

CULTURAL INFLUENCES ON RATINGS OF
BEHAVIORAL AND EMOTIONAL PROBLEMS,
AND SCHOOL ADJUSTMENT FOR KOREAN,
KOREAN AMERICAN, AND CAUCASIAN
AMERICAN CHILDREN

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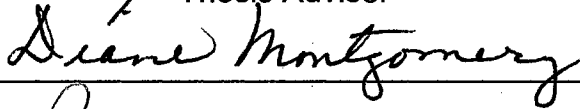
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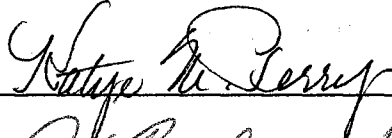
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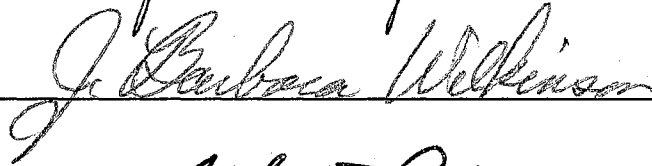



Thesis Advisor











Dean of the Graduate College

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CHAPTER I

INTRODUCTION

In the early stages of a field's development, research is often shaped largely by local factors. In the study of child psychopathology, such local factors include the conceptual orientation and methodological background of particular workers, the nature of the institutions where they work, funding contingencies, the available subject populations, and the feasibility of various types of research. The methodology and findings emerging from a particular local context are of unknown generality until tested elsewhere. Although no single approach can take account of all the variations among all local contexts, an advancing field must determine the degree to which methods and findings developed in one context are generalizable to other contexts (Weine, Phillips, & Achenbach, 1995).

One level of generalization is across the variations that occur within a country. A second level is across societies that differ in language and culture, but share similar social structures, values, and views of development and psychopathology. A third level of generalization is across societies that differ more radically in social structure, values, and relevant views (Weine et al., 1995). This study is designed to test the generalizability of a standardized assessment method and its findings across societies that differ radically, yet are similar in many ways. This is accomplished by comparing behavioral and emotional

problems reported on the same standardized instruments by parents and children among Korean, Korean American, and Caucasian American children.

The literature on psychopathology has often linked cultural factors to patterns of disturbed behavior. Although most of the research has dealt with adults (Al-Issa, 1982; Marsella, 1979), culture is likely to be influential well before the adult years. Culturally mediated values and expectations and the associated behavior of parents and other adults toward children may influence the types of behavior problems children show when distressed (Weisz et al., 1987). Those same values and expectations may also effect the attitudes and behavior of adults in response to various child problems when they do occur. For example, Weisz et al. (1988) demonstrated that cultural influences affect adults' judgements of childhood problems. Thailand and U.S. adults read a vignette and then answered questions. Thai adults judged problem behaviors much less severely and gave better prognoses than did U.S. adults. In complex cultures there may be different subcultural norms. A popular notion in the U.S. society has been that underachievement and problems for various minority groups are due to their cultures being deficient in some way.

Weisz et al. (1987) suggest two relevant challenges. The first challenge is to identify dimensions or patterns of children's problem behaviors that are both clinically significant and relatively prevalent across cultures. The most specific problems (e.g., social isolation, cruelty to animals) or even specific diagnostic categories (e.g., gender identity disorder) would pose a problem of low base rates. By contrast, there are two empirically derived broad-band behavior

problem dimensions or syndromes that appear to be both high in base rate, because they encompass a number of specific problems and are relatively robust across cultures: overcontrolled or internalizing problems (e. g., fearfulness, sleep problems, somatizing) and undercontrolled or externalizing problems (e.g., disobedience, fighting, arguing). The second challenge is to identify cultures that differ in ways that are relevant to the behavior problem patterns of interest (Weisz et al., 1987).

Statement of the Problem

Various studies have shown the effects of acculturation and immigration on children. The cultural conflicts were the most important factors in the suicidal behavior of Asian children (Handy, Chithiramohan, Ballard, & Silveira, 1991). It is well documented that children of non-English-speaking background families are more likely to experience difficulties in school (Cox, 1978), and that, if immigration occurs during adolescence, adjustment is further compromised (Boman & Edwards, 1984). These investigations provide evidence of the need for early detection, which is most effectively accomplished using standardized, age-appropriate screening instruments (Chang, Morrissey, & Koplewicz, 1995).

Purpose of the Study

The primary purpose of this study was to investigate the differences among children's behaviors (Externalizing Problems, Internalizing Problems, School Problems, Clinical Maladjustment, School Maladjustment, Personal Adjustment, Emotional Symptoms Index, and Other Problems) on the basis of the influence of cultural background (Korean versus American) and

environmental factors (Collectivism versus Individualism) among Korean children, Korean American children, and Caucasian American children.

Significance of the Study

It is important to contemplate and address the influence of cultural background and environmental factors on child behavioral and emotional problems. In particular, this study is important for Korean immigrant parents who might struggle with their child's behavior and emotional problems and school adjustment on the basis of cultural differences and different environmental backgrounds.

Definitions of Terms

Definition of significant terms used in this study include:

Korea children (K): Korean children are born in Korea and are living in Korea. Both their parents are also born in Korea and are living in Korea. Korean children and their parents have Korean citizenship.

Korean American children (KA): Korean American children are born and are also in the United States. Both their parents were born in Korea and have immigrated to the United States. Both parents have American citizenship. The children are also eligible for U.S. citizenship.

Caucasian American children (CA): Caucasian American children are born in the United States and are also living in the United States. They are of Caucasian descent. These children are defined as Caucasian American children.

Behavior Assessment System for Children (BASC): The Behavior Assessment System for Children (BASC) is an integrated assessment system consisting of a

self-report, a teacher rating scale, a parent rating scale, a developmental history, and an observation protocol. This is designed to assess children for differential diagnosis and educational treatment of emotional and behavior disorders. The focus is on both adaptive and maladaptive behavior and different sources and methods are available to the clinician to converge on an estimate of functioning. The various components of the BASC are the Self-Report of Personality (SRP), the Teacher Rating Scale (TRS), the Parent Rating Scale (PRS), the Structured Developmental History (SDH), and the Student Observation System (SOS) (Sandoval & Echandia, 1994).

Child Behavior Checklist (CBCL): The CBCL is similar to the BASC. It has been used for the literature review. The CBCL includes 20 competence items and 118 behavioral/emotional problem items that have been detailed elsewhere (Achenbach & Edelbrock, 1983). Besides the 118 items that refer to specific problems, there is an open ended item that requests the parent to describe any additional physical problems without known medical cause and an item for describing any other problems. The parent scores each problem item by circling a 0 if the item is not true of the child, 1 if it is somewhat or sometimes true, and 2 if it is very true or often true. The CBCL is designed to be self-administered by parents who have at least fifth grade reading skills. It can also be administered by an interviewer.

Behavior and Emotional Problems: In the current study emotional and behavioral problems are operationalized with BASC composite scales.

- *Composites and Scales in the PRS (Behavior Assessment System for Children Manual, 1992):*
 1. *Externalizing Problems:* The Externalizing Problems composite consists of the Hyperactivity, Aggression, and Conduct Problems scales. This composite is characterized by disruptive behavior problems such as Aggression, Hyperactivity, and Delinquency. This dimension has also been referred to as "undercontrolled" behavior (Achenbach & Edelbrock, 1978). Symptoms of Externalizing Problems are generally more obvious than those of internalizing problems, which probably account for the higher level of interrater agreement on this dimension. Also, Externalizing Problems tend to be more stable than Internalizing Problems and they carry a less favorable prognosis (Robins, 1979). A central characteristic of the Externalizing Problems composite is the disruptive nature of the child's behavior. Such children readily come to the attention of teachers and health care professionals because they disrupt the activities of both peers and adults, they often are unresponsive to adult direction, and they have more problematic relationships with peers.
 - *Hyperactivity:* The tendency to be overly active, rush through work or activities, and act without thinking.
 - *Aggression:* The tendency to act in a hostile manner (either verbal or physical) that is threatening to others.
 - *Conduct Problems:* The tendency to engage in antisocial and rule-breaking behavior, including destroying property.

2. *Internalizing Problems*: The Internalizing Problems composite consists of the Anxiety, Depression, and Somatization scales. This composite includes scales that measure depression, anxiety, and similar difficulties that are not marked by acting-out behavior. The dimension is sometimes referred to as "overcontrolled" behavior (Achenbach & Edelbrock, 1978). Children with internalizing problems typically are not disruptive of others' activity. Because they tend to monitor their own actions to excess and to be very compliant, their problems may easily go unnoticed. These children's behaviors may not impair relationships with others except in subtle ways.

- *Anxiety*: The tendency to be nervous, fearful, or worried about real or imagined problems.
- *Depression*: Feelings of unhappiness, sadness, and stress that may result in an inability to carry out everyday activities (neurovegetative symptoms) or may bring on thoughts of suicide.
- *Somatization*: The tendency to be overly sensitive to and complain about relatively minor physical problems and discomforts.

3. *School Problems*: The School Problems composite (on the child and adolescent levels of the TRS) consists of the Attention Problems and Learning Problems scales. This composite reflects academic difficulties including problems of motivation, attention, and learning and cognition. A high score on this composite is a sign that the teacher perceives behaviors that are very likely to interfere with achievement.

- *Attention Problems*: The tendency to be easily distracted and unable to concentrate more than momentarily.
 - *Learning Problems*: The presence of academic difficulties, particularly in understanding or completing schoolwork.
4. *Adaptive Skills*: The Adaptive Skills composite consists of the Adaptability, Social Skills, Leadership, and, on the TRS, Study Skills scales. This composite summarizes prosocial, organizational, study, and other adaptive skills. These skills are in many ways antithetical to the behavior problems reflected by the other composites.
- *Social Skills*: The skills necessary for interacting successfully with peers and adults in home, school, and community settings.
 - *Study Skills*: The skills that are conducive to strong academic performance, including organizational skills and good study habits.
 - *Leadership*: The skills associated with accomplishing academic, social, or community goals, including, in particular, the ability to work well with others.
 - *Adaptability*: The ability to adapt readily to changes in the environment.
5. *Behavioral Symptoms Index*: The Behavioral Symptoms Index (BSI) is a combination of central scales from the clinical composites that reflects the overall level of problem behavior. It measures overall behavior in much the same way as the overall composite score of an intelligence test measures the underlying dimension of *g* (general intelligence).
6. *Other Problems*: The Other Problems composite consists of the Atypicality and Withdrawal scales.

- *Atypicality*: The tendency to behave in ways that are immature, considered "odd," or commonly associated with psychosis (such as experiencing visual or auditory hallucinations).
 - *Withdrawal*: The tendency to evade others to avoid social contact.
 - *Composites and Scales in the SRP (Behavior Assessment System for Children Manual, 1992)*.
1. *Clinical Maladjustment*: The Clinical Maladjustment composite is composed of the Anxiety, Atypicality, Locus of Control, Social Stress, and, at the adolescent level, Somatization scales. This composite may be characterized as a broad index of distress that reflects the clinical, internalizing problems a child may be experiencing. An individual who does not show a marked elevation on any individual SRP scale may nevertheless have a high score on the Clinical Maladjustment composite due to the cumulative effect of the problems he or she is experiencing. Thus, the Clinical Maladjustment composite may be quite useful in identifying persons with serious problems who might otherwise be thought of as having only mild problems or even as falling within the Average range.
- *Anxiety*: Feelings of nervousness, worry, and fear; the tendency to be overwhelmed by problems.
 - *Atypicality*: The tendency toward gross mood swings, bizarre thoughts, subjective experiences, or obsessive-compulsive thoughts and behaviors often considered "odd".

- *Locus of Control*: The belief that rewards and punishments are controlled by external events or other people.
 - *Social Stress*: Feelings of stress and tension in personal relationships; a feeling of being excluded from social activities.
 - *Somatization*: The tendency to be overly sensitive to, experience, or complain about relatively minor physical problems and discomforts.
2. *School Maladjustment*: The School Maladjustment composite consists of the Attitude to School, Attitude to Teachers, and, at the adolescent level, Sensation Seeking scales. It is a broad measure of adaptation to school. Regardless of the setting in which a child is seen (private office, clinic, psychiatric hospital, etc.), it is important for the clinician to recognize that school and the child's relationships in the school setting are extremely salient in the individual's life.
- *Attitude to School*: Feelings of alienation, hostility, and dissatisfaction regarding school.
 - *Attitude to Teachers*:: Feelings of resentment and dislike of teachers; beliefs that teachers are unfair, uncaring, or overly demanding.
 - *Sensation Seeking*: The tendency to take risks, to like noise, and to seek excitement.
3. *Personal Adjustment*: The Personal Adjustment composite consists of the Relations with Parents, Interpersonal Relations, Self-Reliance, and Self-Esteem scales. Disturbed peer relations are frequently associated with At-Risk and Clinically Significant Personal Adjustment composite scores. Low

scores on this scale will tend toward withdrawal and introversion, have a tendency to repress uncomfortable feelings and thoughts, and have few positive outlets for their problems.

- *Relations with Parents*: A positive regard towards parents and a feeling of being esteemed by them.
 - *Self-Reliance*: Confidence in one's ability to solve problems; a belief in one's personal dependability and decisiveness.
 - *Self-Esteem*: Feelings of self-esteem, self-respect, and self-acceptance.
 - *Interpersonal Relations*: The perception of having good social relationships and friendships with peers.
4. *Emotional Symptoms Index*: The Emotional Symptoms Index (ESI) is the SRP's most global indicator of serious emotional disturbance, particularly internalized disorders. It is composed of two scales from the Clinical Maladjustment composite (Social Stress and Anxiety), two scales from the Personal Adjustment composite (Interpersonal Relations and Self-Esteem), and two scales that appear in no other composite (Depression and Sense of Inadequacy) which strongly connote internal feelings of emotional upset.
5. *Other Problems*: The Other Problems composite consists of Depression and Sense of Inadequacy.
- *Depression*: Feelings of unhappiness, sadness, and dejection; a belief that nothing goes right.
 - *Sense of Inadequacy*: Perceptions of being unsuccessful in school, unable to achieve one's goals, and generally inadequate.

Research Questions

There are five research questions addressed in this study.

1. Are parent and child ratings of behavioral and emotional adjustment as measured by the BASC related for Korean, Korean American, and Caucasian American children within each group?
2. Are there differences in the parent ratings of behavioral and emotional adjustment as measured by the BASC among Korean, Korean American, and Caucasian American children?
3. Are there differences in the self-report ratings of behavioral and emotional adjustment as measured by the BASC among Korean, Korean American, and Caucasian American children?
4. Are there gender differences on behavioral and emotional adjustment among Korean, Korean American, and Caucasian American children as rated by the parent and self-report ratings?
5. Do BASC composite scores and group membership predict teacher assigned report card grades?

CHAPTER II

REVIEW OF LITERATURE

The review of literature provides literature information to support the importance of this study. This chapter discusses the behavior and emotional problems of childhood related to the influence of cultural background and environmental factors.

Population of the Korean American Family

Jamieson and Seaman (1993) reported that the rate of immigration to the United States during the past decade is unprecedented since the great wave of 1901-1910. The latest census data indicate that immigrants are arriving at the rate of more than one million per year. There are currently more than 20 million citizens of the United States who were born in another country. Immigrants belong to many different minority groups, based on ethnic origin, including the Asian American group.

As of 1990, more than 7.2 million Asian Americans reside in the United States (U.S. Bureau of the Census, 1990). There are 29 subgroups under the nomenclature of "Asian American" that involve differences in language, religion, and customs (Ignacio, 1976). This is especially pertinent in light of the findings that within-group differences may be as great as, or greater than, between-group differences (Sue & Sue, 1987). Consequently, there is a need for culture specific

descriptions and recommendations for each minority subgroup (McDermott, Tseng, & Marezki, 1980).

One such group, the Korean Americans, has dramatically increased in number. Although there were only 290,000 Korean Americans residing in the United States as of 1980, an average of 33,000 individuals have been immigrating to America each year thereafter. Currently, more than 837,000 Korean Americans reside in the U.S. (U.S. Bureau of the Census, 1990). Given this population trend, it seems important to address the unique cultural characteristics and psychosocial needs of Korean Americans, and specifically of American Born Korean children (Kim, Omizo, & Salvador, 1996).

