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The Impact of the duration of special education on the self-concepts of students with learning disabilities in general education settings

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The Impact of the Duration of Special Education on the Self-Concepts of Students with Learning Disabilities in General Education Settings

Master's Thesis

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Of the School Psychology Program
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By

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In Partial Fulfillment of the Requirements for the Degree of Master of Science

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Abstract

This study was performed to determine whether the length of time students with learning disabilities received special education services correlated with their self-concepts. The Piers-Harris Children's Self-Concept Scale was given to 23 elementary school students who were classified as learning disabled according to New York State guidelines. These students ranged in age from eight to thirteen and were in grades three through six. They attended a small, rural, upstate New York school district and were included in general education classrooms for at least five months prior to the study. The results indicated that a correlation did not exist between the factors. Interaction effects for age and gender were not found. However, the student scores may be considered supportive of the inclusion model used by the specific district.
The Impact of the Duration of Special Education on the Self-Concepts of Students with Learning Disabilities in General Education Settings

Introduction

The climate of special education seems to be in a constant state of change. Appropriate procedures continue to evolve. Currently, many school districts are struggling to develop procedures to include students with special needs into general education classrooms. Much research has taken place addressing the positive and negative effects on students, as well as educators.

However, research has shown conflicting results. Some studies imply that more exposure to general education classrooms improves students' academic and emotional development (Carroll, 1967; Center & Curry, 1993; Madden & Slavin, 1983; Osborne, Schulte, & McKinney, 1991; Smith, Dokecki, & Davis, 1977; Strange, Smith, & Rogers, 1978; Truesdell & Abramson, 1992; Zigmond & Baker, 1990), while others show no effects or negative effects (Battle & Blowers, 1982; Carlberg & Kavale, 1980; Cleaver, Bear, & Juvonen, 1992; Moony, 1969; Morvitz & Motta, 1992; Schurr, 1967; Zigmond & Baker, 1990). Due to the amount of research and the conflicting results found, some researchers took a different approach and performed meta-analyses on previously performed studies (Carlberg & Kavale, 1980; Wang & Baker, 1985). Carlberg and Kavale (1980) looked at 50 studies which compared the academic and/or social-personality development in students with disabilities in general education and self-contained classroom placements. Wang and Baker (1985) reviewed 264 studies using similar criteria. Both of these meta-analyses found that general education classroom placement was slightly more
effective for students with mental retardation. The effect sizes were .14 and .22, respectively. However, self-contained classroom placements were more effective for students with learning disabilities. The effect sizes were .29 and .39, respectively. Overall, it has not been determined with certainty if general or special education classrooms are better for students with disabilities.

Inherent problems in this type of research exist, as well (Singer, 1988). Obtaining unbiased samples of students as well as teachers is difficult (Hallahan, Keller, McKinney, Lloyd, & Bryan, 1988; Wang & Baker, 1985). Also, the amount of academic and emotional support students received during these studies varied tremendously, as such supports are often based on the practices of individual school districts (Hallahan, et al., 1988; Madden & Slavin, 1983). Many researchers believe that class placement should not be considered at all. Rather, it would be more useful to determine the efficacy of specific educational practices (Gersten & Woodward, 1990; Hallahan, et al., 1988; Wang, Reynolds, & Walberg, 1986). Therefore, objective research methods should continue to address various aspects of meeting student needs in various settings.

Statement of the Problem

One area that educators struggle with is how students with disabilities feel about themselves. Studies have taken place which show that students in partial inclusion situations score higher on a self-concept measurement than students in self-contained classrooms (Carroll, 1967; Center & Curry, 1993; Zigmond & Baker, 1990). However, when read a statement intended to increase the salience of the students' membership in the general education classroom, their measured self-concepts were lower than those in self-
contained classrooms (Smith, Dokecki, & Davis, 1977; Strang, Smith, & Rogers, 1978). The specific statement, as well as more detailed descriptions of these studies, are presented on pages 16 - 18.

Research has also shown that students who qualify for classification as having a disability, but do not yet receive special education services, feel worse about themselves than students who do receive various types of services (Battle & Blowers, 1982; Ribner, 1978). Does this mean that students identified in the early grades have better self-concepts because their educational needs have been addressed for a longer time period? Does identifying students as having disabilities hurt their self-concepts? If special education support begins when the child is older, are the effects on his or her perception of himself or herself more negative? The following paper will attempt to address these questions.

Importance of the Study

This study will help to determine if the length of time students with learning disabilities have received special education services has an impact on their self-concepts. As more and more students with disabilities are being included in general education settings, students who are fully included will be the subjects in this study. While the results will apply to a small, rural district, other districts may benefit by understanding the effects of early identification of students with learning needs.

