences and paragraphs in order to feel good about themselves But other kids think it is important for them to be able to write good sentences and paragraphs in order to like themselves.

33. Some kids think it is important to follow rules about how they are to behave in order to feel good as a person But other kids don't think that following rules about how they are to behave is all that important to how they feel about themselves.

34. Some kids don't think it is important for them to understand math pretty easily in order to feel good about themselves But other kids think it is

important for them to understand math pretty easily in order to like themselves.

35. Some kids don't think it is important for them to be happy with the way they look in order to feel good about themselves But other kids think it is important for them to be happy with the way they look in order to like themselves.

36. Some kids don't think it is important for them to do well in spelling in order to feel good about themselves But other kids think it is important for them to do well in spelling in order to like themselves.

37. Some kids think it is important to be very good at their schoolwork in order to feel good about themselves But other kids don't think it is important to be very good at their schoolwork in order to feel good about themselves.

38. Some kids don't think having a lot of friends is important to how they feel about themselves But other kids think that having a lot of friends is important to how they feel as a person.

39. Some kids think it is important to be better than other their age at sports in order to like themselves as a person But other kids don't think being better than others their age at sports is that important to how they feel about themselves.

40. Some kids don't think it is important for them to like the way they behave in order to feel good about themselves But other kids think it is important for them to like the way they behave in order to like themselves.

41. Some kids think it is important to like their body the way it is in order to feel good as a person But other kids don't think liking their body the way it is is important to how they feel about themselves.

42. Some kids think that it is important to do well in reading in order to feel good about themselves But other kids think it is not important to do well in reading in order to feel good as a person.

43. Some kids don't think it is important for them to be a good writer in order to feel good about themselves But other kids think it is important for them to be a good writer in order to like themselves.

44. Some kids think it is important to do well in spelling in order to feel good about themselves But other kids don't think how good they are at spelling is important to how they feel about themselves.

45. Some kids think it is important to get good grades in math in order to like themselves as a person But other kids don't think how well they do in math is all that important to how they feel about themselves.

46. Some kids don't think it is important to do well in math in order to like themselves as a person But other kids think it is important to do well in math in order to like themselves.

47. Some kids don't think that doing well at athletics is that important to how they feel about themselves as a person But other kids think doing well at athletics is important to how they feel about themselves as a person.

48. Some kids don't think how they look is important to how they feel about themselves as a person But other kids think that how they look is important to how they feel as a person.

Appendix E

Social Support Scale for Children:

People in My Life

a) Some kids like to do fun things with a lot of other people But other kids like to do fun things with just a few people.

1. Some kids have parents who don't really understand them But other kids have parents who really do understand them.

2. Some kids have classmates who like them the way they are But other kids have classmates who wish they were different.

3. Some kids have a teacher who helps them if they are upset and have a problem But other kids don't have a teacher who helps them if they are upset and have a problem.

4. Some kids have a close friend who they can tell problems to But other kids don't have a close friend who they can tell problems to.

5. Some kids have parents who don't seem to want to hear about their children's problems But other kids have parents who do want to listen to their children's problems.

6. Some kids have classmates that they can become friends with But other kids don't have classmates that they can become friends with.

7. Some kids don't have a teacher who helps them to do their very best But other kids do have a teacher who helps them to do their very best.

8. Some kids have a close friend who really understands them But other kids don't have a close friend who understands them.

9. Some kids have parents who care about their feelings But other kids have parents who don't seem to care very much about their children's feelings.

10. Some kids have classmates who sometimes make fun of them But other kids don't have classmates who make fun of them.

11. Some kids do have a teacher who cares about them But other kids don't have a teacher who cares about them.

12. Some kids have a close friend who they can talk to about things that bother them But other kids don't have a close friend who they can talk to about things that bother them.

13. Some kids have parents who treat their children like a person who really matters But other kids have parents who don't usually treat their children like a person who matters.

14. Some kids have classmates who pay attention to what they say But other kids have classmates who usually don't pay attention to what they say.

15. Some kids don't have a teacher who is fair to them But other kids do have a teacher who is fair to them.

16. Some kids don't have a close friend who they like to spend time with But other kids do have a close friend who they like to spend time with.

17. Some kids have parents who like them the way they are But other kids have parents who wish their children were different.

18. Some kids don't get asked to play in games with classmates very often But other kids often get asked to play in games by their classmates.