Structure of the Korean American Family

According to 1990 U.S. census data, the average Korean American household has 3.9 persons, making it significantly larger than the national average of 2.6 persons, but slightly smaller than the average size (4.2) of households in Korea. Similarly, the average number of children per family is larger for Korean Americans than for the U.S. population as a whole (1.9 versus 1.2), and the overwhelming majority (89%) of Korean American children under eighteen years old live with both parents, whereas the comparable figure for the total U.S. population is 73%.

Divorce rates of Korean Americans are far lower than those of the U.S. general population, and hence the percentage of female householders is substantially lower for Korean Americans. Such family stability is a carryover from Korea, where the divorce rate is one of the lowest in the world. The main

reason for this difference derives from the contrast between Korean collectivism (family interest comes before the individual interest) and American individualism (self-interest comes before family interest).

The 1990 census report thus gives us a general profile of the Korean American family. Compared with American families as a whole, Korean American families are generally larger (more children and relatives in the household), have more stable marital relations, and have stronger parent child bonds.

Of the respondents who specified the birthplace of their family members, about half indicated that both parents and children were born in Korea. In one-third of the respondents' families, the parents were born in Korea, while children were born in the United States. These children are hence the second generation of Korean Americans. In about 11% of the respondents' families, parents, and some children were born in Korea, but other children were born in the United States. Those children who were born in the United States or immigrated at an early age are highly Americanized, especially in cultural dimensions. Thus, the cultural gap between generations is becoming a serious problem in Korean American families.

The Korean family has different meanings for people from different cultures. The family unit, its physical make-up, and the expectations and lifestyles of its members vary according to cultural values. Korean families place utmost value on the family unit and live together as a joint family. Strong regard of mutual respect, obedience to elders, and denunciation of personal fulfillment

binds family members. Problems are dealt with privately by the family rather than shared with outsiders. Unlike other minority families, a majority of Korean families are not plagued by problems related to poverty and broken households (Alper, Schloss, & Schloss, 1994).

Like Japanese children, the Korean child grows up with a strong sense of dependence (Azuma, 1986) because child rearing fosters a particularly supportive and responsive relationship with the mother. Parents expend inordinate time and sacrifice personal needs to foster the interests of their children and family at large. Consequently, parents demand unquestioning obedience from their children. Children learn moral obligation and loyalty to the family at an early age. Exceptional courtesy and deference must be shown to the elders (Loridas, 1988). The male child is valued more than the female. Fathers are usually the authority figures and do not engage in intimate conversations with their children--a responsibility delegated to the mother. Children are expected to listen when parents speak without questioning their views. Public display of affection among parents or between parents and children is embarrassing and discouraged.

Socialization of Korean American Children

The 1990 census found that more than one-third (34.9%) of Korean Americans were under age twenty and the majority (67%) of them were born in the United States (U.S. Bureau of the Census 1992a). Hence, among Korean Americans under age twenty, one-third may be called the 1.5 generation and the rest belongs to the second and third generations or even the fourth generation.

As mentioned earlier, no comprehensive empirical study has been carried out on these emerging generations of Korean Americans. One reason for this is the relatively short history of Korean immigration to the United States; another is the difficulty of generalizing about the socialization experiences of quite diverse groups of Korean American children. The most significant reasons for group differences may be due to the children's nativity (Korean born or American born), age at immigration, and the background characteristics of their parents (nativity, socioeconomic status, and particularly the location of residence). In other words, the children's performance in school, social relations with peers, attitudes toward parents, and self-identity all hinge upon the above factors.

Even within a group of the same nativity (Korean born), individual differences in the socialization context are enormous. For example, the life course of a seven-year-old Korean immigrant child growing up in a middle class American neighborhood begins with rapid assimilation of English, leading in turn to other areas of sociocultural assimilation, including the acquisition of American peers, social norms, and cultural values. This rapid progress in Americanization may also mean, however, rapid loss of Korean cultural heritage and ethnic identity. The life course of this child is closer to that of second generation Korean Americans than that of 1.5 generation Korean Americans. On the other hand, a sixteen-year-old Korean immigrant living closer to a Korean ethnic neighborhood would have a better chance of attaining bilingualism and biculturalism, although the process may require a considerable amount of time and may result in psychosocial ambivalence. This is a typical socialization context for 1.5

generation Korean Americans---that is, adolescent immigration, bilingualism, and existential ambivalence. For some, such ambivalence may represent an opportunity to become cosmopolitan, taking advantage of the best in both Korean and American cultures. For others, however, it may lead to an existential limbo, in which one perceives a marginal self-identity for oneself (Hurh, 1990).

Difficulties of Korean American Children in the U.S.

Kim and Lee (1990) stated that, because there is a popular belief that Korean immigrants are a model minority group (i.e., professionally successful, financially stable, socially well adjusted), they are discriminated against. The model minority notion negatively affects Korean American children in educational settings because these students are not seen by educators as needing counseling and other mental health support services related to issues such as academic achievement and peer relationship difficulties (Yagi & Oh, in press).

Currently, most of the written materials on Korean Americans and other Asian Americans are based on studies of Chinese American and Japanese American groups (Hartman & Askounis, 1989). Applying these resources to Korean American children may lack relevance because of the distinct cultural differences among the groups (Foley & Fuqua, 1988).

When Korean American children are in school, they may be referred to the elementary school counselor because of a language difficulty or other adjustment problems. They may be withdrawn or depressed, exhibit inappropriate behavior, lack self-esteem, or need some support. The school is in a unique position not

only to assist these children, but also to help other students, teachers, and administrators to understand Korean American children (Kim et al., 1996).

Korean American children are taught various types of Korean language styles designed to promote and perpetuate the age-based hierarchical relationships within their culture (Lee & Lee, 1990). Korean American children are taught to speak to elders in a respectful language style and to avoid questioning their authority, which leads to the children obeying the wishes of parents and older siblings. When learning and practicing these customs, the Korean American children may find themselves caught in a cultural “double bind” because they are expected to retain these practices and the related values while trying to assimilate into the United States’ culture, which promotes equality and independence (Kim et al., 1996).

Korean American children’s limited English proficiency may be a cause of major difficulties in the educational setting (Kim, 1990; Yu, 1990). They may experience difficulty communicating with other students, teachers, and counselors, which can lead to emotional discomfort such as frustration and helplessness. In an attempt to cope with these negative experiences and the accompanying feelings of discomfort, a Korean American student may begin to withdraw and may segregate himself or herself from the rest of the children. This could further exacerbate the problems associated with lack of English proficiency, because the student will not have the interactive experiences necessary to increase his or her verbal communication skills (Kim, 1990). Consequently, these children may experience academic difficulties that may

cause them to be labeled as deficient or as a failure, which may lead to hopelessness and depression. These negative consequences may be especially acute among Korean American children given the often unrealistic expectations of academic achievement imposed by their parents (Kim et al., 1996).

The Korean culture's emphasis on group affiliation and group cooperation may conflict with the Western values of independence and individualism. Korean American parents may view these Western values as inappropriate because they may see the focus on the individual as being detrimental to the Korean belief of striving for the benefit of the group. Consequently, a student who is urged to make independent decisions may be caught in a cultural bind that causes conflicts with his or her parents and with other Korean American elders. On a more productive note, a student who is experiencing behavioral difficulties in the elementary school setting may be influenced to change his or her behavior through the use of peer groups and the resulting peer pressures. This is particularly effective if the peers are older, given the Korean emphasis on hierarchical relationships (Kim et al., 1996).

The Korean culture places a very high value on education, and a child's educational achievement is one of the most important goals for Korean American parents (Korean Overseas Information Service, 1990). According to Yagi and Oh (in press), the Korean American parents' most common reason for immigration to the United States is to provide good educational opportunities for their children. This value on education has forced many parents to put intense pressure on their children to achieve academically. Moreover, failure in school is seen as bringing

shame to the family. The students' inability to become academically successful, coupled with the parents' unrealistically high expectations, may cause them to suffer from desperation and from achievement anxiety (Lee & Cynn, 1991).

Cultural Differences Between Koreans and Americans

Super and Harkness (1986) propose that the characteristics of children's physical and social environments set the course for developmental outcomes. According to this theory regularities within settings, customs, and cultural belief systems organize children's developmental experiences and provide the information from which they construct the rules of their culture.

The implicit rules for using language effectively and appropriately have been shown to differ in the Korean and American cultures (Kim, 1991; Lee & Lee, 1987). In Korean culture social status is reflected in language use. Based on Confucianism, Korean individuals are assigned a hierarchical social position reflecting their age, role, and gender that is acknowledged through the use of honorifics (Chu, 1978; Kim, 1991).

There are also differences in Korean and American styles of communication. In Korean culture, where harmonious relationships are valued, communication is rarely direct or confrontational. Instead, one talks "around" an issue and relies on the other's sensitivity to understand the point of the conversation (Chu, 1978; Kim, 1991; Lee & Lee, 1987). Korean childrearing practice also discourages children from expressing their own opinions or asserting themselves especially when their ideas differ from those of family or friends (Kim & Choi, 1994; Lee & Lee, 1987). Korean children are taught to

control the display of emotion, to value group harmony, and to minimize conflict in social interaction (Kim, 1991). In contrast, in American culture, parents encourage the development of self-reliance, self-expression, and independent action (Hoffman, 1988; LeVine, 1980; Rohner & Pettengill, 1985; Whiting & Edwards, 1988). Children's style of communication is direct, but their social interaction can be conflictual.

Research has also shown that Korean and American cultures have different views about the self, others, and interdependence of the two. In an empirical study examining the psychological connotations of "me" among Korean and American respondents, Maday and Szalay (1976) found that Americans focused on the individuated self, or the "I", whereas Koreans emphasized the relatedness and interdependence among individuals, or the "we". The Korean interdependent view of the self is generally expressed in a collectivist orientation. *Chong*, which is the affective bond uniting Korean families and social groups, is associated with being attentive to others' needs, attempting to "read" their minds, and maintaining harmonious shared experiences (Chu, 1978; Kim & Choi, 1994). In contrast, the American independent view of the self is generally expressed in an individualistic orientation where attending to the self, individuality, self-assertion, and "saying" what is on one's mind is encouraged (Markus & Kitayama, 1991). Cultural variations in social conventions, communication styles, and the construct of the self can be expected to influence the nature of individual experience, social behavior, and self-expression.

Applying these resources to Korean American children may lack relevance because of the distinct cultural differences among the groups (Foley & Fuqua, 1988). They may be withdrawn or depressed, exhibit inappropriate behaviors, lack self-esteem, or need some support because of language difficulty or other adjustment problems.

Mental Health Status of Asian and Asian American Children

For years, researchers have known that culture can influence psychopathology and disturbed behavior, but most relevant research has been focused on adults (Al-Issa, 1982; Draguns, 1982; & Marsella, 1979). This is surprising because for most people the impact of culture is almost certain to be felt before the adult years. Culturally mediated values and expectations and the concomitant behavior of parents and other adults toward children and adolescents may well influence the types of behavior problems these youngsters show when they are distressed. Those same values and expectations may color the attitudes and behavior of adults in response to various child problems when they do occur.

Weisz et al. (1988) indicated the intricacies of making such cross-cultural comparisons. For instance, Thai adults are generally less likely to refer children for clinical services than Americans. Thais are about equally likely to refer an overcontrol problem (e.g., shyness, somatic complaints, or depression) or an undercontrol problem (e.g., disobedience, fighting, or impulsivity), whereas in the United States, undercontrol problems are more likely to be referred for services (Weisz & Weiss, 1991). One reason to suspect this possibility is that Thai adults,

95% of whom are Buddhist, are said to be unusually intolerant of such undercontrolled behavior as aggression, disobedience, and disrespectful acts in children (Gardiner & Suttipan, 1977; Moore, 1974; Suvannathat, 1979).

There has been relatively little psychological research on child behavior in China, probably in large part due to that country's ambivalence over the years toward psychological assessment (Zhang, 1988). Recent studies have reported on various aspects of Chinese children's behavior, such as aggression, gender differences, prevalence of deviant behavior, and the effects of single-child status on behavior (Ekblad, 1989; Matsuura et al., 1993; Tseng et al., 1988; Xin, Chen, Tang, Lin, & McConville, 1992). Ekblad (1989) concluded that aggressive behavior in Chinese children was as stable over time as aggressive behavior in Scandinavian children assessed with the same measure, Olweus' (1975; 1984) Aggression Inventory. Matsuura et al. (1993) reported problem prevalence rates for Chinese, Japanese, and Korean children assessed with the Rutter Parent and Teacher Scale (Rutter, Tizard, & Whitmore, 1970). The sample of 2,432 children from Beijing evidenced more antisocial behavior (destructive acts, disobedience, lying, bullying) than neurotic behavior (worried, miserable, fearful). Yet, Chinese parents reported less deviant behavior overall than did Korean and Japanese parents. Chinese parents also reported less deviant behavior than parents in other prevalence studies using the Rutter scales in Britain (Rutter et al., 1970) and New Zealand (McGee, Silva, & Williams, 1984).

According to the 1990 Census (US Bureau of the Census, 1992b), Asian-Americans represent 4.5% of the American population and are the fastest-

growing minority group in the United States. Approximately 94% of Asian-Americans live in large metropolitan cities such as Los Angeles, San Francisco, and New York. Among the various immigrant populations, the Asian population is underrepresented in political influence, resulting in relatively narrow access to services, including mental health services (Cheung, 1979; Cheung & Dobkin-de-Rios, 1982; Flaskerud & Soldevilla, 1986; Lin-Fu, 1988).

Despite suggestions that this population has been relatively successful socioeconomically, as demonstrated by the fact that the Asian median family income exceeds that of the Caucasian population (US Bureau of the Census, 1992a), little is known about their mental health needs, especially the needs and difficulties of Asian immigrant youths who must adjust to a different educational, linguistic, and sociocultural environment.

Cultural experiences influence the expression of psychopathology (Opler, 1957). While many investigators believe that most Asian Americans have distinct subcultural systems (DeVos & Abbott, 1966; Kitano, 1969; Sommers, 1960), little is known about the behavioral problems exhibited by these two ethnic minorities. In fact, sometimes individuals label Asian-Americans as model minorities whose members function well in society. The notion that Asian-Americans are well adjusted is reinforced by low official rates of psychiatric hospitalization (Kimmich, 1960; Kitano, 1970) and juvenile delinquency (Abbott & Abbott, 1969; Kitano, 1969).

We do not know whether low utilization of mental health facilities is due to low rates of psychopathology and/or to cultural values inhibiting self-referral for

psychotherapy. The latter explanation is consistent with the cultural background of Asians. Asian families stress the importance of obedience and conformity to elders, high achievement, and behaviors which bring a good family name. Inappropriate behaviors such as exhibiting disrespect for parents, juvenile delinquency, failure to achieve well, or even psychopathology bring shame upon the entire family. Since the family name is so strongly implicated by a member's behavior, public admission of personal problems is suppressed (Sue & Kitano, 1973).

Mental health status has been found to mediate positive help-seeking behavior and attitude (Sussman, Robins, & Earls, 1987; Ware, Manning, Duan, Wells, & Newhouse, 1984). But no researcher has attempted to investigate general psychiatric symptomatology among Asian American children or their psychological adjustment to immigration in the United States, as reported by a parent or guardian utilizing a standardized screening instrument (Chang et al., 1995). In addition to investigating the frequency of symptoms, it may be of interest to investigate the impact of the acculturative experience on these symptoms. It has been postulated that the most recently immigrated youth may have more severe and more frequent psychological problems and that acculturation stress is linked to psychological symptoms (Naditch and Morrissey, 1976; Rogler, Cortes, & Malgady, 1991).

The Child Behavior Check List (CBCL)

The Child Behavior Check List (Achenbach, 1991a) is a standardized measure of children's adaptive competencies and problem behaviors that is

widely used in clinical and research settings. The revised version of the measure consists of 20 competence items and 118 items describing behavioral-emotional problems. The competence items include the sports and nonsports activities the child is most likely to take part in; ratings for the amount and quality of participation in these activities; participation in organizations; jobs and chores; friendships; how well the child gets along with siblings, parents, and other children; how well the child plays and works alone; ratings for academic performance; reports of special class placement and repeating grades; and an open-ended item for describing other school problems.