Order of Presentation

The remaining body of this paper will present a review of the literature, which will include definitions of the concepts to be presented, a history of the inclusion practices, an
overview of what self-concept is, research on the self-concepts of students with learning
disabilities, and previous research on the self-concepts of students in various educational
settings. The methodology of the study will then be presented, which will include
descriptions of the characteristics of the students, the self-concept scale, and the
procedures. It will also include the limitations of this study. The results and a discussion
of their implications will then be presented.

Literature Review

Definition of Concepts

The terms used to describe various concepts related to educating children with
disabilities have changed over the course of time. Children and adults who are not typical
in the ways in which they learn or engage in activities have been referred to as
“handicapped,” in the past. A handicap, according to Heward and Cavanaugh (1993),
“refers to the difficulties a person with a disability experiences when interacting with the
environment” (p. 240). A disability, on the other hand, “refers to the loss or reduced
function of a certain body part or organ” (pp. 239 - 240). Currently, it is generally
recognized by health care professionals as well as school personnel that students may have
a disability, without it handicapping them. Therefore, these children will be referred to as
“children with disabilities” or “students with disabilities,” within this paper.

The academic learning environments of these children have changed over time as
well. A self-contained classroom, according to Kirk, Gallagher, and Anastasiow (1993),
is “A separate class in which a special education teacher assumes primary responsibility for
the education program of students with disabilities” (p. 555). Banks and Banks (1993)
describe *mainstreaming* as, "The process that involves placing students with disabilities into the general classroom for instruction. They might be integrated into the regular classroom for part or all of the school day" (p. 359). *Full inclusion*, on the other hand, is "the policy of placing and instructing all children, including all categories of disability and levels of severity, in their neighborhood school and the regular classroom" (Lerner, 1993, p. 580). Therefore, in practice, mainstreaming may be thought of as placing children with disabilities into general education situations in some subjects, usually, ones in which their disability has little impact. However, full inclusion, which is becoming more frequently practiced, is the term used to describe the situation in which students with disabilities participate in the same learning environment with their non-disabled peers. *Integration* is a more general term which includes various amounts of exposure to the general education settings. Overall, the settings in which the special needs of students are addressed vary from district to district.

**Legislation**

Many of the changes which have occurred in educating students with disabilities are direct and indirect results of legislation. In 1954, the case of *Brown v. Board of Education* affirmed that it is unconstitutional to place minorities in separate schools, regardless of the claim that the education they receive is equal (Kirk et al., 1993). Since that time, many cases have been tried involving students with disabilities who were excluded from certain settings. Examples include *Pennsylvania Association for Retarded Children v. Commonwealth of Pennsylvania* (1972), *Goso v. Lopez* (1974), and *Hirston v. Drosick* (1974). The rulings in these cases instituted the principles that children cannot be
excluded from their schools unless appropriate due process is followed, and appropriate programs for children who are different must be provided by the schools (Kirk et al., 1993). The Rehabilitation Act of 1973 focused on the rights of adults with disabilities to have access to public buildings, transportation, and employment (Gartner & Lipsky, 1987). Section 504 of this act also prohibited discrimination of handicapped individuals by institutions that receive federal assistance (including schools). Although these mandates did not require schools to practice full inclusion, they contributed to the major changes in educating students with disabilities which occurred in the late 1970's.

The most dramatic legislation for children with disabilities was passed in 1975. The Education for All Handicapped Children Act (PL 94-142) mandated a, “free, appropriate education for all children with handicaps between the ages of 3 and 18,” (Kirk et al., 1993, p. i). This law has been amended three times, although its six major components have always been reaffirmed. Following is a discussion of those six components. The first principle is that all children must receive an education. The second is that students must receive a full, nondiscriminatory evaluation prior to receiving special education services. Thirdly, each student must have a formal individualized education plan (IEP). The IEP describes the student’s current level of functioning, the services the student will receive, goals, and the evaluation procedures. The fourth and most relevant principle for the purpose of this paper is that the student must be educated in the least restrictive environment (LRE). The LRE is as close to a general education setting as possible. The fifth principle describes the due process by which parents and educators can participate in the decision making procedures. The final tenet, parental participation,
ensures that parents can have input in the IEP development and that they have access to their child's educational records (Kirk, et al., 1993, pp. 51-52).

The fourth component of PL 94-142 states that to the maximum extent appropriate, handicapped children, including children in public or private institutions or other care facilities, are educated with children who are not handicapped, and that special classes, separate schooling, or other removal of handicapped children from the regular educational environment occurs only when the nature or severity of the handicap is such that education in regular classes with the use of supplementary aids and services cannot be achieved satisfactorily [Section 612 (5)B] (Heward & Cavanaugh, 1993, p. 250).