19. Some kids don't have a teacher who cares if they feel bad But other kids do have a teacher who cares if they feel bad.

20. Some kids don't have a close friend who really listens to what they say But other kids do have a close friend who really listens to what they say.

21. Some kids have parents who don't act like what their children do is important But other kids have parents who do act like what their children do is important.

22. Some kids often spend recess being alone But other kids spend recess playing with their classmates.

23. Some kids have a teacher who treats them like a person But other kids don't have a teacher who treats them like a person.

24. Some kids don't have a close friend who cares about their feelings But other kids do have a close friend who cares about their feelings.

Appendix F

Social Comparison Questionnaire

Who Am I Like

The questions you just answered asked you to compare yourself to other kids. We are interested in knowing which group of kids you were comparing yourself to or thinking about when you answered the questions

These are some of the groups you might have been thinking about when you answered the questions:

1. Other students with physical, emotional, behavioral, or learning problems.
2. Other students in your regular classes.

Please write in the number of the group you were thinking about when you answered the questions in each of the following areas:

- _____ How smart you are in school.
- _____ How well you do in reading.
- _____ How well you do in writing.
- _____ How well you do in spelling.
- _____ How well you do in math.
- _____ How accepted you feel by other kids.
- _____ How well you do at athletic activities.
- _____ How well you behave.
- _____ How much you like the way you look.

Appendix G

Parental Consent and Child Assent Forms

Parent Consent Form

Purpose of the Project

This project is interested in examining the self-worth of mainstreamed learning disabled children. This project is primarily concerned with the psychological, academic, and social status of learning disabled children in mainstreamed classrooms. Because of the inclusion (mainstreaming) program, it is important to investigate the effect of the program on the self-worth of learning disabled children. This study hopes to provide some information in that area. Therefore, the feelings of your child are an important indication of what is needed in the future.

Explanation of Project

If your child participates, he/she will be asked to answer a number of questionnaires during a 30-45 minute period. Each question will be read out loud to your child and their responses will be written down by the interviewer. These questionnaires ask about their feelings of competency, social support, and self-worth. For example, some questions ask about how your child feels about different subjects in school, their friends and themselves. Your child will be told they do not have to answer any question or questions, and may end the interview and/or their participation in the study at any time.

Possible Risks, Discomforts and Benefits

Your child may find it emotionally uncomfortable to answer questions about their feelings of how they feel about themselves. While it is quite unlikely that these feelings will extend beyond the interview, these questionnaires may elicit negative and positive feelings. At the end of the interview, your child will receive five dollars and coupons for free food at Burger King.

Confidentiality

Your child and yourself are asked to give written consent to retrieve your child's school records by signing a "Release of Information" form separate from this consent form. This consent is optional. Your child may participate in this project without this form. Upon giving your consent, the researchers will only examine records directly related to your child's school evaluation of learning problems (i.e., IQ tests, achievement test scores). Further, the researchers may ask the special education teacher assigned to your child to provide some general information about the services your child receives within and outside of the regular classroom. Your child's teachers will not be given any information about what your child says.

All information collected from your child will be kept strictly confidential. Information collected from your child will not be identified with their name or any other identifier. Your child will be assigned a number so that no one except the people working on this project will know his or her personal responses. Some interviews, approximately 20%, will be videotaped to ensure that all of the researchers are gathering the same information from all of the children participating. All videotapes will be destroyed after all of the children participating have been interviewed. All information will be stored in locked files. The information is to be used solely for the

purposes stated in the first paragraph, and will not be used in any other way without your prior approval.

Consent

This project has been approved by the Human Subjects Research Committee and the Institutional Review Board at Virginia Polytechnic Institute & State University. Any questions you may have concerning the project can be directed to:

Renee Brown
Principal Investigator
(703)231-5934

R.J. Harvey
Chair, Human Subjects Committee
(703) 231-7030

Russell T. Jones, Ph.D.
Project Supervisor
(703) 231-5934

Ernest Stout
Chair, IRB
(703) 231-9359

(Please return this page)

I have read the above statements and any questions I may have concerning the study will also be answered at any time. I have been provided with a copy of this statement of informed consent.

I hereby agree to voluntarily allow my child to participate in the research project described above and under the conditions described above. I am reminded that my child is free to refrain from answering any question(s) or to withdraw from this project at any time, even after my signing this form.