The 118 problem items describe a wide array of problems that most parents can report with minimal inference. Examples include “Acts too young for his or her age”; “Argues a lot”; “Cruel to animals”; “Aches or pains (without known medical cause)”; “Sets fires”; and “Unhappy, sad, or depressed.” There is an open-ended item for adding other physical problems without known medical cause and an item for adding any other problems. The problem behaviors are scored on eight factor-based narrow-band scales: Withdrawn, Somatic Complaints, Anxious/Depressed, Social Problems, Thought Problems, Attention Problems, Delinquent Behavior, and Aggressive Behavior. In addition, two broadband scales can also be scored: The internalizing scale includes items from the Withdrawn, Somatic, and Anxious/Depressed subscales while the Externalizing scale includes items from the Delinquent Behavior and Aggressive Behavior scales. There is a Total Problem Score that provides an overall index of the number and severity of reported problem behaviors.

Cross Cultural Testing of the Child Behavior Checklist

The Child Behavior Checklist (CBCL) (Achenbach & Edelbrock, 1983) has gained wide popularity since it enables the systematic assessment of child and adolescent psychopathology and the interpretation of the results with reference to normative data. The findings of cross-national epidemiological research in childhood psychopathology as measured by the CBCL have contributed to our understanding of the extent to which the behavioral manifestations of psychopathology are moulded by the values and goals of a particular culture and to what extent certain types of behavior problems may be characteristic of troubled children regardless of their national or cultural identity.

Epidemiologic studies utilizing standardized assessment procedures in different countries (e.g., Australia, the Netherlands, Jamaica, Thailand, and Puerto Rico) have documented interesting, albeit modest, differences in the frequency of behavioral and emotional problems that may reflect the contribution of cultural influences (Achenbach et al., 1990; Achenbach, Verhulst, Baron, & Akkerhuis, 1987b; Achenbach, Verhulst, Edelbrock, Baron, & Akkerhuis, 1987c; Brandenburg, Friedman, & Silver, 1990; Lambert, Weisz, & Knight, 1989; Rubio-Stipec, Bird, Canino, & Gould, 1990; Weisz, et al., 1987; Weisz et al., 1989).

Previous studies have made direct statistical comparisons of CBCL scores obtained by American children with those obtained by children from Thailand, Puerto Rico, Australia, France, Greece, Jamaica, Kenya, and the Netherlands. The strongest cross-cultural similarity was found between 3,333 American and Dutch 4 to 16 year olds, for whom the mean Total Problem scores differed by

less than half a point on a 240 point scale (Achenbach et al., 1987). In a comparison between 960 Thai and American 6 to 11 year olds, Thai children obtained significantly higher mean Total Problem scores than U.S. children (24.2 vs. 20.8), primarily reflecting higher Thai scores on internalizing items (Weisz et al., 1987). However, this difference of 3.4 points in the Total Problem score accounted for only 1.28% of variance and was a small effect according to Cohen's (1988) criteria. Furthermore, a more recent national sample of American children obtained mean CBCL problem scores quite similar to those obtained by the Thai children (Achenbach, 1991a).

Comparisons between 1,448 Puerto Rican and mainland U.S. 4 to 16 year olds showed significantly higher mean CBCL Total Problem scores in Puerto Rico than in the U.S. (34.9 vs. 20.0), a medium effect accounting for 12.9% of the variance (Achenbach et al., 1990). In a comparison between 2,600 Australian and American 4 to 16 year olds, Australian children obtained higher CBCL Total Problem scores than American children (31.6 versus 20.1), a medium effect accounting for 11% of the variance (Achenbach et al., 1990). In a comparison between parent reports on 1,842 matched French and American children, American children tended to receive higher competence scores, while French children tended to receive higher problem scores (Stanger, Fombonne, & Achenbach, 1994). Scores were higher for French than American children on more internalizing items than externalizing items, though nearly all nationality differences were small. In a comparison between parent reports of 356 Greek and American children, American children again tended to receive higher

competence scores, while Greek children tended to receive higher problem scores (MacDonald, Tsiantis, Achenbach, Motti-Stefanidi, & Richardson, 1995). Higher problem scores in the Greek sample were partly due to the tendency of Greek parents to use extreme item scores.

A study comparing CBCLs for 360 Jamaican and 946 U.S. children found few cross-cultural differences (Lambert, Knight, Taylor, & Achenbach, 1994). In a comparison between parents of 469, 6-to-13-year-old Chinese and American children, the mean correlation between parent and teacher ratings was .36 in the Chinese sample and .29 in the American sample, a nonsignificant difference (Weine et al., 1995). In rural samples of Embu children in Kenya, Thai children, African American children, and Caucasian American children, Embu and Caucasian American children had significantly higher CBCL Total Problem scores than Thai children (Weisz, Sigman, Weiss, & Mosk, 1993).

The Behavior Assessment System for Children (BASC)

The Behavior Assessment System for Children (BASC) (Reynolds & Kamphaus, 1992) was designed to assess children's and adolescent's emotional disorders, personality constructs, behavioral problems, and school adjustment. It is marketed as a multimethod, multidimensional approach to evaluating the behavior and self-perceptions of children ages 4 to 18 years. The manual claims that a special feature of BASC is that it lends support in making differential diagnoses according to the Diagnostic and Statistical Manual of Mental Disorders, third edition, revised (DSM-III-R) and problem areas covered by the Individual With Disabilities Education Act.

BASC is an integrated set consisting of 5 components; the Self-Report of Personality (SRP), the Teacher Rating Scale (TRS), the Parent Rating Scale (PRS), the Structured Developmental History (SDH), and the Student Observation System (SOS) (Sandoval & Echandia, 1994).

The BASC is easily administered and scored; the forms can be completed in 10-20 minutes. Internal consistency and test-retest reliability are high. Norms are available for a nonclinical (general) and clinical sample. There are validity scales for monitoring respondents' consistency and truthfulness. The dimensions rated are operationalized consistently across age-level forms and respondents. This exemplary array of features in one instrument encompasses the strengths of numerous existing instruments while addressing the limitations of others. Until the development of the BASC, such comprehensive assessment of behavior could not be accomplished without employing multiple instruments (Flanagan, 1995).

Each of the clinical scales on the TRS and PRS has an established rationale and items with high content validity. The clinical scales consist of Aggression, Anxiety, Attention Problems, Atypicality, Conduct Problems, Depression, Hyperactivity, Learning Problems, Somatization, and Withdrawal. The Hyperactivity, Aggression, and Conduct Problems scales are combined in the Externalizing Problems composite, and the Anxiety, Depression, and Somatization scales are combined into the Internalizing Problems composites. Attention problems and Learning Problems make up a third composite, School Problems. These three dimensions of difficulty are found in a number of studies

of the affective development. Finally, the Hyperactivity, Aggression, Anxiety, Depression, Attention Problems, and Atypicality scales are combined into a single Behavioral Symptoms Index (Sandoval & Echandia, 1994).

Both the TRS and PRS also contain adaptive scales, which focus on more positive aspects of behavior. The scales are Adaptability, Leadership, Social Skills, and (on the TRS alone) Study Skills. The scales on all measures are combined in an Adaptive Skills composite. It is important to consider the positive aspects of behavior, and having this additional measure of adaptive behavior is a welcome feature of BASC (Sandoval & Echandia, 1994).

The self-report measure, the SRP, also yields clinical and adaptive scales. The clinical scales are Anxiety, Attitude to School, Attitude to Teachers, Atypicality, Depression, Locus of Control, and Sensation Seeking are found only on the adolescent version. Four of these 10 are labeled the same as scales on the PRS and TRS. The adaptive scales are Interpersonal Relations, Relations With Parents, Self-Esteem, and Self-Reliance. Five composite scores are identified, four of which are scaled: the School Maladjustment Composite (Attitude to School + Attitude to Teacher + Sensation Seeking), the Clinical Maladjustment Composite (Atypicality + Locus of Control + Somatization + Social Stress + Anxiety), the Personal Adjustment Composite (Relations With Parents + Interpersonal Relations + Self-Reliance + Self-Esteem), and the Emotional Symptoms Index (ESI: Social Stress + Anxiety + Depression + Sense of Inadequacy + the inverse of Interpersonal Relations + the inverse of Self-Esteem). The fifth composite follows from the authors' suggestion to monitor the

Social Stress, Anxiety, and Depression Scales. If all scales fall above 1.5 SD, this triad may be a special index of suicidal risk. The SRP protocol also yields a small number of items (16 out of 186 on the adolescent SRP) which, if selected, indicate rare and unusual ideation, which can be followed up in a clinical interview (Sandoval & Echandia, 1994).

Reynolds and Kamphaus (1992) indicate that the BASC contains five composite scales labeled Externalizing Problems, Internalizing Problems, School Problems, Other Problems, and Adaptive Skills. The Social Skills subscale consists of 13 and 10 items for the parent and teacher rating scales, respectively, and contributes to the Adaptive Skills Composite. Nonnormalized T scores (M=50, SD=10) and percentiles are available for all composites and subscales. General norms as well as norms by gender are available for comparison. In addition, clinical norms are available for children whose problems are “extreme in comparison with the general youth population” (p. 9).

Standardization of the BASC was accomplished by selecting a much larger general sample that was reasonably representative of the United States through the regions of Southwest, South, North Central, and Northeast. The sample sizes for the three forms were: TRS (2,401), PRS (3,483), SRP (9,861). According to Bracken, Keith, & Walker (1994), the standardization sample sizes of the BASC are adequate and its norms are fairly representative of the 1986 and 1988 U.S. Census data.

Coefficient alphas based on parent ratings across the age levels of the BASC as well as across composites and subscales ranged from .69 (Atypicality)

to .92 (Behavior Symptoms Index, BSI), with a median r of .81. Similarly, coefficient alphas based on teacher ratings across age levels, composites, and subscales ranged from .78 (Adaptability and Withdrawal) to .96 (BSI), with a median r of .88. Corrected 2- to 8-week parent test-retest reliability coefficients across the composites and subscales for 52 four- and five-year-olds ranged from .72 (Atypicality) to .91 (Social Skills), with a median r of .86. Corrected 2- to 8-week teacher test-retest reliability coefficients across the composites and subscales for 58 four- and five-year-olds ranged from .83 (Adaptability and Somatization) to .95 (Atypicality, Externalizing Problems, and BSI), with a median r of .91 (Reynolds & Kamphaus, 1992).

In general, the coefficients of internal consistency are quite impressive. They are calculated on several thousand or several hundred cases for general norms samples and at least half of them are in the range .80-.89. On the other hand, test-retest coefficients are not at all impressive. For the SRP, they were obtained on samples that were close to $N = 100$, subdivided nearly in half by gender, with unacceptable time intervals (0-1 month). They ranged from the low .50s to the high .80s, with medians in the high .60s. For the TRS and PRS, the test-retest reliabilities of the scales seem, on the surface, to be more impressive because the coefficients are higher. Nevertheless, although the coefficients are mainly in the .70s and .80s, they are based on even smaller samples (58-98), and the time intervals are only 0-2 months (Reynolds & Kamphaus, 1992).

The validity studies reported in the BASC manual consisted of factor analyses, correlations with other instruments, and comparisons among children

of varying clinical diagnoses. These studies provide preliminary support for the validity of the BASC as a measure of behavior problems in children.

Due to its recent development, there has been little research conducted with the BASC (Vaughn, Riccio, Hynd, & Hall, 1997). However, there is a significant degree of association between the Social Skills scales of the Social Skills Rating System (SSRS) and the parent forms of the BASC (Flangan et al., 1996). Moreover, the assumption of which the BASC can be used as a screener of social skills functioning has been proposed by Flangan, Alfonso, Primavera, Povall, and Higgins (1996).

Research also indicated that there is significant agreement between the BASC and the Achenbach on Total behavior, Externalizing, and Internalizing problem scales (Vaughn et al., 1997). Similarity of constructs across scales between the BASC and Achenbach can strengthen the clinician's diagnosis when used in combination or can be used individually to provide flexibility among measures designed to assess behavior problems.

Parent Rating Scale (PRS)

The Parent Rating Scales (PRS) is a comprehensive measure of both adaptive and problem behaviors of a child in community and home settings. The PRS has three forms with items targeted at three age levels: preschool (4-5), child (6-11), and adolescent (12-18), and it uses four-choice response format, from *Never* to *Almost Always*. The PRS takes 10 to 20 minutes to complete.

The PRS assesses clinical problems in the broad domains of Externalizing Problems and Internalizing Problems. It also measures Adaptive Skills and

Other Problems (Atypicality and Withdrawal), and includes a Behavioral Symptoms Index (BSI) that assesses the overall level of problem behaviors. The PRS may be interpreted with reference to national age norms (General, Female, and Male) or to Clinical norms. It includes an F index as a check on the validity of the parent ratings and critical items that may be interpreted individually (Reynolds & Kamphaus, 1992).

Self Report of Personality (SRP)

Adolescents and children aged 8-11 complete a Self-Report of Personality (SRP), which is composed of the following scales: Anxiety, Atypicality, Locus of Control, Social Stress, Attitude to School, Attitude to Teachers, Depression, Sense of Inadequacy, Relations With Parents, Interpersonal Relations, Self-Esteem, and Self-Reliance. The adolescent form includes two additional scales: Sensation Seeking and Somaticization. Item content varies across levels to reflect developmental differences. The composites (and component scales) are the following: Clinical Maladjustment (Anxiety, Atypicality, Locus of Control, Social Stress, and [for adolescents] Somaticization); School Maladjustment (Attitude to School, Attitude to Teachers, and [for adolescents] Sensation Seeking); and Personal Adjustment (Relations With Parents, Interpersonal Relations, Self-Reliance, Self-Esteem). The Emotional Symptoms Index (ESI) is a global indicator of serious emotional disturbance; its component scales are Anxiety, Social Stress, Interpersonal Relations, Self-Esteem, Depression, and Sense of Inadequacy. High scores on Social Stress, Anxiety, and Depression suggest severe disturbance, which may be conceptualized as agitated

depression. As with the PRS and TRS, there is a “faking bad” (F) scale. There is a V (validity) scale to check for random responding, and a “faking good” (L) for the adolescent SRP only. An audiotape of the Children’s Self-Report of Personality is available (Flanagan, 1995).

Summary

This study investigated differences in Behavioral Assessment System for Children (BASC) self report ratings and parent ratings of Korean children, Korean American children, and Caucasian American children. In 1980 there were 290,000 Korean Americans residing in the United States and an average of 33,000 have been immigrating to American each year since. Currently, more than 870,000 Korean Americans reside in the U.S. (U.S. Bureau of the Census, 1990). Given this population trend, it seems important to address the unique cultural characteristics and psychosocial needs of Korean American children (Kim, Omizo, & Salvador, 1996). Study of these children could provide insight into the effects of being between two cultures.

CHAPTER III

METHOD

Introduction

The chapter describes the method used in the study, including participants, instruments, procedure, and data analysis.

Participants

Participants were 120 elementary students and their parents from urban (Oklahoma City & Tulsa), suburban (Edmond & Norman), and rural (Stillwater, Perkins, Yale, and Cushing) areas in Oklahoma, and Los Angeles California, as well as Seoul Korea. The researcher contacted parents of students who were attending public schools. There were 40 Korean children and their parents; 40 Korean American children and their parents; and 40 Caucasian American children and their parents: The children ranged in age from 8 to 11.

Korean children have lived in Korea for their entire lives. Korean American children have lived their entire lives in the U.S., while Caucasian American children have lived their entire lives in the United States.

Instruments

Behavior Assessment System for Children (BASC). The BASC is an integrated assessment system consisting of a self-report, a teacher rating scale, a parent rating scale, a developmental history, and an observation protocol all designed to assess children for the differential diagnosis and educational

treatment of emotional and behavior disorders. The focus is on both adaptive and maladaptive behaviors and different sources and methods are available to the clinician to converge on an estimate of functioning (Sandoval & Echandia, 1994). This study used the Parent Rating Scale (PRS) and Self Report Personality (SRP). The PRS takes about 20 minutes to complete. It uses four-choice response format, *from Never to Almost Always*. The SRP takes about 30 minutes to complete. It has forms only at two age levels: 8-11 and 12-18. The items are those common to omnibus personality inventories with a true-false response category (Merenda, 1996)

Procedure

Korean children and their parents were solicited by personal contact while the researcher was in Korea. American Born Korean children and their parents were solicited by personal contact through local Korean churches and Korean communities in the state of Oklahoma. Caucasian American children and their parents were solicited by personal contact through local American churches and friends of the researcher in the state of Oklahoma. A one page announcement (Appendix A) describing the study and soliciting potential participants was given to the churches and International Student Services (ISS) offices at the various sites. The Korean Student Association officers also contacted area universities in an attempt to solicit participants.

