

## **Review of the Piers-Harris Children's Self-Concept Scale, Second Edition**

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### **General Information**

Title: Piers-Harris Children's Self-Concept Scale, Second Edition: Piers-Harris 2 (The Way I Feel About Myself)

Authors: Ellen V. Piers, Dale B. Harris, and David S. Herzberg

Publisher: Western Psychological Services (WPS), Los Angeles, CA

Forms, groups to which applicable: The Piers-Harris 2 is the latest revision of the preceding instruments, which replicates the original title (Piers-Harris Children's Self-Concept Scale published in 1963) (Buckroyd & Flitton, 2004) and contains interchangeable self-concept and validity scales (Kelley, 2004). Three revisions exist from 1984, 1996 and lastly in 2002. The Piers-Harris 2 comprises improvements over earlier versions in that there are fewer items, availability of computer scoring, and of most importance according to Kelley, "the scale has been standardized on a national sample in contrast to the use of a homogeneous, rural sample collected in the 1960s" (p 5). The instrument evaluates perceptions of self-concept for children and adolescents (Western Psychological Services, n.d.). The authors recommend reading and comprehension to be at a second grade level (Kelley).

Practical features: Initially a uni-dimensional measure of self-concept, psychological analysis now indicates the scale is a multidimensional construal containing six subscales or domains: physical appearance and attributes, intellectual and school status, happiness and satisfaction, freedom from anxiety, behavioral adjustment, and popularity (Buckroyd & Flitton, 2004). In an effort to distinguish chance, bias, and exaggerated responses, the Pier-Harris 2 includes two validity scales: inconsistent responding and response bias (Kelley, 2004). The instrument consists of a Total Score (TOT) that communicates the overall essence of self-concept while the six domain scores and validity scales provide a more interpretive analysis (Western Psychological Services, n.d.).

General type: The Piers-Harris 2 is a measurement of mental and emotional wellbeing in children and adolescents using a complete scope on childhood years. (Western Psychological Services, n.d.).

Date of publication: 2002

Cost: booklets, answer sheets: The Piers-Harris 2 kit includes 40 AutoScore Answer Forms and 1 manual. The kit costs \$119.00. Ordered separately, the manual costs \$60.50, and the AutoScore Answer Forms (packages of 20) cost \$43.50 per package. Spanish answer sheets are also available (packages of 20) at a cost of \$19.25 per package. A Continuing Education (CE) Questionnaire and Evaluation Form (must be completed and returned to receive two CE credits

for mastering the Piers-Harris 2 Manual) can be purchased for \$20.00 (Western Psychological Services, n.d.).

Scoring services available and cost: WPS Test Report Computerized Components: Mail-In Answer Sheets (includes test items) can be purchased for \$20.50 with a quantity price break available. A CD (PC with Windows 98, XP, 2000, or ME), good for 25 uses, can be ordered for \$319.00. PC Answer Sheets (pads of 100), for use with the CD, cost \$16.50. Fax Scoring Service is also available (call 800-648-8857 for details) (Western Psychological Services, n.d.).

Time required: Approximately 10-15 minutes is required for users to complete the Piers-Harris 2 (Western Psychological Services, n.d.).

### **Purpose and Nature of the Instrument**

Purpose for which evaluated: Supports identification of children who might need further evaluation by examining areas of conflict, defense mechanisms, and appropriate intervention practices (Western Psychological Services, n.d.).

Description of test, items and scoring: The Piers-Harris 2 consists of a 60-item self-report questionnaire prompting yes/no answers to “25 positively and 35 negatively phrased items presented as first person declarative statements (e.g. ‘I have nice hair’; ‘I am dumb about most things’)” (Butler & Gasson, 2005, p. 193). The assessment can be given in an individual or group capacity. The Piers-Harris 2 does not employ observations of teachers or parents. Rather, according to Rousseau, Drapeau, Lacroix, Bagilishya, and Heusch (2005), its basis is the child or adolescent’s own perceptions of how he or she really feels about him or herself “(e.g. ‘I am well behaved in school’)” (Blake, Gusella, Greaven, & Wakefield, 2006, p. 29). In addition, it examines their consideration of another person’s perspectives of themselves, “(e.g. ‘My parents usually consider my feelings’; ‘My teacher thinks I am smart’; ‘Others will believe that I will make something of myself’)” (Butler & Gasson, p. 198). Children and adolescents ages 7-18 or students in grades 4-12 are users of the Piers-Harris 2 (Lewis & Knight, 2000). The test items, written on a second grade reading level, are easy to read and understand (Kelley, 2004). The “built-in auto score sheet requires little to no training in psychometric testing” (Buckroyd & Flitton, 2004, p. 134) and scores range from 0-60 (Butler & Gasson). T scores (mean = 50; SD = 10) are used for calculating the total score and domain scale scores. The normal range of Total Score is between 40 and 60 (Kelley). Assessment administrators can score the instrument using several alternative methods including the manual use of carbons or AutoScore™. However, computer scoring and interpretation are available using mail/fax-in forms, and a CD, all providing reports detailing a child’s interpretive strengths and weaknesses (Western Psychological Services, n.d.).