Name of Participant

Street Address

Signature of Parent or Guardian

City State Zip

Signature of Witness

(Area Code) Phone Number

Date

Child Assent Form

Some children have a hard time doing their schoolwork in some subjects. The idea of this study is to learn how children feel about themselves and the people in their life. If you agree to be in this study, you will be asked to answer questions about how you feel. You will help us learn about the feelings children have. It will take about 30-45 minutes to finish all the questions. You can take a break if you need one. All of your answers will be kept a secret. They will only be told to the people working on this study. We may need to record what you say on a tape recorder or video tape to make sure that we get all of your answers. After we have talked with all of the children, these tapes will be thrown away.

Remember, it is up to you if you want to be in the study and you may stop at any time. Once you finish the questions, you will get five dollars and coupons for free food at Burger King. If you have any questions now or after this study is finished, you may call Renee Brown (231-5934); Dr. Russell T. Jones (231-5934); Dr. R.J. Harvey (231-7030); or Dr. Ernest Stout (231-9359).

If you want to be in this study, please sign this form to let us know that you understand what the study is about, that you know who to ask if you have any questions, and that you can stop at any time.

"I understand what this study is about and agree to be in the study."

Child's Signature _____ Date _____

Child's School _____

Appendix H
Letter to Parents(1)

Dear Parents,

I am a graduate student in Psychology at Virginia Tech and am very excited about this project which will look at some important aspects of your child's feelings about him/herself. This project has been approved by the Assistant Superintendent for Instructional Services, James Seller, the principal of your child's school, and the review board of Virginia Tech. Dr Jones, a professor at Virginia Tech, Chris Burton, and myself have worked together to develop this project which we feel may provide meaningful information which could lead to improvements in the mainstreaming experiences of learning disabled children.

If you and your child agree to be included in this project, your child will be asked questions about their feelings in a number of areas, including their friends, their ability to do schoolwork, and themselves. This interview will take about 30-45 minutes and will take place at your child's school.

I would like for you to read the parent and child consent forms included, and if you would like your child's feelings to be included in this study, please sign the last page of the parent consent form. Also, I would like you to read over the child consent form with your learning disabled child, have him or her sign it, and then return it with the parent consent form you have signed. There is also a "Release of Information" form included which would allow us to examine only the school records that are directly related to your child's learning disability (for example, their achievement scores, their IQ scores) Signing this form is optional, your child may participate without you signing this form. If you do not mind us looking at these records please sign the form and return

it with the consent forms. Once I have received both consent forms, I will call your child's school and arrange for a time to interview your child. After the interview, I will give your child coupons for free food at Burger King.

As you may note, the child consent form contains no references to the child having a "learning disability". I will leave it up to you, as the parent, whether or not you decide to use that term with your child. During the study, the researchers will simply refer to your child's difficulties in certain academic subjects.

I hope you decide to allow your child to be included in this study. There may be important consequences of mainstreaming on children, and the only way for us to find out and make any necessary changes is to gather as much information as possible.

Thank you,

Renee Brown

Appendix I

Letter to Parents(2)

Dear Parents,

My name is Renee Brown and I am a graduate student at Virginia Tech. I am currently interested in interviewing learning disabled children in Montgomery County. I am hoping to learn more about how mainstreaming affects children and how to improve mainstreaming. You may have received a packet of information this past spring about this study. The reason I am contacting parents now is to again invite all learning disabled children to participate. At this time I will also be able to offer each child five dollars and Burger King coupons for their participation. In addition, the Child Study Center will offer a skills training workshop for any child that is interested in learning ways of coping with a disability.

This project has been approved by the Assistant Superintendent for Instructional Services, James Seller, the principal of your child's school, and the review board of Virginia Tech. Dr. Jones, a professor at Virginia Tech, Chris Burton, a special education coordinator for Montgomery County, and I have worked together to develop this project which we feel may provide meaningful information which could lead to improvements in the mainstreaming experiences of learning disabled children.

If you and your child agree to participate in this project, your child will be asked questions about their feelings in a number of areas, including their friends, their ability to do schoolwork, and

their feelings about themselves. This interview will take about 30-45 minutes and can take place either at the Child Study Center or at your home, whichever is most convenient for you.