Data were collected through the completion of BASC checklists and it took less than one hour for a parent and his or her child to complete the BASC checklists. Parents were asked to complete the consent form (Appendix B),

participation information (Appendix C), and parent form of the Behavior Assessment System for Children (BASC) (Appendix D). Students completed participation information (Appendix E), and the BASC child form (Self-Report Personality) (Appendix F). The researcher sat by each parent of an American Born Korean child for assistance and, if necessary, the researcher translated to Korean language. The Korean children and his or her parents used a Korean translated BASC form. The translation was done by the first author and was verified for accuracy by three other persons with college-level Korean education. All participants were assigned an ID number to be used for the purposes of the study and only the researcher had access to that number. The researcher instructed the parents and children not to put the child's name on the BASC. All of the participants' responses were kept under lock and key in the researcher's office to assure confidentiality. All the BASC checklists were coded with ID numbers so that no participants' name appeared on the checklist. The list of ID numbers coded to participants' names was kept in a locked file in the office of the researcher during the study. The code number sheet was kept separately from the surveys. After the analysis of the data was completed, the list of ID numbers coded to participants' names was shredded along with the BASC checklists.

Data Analysis

Data analysis was conducted using SPSS computer package. Three different analyses were used to analyze the data. These were bivariate correlations, general linear model multivariate, and linear regression.

Analysis one consisted of bivariate correlations between Parent Rating Scales and Self-Report Personality by groups. A second analysis was conducted to determine whether there were significant differences among BASC PRS scales and SRP scales. The multiple regressions were specified to predict reading, math, spelling, science, and conduct grades.

Summary

Ratings of Korean, Korean American, and Caucasian American children as measured by the Behavior Assessment System for Children (BASC). Parent Rating Scale and Self Report of Personality were examined to study the effects of cultural background and environmental factors on judgments of behavioral and emotional adjustment. One hundred twenty Korean, Korean American, and Caucasian American children, ages 8 to 11 and their parents participated. Parents completed the Parent Rating Scale (PRS) and children completed the Self Report of Personality (SRP) of BASC. The researchers translated the BASC SRP and PRS to the Korean language and the Korean participants were administered the translated forms.

CHAPTER IV

RESULTS

Introduction

Chapter four presents the results of the analyses related to the research questions of this study. The first part presents the descriptive statistics for three groups. The second part of the chapter presents the outcomes of the analyses done to address the proposed five research questions.

The following substantive questions were addressed:

1. Are parent and child ratings of behavioral and emotional adjustment as measured by the BASC related for Korean, Korean American, and Caucasian American children within each group?
2. Are there differences in the parent ratings of behavioral and emotional adjustment as measured by the BASC among Korean, Korean American, Caucasian American children?
3. Are there differences in the self-report ratings of behavioral and emotional adjustment as measured by the BASC among Korean, Korean American, and Caucasian American children?
4. Are there gender differences on behavioral and emotional adjustment among Korean, Korean American, and Caucasian American children as rated by parent, and self-report ratings?

5. Do BASC composite scores and group membership predict teacher assigned report card grades.

Demographics

The data were analyzed with SPSS 9.0 for Windows (SPSS INC, 1998) with subprograms: Descriptives, Bivariate Correlations, General Linear Model Multivariate, and Linear Regression. An alpha level of $p < .05$ was adhered to for determining significant statistical results. The demographic characteristics of the participants in the sample are presented in Tables 1 and 2. The 120 participants were equally divided into Korean, Korean American, and Caucasian American groups. Forty-nine percent were Korean or Korean Americans, and 51% were Americans.

The participants were also fairly evenly distributed by residence: 35% rural, 25.8% suburban, and 39.2% urban locations. The Korean and Korean American children were living in suburban and urban areas, while about 75.0% of Caucasian American children were living in rural areas.

The primary language of the participants was Korean (51.7%) and English (48.3%). Korean American children (55.0%) were speaking Korean, while about 45.0% of Korean American children were using English as the primary language at home. Korean children (100%) were speaking Korean and Caucasian American (100%) were speaking English at home.

Participants were represented from the four different religions as shown in Table 1. Eighty-eight percent were Christian, 5.0% Buddhist, 0.8% Muslim, and 5.8% of the children were reported by parents to be Atheist.

Table 1

Parental Citizenship, Residence, Language, and Religion by Groups

| | <u>Groups</u> | | | |
|-----------------------------|-----------------------|--------------------------|-----------------------------|-----------------------|
| | Korean Children | Korean American Children | Caucasian American Children | Total |
| | <u>n</u> = 40 (33.3%) | <u>n</u> = 40 (33.3%) | <u>n</u> = 40 (33.3%) | <u>N</u> = 120 (100%) |
| Parental Citizenship | | | | |
| Korean | 40 (100%) | 19 (47.5%) | 0 (0%) | 59(49.2%) |
| American | 0 (0%) | 21 (52.5%) | 40 (100%) | 61(50.8%) |
| Residence | | | | |
| Rural | 7 (17.5%) | 5 (12.5%) | 30 (75.0%) | 42(35.0%) |
| Suburban | 12 (30.0%) | 16 (40.0%) | 3 (7.5%) | 31(25.8%) |
| Urban | 21(52.5%) | 19 (47.5%) | 7 (17.5%) | 47(39.2%) |
| Home Language | | | | |
| Korean | 40 (100%) | 22 (55.0%) | 0 (0%) | 62 (51.7%) |
| American | 0 (0%) | 18 (45.0%) | 40 (100%) | 58 (48.3%) |
| Religion | | | | |
| Christian | 29 (72.5%) | 38 (95.0%) | 39 (97.5%) | 106 (88.3%) |
| Buddhism | 5 (12.5%) | 1(2.5%) | 0 (0%) | 6(5.0%) |
| Muslim | 0 (0%) | 1 (2.5%) | 0 (0%) | 1(.8%) |
| Atheist | 6 (15.0%) | 0 (0%) | 1 (2.5%) | 7 (5.8%) |

Table 2 delineates the child demographics by group for gender, age, and grade. Fifty percent of the children were boys and fifty percent were girls. The children were close to distributed by age: 23.3% (age 8), 16.7% (age 9), 28.3% (age 10), and 31.7% (age 11). Forty-three percent of the Korean children were 11 years of age, thirty-three percent of children were age 10, while thirty-three percent of the children were age 11.

The children also were enrolled in various grades: 0.8% (1st grade), 7.5% (2nd grade), 26.7% (3rd grade), 23.3% (4th grade), 25.0% (5th grade), and 16.7% (6th grade). Twenty-eight percent of the Korean children were 3rd grade, thirty-eight percent of the Korean American children were 5th grade, while thirty percent of Caucasian American children were 4th grade.

Table 2

Gender, Age, and Grade of Children by Groups

| | <u>Groups</u> | | | |
|----------------|-----------------------|--------------------------|-----------------------------|-----------------------|
| | Korean Children | Korean American Children | Caucasian American Children | Total |
| | <u>n</u> = 40 (33.3%) | <u>n</u> = 40 (33.3%) | <u>n</u> = 40 (33.3%) | <u>N</u> = 120 (100%) |
| Gender: | | | | |
| Male | 15 (37.5%) | 22 (55.0%) | 23 (57.5%) | 60 (50.0%) |
| Female | 25 (62.5%) | 18 (45.0%) | 17 (42.5%) | 60 (50.0%) |
| Age: | | | | |
| 8 | 6 (15.0%) | 12 (30.0%) | 10 (25.0%) | 28 (23.3%) |
| 9 | 4 (10.0%) | 7 (17.5%) | 9 (22.5%) | 20 (16.7%) |
| 10 | 13 (32.5%) | 13 (32.5%) | 8 (20.0%) | 34 (28.3%) |
| 11 | 17 (42.5%) | 8 (20.0%) | 13 (32.5%) | 38 (31.7%) |
| Grade: | | | | |
| 1th | 0 (0%) | 0 (0%) | 1 (2.5%) | 1 (.8%) |
| 2nd | 6 (15.0%) | 1 (2.5%) | 2 (5.0%) | 9 (7.5%) |
| 3rd | 11 (27.5%) | 13 (32.5%) | 8 (20.0%) | 32 (26.7%) |
| 4th | 9 (22.5%) | 7 (17.5%) | 12 (30.0%) | 28 (23.3%) |
| 5th | 9 (22.5%) | 15 (37.5%) | 6 (15.0%) | 30 (25.0%) |
| 6th | 5 (12.5%) | 4 (10.0%) | 11 (27.5%) | 20 (16.7%) |

Research Question 1

Are parent and child ratings of behavioral and emotional adjustment as measured by the BASC related for Korean, Korean American, and Caucasian American children within each group?

Results indicated these scales were related. Correlations between Parent Rating Scales and Self-Report Personality by groups are presented in Tables 3, 4, and 5. Because of the number of correlations calculated, statistical significance levels were corrected to account for family-wise error to .004. Only Anxiety, Atypicality, and Depression are on both the Parent Rating Scales and Self-Report of Personality.

The SRP Anxiety scale was moderately related to the PRS Anxiety scale ($r = .40, p < .004$). The SRP Atypicality scale was moderately related to the PRS Atypicality scale ($r = .46, p < .004$). The SRP Depression scale was also moderately related to the PRS Depression scale ($r = .48, p < .004$).

Table 3 shows correlations between Parent Rating Scales and Self-Report of Personality for Korean children. The PRS scales were significantly related to one another. The BASC PRS and SRP scales were significantly related within the Korean group. Twelve of the possible fifteen correlations were significant ($p < .004$). The PRS scales Depression, Anxiety, and Atypicality were moderately related to one another. The SRP scales were more strongly related to one another (Atypicality, Anxiety, and Depression). Some of the SRP and PRS scales were also related: SRP Anxiety with PRS Depression, PRS Atypicality, and PRS Anxiety; PRS Atypicality with SRP Atypicality; and SRP Depression

with PRS Depression and PRS Atypicality.

Table 3

Pearson Correlations Among Parent Rating Scales and Self Report Scores
For Korean Children

| | PANXIETY | PDEPRESS | PATYPICA | CATYPICA | CANXIETY | CDEPRESS |
|----------|----------|----------|----------|----------|----------|----------|
| PANXIETY | | | | | | |
| PDEPRESS | .360* | | | | | |
| PATYPICA | .315* | .552* | | | | |
| CATYPICA | .256 | .284 | .462* | | | |
| CANXIETY | .397* | .466* | .507* | .634* | | |
| CDEPRESS | .277 | .476* | .405* | .611* | .707* | |

PANXIETY=ANXIETY(PRS); PDEPRESS=DEPRESSION(PRS); PATYPICA=ATYPICALITY (PRS); CATYPICA=ATYPICALITY(SRP); CANXIETY=ANXIETY(SRP); CDEPRESS=DEPRESSION(SRP). *p<.004

Table 4 shows correlations between the Parent Rating Scale and Self-Report of Personality for Korean-American children. The SRP Anxiety scale was not significantly related to the PRS Anxiety scale ($r = .29, p < .05$), nor was the SRP Atypicality scale significantly related to the PRS Atypicality scale ($r = .27, p < .05$). The SRP Depression scale was not related to the PRS Depression scale ($r = .28, p < .05$). Some PRS scales were significantly related to the PRS scales. And some BASC PRS and SRP scales were significantly related within the Korean American group. Nine of the possible fifteen correlations were significant ($p < .004$). The PRS scales Depression, Anxiety, and Atypicality were moderately related to one another. The SRP scales were more strongly related to one another (Atypicality, Anxiety, and Depression). Some of the SRP and

PRS scales were also related: SRP Atypicality with PRS Depression; SRP Anxiety with PRS Depression; and SRP Depression with PRS Anxiety.

Table 4

Pearson Correlations Among Parent Rating Scales and Self Report Scores for Korean American Children

| | PANXIETY | PDEPRESS | PATYPICA | CATYPICA | CANXIETY | CDEPRESS |
|----------|----------|----------|----------|----------|----------|----------|
| PANXIETY | | | | | | |
| PDEPRESS | .438* | | | | | |
| PATYPICA | .422* | .758* | | | | |
| CATYPICA | .104 | .326* | .270 | | | |
| CANXIETY | .285 | .329* | .268 | .673* | | |
| CDEPRESS | .314* | .280 | .277 | .514* | .561* | |

PANXIETY=ANXIETY(PRS); PDEPRESS=DEPRESSION(PRS); PATYPICA=ATYPICALITY(PRS); CATYPICA=ATYPICALITY(SRP); CANXIETY=ANXIETY(SRP); CDEPRESS=DEPRESSION(SRP).
* p<.004

Table 5 shows correlations between Parent Rating Scales and Self-Report Personality of Caucasian American children. The SRP Anxiety scale was moderately related to the PRS Anxiety scale. The SRP Atypicality and PRS Atypicality scales were moderately related, and the SRP Depression scale was strongly related to the PRS Depression scale. Other BASC PRS and SRP scales were also significantly related within the Caucasian-American group. Thirteen of the possible fifteen correlations were significant ($p < .004$). The PRS scales Depression, Anxiety, and Atypicality were moderately related to one another. The SRP scales were more strongly related to one another (Atypicality, Anxiety, and Depression). Some additional SRP and PRS scales were also related: SRP

Atypicality with PRS Depression and Atypicality; SRP Anxiety with PRS Anxiety and Depression; and SRP Depression with all three PRS scales (Atypicality, anxiety, and Depression).

Table 5

Pearson Correlations Among Parent Rating Scales and Self Report Scores for Caucasian American Children

| | PANXIETY | PDEPRESS | PATYPICA | CATYPICA | CANXIETY | CDEPRESS |
|----------|----------|----------|----------|----------|----------|----------|
| PANXIETY | | | | | | |
| PDEPRESS | .616* | | | | | |
| PATYPICA | .396* | .571* | | | | |
| CATYPICA | .245 | .385* | .440* | | | |
| CANXIETY | .481* | .472* | .262 | .652* | | |
| CDEPRESS | .437* | .585* | .581* | .658* | .530* | |

PANXIETY=ANXIETY(PRS); PDEPRESS=DEPRESSION(PRS); PATYPICA=ATYPICALITY(PRS); CATYPICA=ATYPICALITY(SRP); CANXIETY=ANXIETY(SRP); CDEPRESS=DEPRESSION(SRP).

*p<.004

Research Question 2

Are there differences in the parent ratings of behavioral and emotional adjustment as measured by the BASC among Korean, Korean American, and Caucasian American children?

A multivariate analysis of variance was conducted to determine whether there were significant differences among BASC PRS scales. There was a significant multivariate effect for group [$F = 3.04$, Wilks' lambda = .55, $p < .001$, $\eta^2 = .26$]. Table 6 presents the means and standard deviations by group. To

follow-up the significant MANOVA, univariate F tests were performed on the BASC variables and are summarized in Table 7. Statistically significant F tests were obtained on the following variables: Atypicality [$F(2,117) = 7.40; p = .001$], Withdrawal [$F(2,117) = 3.54; p = .032$], and Social Skills [$F(2,117) = 3.26; p = .042$]. No other statistically significant differences were noted on any of the variables.

Table 6.

Parent ratings School & Basic

Mean and Standard Deviations of PRS for Korean, Korean American, and Caucasian American Children

| Variables | Korean | | Korean American | | Caucasian American | |
|--------------------|--------|------|-----------------|------|--------------------|------|
| | Mean | SD | Mean | SD | Mean | SD |
| HYPERACTIVITY | 49.8 | 12.4 | 53.4 | 12.0 | 50.5 | 12.3 |
| AGGRESSION | 48.6 | 8.8 | 52.1 | 9.2 | 51.3 | 9.9 |
| ANXIETY | 48.4 | 9.2 | 47.6 | 8.2 | 48.8 | 9.6 |
| DEPRESSION | 48.0 | 11.9 | 52.2 | 12.3 | 48.7 | 10.4 |
| SOMATIZATION | 53.1 | 10.7 | 52.0 | 13.8 | 51.6 | 11.7 |
| ATYPICALITY | 61.4 | 15.9 | 61.5 | 14.9 | 50.3 | 14.2 |
| WITHDRAWAL | 56.8 | 12.1 | 56.7 | 11.3 | 51.1 | 9.2 |
| ATTENTION PROBLEMS | 53.8 | 10.4 | 52.2 | 9.8 | 52.5 | 9.1 |
| ADAPTIVITY | 45.3 | 9.9 | 47.7 | 9.7 | 48.6 | 9.8 |
| SOCIAL SKILLS | 50.8 | 9.7 | 46.3 | 8.4 | 51.0 | 9.6 |
| CONDUCT PROBLEMS | 50.2 | 11.0 | 56.4 | 12.9 | 52.2 | 14.2 |
| LEADERSHIP | 50.5 | 8.1 | 47.7 | 8.3 | 52.0 | 9.0 |

Table 7.