In order to comply with this section, most school districts offer a continuum of special education services, which range from placement in a general education classroom with consultation or related services, to separate, residential programs. However, a variety of service delivery models have been practiced by various school districts in order to meet the LRE requirements for students with disabilities.

The Regular Education Initiative Controversy

In 1986, the Office of Special Education and Rehabilitation Services, within the United States Department of Education, suggested a practice known as the “regular education initiative (REI)” (Lerner, 1993, pp. 151 - 152). The REI suggests that students
with disabilities should be served in general education settings in order to decrease the stigmatization of special education, increase the amount of special services available to students at risk who are not labeled as handicapped, and to improve the schools’ relationships with parents (Gartner & Lipsky, 1987, p. 385). This initiative supports the special education model of full inclusion.

Many educators, parents, special interest and professional organizations, and researchers have taken firm stands on the controversy of full inclusion. One of the most persuasive arguments for full inclusion is that the general and special education systems would merge in order to provide better instruction within the schools for all students (Stainback & Stainback, 1984). Specifically, a greater continuum of services, individualized strategies, and shared resources would be available to all students, not only those who are classified as handicapped (Stainback & Stainback, 1984). It is claimed that integration of students with disabilities will increase their interactions with non-disabled peers as well as their experiencing more meaningful curricular content (Hamre-Nietupski, McDonald, & Nietupski, 1992). Other arguments for full inclusion are based more on criticisms of the current system. For example, many students classified as learning disabled have very similar achievement, curriculum-based assessment, and individualized assessment scores as non-disabled students in remedial programs. Also, once students enter self-contained classrooms, they rarely return to general education classrooms (Gersten & Woodward, 1990). Stainback and Stainback (1984) and Gersten and Woodward (1990) cite many studies which have shown that strategies used in special education settings are effective for all students. Organizations that support full inclusion
include the Association for Persons with Severe Handicaps and the National Association of State Boards of Education (Fuchs, Dempsey, Roberts, & Kintsch, 1995, p. 880). The National Association of School Psychologists also supports the development of inclusive settings (National Association of School Psychologists [NASP], 1993).

Proponents for maintaining the current dual system of general and special education systems have many persuasive arguments as well. The current system provides a wide continuum of services, which may be necessary to ensure the various needs of students are met (Council for Learning Disabilities, 1993; Gartner & Lipsky, 1987; Learning Disabilities Association of America, 1993; The National Joint Committee on Learning Disabilities, 1993). When students who should return to general education, do not, it is the fault of the specific districts, not the system (Fuchs, et al., 1995, p. 879). A very important component of special education, which is rarely addressed in general education, is developing a child’s ability to deal with “life” issues as opposed to curricular or academic knowledge. Examples include self-care skills, pre-vocational skills and behaviors, and play skills, which are facilitated, depending upon the individual student’s needs (Hamre-Nietupski, et al., 1992, p. 6; Lieberman, 1985, p. 513). There is a risk that full inclusion may backfire from its’ advocates’ ideals. Instead of ensuring that all students receive the educational services they need, funding may be removed from the educational system (Singer, 1988). This would, once again, leave students with disabilities with inappropriate service models (Singer, 1988). Many researchers have found that general education teachers and classrooms are not equipped to address the needs of students with disabilities (Baker & Zigmond, 1990; Gersten & Woodward, 1990; Lerner, 1993; Singer,
1988). Students with disabilities often have social and emotional needs, which may be difficult, if not impossible to address in general education settings (Fuchs, et al., 1995; Lerner, 1993, p. 153). Organizations opposing full inclusion are the Commission on the Education of the Deaf, the Council for Children with Behavioral Disorders, the International Reading Association, the Learning Disabilities Association, the National Education Association, and the National Joint Committee on Learning Disabilities (Fuchs, et al., 1995).

The advocates for both sides of this issue seem to truly wish to determine what is best for children. Each side presents logical arguments with references to research that support their views. As previously mentioned, two meta-analyses of studies comparing students with disabilities placed in general and self-contained classrooms have yielded somewhat conflicting results. According to these studies, students with mental retardation tend to do slightly better in general class placements, while students with learning disabilities tend to do better in self-contained settings (Carlberg & Kavale, 1980; Wang & Baker, 1985). However, the small effect sizes and the questionable research models of many of the studies prevent conclusive assumptions from being made.

Academic achievement is one of the most salient indicators of program success. However, researchers, parents, and educators also seem to recognize that identification of students with disabilities and classroom placements may effect the way students feel about themselves. Determining the effects of these practices on their self-concepts is another important consideration in determining the best academic placements for children.
What is Self-Concept?