If you are interested in this project please call the Child Study Center (231-6914). A secretary will take your name and number and I will call to set up a time for the interview. I hope you decide to allow your child to be included in this project. There may be important consequences of mainstreaming on children, and the only way for us to find out is to ask the children involved.

Thank you,

Renee Brown

Table 1
Descriptive Statistics

	Frequency	Percentage
Age 9	4	16.7
10	8	33.3
11	9	37.5
12	3	12.5
Gender		
male	17	70.8
female	7	29.2
SES		
lower	10	41.7
middle	10	41.7
unknown	4	16.7
Subtypes		
reading	14	58.3
writing	0	0
math	9	37.5
written lang.	22	91.7
Race		
White	23	95.8
Black	1	4.2

Table 2

Means For The Self Perception Profile for
Learning Disabled Children's Subscales
(Standard Deviations)

Subscales

General Intelligence	2.36 (.59)
Reading Competence	2.36 (1.07)
Writing Competence	2.51 (.89)
Spelling Competence	2.15 (.91)
Math Competence	2.72 (.86)
Social Acceptance	2.86 (.84)
Athletic Competence	3.13 (.66)
Behavioral Conduct	2.92 (.72)
Physical Appearance	3.025 (.77)
Global Self Worth	3.125 (.85)

Table 3
Means For The Revised Importance Subscales
(Standard Deviations)

Subscales

General Intelligence	2.71 (.70)
Reading Competence	2.40 (.66)
Writing Competence	2.39 (.80)
Spelling Competence	2.21 (.79)
Math Competence	2.54 (.75)
Social Acceptance	2.47 (.76)
Athletic Competence	2.44 (.75)
Behavioral Conduct	2.98 (.69)
Physical Appearance	2.375 (.62)
Discrepancy Score	-.36 (.45)

Table 4
Means For The Social Support Subscales
(Standard Deviations)

Parents	3.44 (.58)
Teachers	3.29 (.69)
Classmates	2.91 (.65)
Friends	3.11 (.81)
Overall Social Support	3.125 (.85)

Table 5
Correlation Matrix for Self Perception Profile for Learning Disabled
Children's Subscales

	<u>GIA</u>	<u>RC</u>	<u>WC</u>	<u>SC</u>	<u>MC</u>	<u>SA</u>	<u>AC</u>	<u>BC</u>	<u>PA</u>	<u>GSW</u>
<u>GIA</u>	---	.29	.36	.56**	.15	.47*	.24	.57**	.37	.51**
<u>RC</u>		---	.40*	.54**	-.11	.19	-.41*	.13	.28	.07
<u>WC</u>			---	.63**	.01	.05	.001	-.04	.17	-.06
<u>SC</u>				---	-.04	.29	-.17	.43*	.28	.03
<u>MC</u>					---	.02	.17	.05	.01	-.04
<u>SA</u>						---	-.10	.34	.24	.28
<u>AC</u>							---	.10	.08	.24
<u>BC</u>								---	.48*	.58**
<u>PA</u>									---	.46*
<u>GSW</u>										---

* $p \leq .05$

** $p \leq .01$

GIA= General Intellectual Ability

RC= Reading Competence

WC= Writing Competence

SC= Spelling Competence

MC= Math Competence

SA= Social Acceptance

AC= Athletic Competence

BC= Behavior Conduct

PA = Physical Appearance

GSW= Global Self-Worth

Table 6
Correlation Matrix for The Importance Subscales

	<u>GIA</u>	<u>RC</u>	<u>WC</u>	<u>SC</u>	<u>MC</u>	<u>SA</u>	<u>AC</u>	<u>BC</u>	<u>PA</u>
<u>GIA</u>	---	.77**	.78**	.63**	.53**	.78**	.69**	.68**	.65**
<u>RC</u>		---	.80**	.74**	.66**	.71**	.78**	.30	.66**
<u>WC</u>			---	.81**	.73**	.76**	.77**	.59**	.61**
<u>SC</u>				---	.79**	.67**	.72**	.36	.74**
<u>MC</u>					---	.61**	.71**	.18	.63**
<u>SA</u>						---	.83**	.48*	.65**
<u>AC</u>							---	.26	.63**
<u>BC</u>								---	.33
<u>PA</u>									---