Univariate F value, Significance Levels, and R² for PRS
by Groups

| VARIABLES | F | P | R ² |
|--------------------|-------|-------|----------------|
| HYPERACTIVITY | .984 | .377 | .017 |
| AGGRESSION | 1.502 | .227 | .025 |
| ANXIETY | .183 | .833 | .003 |
| DEPRESSION | 1.544 | .218 | .026 |
| SOMATIZATION | .147 | .864 | .003 |
| ATYPICALITY | 7.404 | .001* | .112 |
| WITHDRAWAL | 3.539 | .032* | .057 |
| ATTENTION PROBLEMS | .288 | .750 | .005 |
| ADAPTIBILITY | 1.174 | .313 | .020 |
| SOCIAL SKILLS | 3.259 | .042* | .053 |
| CONDUCT PROBLEMS | 2.462 | .080 | .040 |
| LEADERSHIP | 2.695 | .072 | .044 |

Note: df for all univariate analyses were (2,117).

Fisher's Least Significant Difference post hoc comparisons were conducted to further examine the group differences following significant univariate Fs (see Table 8). On PRS Atypicality the Caucasian American ($M = 50.3$; $SD = 14.2$) children rated themselves significantly lower than both the Korean ($M = 61.4$; $SD = 15.9$) and Korean American ($M = 61.5$; $SD = 14.9$) children. Caucasian American ($M = 51.1$; $SD = 9.2$) children also rated themselves significantly lower than both the Korean ($M = 56.8$; $SD = 12.1$) and Korean American children ($M = 56.7$; $SD = 11.3$) on the PRS Withdrawal scale. Korean American children ($M = 46.3$; $SD = 8.4$) rated themselves significantly lower than Korean ($M = 50.8$; $SD = 9.7$) and Caucasian American children ($M = 51.0$; $SD = 9.6$) on PRS Social Skills scale.

Table 8.

Fisher's LSD Multiple Comparisons for BASC PRS Scales by Groups

| VARIABLES | | Mean Difference | | |
|--------------------|----|-----------------|---------|----|
| | | K | KA | CA |
| HYPERACTIVITY | K | | | |
| | KA | 3.625 | | |
| | CA | .725 | 2.90 | |
| AGGRESSION | K | | | |
| | KA | 3.450 | | |
| | CA | 2.675 | .775 | |
| ANXIETY | K | | | |
| | KA | .80 | | |
| | CA | .40 | 1.20 | |
| DEPRESSION | K | | | |
| | KA | 4.225 | | |
| | CA | .700 | 3.525 | |
| SOMATIZATION | K | | | |
| | KA | 1.025 | | |
| | CA | 1.425 | .40 | |
| ATYPICALITY | K | | | |
| | KA | .150 | | |
| | CA | 11.125* | 11.275* | |
| WITHDRAWAL | K | | | |
| | KA | 7.500 | | |
| | CA | 5.675* | 5.600* | |
| ATTENTION PROBLEMS | K | | | |
| | KA | 1.575 | | |
| | CA | 1.250 | .325 | |
| ADAPTIBILITY | K | | | |
| | KA | 2.350 | | |
| | CA | 3.250 | .90 | |
| SOCIAL SKILLS | K | | | |
| | KA | 4.450* | | |
| | CA | .250 | 4.700* | |
| CONDUCT PROBLEMS | K | | | |
| | KA | 6.225* | | |
| | CA | 2.050 | 4.175 | |
| LEADERSHIP | K | | | |
| | KA | 2.825 | | |
| | CA | 1.500 | 4.325* | |

Note: * p<.05

Research Question 3

Are there differences in the self-report ratings of behavioral and emotional adjustment as measured by the BASC for Korean, Korean American, and Caucasian American children?

A multivariate analysis of variance was conducted to determine whether there were significant differences among BASC SRP scales. There was a significant multivariate effect for group [$F = 8.685$; Wilks' lambda = .25; $p = .000$; $\eta^2 = .50$]. Table 9 presents the means and standard deviations by group.

To follow up the significant MANOVA, univariate F tests were performed on the BASC variables and are summarized in Table 10. Statistically significant F tests were obtained on the following variables: Anxiety [$F(2,117) = 3.17$; $p = .046$], Depression [$F(2, 117) = 11.96$; $p = .000$], Sense of Inadequacy [$F(2,117) = 16.73$; $p = .000$], Relation with Parents [$F(2,117) = 8.08$; $p = .001$], Interpersonal Relations [$F(2,117) = 7.19$; $p = .001$], Self-Esteem [$F(2,117) = 7.72$; $p = .001$], and Self-Reliance [$F(2,117) = 47.309$; $p < .001$]. No other group differences were noted on any of the variables.

Table 9.

Means and Standard Deviations of SRP for Korean, Korean American, and
Caucasian American Children

| Variables | Korean | | Korean-American | | Caucasian American | |
|-------------------------|--------|------|-----------------|------|--------------------|------|
| | Mean | SD | Mean | SD | Mean | SD |
| ATTITUDE TO SCHOOL | 46.3 | 6.5 | 48.1 | 9.5 | 47.9 | 9.6 |
| ATTITUDE TO TEACHERS | 47.1 | 6.9 | 46.8 | 7.2 | 46.6 | 8.3 |
| ATYPICALITY | 50.1 | 7.5 | 51.1 | 8.9 | 46.8 | 10.1 |
| LOCUS OF CONTROL | 46.4 | 4.7 | 48.6 | 6.9 | 48.1 | 9.7 |
| SOCIAL STRESS | 45.0 | 7.8 | 49.6 | 8.9 | 46.5 | 9.9 |
| ANXIETY | 48.0 | 9.4 | 52.3 | 8.9 | 47.7 | 9.3 |
| DEPRESSION | 54.7 | 8.5 | 48.6 | 7.4 | 46.3 | 7.9 |
| SENSE OF INADEQUACY | 58.5 | 10.2 | 47.7 | 6.7 | 48.8 | 10.4 |
| RELATIONS W/ PARENTS | 45.1 | 10.0 | 50.1 | 9.1 | 52.6 | 6.2 |
| INTERPERSONAL RELATIONS | 47.9 | 10.6 | 53.1 | 6.6 | 54.5 | 7.0 |
| SELF ESTEEM | 45.3 | 8.9 | 49.2 | 10.1 | 53.0 | 7.3 |
| SELF RELIANCE | 37.4 | 7.9 | 50.6 | 8.2 | 53.7 | 7.9 |

Table 10.

Univariate F Value, Significance Levels, and R² for SRP by Group

| VARIABLES | F | p | R ² |
|-------------------------|--------|-------|----------------|
| ATTITUDE TO SCHOOL | .532 | .589 | .009 |
| ATTITUDE TO TEACHERS | .050 | .951 | .001 |
| ATYPICALITY | 2.590 | .079 | .042 |
| LOCUS OF CONTROL | 1.028 | .361 | .017 |
| SOCIAL STRESS | 2.835 | .063 | .046 |
| ANXIETY | 3.170 | .046* | .051 |
| DEPRESSION | 11.964 | .000* | .170 |
| SENSE OF INADEQUACY | 16.734 | .000* | .222 |
| RELATION W/ PARENTS | 8.078 | .001* | .121 |
| INTERPERSONAL RELATIONS | 7.188 | .001* | .109 |
| SELF ESTEEM | 7.717 | .001* | .117 |
| SELF RELIANCE | 47.309 | .000* | .447 |

Note: df for all univariate analyses were (2,117)

Fisher's LSD was conducted to further examine the group differences following significant univariate Fs (see Table 11). On SRP Anxiety, the Korean American (M = 52.3; SD = 8.9) children rated themselves significantly more anxious than both the Korean (M = 48.0; SD = 9.4) and American (M = 47.7; SD = 9.3) children. Korean children (M = 54.7; SD = 8.5) rated themselves significantly higher than Korean American (M = 48.6; SD = 7.4) and Caucasian American children (M = 46.3; SD = 7.9) on the SRP Depression scale. The Korean (M = 58.5; SD = 10.2) children also rated themselves significantly higher

on the SRP Sense of Inadequacy scale than did the Korean American ($M = 47.7$; $SD = 6.7$) and Caucasian American ($M = 48.8$; $SD = 10.4$) children. In addition, Korean children ($M = 45.1$; $SD = 10.0$) were significantly lower than the Korean American ($M = 50.1$; $SD = 9.1$) and Caucasian American children ($M = 52.6$; $SD = 6.2$) on the SRP Relation with Parents scale. The Korean ($M = 47.9$; $SD = 10.6$) children also rated themselves significantly lower on SRP Interpersonal Relations than both the Korean American children ($M = 53.1$; $SD = 6.6$) and Caucasian American children ($M = 54.5$; $SD = 7.0$). The Korean children ($M = 45.3$; $SD = 8.9$) rated themselves significantly lower on SRP Self-Esteem than did Caucasian American children ($M = 53.0$; $SD = 7.3$). Korean children ($M = 37.4$; $SD = 7.9$) were also significantly lower than Korean American ($M = 50.6$; $SD = 8.2$) and Caucasian American children ($M = 53.7$; $SD = 7.9$) on SRP Self-Reliance.

Table 11.

Fisher's LSD Multiple Comparisons for BASC SRP by Groups

| VARIABLES | | Mean Difference | | |
|-------------------------|----|-----------------|-------|---|
| | | K | K-A | A |
| ATTITUDE TO SCHOOL | K | | | |
| | KA | 1.80 | | |
| | CA | 1.65 | .15 | |
| ATTITUDE TO TEACHERS | K | | | |
| | KA | .325 | | |
| | CA | .525 | .20 | |
| ATYPICALITY | K | | | |
| | KA | 1.00 | | |
| | CA | 3.33 | 4.33* | |
| LOCUS OF CONTROL | K | | | |
| | KA | 2.25 | | |
| | CA | 1.75 | .50 | |
| SOCIAL STRESS | K | | | |
| | KA | 4.65* | | |
| | CA | 1.55 | 3.10 | |
| ANXIETY | K | | | |
| | KA | 4.30* | | |
| | CA | .35 | 4.65* | |
| DEPRESSION | K | | | |
| | KA | 6.10* | | |
| | CA | 8.43* | 2.33 | |
| SENSE OF INADEQUACY | K | | | |
| | KA | 10.88* | | |
| | CA | 9.78* | 1.10 | |
| RELATION W/ PARENTS | K | | | |
| | KA | 5.00* | | |
| | CA | 7.58* | 2.58 | |
| INTERPERSONAL RELATIONS | K | | | |
| | KA | 5.25* | | |
| | CA | 6.63* | 1.38 | |
| SELF ESTEEM | K | | | |
| | KA | 3.90 | | |
| | CA | 7.75* | 3.85 | |
| SELF RELIANCE | K | | | |
| | KA | 13.28* | | |
| | CA | 16.35* | 3.08 | |

Note: * $p < .05$

Research Question 4

Are there gender differences on behavioral and emotional adjustment among Korean, Korean American, and Caucasian American children as rated by parent, and self-report ratings?

Table 12 presents the means and standard deviations for the BASC Parent Rating Scales by gender and group. The BASC PRS scales were analyzed as dependent variables. There were significant multivariate main effects: a main effect for gender ($F = 2.69$, Wilks' lambda = .76, $p = .003$) and a main effect for group ($F = 3.19$, Wilks' lambda = .53, $p < .001$). The gender by group interaction was not statistically significant ($F = .96$, Wilks' lambda = .81, $p = .80$).

Follow up univariate analyses were conducted to further analyze the multivariate main effects. Table 13 presents the univariate F values and significance levels for the gender and group main effects on the BASC PRS. The gender effect occurred on a number of BASC PRS scales: boys were rated significantly higher than girls on the scales of Hyperactivity ($M = 54.25$, $SD = 12.56$ vs. $M = 48.20$, $SD = 11.20$), Conduct Problems ($M = 55.82$, $SD = 14.47$ vs. $M = 50.00$, $SD = 10.54$); girls were rated significantly higher than boys on Social Skills ($M = 51.55$, $SD = 10.34$ vs. $M = 47.15$, $SD = 7.93$) and Leadership ($M = 52.75$, $SD = 9.21$ vs. $M = 47.42$, $SD = 7.01$).

Table 12.

Means and Standard Deviations for BASC PRS by Gender and Groups

| BASC PRS scales | <u>Group</u> | | | <u>Gender</u> | |
|--------------------|-------------------|------------------|------------------|-------------------|------------------|
| | <u>M & SD</u> | | | <u>M & SD</u> | |
| | K | KA | CA | Boys | Girls |
| Hyperactivity | 49.78 (12.37) | 53.40 (11.99) | 50.50 (12.33) | 54.25 (12.56) | 48.20 (11.20) |
| Conduct Problems | 50.15 (11.01) | 56.38 (12.89) | 52.20 (14.25) | 55.82 (14.47) | 50.00 (10.54) |
| Aggression | 48.60 (8.82) | 52.05 (9.25) | 51.28 (9.93) | 51.63 (10.21) | 49.65 (8.44) |
| Anxiety | 48.35 (9.23) | 47.55 (8.25) | 48.75 (9.59) | 48.13 (9.03) | 48.30 (9.59) |
| Depression | 48.00 (11.85) | 52.23 (12.26) | 48.70 (10.37) | 50.13 (11.76) | 49.15 (11.47) |
| Somatization | 53.05 (10.65) | 52.03 (13.81) | 51.63 (11.74) | 52.17 (13.26) | 52.30 (10.83) |
| Atypicality | 61.38 (15.91) | 61.53 (14.89) | 50.25 (14.25) | 59.28 (17.67) | 56.15 (13.70) |
| Withdrawal | 56.78 (12.12) | 56.70 (11.27) | 51.10 (9.24) | 56.13 (9.22) | 53.58 (12.79) |
| Attention Problems | 53.75 (10.43) | 52.18 (9.82) | 52.50 (9.11) | 53.73 (10.17) | 51.88 (9.28) |
| Adaptability | 45.33 (9.94) | 47.68 (9.69) | 48.58 (9.76) | 46.02 (9.00) | 48.37 (10.50) |
| Social Skills | 50.75 (9.72) | 46.30 (8.43) | 51.00 (9.59) | 47.15 (7.93) | 51.55 (10.34) |
| Leadership | 50.53 (8.10) | 47.70 (8.25) | 52.03 (9.00) | 47.42 (7.09) | 52.75 (9.21) |

Standard Deviations are in parentheses

Table 13.

Univariate F values, and Significance Levels for
the PRS by Gender and Groups

| BASC PRS Scales | GENDER | | GROUP | |
|--------------------|----------------|-------|----------------|-------|
| | F ^a | p | F ^b | p |
| Hyperactivity | 7.47 | .007* | .76 | .471 |
| Conduct Problems | 5.34 | .023* | 2.07 | .131 |
| Aggression | .79 | .376 | 1.11 | .335 |
| Anxiety | .01 | .914 | .07 | .937 |
| Depression | .09 | .767 | 1.73 | .181 |
| Somatization | .00 | .965 | .17 | .847 |
| Atypicality | 2.49 | .118 | 8.23 | .000* |
| Withdrawal | 2.61 | .109 | 4.70 | .011* |
| Attention Problems | 1.51 | .222 | .68 | .511 |
| Adaptability | 2.75 | .100 | 1.96 | .145 |
| Social Skills | 6.49 | .012* | 3.45 | .035* |
| Leadership | 13.85 | .000* | 3.89 | .023* |

Note: df^a=1,114; df^b=2,114

To evaluate the group effect, following significant univariate F's on the BASC PRS scales, Fisher's Least Significant Difference post hoc comparisons were made. (see Table 14). On PRS Atypicality the CaucasianAmerican (M = 50.25; SD = 14.25) children rated themselves significantly lower than Korean (M = 61.38; SD = 15.91) and Korean American children (M = 61.53; SD = 14.89). Caucasian American (M = 51.10; SD = 9.24) children also rated themselves significantly lower than Korean (M = 56.78; SD = 12.12) and Korean American

children ($M = 56.70$; $SD = 11.27$) on the PRS Withdrawal scale. Korean American ($M = 46.30$; $SD = 8.43$) children rated themselves significantly lower on PRS Social Skills than both Korean ($M = 50.75$; $SD = 9.72$) and Caucasian American ($M = 51.00$; $SD = 9.59$) children. Korean American ($M = 47.70$; $SD = 8.25$) children also rated themselves significantly lower on PRS Leadership than did Caucasian American children ($M = 52.03$; $SD = 9.00$)

Table 14.