Adequacy of directions, training required to administer: Piers-Harris 2 is straightforward and extremely user-friendly, and test administration does not require extensive training. The questionnaire can be scored easily, and the manual is uncomplicated and unambiguous. However, the authors caution that an individual with psychological assessment training should only guide interpretation and use of scores. Still, administrators will find a comprehensive

description of interpreting validity and scores in the manual in addition to a relevant literature review of the original instrument (Kelley, 2004).

### **Practical Information**

Practicality: The incredible ease and use of this instrument make it a forerunner in terms of practicality. The manual is straightforward, minimal training is required for administration, the simple yes/no response format makes it easy for users to understand, and it does not require lengthy periods to complete. There are various methods for scoring available depending on the administrator's preference. Computer generated reports create ease of use and interpretation. The instrument has over 40 years of research and assessment with psychometric studies proving reliability and validity. The cost is relatively comparable to other similar instruments.

Norms and scoring: As noted by Lewis (2000), "the Piers-Harris 2 is scored in the direction of positive self-concept, with results reported as raw scores, percentiles, normalized T-scores, or stanines" (p. 49). The latest revision takes into account criticisms that the previous versions did not utilize a standardized sample. Butler and Gasson (2005) reported that an earlier sample in 1969 consisted of 1,183 public school children from Pennsylvania (Table 1, p. 192). The current standardization sample is far more representative of American culture with 1,387 students from districts throughout the U.S. (Table 1, p. 192). However, there is still an underrepresentation of the Hispanic/Latino culture (Kelley, 2004).

### **Technical Considerations**

Reliability: Measures of reliability prove adequate with nearly each Cronbach coefficient alpha being  $>.70$  for the total scale, and the domain scale alpha coefficients range from  $.60$  to  $.93$  (Kelley, 2004). This method for examining internal consistency is applied to this instrument because results will likely vary from user to user (Neukrug & Fawcett, 2006).

Test-retest reliability was not measured using new data for the Piers-Harris 2 as prior scale studies from earlier versions were adequate. In reference to preceding versions of the Piers-Harris, specifically the 1984 version, "Piers reported test-retest reliability results for the global score ranging from  $.42$  to  $.96$  for periods of three weeks to eight months and internal consistency from  $.88$  to  $.93$ " (Lewis & Knight, 2000 p. 49). Another review of the Piers-Harris 2 reported internal consistency scores of  $.91$  for the total score,  $.74$ -. $81$  for the domain scores,  $.69$  for test-retest scores (2 week interval), and  $.75$  for test-retest scores (10 week interval) (Butler and Gasson, 2005, Table 3, p. 195).

Validity: Validity for the Piers-Harris 2 was determined using a variety of methods. The original instrument contained 80 items while the newest revision contains only 60 items. To determine content validity, the authors initiated a judge's expertise to rate whether the remaining items were representative of the deleted items. According to a review in the Mental Measurements Yearbook, a description of this rating process was unavailable (Kelley, 2004). Further, the authors included two validity scales in the Piers-Harris 2 to assess potential biases. The authors utilized convergent validity by examining scores from the Piers-Harris 2 in comparison to "scores on measures of anger, aggressive attitudes, symptoms of Post-Traumatic Stress Disorder, and thoughts and attitudes related to obesity . . . . generally . . . positive self-concept is

inversely related to measures of psychological problems” (Kelley, pages 9 & 19). Largely, an assessment of construct validity using factor analysis supported the domains of the Piers-Harris 2, however, the authors admit that the findings were inconsistent across studies. In general, the Piers-Harris 2 has support for validity based on ample research findings, though, most of the studies on validity were conducted using the original questionnaire format. According to Kelley, the authors acknowledged this factor and supported future research.