According to Purkey (1970, p. 7), “self-concept” is a “complex and dynamic system of beliefs which an individual holds true about himself, each belief with a corresponding value.” The view of self-concept as a complex and dynamic system, composed of many factors and changing over time, is consistent with Susan Harter’s research. Harter and Pike (1984) determined that young children, ages four to seven, are able to reliably perceive their own competence in the areas of cognition, physical competence, social acceptance, and behavioral conduct. Their judgments are, however, not clearly differentiated across these domains. Therefore, factor analysis differentiates the competence factor (with cognition and physical skills), and a social acceptance and behavioral conduct factor.

In middle childhood, children begin to be able to make more accurate judgments about their global self-worth (Harter, 1985). Between the ages of eight and twelve, children are able to discriminate between five factors: scholastic competencies, athletic competence, peer social acceptance, behavioral conduct, and physical appearance (Harter, 1985). As children enter adolescence and young adulthood, other factors are added such as close friendship and romantic appeal (Neemann & Harter, 1986).

The definition’s reference to corresponding values to each belief may have stemmed from James (in Harter, 1990, p. 74). He believed that each individual places a different amount of importance on success in each domain which makes up their global self-concept. Therefore, success in domains which an individual considers highly important increases their global self-concept more than success in areas which are not as
valued. Harter tested this theory in children. She measured the discrepancy between the value they placed on specific domains and their individual perceptions of their success in these domains with a measurement of their global self-worth. Her results supported James’ theory, and, thus, Purkey’s definition.

Heyman (1990) tested similar principals to Harter’s, using students with learning disabilities as her subjects. She used the Coopersmith Self-Esteem Inventory, three subscale scores of the Student’s Perception of Ability Scale, and a self-developed questionnaire to measure students’ “self-perception of one’s learning disability” (p. 473). This questionnaire theoretically measured how negatively students view their learning disability. Higher scores represent more positive views of having a learning disability. Eighty-seven students with learning disabilities, ages nine through twelve, were administered these scales in order to measure their self-esteem, academic self-concept, and self-perceptions of their learning disabilities. Strong correlations were noted between measurements of self-esteem and academic self-concept, as well as between academic self-concept and students’ perceptions of their learning disabilities. This would suggest that students’ acceptance of their disability may be related to the importance students place on their personal academic achievement. It also illustrates James’ and Harter’s belief that the amount of importance people place on success in different domains and their personal success in these domains contribute to their overall self-concept.

The Self-Concept of Students with Disabilities

Do students with disabilities, in general, see themselves as less competent than typical students? Research has been inconclusive as studies have produced different
results. When general self-concept is measured, many studies suggest that no difference exists between students with disabilities and typical children’s perceptions (Kistner, Haskett, White, & Robbins, 1987; Lincoln & Chazan, 1979; Silverman & Zigmond, 1983; Swanson & Parker, 1971; Winne, Woodlands, & Wong, 1982). For example, Morvitz and Motta (1992) measured the self-concepts of 126 students in the third through sixth grades. Participants were students who had been previously placed in general education, resource room, compensatory education, and self-contained classrooms. While class placement was a significant factor in students’ self-concepts, general education students and students with disabilities in self-contained classrooms did not show significant differences in overall self-concept on the Piers-Harris Children’s Self-Concept Scale. However, other studies have produced evidence that the self-concepts of students with disabilities are significantly lower than typical students (Black, 1974; Larsen, Parker, & Jorjorian, 1973; Meyrowitz, 1962; Ribner, 1978; Rogers & Saklofske, 1985; Rosenthal, 1973).

Kistner, Haskett, White, and Robbins (1987) measured the self-concepts of 48 elementary and middle school students in general education and students with learning disabilities in resource room programs. Samples were matched by gender, grade level, and IQ scores. Using the Perceived Competence Scale for Children, significant differences were not found between typical students and students with learning disabilities in the General Self Worth or Social subscales. However, students with learning disabilities rated themselves significantly lower in the Cognitive and Physical Competence subscales. These researchers postulate that global self-concept is not lower in students with disabilities.
However, specific domains which are effected by the disability are lower. Hence, students with learning disabilities have lower scores on measurements of their perceptions of school achievement and motor skills. Overall, studies on students with learning disabilities have not conclusively determined if their self-concepts are the same as or lower than typical students. Some studies have suggested that only specific areas of their self-concepts are affected.