Fisher's LSD Post Hoc Comparisons for BASC PRS by Groups

| BASC PRS Scales | | Mean Differences | | |
|--------------------|----|------------------|--------|---|
| | | K | K-A | A |
| HYPERACTIVITY | K | | | |
| | KA | 3.63 | | |
| | CA | .725 | 2.90 | |
| CONDUCT PROBLEMS | K | | | |
| | KA | 6.23* | | |
| | CA | 2.05 | 4.18 | |
| AGGRESSION | K | | | |
| | KA | 3.45 | | |
| | CA | 2.68 | .78 | |
| ANXIETY | K | | | |
| | KA | .80 | | |
| | CA | .40 | 1.20 | |
| DEPRESSION | K | | | |
| | KA | 4.23 | | |
| | CA | .70 | 3.53 | |
| SOMATIZATION | K | | | |
| | KA | 1.03 | | |
| | CA | 1.43 | .40 | |
| ATYPICALITY | K | | | |
| | KA | .15 | | |
| | CA | 11.13* | 11.28* | |
| WITHDRAWAL | K | | | |
| | KA | .075 | | |
| | CA | 5.68* | 5.60* | |
| ATTENTION PROBLEMS | K | | | |
| | KA | 1.58 | | |
| | CA | 1.25 | .33 | |
| ADAPTIBILITY | K | | | |
| | KA | 2.35 | | |
| | CA | 3.25 | .90 | |
| SOCIAL SKILLS | K | | | |
| | KA | 4.45* | | |
| | CA | .25 | 4.70* | |
| LEADERSHIP | K | | | |
| | KA | 2.83 | | |
| | CA | 1.50 | 4.33* | |

Table 15 presents the means and standard deviations for the BASC Self Report Personality by gender and group. The BASC SRP scales were analyzed with a MANOVA with group and gender as independent variables. There was a significant multivariate main effect: a main effect for group ($F = 8.45$, Wilks' lambda = .25, $p < .000$). The main effect for gender ($F = 1.21$, Wilks' lambda = .88, $p = .29$) and the gender by group interaction ($F = .72$, Wilks' lambda = .85, $p = .83$) were not significant.

Follow-up univariate analyses were conducted to further analyze the multivariate main effects. Table 16 presents the univariate F values and significance levels for the gender and group main effects on the BASC SRP.

Table 15.

Total Means and Total Standard Deviations for BASC SRP
by Gender and Groups

| Variables | M & SD | | | M & SD | |
|-----------------------|------------------|------------------|------------------|------------------|------------------|
| | K | KA | CA | Boys | Girls |
| Attitude to School | 46.25 (6.46) | 48.05 (9.53) | 47.90 (9.61) | 49.90 (9.48) | 44.90 (6.88) |
| Attitude to Teachers | 47.08 (6.90) | 46.75 (7.23) | 46.55 (8.26) | 47.92 (8.42) | 45.67 (6.14) |
| Atypicality | 50.10 (7.53) | 51.10 (8.89) | 46.78 (10.09) | 50.12 (10.20) | 48.53 (7.66) |
| Locus of Control | 46.38 (4.66) | 48.63 (6.90) | 48.13 (9.67) | 49.00 (8.48) | 46.42 (5.86) |
| Social Stress | 44.95 (7.77) | 49.60 (8.88) | 46.50 (9.90) | 47.88 (9.29) | 46.15 (8.76) |
| Anxiety | 48.00 (9.36) | 52.30 (8.92) | 47.65 (9.31) | 49.90 (9.75) | 48.73 (9.01) |
| Depression | 54.73 (8.52) | 48.63 (7.41) | 46.30 (7.91) | 50.58 (8.58) | 49.18 (8.75) |
| Sense of Inadequacy | 58.53 (10.15) | 47.65 (6.69) | 48.75 (10.45) | 52.48 (11.13) | 50.80 (9.65) |
| Relation with Parents | 45.05 (9.96) | 50.05 (9.07) | 52.63 (6.23) | 48.18 (9.25) | 50.30 (8.83) |
| Interpersonal Skills | 47.85 (10.56) | 53.10 (6.59) | 54.48 (7.00) | 50.80 (9.66) | 52.82 (7.49) |
| Self Esteem | 45.25 (8.89) | 49.15 (10.05) | 53.00 (7.31) | 49.33 (8.64) | 48.93 (10.00) |
| Self Reliance | 37.35 (7.90) | 50.63 (8.17) | 53.70 (7.90) | 47.02 (10.82) | 47.43 (10.58) |

Standard Deviations are in parenthesis

Table 16.

Univariate F values and Significance Levels for the
SRP by Gender and Groups

| BASC PRS Scales | GENDER | | GROUP | |
|-----------------------|----------------|-------|----------------|-------|
| | F ^a | P | F ^b | p |
| Attitude to School | 9.65 | .002* | .17 | .841 |
| Attitude to Teachers | 2.98 | .087 | .13 | .880 |
| Atypicality | 1.39 | .241 | 3.36 | .038* |
| Locus of Control | 2.93 | .089 | .88 | .418 |
| Social Stress | .64 | .425 | 2.64 | .076 |
| Anxiety | .32 | .572 | 3.24 | .043* |
| Depression | 3.46 | .065 | 12.93 | .000* |
| Sense of Inadequacy | 4.35 | .039* | 18.62 | .000* |
| Relation with Parents | 4.35 | .039* | 9.03 | .000* |
| Interpersonal Skills | 4.18 | .043* | 8.06 | .001* |
| Self Esteem | .15 | .698 | 7.28 | .001* |
| Self Reliance | 4.20 | .043* | 48.64 | .000* |

Note: df^a=1,114; df^b=2,114

To evaluate the group effect, following significant univariate F's on the BASC PRS scales, Fisher's Least Significant Difference post hoc comparisons were made. On SRP Atypicality the Korean American (M = 51.10; SD = 8.89) children rated themselves significantly higher than Caucasian American children (M = 46.78; SD = 10.09). Korean American (M = 52.30; SD = 8.92) children were more anxious than both the Korean (M = 48.00; SD = 9.36) and Caucasian American children (M = 47.65; SD = 9.31) on the SRP Anxiety scale. Korean

children ($M = 54.73$; $SD = 8.52$) rated themselves significantly higher than Korean American ($M = 48.63$; $SD = 7.41$) and Caucasian American children ($M = 46.30$; $SD = 7.91$) on the SRP Depression scale. The Korean ($M = 58.53$; $SD = 10.15$) children also rated themselves significantly higher on the SRP Sense of Inadequacy scale than did the Korean American ($M = 47.65$; $SD = 6.69$) and American ($M = 48.75$; $SD = 10.45$) children. In addition, Korean children ($M = 45.05$; $SD = 9.96$) were significantly lower than the Korean American ($M = 50.05$; $SD = 9.07$) and American children ($M = 52.63$; $SD = 6.23$) on the SRP Relation with Parents scale. The Korean children ($M = 47.85$; $SD = 10.56$) rated themselves significantly lower on SRP Interpersonal Relations than both the Korean American children ($M = 53.10$; $SD = 6.59$) and Caucasian American children ($M = 54.48$; $SD = 7.00$). The Korean children ($M = 45.25$; $SD = 8.89$) rated themselves significantly lower on SRP Self-Esteem than did American children ($M = 53.00$; $SD = 7.31$). Korean children ($M = 37.35$; $SD = 7.90$) were also significantly lower than Korean American ($M = 50.63$; $SD = 8.17$) and Caucasian American children ($M = 53.70$; $SD = 7.90$) on SRP Self-Reliance.

Table 17.

Fisher's LSD Post Hoc Comparisons for BASC SRP by Groups

| BASC SRP Scales | | Mean Differences | | |
|---------------------------|-----|------------------|-------|---|
| | | K | K-A | A |
| ATTITUDE TO SCHOOL | K | | | |
| | K-A | 1.80 | | |
| | A | 1.65 | .15 | |
| ATTITUDE TO TEACHERS | K | | | |
| | K-A | .33 | | |
| | A | .53 | .20 | |
| ATYPICALITY | K | | | |
| | K-A | 1.00 | | |
| | A | 3.33 | 4.33* | |
| LOCUS OF CONTROL | K | | | |
| | K-A | 2.25 | | |
| | A | 1.75 | .50 | |
| SOCIAL STRESS | K | | | |
| | K-A | 4.65* | | |
| | A | 1.55 | 3.10 | |
| ANXIETY | K | | | |
| | K-A | 4.30* | | |
| | A | .35 | 4.65* | |
| DEPRESSION | K | | | |
| | K-A | 6.10* | | |
| | A | 8.43* | 2.33 | |
| SENSE OF INADEQUACY | K | | | |
| | K-A | 10.88* | | |
| | A | 9.78* | 1.10 | |
| RELATIONSHIP WITH PARENTS | K | | | |
| | K-A | 5.00* | | |
| | A | 7.58* | 2.58 | |
| INTERPERSONAL SKILLS | K | | | |
| | K-A | 5.25* | | |
| | A | 6.23* | 1.38 | |
| SELF ESTEEM | K | | | |
| | K-A | 3.90 | | |
| | A | 7.75* | 3.85 | |
| SELF RELIANCE | K | | | |
| | K-A | 13.28* | | |
| | A | 16.35* | 3.08 | |

Research Question 5

Do BASC composite scores and group membership predict report card grades?

Alphanumeric teacher-assigned report card grades (A, B, C, D, F) were recoded so that A = 1, B = 2, C = 3, D = 4, F = 5 points. Then, the multiple regressions were specified to predict reading, math, spelling, science, and conduct grades.

Reading (the criterion variable) was simultaneously regressed on the set of predictors; School Maladjustment, Clinical Maladjustment, Personal Adjustment, Depression (SRP), Sense of Inadequacy (SRP), Atypicality (PRS), Withdrawal (PRS), Attention Problems (PRS), External Problems, Internal Problems, Adaptive Skills, and Group. Table 18 describes the F ratio, significance level, and R^2 of the multiple regression. Only one of the independent variables contributed significantly to the prediction of reading; Sense of Inadequacy [$F(1, 118) = 8.312$; $p = .030$]. Apparently, about 4% of the variance in reading was accounted for by Sense of Inadequacy, with about 96% attributed to other variables not included in the study.

Table 18

^bMultiple Regression Model Using BASC PRS and SRP Composite and Group Membership to Predict Reading

| Model | Sum of Squares | df | F | p | R ² |
|------------|----------------|-----|-------|-------------------|----------------|
| 1 | | | | | |
| Regression | .915 | 1 | 4.845 | .030 ^a | .039 |
| Residual | 22.285 | 118 | | | |
| Total | 23.200 | 119 | | | |

- a. Predictors: (Constant), Sense of Inadequacy
- b. Dependent Variable: Reading

Math (the criterion variable) was simultaneously regressed on the set of predictors: School Maladjustment, Clinical Maladjustment, Personal Adjustment, Depression (SRP), Sense of Inadequacy (SRP), Atypicality (PRS), Withdrawal (PRS), Attention Problems (PRS), External Problems, Internal Problems, Adaptive Skills, and Group. The F ratio, significance levels, and R^2 of the multiple regression model are represented by Table 19. As noted there, only one of the independent variables contributed significantly to the prediction of math; Attention Problems [$F(1,118) = 5.072$; $p = .026$]. Apparently, about 4% of the variability in math was accounted for by attention problems.

Table 19

^bMultiple Regression Model Using BASC PRS and SRP Composite and Group Membership to Predict Math

| Model | Sum of Squares | df | F | p | R^2 |
|--------------|----------------|-----|-------|-------------------|-------|
| 1 Regression | 1.269 | 1 | 5.072 | .026 ^a | .041 |
| Residual | 29.523 | 118 | | | |
| Total | 30.792 | 119 | | | |

a. Predictors: (Constant), Attention Problems

b. Dependent Variable: Math

Table 20 presents the multiple regression for science. Science (the criterion variable) was simultaneously regressed on the set of predictors: School Maladjustment, Clinical Maladjustment, Personal Adjustment, Depression (SRP), Sense of Inadequacy (SRP), Atypicality (PRS), Withdrawal (PRS), Attention Problems (PRS), External Problems, Internal Problems, Adaptive Skills, and Group. Only two of the independent variables contributed significantly to the prediction of science: Sense of Inadequacy [$F(1,118) = 10.803$; $p = .001$] and

Withdrawal [$F(2,117) = 7.724; p=.001$]. Apparently, about 12% of the variability in science was accounted for by Sense of Inadequacy and Withdrawal.

Table 20

Multiple Regression Model Using BASC PRS and SRP Composite and Group Membership to Predict Science

| Model | | Sum of Squares | df | F | p | R ² |
|-------|------------|----------------|-----|--------|-------------------|----------------|
| 1 | Regression | 3.679 | 1 | 10.803 | .001 ^a | .084 |
| | Residual | 40.188 | 118 | | | |
| | Total | 43.867 | 119 | | | |
| 2 | Regression | 5.117 | 2 | 7.724 | .001 ^b | .117 |
| | Residual | 38.750 | 117 | | | |
| | Total | 43.867 | 119 | | | |

- a. Predictors: (Constant), Sense of Inadequacy
- b. Predictors: (Constant), Sense of Inadequacy, Withdrawal
- c. Dependent Variable: Science

Spelling (the criterion variable) was simultaneously regressed on the set of predictors: School Maladjustment, Clinical Maladjustment, Personal Adjustment, Depression (SRP), Sense of Inadequacy (SRP), Atypicality (PRS), Withdrawal (PRS), Attention Problems (PRS), Externalizing Problems, Internalizing Problems, Adaptive Skills, and Group. Table 21 displays the F -ratio, significance level, and R^2 of the multiple regression model on spelling. Only one of the independent variables contributed significantly to the prediction of spelling: Externalizing Problems [$F(1,118) = 4.187; p = .043$]. About 3% of the variability in spelling was accounted for by Externalizing Problems.

Table 21

^bMultiple Regression Model Using BASC PRS and SRP Composite and Group Membership to Predict Spelling

| Model | | Sum of Squares | df | F | p | R ² |
|-------|------------|----------------|-----|-------|-------------------|----------------|
| 1 | Regression | .873 | 1 | 4.187 | .043 ^a | .034 |
| | Residual | 24.594 | 118 | | | |
| | Total | 25.467 | 119 | | | |

- a. Predictors: (Constant), Externalizing Problems
 b. Dependent Variable: Spelling

Conduct (the criterion variable) was simultaneously regressed on the set of predictors; School Maladjustment, Clinical Maladjustment, Personal Adjustment, Depression (SRP), Sense of Inadequacy (SRP), Atypicality (PRS), Withdrawal (PRS), Attention Problems (PRS), External Problems, Internal Problems, Adaptive skills, and Group. Table 22 displays the data of the multiple regression model on conduct. Only one of the independent variables contributed significantly to the prediction of conduct: Sense of Inadequacy [$F(1,118) = 8.312$; $p = .005$]. About 7% of the variability in conduct was accounted for by Sense of Inadequacy.

Table 22

^bMultiple Regression Model Using BASC PRS and SRP Composite and Group Membership to Predict Conduct

| Model | | Sum of Squares | df | F | p | R ² |
|-------|------------|----------------|-----|-------|-------------------|----------------|
| 1 | Regression | 1.434 | 1 | 8.312 | .005 ^a | .066 |
| | Residual | 20.358 | 118 | | | |
| | Total | 21.792 | 119 | | | |

- a. Predictors: (Constant), Sense of Inadequacy
 b. Dependent Variable: Conduct

Summary

Descriptive and demographic information from this study were presented as well as the results from the statistical computations designed to test the proposed research questions. Data were gathered from 40 Korean children and their parents, 40 Korean American children and their parents, and 40 Caucasian American children and their parents. Three groups were utilized to determine the results of the study.