* $p \leq .05$

** $p \leq .01$

GIA= General Intellectual Ability

RC= Reading Competence

WC= Writing Competence

SC= Spelling Competence

MC= Math Competence

SA= Social Acceptance

AC= Athletic Competence

BC= Behavior Conduct

PA= Physical Appearance

Table 7
Correlation Matrix for Social Support Subscales

	parents	teachers	classmates	friends
parents	-----	.58**	.44*	.49*
teachers		-----	.56**	.13
classmates			-----	.39
friends				-----

* $p \leq .05$

** $p \leq .01$

Table 8

Pearson Correlation Coefficients for Discrepancy,
Social Support, and Global Self-Worth Scores

	<u>Global S-W</u>	<u>Discrepancy</u>	<u>Social Support</u>
<u>Global S-W</u>	-----	-.02	.51**
<u>Discrepancy</u>		-----	.13
<u>Social Support</u>			-----

** $p \leq .01$

Table 9
Stepwise Regression Analysis on Global Self-Worth

Variable	Partial R ²	Model R ²	<u>F</u>	<u>p</u>
Social Support	.1919	.1919	3.56	.079

F(1,15) = 3.56, p=.079

Table 10

Percentage of subjects choosing group (1) and group (2) in the Social Comparison Questionnaire

Group (1)= other children with physical, behavioral, emotional or learning problems

Group (2) = other children in your regular classroom

Competency Area	Percentage	
	(1)	(2)
General Intellectual Ability	8.3	91.7
Reading Competence	41.7	58.3
Writing Competence	29.2	70.8
Spelling Competence	29.2	70.8
Math Competence	29.2	70.8
Social Acceptance	33.3	66.7
Athletic Competence	33.3	66.7
Behavioral Competence	29.2	70.8
Physical Appearance	29.2	70.8

Table 11

Means for Each Competency Area for Those Children Who Compared Themselves to Group (1) and Group (2)

	<u>Group (1)</u>	<u>Group (2)</u>
<u>*GIA</u>	1.9	2.74
<u>*RC</u>	1.83	2.75
<u>WC</u>	2.71	2.43
<u>SC</u>	1.79	2.29
<u>MC</u>	2.89	2.65
<u>SA</u>	3.00	2.79
<u>AC</u>	2.85	3.26
<u>BC</u>	2.69	3.02
<u>*PA</u>	2.43	3.27

* significant difference between the means, $p \leq .05$

(1) other handicapped children

(2) other children in their regular classroom

Table 12

Pearson Correlation Coefficients of Global Self-Worth
and Social Support

	Global Self-Worth
Parents	.56 **
Teachers	.09
Classmates	.37
Friends	.54 **

** p<.01

Figure Captions

Figure 1: Harter's model, showing the correlations between Social Support, Discrepancy Scores and Global Self-Worth as determined by her standardization sample.

Figure 2: A model determined by the current sample showing how General Intellectual Ability, Physical Appearance, and Behavior Conduct, and Social Support correlate with Global Self-Worth.