The Effect of Classroom Placement on Students' Self-Concepts

To study emotional issues of included students, some researchers observed students’ behavior, while others performed direct assessments with the students. Center and Curry’s study (1993) demonstrated that integrated students spent more time playing with non-disabled peers than self-contained students. Zigmond and Baker (1990) looked at student attendance, which did not change when students were included. Also, none of the students in their study were suspended during the implementation year, though, two of the 13 students had been suspended the previous year.

Many researchers have studied the effects of educational placement of students with mental retardation. Carroll’s (1967) subjects were students with educable mental retardation, who had been placed in segregated and partially integrated settings for one year. She used a pre-test-post-test design, using the Illinois Index of Self Derogation. The students in the partially integrated settings demonstrated significantly higher scores on this measurement after one year. These results theoretically indicate that these students had more positive self-concepts. Moony (1969) also studied the self-concepts of students with educable mental retardation. In this study, however, partially integrated students’
self-concepts were significantly lower than those in self-contained classrooms on the Piers-Harris Children's Self-Concept Scale.

Many other researchers used students with learning disabilities to determine if classroom placement affects self-concept. Smith, Dokecki, and Davis (1977) measured the self-concepts of 206 students with learning disabilities in self-contained classrooms. Significant differences were not noted between their scores on the Piers-Harris Children's Self-Concept Scale and the reported mean score in the Piers-Harris manual. The second phase of this investigation involved a subgroup of these students being partially integrated for half of each day, in general education classrooms. The extra support these students received, albeit indirectly, was "teacher training in diagnostic/prescriptive programming skills" (p. 189). No differences were noted between the two groups in changes in IQ or academic achievement measurements after approximately five months. However, scores on the Piers-Harris increased significantly for the students in the partially integrated settings (who were tested during their self-contained classes), which did not occur for the students in self-contained classrooms. During the third phase of this investigation, a sample of students were first read the following statement, meant to increase the salience of the students' membership in their general education classrooms.

(Child's Name), you are a member of (Regular Classroom Teacher's Name) classroom. Here is a list of some of the children in your class. Let's read the names together, and as we read them I want you to circle the names of the children whom you know.
This is the test that you will take. It contains a set of statements which we will read together. Some statements are true of you and when they are true you will circle the yes. Some are not true of you, and when they are not true you will circle the no. Remember, circle the yes if the statement is most like you, or circle the no if the statement is mostly not like you.

There are not right or wrong answers. Only you know how you feel about yourself, so mark the answers the way you really feel inside. Mark your answers the way you honestly feel.

As you mark your answers to these statements, you will find that it is sometimes necessary to think of your classmates. For example, the first statement says: “My classmates make fun of me.” On this and on the other statements where it is necessary to think of your classmates, remember to think of the children in (Regular Classroom Teacher’s Name) classroom (Smith, et al., 1977, p. 193).

After the directions of the Piers-Harris were altered, the partially integrated students’ scores decreased from their baselines. Although the decrease was not statistically significant from their baselines, it was a significant decrease relative to the increases obtained in the second experiment (an average of a 2.50 point decrease from their baselines). However, their average score continued to fall well within normal limits, according to the Piers-Harris manual (Piers, 1984).
A similar study was performed by Strang, Smith, and Rogers (1978). They measured the self-concepts of 50 students with learning disabilities in self-contained classrooms. Half of the students were then partially mainstreamed. The Piers-Harris was administered after one and four months of implementation of the program. The scale was performed during the self-contained portion of the students’ day. Significant gains in self-concept were noted each time, in the partially mainstreamed students, on the Intellectual and School Status, Physical Appearance and Attributes, Popularity, and Happiness and Satisfaction subscales. These gains were not noted in the fully self-contained students. However, the mainstreamed students were tested again, during their general education classes. They were first read a statement similar to the one in Smith et al.’s study (1977). Given this manipulation, the mainstreamed students’ self-concepts decreased. The results of Smith et al.’s (1977) and Strang et al.’s (1978) studies imply that despite an increase on a self-concept measurement when partially mainstreamed, when students with disabilities compare themselves with students in general education settings, their self-concepts may decrease.

Other researchers determined that placing children with learning disabilities in self-contained classrooms increased their self-concepts. Schurr (1967) measured the self-concepts of students placed in self-contained settings over a two year period, using teacher and self reports. The students’ self-concepts actually improved over that time period. However, when returned to general education classrooms, their self-concepts diminished significantly.
Morvitz and Motta’s (1992) study also demonstrated that classroom placement affects students’ self-concepts. The sample in this study consisted of 126 students in grades three through six. On the Piers-Harris Children’s Self-Concept Scale, general education students scored the highest, then students with disabilities in self-contained classrooms, then students with disabilities in resource programs, and finally, general education students in compensatory education programs. However, the differences were not statistically significant between the scores of students with disabilities in resource programs and self-contained programs, nor between students in self-contained programs and general education students. Significant differences were noted between the scores of students with disabilities in resource programs and general education students, and between general education students and students in compensatory education. As in other studies, when students with disabilities had more opportunity to compare themselves with typical children, their self-concepts tended to be lower than when primarily exposed to other students with disabilities. Also, students who were not considered to have disabilities, yet struggled with academics, had poorer self-concepts than the other groups.