Bivariate correlations were conducted to answer the research question one. Research question one was tested to determine the relationship of the three common subscales of the PRS and SRP (Anxiety, Depression, and Atypicality) across the scales for the three groups. There was moderate congruence between PRS and SRP for the Korean and Caucasian American children in this study. However, the three common PRS and SRP subscales were unrelated for the Korean American group.

A multivariate analysis of variance was conducted to determine whether there were significant differences among BASC PRS scales. Results revealed that the three groups were significantly different on Atypicality, Withdrawal, and Social Skills. A multivariate analysis of variance was conducted to determine if there were significant differences among BASC SRP scales. Results revealed that the three groups were significantly different on Anxiety, Depression, Sense of Inadequacy, Relation with Parents, Interpersonal Relations, Self-Esteem, and Self-Reliance.

A fourth research question sought to determine if there were significant differences for BASC PRS and SRP scales by gender and group. Results

revealed that boys were rate significantly higher than girls on Hyperactivity and Conduct Problems, girls were rated significantly higher than boys on Social Skills and Leadership for the PRS scales. However, there was no gender effect on BASC SRP scales.

Multiple regression analyses was conducted to answer the research question five. Research question five was tested to determine whether BASC composite scores and group membership predict report card grades. The results of this suggested that only about small amount of variance in report card grades was accounted for by predictors.

CHAPTER V
SUMMARY, CONCLUSIONS, DISCUSSION, AND
RECOMMENDATIONS

This chapter presents a summary of the study, conclusions and discussion of the results, implications for theory and practice, limitations, and recommendations for future study.

Summary

This study investigated the effects of cultural background and environmental factors on parent and child behavioral ratings on the Behavior Assessment System for Children. The participants were 40 Korean children and their parents, 40 Korean American children and their parents, and 40 Caucasian American children and their parents. The children ranged in age from 8 to 11. The parents all completed the BASC Parent Rating Scale (PRS) and the children completed the Self Report of Personality (SRP) (Reynolds & Kamphaus, 1992). The researchers translated the BASC PRS and SRP to the Korean language and transcribed it. The Korean participants were administered the translated forms. The study evaluated the congruence between parent and child ratings of behavioral and emotional problems as measured by the BASC among Korean, Korean American, and Caucasian American children within each group. The study examined the differences in the parent ratings of behavioral adjustment as measured by the BASC among Korean, Korean American, and Caucasian

American children. The study also examined the differences in the self-report ratings of behavioral adjustment as measured by the BASC among Korean, Korean American, and Caucasian American children. Gender differences on behavioral and emotional problems among Korean, Korean American, and Caucasian American children as rated by parent and self-report ratings of BASC were also examined. Finally, BASC scores were used to predict report card grades for Korean, Korean American, and Caucasian American children.

The data were analyzed with SPSS 9.0 for Windows (SPSS INC, 1998) with subprograms: Descriptives, Bivariate Correlations, General Linear Model-Multivariate, and Linear Regression. An alpha level of $p < .05$ was adhered to for determining significant statistical results.

Conclusions and Discussion

The literature on psychopathology has often linked cultural factors to patterns of disturbed behaviors. Culturally mediated values and expectations and the associated behavior of parents and other adults toward children may influence the types of behavior problems children show when distressed (Weisz et al., 1987). Weisz et al. (1987) suggested two relevant challenges. The first is to identify patterns of children's problem behavior that are both clinically significant and relatively prevalent across cultures, e.g., externalizing versus internalizing problems, and the second to identify cultures that differ in ways that are relevant to the behavior problem patterns of interest. In 1980 there were 290,000 Korean Americans residing in the United States and an average of 33,000 have been immigrating to America each year since. Currently, more than

837,000 Korean Americans reside in the U.S. (U.S. Bureau of the Census, 1990). Given this population trend, it seems important to address the unique cultural characteristics and psychosocial needs of Korean American children (Kim et al., 1996). The study of these children could provide insight into the effects of being between two cultures.

Research Question 1: Are parents and child ratings of behavioral and emotional problems as measured by the BASC related for Korean, Korean American, and Caucasian American children within each group? Achenbach, McConaughy, and Howell (1987) have noted that environmental contexts such as home versus school, the different interaction partners present in these contexts, and differences between informants' perspectives are all apt to contribute to the variations found among different sources of data on children's behavior. Thus, because the BASC is a multi-component assessment system including observation, developmental history, and separate parent, teacher, and child rating scales that would be used together in a comprehensive assessment, it becomes important to examine the characteristics among these components. It may also be essential to investigate the relations among these components across different cultural groups as cultural influences may also account for variation between different sources of information. Within a particular culture, comprehensive assessment of a child requires multiple sources of data, each of which may contribute different pictures of the child's functioning (Achenbach et al., 1990). Children's functioning is apt to vary considerably from one context and interaction partner to another. As a consequence, no single procedure or

source of data can provide comprehensive assessment of children's behavioral and emotional problems.

To address this issue in part, the study examined the relationship of the three common subscales of the PRS and SRP (Anxiety, Depression, and Atypicality) across the scales for the three groups. For the Korean and American groups the scales were moderately related across the two forms (r s ranged from .40 to .59). This exceeds the average correlation between parental rating and self-report by children reported in the Achenbach et al. (1987) meta-analysis (r =.22). The correlations also were substantially greater for these subscales across the two forms than those that were reported for the standardization sample in the BASC technical manual (Anxiety, .21, Depression, .31, and Atypicality, .20). To a degree, therefore, the self-report scales and the parent rating scales were measuring the same construct. There was moderate congruence between parent rating and self-report ratings for the American and Korean children in this study.

The three common PRS and SRP subscales were unrelated for the Korean American group. The Korean American parents likely based their judgments on continuous experiences with their children in the home and other non-school settings in which traditional Korean values would be implicit and expected. The Korean American children, however, would have self-reported based on the values and experiences of the home environment as well as based on the experience and values of the school setting. Comparison of the self to other children at the school could have resulted in a lack of congruence between

the parent rating and the self-ratings. The children would perform their self-ratings on the basis of two opposing cultural systems, while the parents may have been anchored in the Korean cultural values. Super and Harkness (1986) propose that the characteristics of children's physical and social environments set the course for developmental incomes. According to this theory, regularities within settings, customs, and cultural belief systems organize children's developmental experiences and provide the information from which they construct the rules of their culture. Research has also shown that Korean and American cultures have different views about the self, others, and interdependence of the two. In an empirical study examining the psychological connotations of "me" among Korean and American respondents, Maday and Szalay (1976) found that Americans focused on the individuated self, or the "I", whereas, Koreans emphasized the relatedness and interdependence among individuals, or the "we". The Korean interdependent view of the self is generally expressed in a collectivist orientation. *Chong*, which is the affective bond uniting Korean families and social groups, is associated with being attentive to others' needs, attempting to "read" their minds, and maintaining harmonious shared experiences (Choi, 1978; Kim & Choi, 1994). In contrast, the American independent view of the self is generally expressed in an individualistic orientation where attending to the self, individuality, self-assertion, and "saying" what is on one's mind is encouraged (Markus & Kitayama, 1991). Cultural variations in social conventions, communication styles, and the construal of the

self can be expected to influence the nature of individual experience, social behavior, and self-expression.

Research Question 2: Are there differences in the parent ratings of behavioral adjustment as measured by the BASC among Korean, Korean American, Caucasian American children? There were significant group differences for parent ratings of child adjustment on several BASC PRS scales: Atypicality, Withdrawal, and Social Skills.

On PRS Atypicality, the Caucasian American ($M = 50.3$; $SD = 14.2$) children were rated by their parents to be significantly lower than both the Korean ($M = 61.4$; $SD = 15.9$) and Korean American ($M = 61.5$; $SD = 14.9$) children. The Atypicality scale evaluates unusual perceptions, behaviors, and thoughts. An elevated score can indicate confused thought processes and an inability to exercise rational control over one's behavior. However, in the case of the parent ratings of the Korean and Korean American children, the relatively elevated scores probably do not reflect psychopathology. High Atypicality scores might also reflect social alienation or the highly individualistic life style of a family (Reynolds & Kamphaus, 1992, p.52). This would be consistent with the concept of Korean family collectivism. The Korean groups were rated to have levels of Atypicality at almost identical levels for their children which suggests a powerful cultural effect rather than psychopathology.

Caucasian American ($M = 51.1$; $SD = 9.2$) children were also rated significantly lower than both the Korean ($M = 56.8$; $SD = 12.1$) and Korean American children ($M = 56.7$; $SD = 11.3$) on the PRS Withdrawal scale. The

withdrawal scale measures a child's tendency to evade others and to avoid social contact. As was the case with Atypicality, this probably does not represent psychopathology for the Korean groups, but rather consistency with Korean cultural values. Korean American children ($M = 46.3$; $SD = 8.4$) were rated significantly lower than Korean ($M = 50.8$; $SD = 9.7$) and Caucasian American children ($M = 51.0$; $SD = 9.6$) on PRS Social Skills scale. A Korean child grows up with a strong sense of dependence and family loyalty (Azuma, 1986). Parents expend inordinate time and sacrifice personal needs to foster the interests of their children and family at large. Consequently, parents demand unquestioning obedience from their children. Children are also expected to listen when parents speak without questioning their views. Public display of affection among parents or between parents and children is embarrassing and discouraged because Korean values require strict control over emotional expression outside of the family unit, this control could be perceived as withdrawal in western terms. Furthermore because Korean American children are in English speaking schools, they may experience a language difficulty which could limit social interaction. Korean American children can be withdrawn or depressed, exhibit inappropriate behavior, lack of self-esteem, or need some support because of language difficulties (Kim et al., 1996). Korean American children's limited English proficiency may be a cause of major difficulties in the educational setting (Kim, 1990; Yu, 1990). They may experience difficulty communicating with other students, teachers, and counselors, which could be interpreted as a tendency to be withdrawn. In an attempt to cope with these negative experiences and the

accompanying feelings of discomfort, a Korean American child may begin to withdraw and may segregate himself or herself from the rest of the children (Kim, 1990). In addition, the value on education has forced many Korean parents to put intense pressure on their children to achieve academically. Failure in school is seen as bringing shame to the family (Lee & Cynn, 1991). The students' inability to become academically successful, coupled with the parents' unrealistically high expectations, may cause them to avoid social comparison in a public setting which could be interpreted as withdrawal. This withdrawal may be a result of being caught between two competing cultures. Korean culture dominates home life while American values would be needed at school.

The Korean American children were rated lower on Social Skills than either of the other groups. This may be because there are problems associated with lack of English proficiency in a setting which requires English for the daily routine. The student may not have the interactive experiences necessary to increase his or her verbal communication skills (Kim, 1990). Consequently, these children may experience social adjustment problems with their peers.

Research Question 3: Are there differences in the self-report ratings of behavioral adjustment as measured by the BASC among Korean, Korean American, and Caucasian American children? There were significant group differences for on a number of BASC SRP scales. Statistically significant differences were noted on Anxiety, Depression, Sense of Inadequacy, Relations with Parents, Interpersonal Relations, Self-Esteem, and Self-Reliance.

On SRP Anxiety the Korean American ($M = 52.3$; $SD = 8.9$) children rated themselves significantly more anxious than both the Korean ($M = 48.0$; $SD = 9.4$) and American ($M = 47.7$; $SD = 9.3$) children. Korean children ($M = 54.7$; $SD = 8.5$) rated themselves significantly higher than Korean American ($M = 48.6$; $SD = 7.4$) and Caucasian-American children ($M = 46.3$; $SD = 7.9$) on the SRP Depression scale. The Korean ($M = 58.5$; $SD = 10.2$) children also rated themselves significantly higher on the SRP Sense of Inadequacy scale than did the Korean American ($M = 47.7$; $SD = 6.7$) and American ($M = 48.8$; $SD = 10.4$) children. In addition, Korean children ($M = 45.1$; $SD = 10.0$) were significantly lower than the Korean American ($M = 50.1$; $SD = 9.1$) and American children ($M = 52.6$; $SD = 6.2$) on the SRP Relation with Parents scale. The Korean ($M = 47.9$; $SD = 10.6$) children also rated themselves significantly lower on SRP Interpersonal Relations than both the Korean American children ($M = 53.1$; $SD = 6.6$) and American children ($M = 54.5$; $SD = 7.0$). The Korean children ($M = 45.3$; $SD = 8.9$) rated themselves significantly lower on SRP Self-Esteem than did American children ($M = 53.0$; $SD = 7.3$). Korean children ($M = 37.4$; $SD = 7.9$) were also significantly lower than Korean American ($M = 50.6$; $SD = 8.2$) and American children ($M = 53.7$; $SD = 7.9$) on SRP Self-Reliance. The Korean children rated themselves to be significantly more impaired on 6 of the 7 significant BASC scales than either of the other groups (Depression, Sense of Inadequacy, Relation with Parents, Interpersonal Relations, Self Esteem, and Self Reliance). These reflect problems that are considered internalizing rather than externalizing. Korean families place utmost value on the family unit and live

together as a joint family. Strong regard of mutual respect, obedience to elders, and denunciation of personal fulfillment binds family members. This Korean collectivism (family interest comes before individual interest) likely contributes to a strong sense of dependence (Azuma, 1986). Exceptional courtesy and deference must be shown to the elders (Loridas, 1988). Children are expected to listen when parents speak without questioning their views. Public display of affection among parents or between parents and children is embarrassing and discouraged. All of these behaviors require self-control, which would be consistent with an internalizing orientation in the Korean group.

The Korean American children rated themselves higher on Anxiety than either of the other groups. This may be because for them there are demands for rapid Americanization which can result in the loss of Korean cultural heritage and ethnic identity ultimately resulting in anxiety and a perception of a marginal self-identity for oneself (Hurh, 1990). Korean American children are taught to speak to elders in a respectful language style and to avoid questioning their authority, which leads to the children obeying the wishes of parents and older siblings. When learning and practicing these customs, the Korean American children may find themselves caught in a cultural “double bind” because they are expected to retain these practices and the related values while trying to assimilate into the United States’ culture, which promotes equality and independence (Kim et al., 1996). The Korean culture’s emphasis on group affiliation and group cooperation may conflict with the Western values or be judged as inappropriate because they may see the focus on the individual as being detrimental to the Korean belief of

striving for the benefit of the group. Consequently, a student who is urged to make independent decisions may be caught in a cultural bind that causes conflicts with his or her parents and with other Korean American elders.

Research Question 4: Are there gender differences on behavioral and emotional problems among Korean, Korean American, and Caucasian American children as rated by parent, and self-report ratings? There was significant multivariate main effect for gender on the BASC PRS scales. The follow-up univariate analyses were conducted to further analyze the multivariate main effect. The gender effect occurred on a number of BASC PRS scales: Boys were rated significantly higher than girls on the scales of Hyperactivity ($M = 54.25$, $SD = 12.56$ vs. $M = 48.20$, $SD = 11.20$), Conduct Problems ($M = 55.82$, $SD = 14.47$ vs. $M = 50.00$, $SD = 10.54$), otherwise girls were rated significantly higher than boys on Social Skills ($M = 51.55$, $SD = 10.34$ vs. $M = 47.15$, $SD = 7.93$), and Leadership ($M = 52.75$, $SD = 9.21$ vs. $M = 47.42$, $SD = 7.01$).

The previous literature has reported consistent, statistically significant gender differences on some of the scales and composites on BASC and CBCL. On the rating scales, males are rated higher than females by about one-third to one-half of a standard deviation on the Aggression, Conduct Problems, Hyperactivity, Attention Problems, and on their associated composites (Externalizing Problems). To about the same degree, females are rated higher than males on Adaptability, Anxiety, Depression, Leadership, Social Skills, Withdrawal, and Internalizing Problems (Reynolds & Kamphaus, 1992, p.94). Boys also obtained significantly higher CBCL scores on the Attention Problems,

Delinquent Behavior, and Aggression Behavior syndromes, and on Externalizing. Girls scored significantly higher on the CBCL Somatic Complaints, Anxious/Depressed syndromes and on Internalizing (Weine, et al., 1995). In particular, boys being rated as more Undercontrolled (e.g., disobedience, fighting, arguing) than girls regardless of culture, is in harmony with previous findings from western cultures (Achenbach & Edelbrock, 1983; Rutter & Garmezzy, 1983). This is consistent with the current results. Girls rated as more adapted and socially skilled than boys, while boys generally were seen to have more externalizing problems.