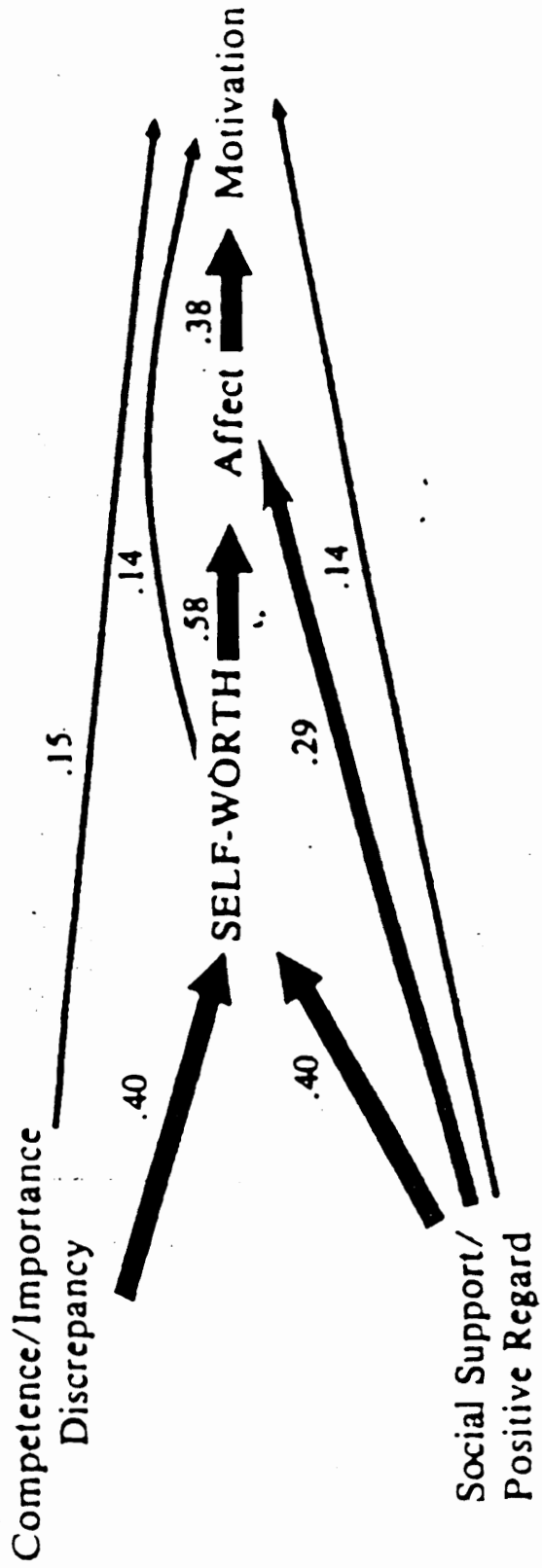


Figure 1: Harter's Model

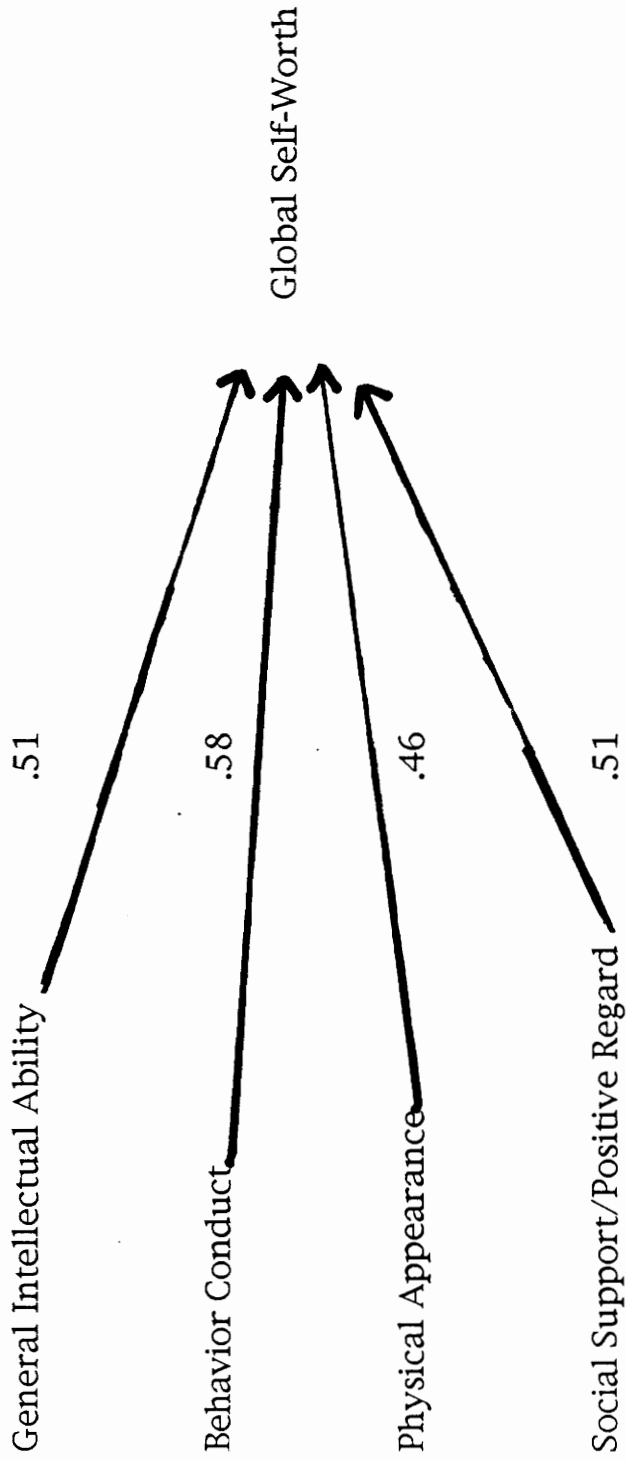


Figure 2: Revised Model

Von Renee Brown
1200 Snyder Lane #1100D
Blacksburg, Va 24060
(703) 951-9048

EDUCATION Master of Science, January 1995
Clinical Psychology
Virginia Polytechnic Institute and State University