Battle and Blowers (1982) performed a longitudinal study with 150 students who were found to have learning disabilities or mild mental retardation. These students were not yet placed in special education settings at the beginning of the study. All of the children were later placed in self-contained classrooms. The Culture-Free Self-esteem Inventory for Children and the Perception of Ability Scale were administered to the test subjects as well as to a sample of general education students. The students with
disabilities who were placed in self-contained classrooms demonstrated greater gains in both areas over a two year period, than general education students.

Ribner (1978) measured the self-concepts of 468 students, ages eight to sixteen, who were classified or for whom an evaluation was pending. He used a 29-item self-concept questionnaire with similar statements as the Piers-Harris. The self-concepts of students in general education classrooms who were not found to qualify for classification as handicapped were the highest. Those in self-contained classrooms had significantly lower self-concepts. However, those students who were found to qualify for classification, and who were not yet placed in a special education setting, had the lowest self-concepts.

The findings of research on the self-concept of students with disabilities are not conclusive. Battle and Blowers' (1982), and Ribner's (1978) studies both support the theory that students with disabilities who receive special education services have better self-concepts than students with disabilities who do not. Considering this, and assuming that self-concept is a set of beliefs that changes over time, one may assume that receiving needed support within the school setting would alter how students see themselves. Therefore, the author is postulating that the length of time a student has received needed services will positively correlate with his or her score on a self-concept measurement.

Methods

Research Questions

The purpose of this study is to determine whether the duration of time students with learning disabilities have received special education services correlates with their self-
concepts, once placed in special education. The intention is to help to determine the importance of early identification of learning disabilities, as well as the early provision of special education services to students with learning disabilities. The examiner’s hypothesis is that students’ self-concepts will positively correlate with the length of time they have received special education services.

Subjects

Twenty-three students from a small rural school district (approximately 4,500 students) in western New York State participated in this study. They ranged in age from eight years and ten months, to twelve years and eleven months. The average age was eleven years and three months. Nine of the subjects were female, and fourteen were male. Three of the subjects attended third grade classrooms, four attended fourth grade classrooms, four attended fifth grade classrooms, and twelve attended sixth grade classrooms. These students were identified within New York State as having learning disabilities. The students had received special education services for five to eighty-nine months, prior to participating in this study. The average number of months the students had received services is 38.26. Each student had attended an inclusion classroom for at least five months prior to the study.

The school district that participated in the study offered a full continuum of services to meet the needs of students with learning disabilities. This continuum consisted of inclusive settings, collaborative settings, self-contained settings, general education classrooms with consultant teachers, and resource services. Each student who
participated in the study underwent comprehensive individual assessments to determine the educational setting which would best meet his or her needs.

One, and in some cases, two inclusive classrooms existed at each grade level, in each of the district’s two elementary schools (grades two through six). The teachers in these classrooms had volunteered to teach inclusion students. Each classroom contained no more than eight students with various types of disabilities, with a total of 23 to 26 students. A teacher assistant was assigned to each classroom. Some of the teachers were dually certified in special education and elementary education. Others were certified in elementary education and received direct and indirect consultant teacher services for observations, interventions, assessment, and technical expertise. Related services were provided within the inclusion classroom settings.

Instrumentation

The Piers-Harris Children’s Self-Concept Scale (Piers-Harris) is a questionnaire of 80 statements in the first person (e.g., “I am well behaved in school”). Each statement is followed by a “yes” and a “no.” The children are asked to respond by marking the appropriate word, agreeing or disagreeing with the accuracy of each item. They are asked to answer honestly, applying each statement to himself or herself.

The Piers-Harris was normed in 1964, in a single school district in Pennsylvania. However, numerous studies have been performed since that time, which continue to confirm its reliability and validity (Johnson, Redfield, Miller, & Simpson, 1983; Karnes & Wherry, 1982; Michael, Smith, & Michael, 1975; Piers, 1984; Platten & Williams, 1981;
Smith & Rogers, 1977; Stewart, Crump, & McLean, 1979; Wolf, Sklov, Hunter, Webber, & Berenson, 1982).