Comments regarding adequacy of norms: While the authors made significant efforts to answer criticisms regarding a subjective standardized sample, the instrument is still predisposed to bias. Despite endeavors to include a more representative sample of American culture, minority groups are still underrepresented, particularly the Hispanic population, which continues to grow rapidly in the United States. Further, there are no demographic descriptors of the new standardized sample (e.g. socioeconomic status and residential location). Considering the Western origin of the assessment, many potential biases exist for users outside the United States or western cultures. Nevertheless, the present norm group has greatly improved over the preceding sample.

## **Evaluation**

Cross-Cultural Fairness: Despite many improvements in the Piers-Harris 2 regarding a more representative sample, the assessment was developed in the United States. It is predominantly of Western origin and does not take into full account differences in cultural philosophies. For example, Western cultures tend to be individualistic whereas many Asian cultures tend to be collectivists. Self-concept can be perceived differently in every culture. Lewis and Knight (2000) argued that interpreters should err on the side of caution when assessing results, because “no clear consensus exists regarding the definitions of self-concept and self-esteem, so discussion of these constructs can be confusing” (p. 52). In addition, the Piers-Harris 2 requires that users conceptualize how others perceive them. This abstract notion can prove difficult for younger children (Butler and Gasson, 2005). In a study conducted to measure the self-concept of children with complex needs, Buckroyd and Flitton (2004) found that the instrument was not suitable for this target group despite the authors’ suggestions. Users were concerned with their acceptance in the peer group; therefore, some answers were likely distorted by peer pressure even with constant reiteration that there was no right or wrong answer. In addition, the aforementioned study was conducted in the United Kingdom (UK), and researchers found that language of the test proved challenging because the instrument contains American terminology. For example, some children found it difficult to understand the word ‘dumb,’ which is not used in UK culture. Further, Buckroyd and Flitton suggest that a few items on the questionnaire fit into both the “intellectual and physical appearance domains, (e.g. ‘Am I smart?’)” (p. 137), at least in the UK. These examples are representative of only one study. However, they do reveal legitimate concerns with cross-cultural fairness.

Comments of reviewer: The Piers-Harris Children’s Self Concept Scale has been in existence for nearly half a century. While there are legitimate criticisms of this instrument, significant research has proven its effectiveness in assessing a child’s self-concept. Reliability and validity have proven to range from moderate to high in study after study. The instrument’s ease of use and practicality allow this assessment to stand out from other comparable assessments. Kelley (2004) stated that, “The Piers-Harris is one of the best if not the best questionnaire of its type, given the

long history of research findings ... [and] is very easy for children to use and probably is best used as a screening instrument as illustrated in the case examples described in the technical manual” (p 10). It has been used in a plethora of clinical settings. For example, researchers used this scale to evaluate the psychological profile of children with Noonan syndrome (Lee, Portnoy, Hill, Gillberg, & Patton, 2005). The Piers Harris 2 has been used in the evaluation of a classroom program of creative expression workshops for refugee and immigrant children (Rousseau, et al., 2005). As previously mentioned, researchers used the instrument to assess the measurement of self-concept in children with complex needs (Buckroyd and Flitton, 2004). It has been used in evaluating the self-concept in gifted youth (Lewis and Knight, 2000), to examine “the risks and benefits of being a young female adolescent standardised [*sic*] patient” (Blake, et al., 2006, p. 26), and to evaluate a “karate program for improving self-concept and quality of life in childhood epilepsy” (Conant, Morgan, Muzykewicz, Clark, & Thiele, 2008, p. 61). In addition, researchers used the Piers Harris 2 to evaluate the effectiveness of a sibling support program in Cork, Ireland (D’Arcy, Flynn, McCarthy, O’Connor, & Tierney, 2005). This is only a small depiction of the most recent literature using the Piers-Harris Self-Concept Scale. Strong research support is evident allowing this instrument to be an invaluable method for assessing self-concept in children and adolescents across a multitude of diverse, clinical settings.

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