Bachelor of Arts, May 1991
Major: Psychology
University of Texas at Austin

EXPERIENCE

Clinical Psychology Intern - August 1994 - Present
Southwest Virginia Mental Health Institute
Marion, Va
(703) 783-1200

Supervisors: Denise Mance, Psy.D.
Ron Parsons, M.S.
Richard Mears, L.C.P.
Colin Barrom, L.C.P.

This entails include individual and group counseling with inpatient adolescents and adults, psychological testing, participating in a multidisciplinary team, assessments, and weekly supervision.

Intervention Coordinator - May 1994 - Present
The Center for Research in Health Behavior
Virginia Polytechnic Institute and State University
Blacksburg, Va 24060
(703) 231-8746

Supervisors: Eileen Anderson, Ph.D.
Richard Winett, Ph.D.

Duties include participating in training sessions, leading group workshops which teach women problem-solving and communication skills,

including role plays, and enhance self-efficacy and self-reliance.

Graduate Clinician - August 1991 - May 1993

Psychological Services Center and Child Study Center

Virginia Polytechnic Institute and State University
Blacksburg, Va 24060

(703) 231-6914

Supervisors

August 1992 - May 1993 Robert Stephens, Ph.D.

Jack Finney, Ph.D.

August 1991 - May 1992 Ross Greene, Ph.D.

Richard Eisler, Ph.D.

Jeannie Hamilton, Ph.D.

Duties included outpatient counseling and assessment, psychological testing, participating on a practicum team, and weekly meetings.

School Counselor September 1992 - May 1993

Montgomery Public School System

Supervisor: Thomas Ollendick, Ph.D.

Duties included providing weekly individual counseling for emotionally disturbed students as specified on IEP's. Attended bi-weekly group supervision meetings and monthly staff meetings.

Activities Coordinator January 1991- May 1992

Austin Public School System

Austin, Tx

Duties included supervising recreational and therapeutic activities for emotionally disturbed elementary students in an after school program.

Camp Coordinator May - August 1990

Rehabilitation Center

Austin, Tx

Duties included supervising the recreational and therapeutic activities of physically and/or mentally handicapped children at a summer camp. Additionally, duties included supervising camp counselors and volunteers.

Teaching

Graduate Teaching Assistant August 1993-present

Department of Psychology

Virginia Polytechnic Institute and State University

Blacksburg, Va 24060

(703) 231-6581

Supervisor:

August 1994 - present Merry Sleigh, M.S.

August 1993 - May 1994 Michael Casey, M.S.

Duties include instructing students in labs, grading essays and quizzes, assisting lectures in the regular class, and providing individual assistance to those students in my lab.

Research

Research Assistant - May 1994 - present

Center for Research in Health Behavior

Virginia Polytechnic Institute and State University

Blacksburg, Va 24060

(703) 231-8746

Supervisors: Eileen Andersen, Ph.D.

Richard Winett, Ph.D.

Duties include administering assessment instruments to groups of women, data management, participating in weekly meetings, and monthly conference calls.

Thesis Research - May 1992 - January 1994

Department of Psychology

Virginia Polytechnic Institute and State University

Blacksburg, Va 24060

(703) 231-6581

Chairperson: Russell T. Jones, Ph.D.

Designed and conducted a study investigating the self-concept of learning disabled children participating in an inclusion program.

Research Assistant - May - August 1993

Department of Psychology

Virginia Polytechnic Institute and State University

Blacksburg, Va 24060

(703) 231-6581

Supervisor: Phillippe Cunningham, M.S.

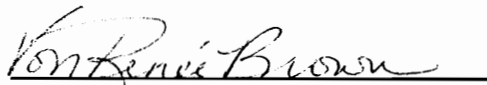
Duties included administering assessment instruments to adolescents exposed to violence in an inner city neighborhood.

Presentations/Posters

Brown, V.R. & Jones, R.T. (submitted) Competency, Importance and Social Support of Learning Disabled Children: A Test of a Model.

References

Available upon request.



Von Renee Brown