The Piers-Harris manual sites thirteen studies of test-retest reliability. The standardization sample varied in age, grade, nationality, and disability (or lack thereof). The results of these studies have yielded stability coefficients ranging from .42 to .96, with a mean of .73 (Piers, 1984, pp. 53 - 54). For example, Platten and Williams (1981) administered the scale to 173 fourth, fifth, and sixth graders twice, ten weeks apart. The Pearson correlation coefficient was .75. Overall, the Piers-Harris seems to have adequate test-retest reliability.

Studies of internal consistency were reported in the Piers-Harris manual, as well. Referring to the internal consistency, “estimates for the total score range from .88 to .93” (Piers, 1984, p. 57). The original standardization sample demonstrated an internal consistency coefficient of .90, with cluster scale coefficients from .73 to .81 (Piers, 1984).

Piers-Harris results were compared with other self-concept measurements to help determine its criterion-related validity. According to the Piers-Harris manual (1984), correlations were measured between .32 and .85, using various age groups and measurements. The measurement it correlated with most closely, with a coefficient of .85, was the Coopersmith Self-Esteem Inventory, which is a well established and standardized questionnaire (Piers, 1984). Johnson, Redfield, Miller, and Simpson (1983) found a correlation of .63 with the Coopersmith. Karnes and Wherry (1982) compared the results of the Piers-Harris with the O Factor of the Children’s Personality Questionnaire. The study was done with 96 gifted fourth, fifth, and sixth graders. The product-moment
correlations were .63, with significance at a $p<.0001$ level. This was based on 297 children in the fifth through eighth grades. Overall, the Piers-Harris seems to have adequate criterion-related validity with other measurements of self-concept.

Construct validity was studied as well. Smith and Rogers (1977) found the coefficient of stability to be $r = 0.621$ ($p<.001$) for the total self-concept scale with academic underachievers. Stewart, Crump, and McLean (1979) used the Piers-Harris with students with learning disabilities in grades three through six. In this study, significant item instability was noted. However, Wolf, Sklov, Hunter, Webber, and Berenson (1982) administered the Piers-Harris to 348 ten through seventeen-year-olds in an urban setting. A factor analysis was performed, which revealed seven factors, six of which were described in the Piers-Harris manual. An Aggression factor emerged, as well. Michael, Smith, and Michael (1975) also performed the scale, with 901 students of school age. Three factors emerged across all ages: physical appearance, social unacceptability, and academic or school status. In the elementary school students, the factors of self-depreciation and anxiety were also evident. Overall, the research on the construct validity of the Pier-Harris has yielded conflicting results for its subscales. Therefore, only the Total Score will be used for this study.

Procedure

A list of the students who were identified as having disabilities and who were serviced within inclusion classrooms was obtained. Students who had learning disabilities, were ages eight through thirteen, and who attended the two elementary schools, were identified from this list. Permission slips that explained the study were sent to these
students' parents. An envelope addressed to the author was provided. Parents were asked to send the envelope into school with their child, if they would allow their child to participate. It was also explained that this consent could be withdrawn at any time. The author met with the potential subjects within each classroom to explain the project, either before or shortly after the permission slips were sent. Forty-four permission slips were sent to parents. Twenty-three slips, 52%, were returned to the author via the inclusion teachers.

The Piers-Harris was administered to the subjects in groups of no more than four students. The questionnaire was read to the younger students. The students were encouraged to ask questions about words or concepts they did not understand. These concepts were explained. This took place in separate locations from the classrooms, such as quiet offices or unused classrooms. The students were seated apart from each other, so they were unable to see each others' questionnaires. The questionnaires took ten to thirty minutes to complete.

Results

To determine whether the duration of special education services correlates with students' self-concept, statistical functions were performed on the number months students had received services and their Total Scores on the Piers-Harris. Students' ages and genders were also considered to determine if these factors affected their Piers-Harris scores. The mean number of months students had received special education services was 38.26. The standard deviation was 23.23. The mean of the Total Scores on the Piers-Harris was a T-score of 52.52, with a standard deviation of 9.64 (see Table 1).
A regression analysis, using time in special education, age, and gender as predictor variables, and Piers-Harris scores as criterion variables, revealed no significant main or interactions effects ($F(1, 15) = 1.84, p = .20$). The Pearson correlation coefficient between the Total Score on the Piers-Harris and time in special education substantiated these results ($r = .07, p = .57, N = 23$). Power analysis revealed a low level of power (power = .25 for $\alpha = .05$).

Table 1

Summary of Descriptive and Normative Data

<table>
<thead>
<tr>
<th>Grade</th>
<th>boys/girls</th>
<th>M (age in months)</th>
<th>M (number of months in special education)</th>
<th>M (study sample Piers-Harris Total Score)</th>
<th>M (normative sample Piers-Harris Total Score)*</th>
</tr>
</thead>
<tbody>
<tr>
<td>3</td>
<td>1/2</td>
<td>111</td>
<td>48</td>
<td>57</td>
<td>(not provided)</td>
</tr>
<tr>
<td>4</td>
<td>4/0</td>
<td>126</td>
<td>50</td>
<td>43</td>
<td>47.79</td>
</tr>
<tr>
<td>5</td>
<td>3/1</td>
<td>130</td>
<td>38</td>
<td>61</td>
<td>(not provided)</td>
</tr>
<tr>
<td>6</td>
<td>6/6</td>
<td>146</td>
<td>32</td>
<td>52</td>
<td>55.36</td>
</tr>
<tr>
<td>total</td>
<td>14/9</td>
<td>135.48</td>
<td>38.26</td>
<td>52.52</td>
<td>51.84</td>
</tr>
</tbody>
</table>


Discussion

Discussion of Results

The results of this study do not support the author’s hypothesis that the length of time students have received special education services correlates with their scores on the Piers-Harris Children’s Self-Concept Scale. Due to the small sample size, the power of
the results was low. Other intervening factors, such as sample bias, may also account for these results. These factors will be more fully explored in the Limitations section on pages 28 and 29.

This study may support specific issues which have not yet been clearly established in prior research. For example, previous research produced conflicting results concerning the issue of whether the self-concepts of students with disabilities were equivalent to those of typical students (Kistner, Haskett, White, & Robbins, 1987; Ribner, 1978; Rogers & Saklofske, 1985; Rosenthal, 1973; Silverman & Zigmond, 1983; Winne, Woodlands, & Wong, 1982). In this study, despite the sample comprising of students with learning disabilities, the mean and standard deviation of scores on the Piers-Harris were similar to those of students reported in the standardization sample, who were general education students (see Table 1). This supports the premise that students with learning disabilities have self-concepts which are at a similar level to their non-disabled peers.

Other research has attempted to measure the self-concepts of students with learning disabilities who participated in various models and amounts of exposure to general education programs. Once again, conflicting results have been produced (Battle & Blowers, 1982; Morvitz & Motta, 1992; Ribner, 1978; Schurr, 1967; Smith, Dokecki, & Davis, 1977; Strang, Smith, & Rogers, 1978). It is recognized that this study did not use a control group to determine if a significant difference exists between the students in full inclusion programs and students with learning disabilities participating in other special education models. However, in this sample the Total Scores on the Piers-Harris were similar to the standardization sample, and considered well within the normal range of self-
concept. Such findings may suggest that those students in inclusive settings do not experience marked problems with self-concept.

Limitations

In addition to the limited power as a result of the small sample size, many limitations of the structure of this study exist. For example, the sample may be considered biased. Selection bias prevents the results from being generalized to other school districts and students. The school district in which this study took place was a small, rural district. Non-mandated pre-referral services, such as small-group academic support, related services, and consultation services are available to students who are not considered disabled. Therefore, some students who received special education services for a shorter duration may have actually received similar services prior to being identified as learning disabled. This may have affected the results, as these students’ self-concepts may have improved as a result of these services, given prior to being classified as disabled. Also, the subjects of this study had participated in a wide variety of service delivery models prior to being in inclusion classrooms. These models included self-contained programs, resource services, and general education placements with related services or consultant teacher services. A longitudinal study, factoring the length of time the students had received any academic support, or using a sample with more homogeneous school placement histories may have improved the validity of this study.

Response bias may have existed in this study, as well. All of the inclusion teachers in grades three through six participated in the study, as they were asked to do so by administration. However, only the students who returned permission slips participated. In
order to participate, the parents had to provide written informed consent, the student had
to return the envelope to his or her teacher, and the teacher had to give the permission
slips to the author. A variety of interpersonal factors may have contributed to the
selection of the specific students who actually participated.

Due to these limitations, this research should be considered tentative. It may lend
support to continuing this specific model of inclusion, as the students performed similarly
to the standardization sample of typical students. Measuring the self-concepts of matched
samples of general education students, students in self-contained programs, and students
in resource programs within this district would improve the understanding of how
included students feel about themselves relative to other students. Although provision of
support to students who have academic difficulty may affect their self-concepts, this
research does not support the premise that early identification of students with learning
disabilities, placed in inclusion settings, improves their self-concepts at later ages.
References


Smith, M. D., & Rogers, C. M. (1977). Item instability on the Piers-Harris Children's Self-Concepts Scale for academic underachievers with high, middle, and low