Zahn-Waxler, Cole, Welsh, and Fox (1995) refer to the “gender paradox of comorbidities,” which is that although the prevalence of disruptive behavior is lower in female than in male individuals, the risk of comorbid conditions such as anxiety is higher in female samples. In explaining this paradox, Zahn-Waxler et al. (1995) suggest that girls’ heightened level of interpersonal sensitivity, caring, and empathy may be a protective factor in insulating them from developing antisocial behavior. However, at the same time, girls’ overreceptivity to the plight of others, and their reluctance to assert their own needs in situations involving conflict and distress, may elevate their risk for the development of internalizing problems.

Although findings relating to sex differences and child psychopathology are complex, inconsistent, and frequently difficult to interpret, the cumulative findings from recent studies strongly indicate that the effects of gender are critical to understanding the expression and course of most forms of childhood disorder

(Kavanagh & Hops, 1994). It is particularly important to understand the processes and mechanisms underlying these gender effects, recognizing those biological differences and differential socialization practices are likely to interact in accounting for any differences between the sexes that are found.

There was no significant multivariate interaction effect for gender and group. The group effects were discussed earlier. There was no significant multivariate main effect for gender and interaction effect on BASC SRP scales. The group effects were discussed earlier.

Research Question 5: Do BASC scores predict report card grades for Korean, Korean American, and Caucasian American children? The results of this study suggest that, for reading, only Sense of Inadequacy contributed significantly. Only about 4% of variance in reading was accounted for by Sense of Inadequacy. The Sense of Inadequacy scale assesses a lack of belief in the ability to achieve at expected levels, a tendency not to persevere, and a perception of being unsuccessful (primarily in academic endeavors) (Reynolds & Kamphaus, 1992, p.61).

For math, only Attention Problems contributed significantly to the prediction. Only about 4% of the variability in math were accounted for by attention problems. The Attention Problems scale measures inability to maintain attention and the tendency to be easily distracted from tasks requiring attention (Reynolds & Kamphaus, 1992, p.48).

For science, Sense of Inadequacy and Withdrawal contributed significantly the prediction. Apparently, about 12% of the variability in science was accounted

for by Sense of Inadequacy and Withdrawal. The Withdrawal scale measures a child's tendency to evade others to avoid social contact. In mild form, withdrawal may represent a symptom of depression. Withdrawal is also associated with being neglected or rejected by peers. The pathological nature of this withdrawal would be most clearly indicated by items involving avoidance of others, refusal to join group activities, and refusal to talk (Reynolds & Kamphaus, 1992, p.50).

For spelling, only External Problems contributed significantly to the prediction. About 3% of the variability in spelling was accounted for by Externalizing Problems. A central characteristic of the Externalizing Problems composite is the disruptive nature of the child's behavior. Such children readily come to the attention of teachers and health care professionals because they disrupt the activities of both peers and adults, they often are unresponsive to adult direction, and they have more problematic relationships with peers (Reynolds & Kamphaus, 1992, p.52).

In addition, only sense of inadequacy contributed significantly to the prediction of conduct. About 7% of the variability in conduct were accounted for by sense of inadequacy. Individuals with high Sense of Inadequacy scores tend to lack persistence and to reject the traditional goals of society. As a defensive measure they may profess a devotion to alternative lifestyles or alienated social groups (Reynolds & Kamphaus, 1992, p.61).

Implications of the Study

Cross-cultural studies of child development and childhood psychopathology can provide an increasingly sophisticated understanding of the impact of culture on the mental health of children and their families. Although the general distribution of mental disorders and associated risk factors are often similar across countries, prevalence figures for specific mental disorders tend to vary significantly, even if comparable diagnostic criteria and evaluation methods are applied (Costello, 1989). It remains difficult to make direct comparisons of reports of childhood behavior problems across cultures. In particular, it is difficult when the locations under comparison have widely different cultural histories, such as Asian and Western cultures (Mueller et al., 1995). The results of this study indicate that caution should be exercised when using parental ratings and self reports with Korean and Korean American children. Compared to a representative American standardization sample, these children were indicated to be significantly deviant. However, it appears that cultural factors, rather than psychopathology could account for the elevated estimates on the BASC scales. Korean norms should be developed to assist in behavioral and emotional assessment of those children. Furthermore, for the Korean and Korean American children a consistent internalizing pattern of functioning emerged. Educators should be cognizant of these cultural tendencies and may want to adjust their expectations for performance and behavior accordingly. Korean American children in particular might benefit from social skills intervention and groups which highlight cultural differences and the effects of being between conflicting value systems.

Childhood disorders cannot be fully understood on the basis of observations in only one environment or culture. Environmental contexts such as home versus school, the different interaction partners present in these contexts, and differences between informants' perspectives are all apt to contribute to the variations found among different sources of data on children's behavior (Achenbach, et al., 1987). Within a particular culture, comprehensive assessment of a child, therefore, requires multiple sources of data, each of which may contribute different pictures of the child's functioning (Achenbach et al., 1990). Children's functioning is apt to vary considerably from one context and interaction partner to another. As a consequence, no single procedure or source of data can provide comprehensive assessment of children's behavioral and emotional problems. Furthermore, assessment of children's behavioral/emotional problems always involves human judgment since there are no objective measures of such problems independent of people's judgments (McConaughy, Achenbach, & Gent, 1988).

Limitations of the Study

There were several limitations of the present study. First, the sample was geographically restricted. For example, Most Korean samples were drawn from around Seoul; Korean American samples were from Oklahoma areas and LA; and Caucasian American samples were mostly from rural areas in Oklahoma. Therefore, the generalizability of the present findings was limited.

Second, the extent to which linguistic differences, reading disability,

or lack of education in the parent group may have invalidated responses and affects of correlations are unknown.

Third, the Behavior Assessment System for Children (BASC) has not been translated into Korean. Therefore, the Korean translate BASC form was used because of the likelihood that language difficulties would affect completeness and accuracy. We obtained permission to translated BASC form into Korean. The translation was done by the first author and was verified for accuracy by three other persons with college-level Korean education. However, the accuracy of the Korean translated form may not be accurate due to the translator's qualification.

Fourth, this study did not attempt to use representative samples from each group. Instead, a convenient sample of children and parents with some connection to the friends in each area were used.

Fifth, the items of the Parent Rating Scale (PRS) were 136 and the items of the Self-Report Personality (SRP) were 152. The number of items was too many for younger children.

Recommendations for Future Study

Overall, the current study suggested that sociocultural variations in the contexts in which children develop and interact are associated with children's behavior, their self-expression, and how they experience and coordinate with their groups and partners. Moreover, these differences may in part form cultural differences in values, traditions, child-rearing patterns, and socialization practices that may have different effects at different developmental periods. We are only

beginning to study how culture and development may influence child behavior and emotional problems, and how these factors may interact in their influence of educational and social accomplishments. The complexity of culture and of development insures that such research will not be easy. The present findings suggest that there is value in these efforts and that these factors and their interplay are too influential to ignore.

There are several goals for future research on behavioral and emotional problems among different ethnic groups. First, there is a need for additional studies on the Korean American minority population in the elementary levels, including research on issues surrounding second generation Korean American students and children from mixed marriages (i.e., Korean Caucasian, Korean Hispanic, Korean Black).

Second, future research might profitably include children younger or older than the 8 to 11 year age ranges. To round out the picture of development across cultures, we will need to add evidence on early childhood and adolescence. Certainly, the evidence presented here, and elsewhere to date, must be regarded as only part of an expanding picture of the interplay of culture, sex, and maturation in the development of child psychopathology.

Third, further research is needed to compare and contrast the behavior and emotional problems among different ethnic groups (i.e. African American, Hispanic American, Native American, and participants from other countries). It will be fruitful to investigate the relationship between behavior and emotional

problems and sociocultural factors of ethnic group children other than those discussed in this study.

Summary

Overall these findings indicate that three groups were significantly different on the basis of the influence of cultural background and environmental factors. Especially, Korean and Korean American children were indicated to be significantly deviant. However, it appears that cultural factors, rather than psychopathology could account for the elevated estimating on the BASC scales.

These differences may result in part from cultural differences in values, traditions, child-rearing patterns, and socialization practices, and they may have different effects at different developmental periods. We are only beginning to study how culture and development may influence child behavior problems and psychopathology, and how the two factors may interact in their influence. The complexity of culture and of development insures that such research will not be easy. The present findings, though, suggest that there may be value in the effort and that the two factors and their interplay may be too influential to ignore.

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APPENDIXES

Appendix A
ANNOUNCEMENT

Announcement

Please volunteer for this study (Spring '99):

Cultural Influences on ratings of Behavioral and Emotional Problems, and School Adjustment for Korean, American Born-Korean, and Caucasian American Children

Participants:

- 1. Korean Children (Age 8-11) and Their Parents.**
- 2. American Born-Korean Children (Age 8-11) and Their Parents.**
- 3. Caucasian American Children (Age 8-11) and Their Parents.**

*** Please Contact to Woo Sik Jung (Main Researcher): (405) 744-2877**

**Terry A. Stinnett, Ph, D. (Dissertation Advisor):
(405) 744-9456**

Thank You for Your Time & Participation

Appendix B
Parent Consent Form

Parent Consent Form

We, _____, understand as participants in this project we will
(name of parents or guardians)
complete a BASC (Parent Rating Scale and Self Report Personality) checklist and complete a participant information sheet.

We understand this is a part of a study entitled **Spring 1999 Study: Cultural Influences on Ratings of Behavioral, and Emotional Problems and School Adjustment for Korean, Korean American, and Caucasian American children.**

We understand that participation is completely voluntary, there is no penalty for not choosing to participate, that we may withdraw from the study at any time with no negative consequences to us, and that our participation and responses will be completely confidential. There is minimal risk or possible discomfort to us for participating. We understand that only aggregate data are to be used and that our individual responses will not be identified. We understand that the researchers will assign us an identification number to be used only for the purposes of this study and only the researchers will have access to that number. Our responses will be kept confidential under lock and key in the researcher's office. All of our responses and our identification number will be destroyed upon completion of the study. We understand that this study may help educators and other professionals who work with children understand factors related to their expectations for children with behavior problems. We understand that the BASC (Parent Rating Scale) and the BASC (Self-Report Personality) requires a commitment of one hour or less. All the BASC checklists will be coded with ID numbers so that no participant's name will appear on the checklist. The list of ID numbers coded to participants' names will be kept in a locked file in the office of the main researcher during the study. After the analysis of the data is completed the list of ID numbers coded to participant's names will be shredded along with the BASC checklists.

We may contact Woo Sik Jung (744-2877) and Dr. Terry A. Stinnett, Dissertation advisor, at 744-9456. We may also contact Sharon Bacher, IRB Executive Secretary, 203 Whitehurst, Oklahoma State University, Stillwater, OK 74078; (405) 744-5700.

We have read and fully understand the consent form. We sign it freely and voluntarily A copy has been give to us.

Date: _____ Time: _____ (a.m./p.m)

Signature of parent: _____ or _____
Person authorized to sign for child, if required

I certify that I have personally explained all of the elements of this form to the participant before requesting him or her to sign it.

Signed: _____
Project Director or Authorized Representative

Signed: _____
Dissertation Advisor: Terry A. Stinnett, Ph.D.

Appendix C
Participant Information (Parent)

Participant Information (Parent)

Please complete the following:

1. Age: _____
2. Name of Town Living: _____
3. Gender of Participating Parent: _____ male _____ female
4. Ethnicity: _____ Caucasian _____ Korean-American
5. Citizenship: _____ American _____ Korean
6. Living Area: _____ rural (up to 25,000) _____ suburban (25- 100,000) _____ urban (>100,000)
7. Child Birth Place: _____
8. Primary Language spoken at Home: _____
9. How many children in the family? _____
10. How long have you been in the United States: _____ years
11. Has your child ever attended school in his or her home-country: _____ Yes _____ No
12. If yes, How long has your child attended a school in their home-country? _____ years
13. Free or reduced lunch at school : _____ Yes _____ No
14. Religious orientation : _____ Christian _____ Buddhism _____ Muslim
_____ Atheist _____ Others, please specify: _____
15. Frequency of Religious group attendance: _____ once a week _____ once a month
_____ more than twice a week _____ twice a year
16. What were Your Child Final Report Card from Academic Year '97-'98:
(Indicate all which are available)
Reading _____
Math _____
Language Art _____
Spelling _____
Social Studies _____
Science _____
Guidance _____
Conduct or Behavior _____

Appendix D
Parent Rating Scale (PRS) of
Behavior Assessment System for Children (BASC)

BASC Parent Rating Scales

- Circle **N** if the behavior *never* occurs
- Circle **S** if the behavior *sometimes* occurs
- Circle **O** if the behavior *often* occurs
- Circle **A** if the behavior *almost always* occurs

| | | | | |
|--|---|---|---|---|
| 1. Adjusts well to new teachers | N | S | O | A |
| 2. Threatens to hurt others | N | S | O | A |
| 3. Worries | N | S | O | A |
| 4. Listens to directions..... | N | S | O | A |
| 5. Rocks back and forth for long periods of time..... | N | S | O | A |
| 6. Run away from home | N | S | O | A |
| 7. Says, "I don't have any friends." | N | S | O | A |
| 8. Cannot wait to take turn..... | N | S | O | A |
| 9. Attends after-school activities | N | S | O | A |
| 10. Says, "please" and "thank you" | N | S | O | A |
| 11. Complains of shortness of breath | N | S | O | A |
| 12. Readily starts up conversations with new people | N | S | O | A |
| 13. Plays with fire | N | S | O | A |
| 14. "Shows off" | N | S | O | A |
| 15. Is too serious | N | S | O | A |
| 16. Wets bed | N | S | O | A |
| 17. Tries to hurt self..... | N | S | O | A |
| 18. Has friends who are in trouble..... | N | S | O | A |
| 19. Says, "I want to kill myself." | N | S | O | A |
| 20. Leaves seat during meals..... | N | S | O | A |
| 21. Joins clubs or social groups..... | N | S | O | A |
| 22. Encourages others to do their best..... | N | S | O | A |
| 23. Complains of dizziness..... | N | S | O | A |
| 24. Will change direction to avoid having to greet someone..... | N | S | O | A |
| 25. Dares other children to do things..... | N | S | O | A |
| 26. Stutters | N | S | O | A |
| 27. Says, "I'm afraid I'll hurt someone" | N | S | O | A |
| 28. Is in trouble with the police | N | S | O | A |
| 29. Cries easily | N | S | O | A |
| 30. Throws tantrums | N | S | O | A |
| 31. Uses medication | N | S | O | A |
| 32. Congratulates others when good things happen to them | N | S | O | A |
| 33. Complains of being cold | N | S | O | A |
| 34. Hits other children..... | N | S | O | A |
| 35. Has eye problems..... | N | S | O | A |
| 36. Is easily soothed when angry | N | S | O | A |
| 37. Teases others..... | N | S | O | A |
| 38. Worries about what parents think | N | S | O | A |
| 39. Forges things..... | N | S | O | A |
| 40. Repeats one activity over and over | N | S | O | A |
| 41. Repeats one activity over and over | N | S | O | A |
| 42. Says, "Nobody understands me." | N | S | O | A |
| 43. Needs too much supervision | N | S | O | A |
| 44. Is a "self-starter" | N | S | O | A |
| 45. Has a sense of humor | N | S | O | A |
| 46. Complains of pain..... | N | S | O | A |
| 47. Avoids competing with other children | N | S | O | A |
| 48. Gets upset when plans are changed | N | S | O | A |
| 49. Argues with parents..... | N | S | O | A |
| 50. Says, "I get nervous during tests" or "Tests make me nervous." | N | S | O | A |
| 51. Is easily distracted..... | N | S | O | A |
| 52. Picks at things like own hair, nails, or clothing..... | N | S | O | A |
| 53. Shows a lack of concern for others' feelings..... | N | S | O | A |
| 54. Is easily frustrated | N | S | O | A |

| | | | | |
|---|---|---|---|---|
| 55. Is restless during movies | N | S | O | A |
| 56. Has lots of ideas | N | S | O | A |
| 57. Volunteers to help with things | N | S | O | A |
| 58. Vomits..... | N | S | O | A |
| 59. Is shy with other children | N | S | O | A |
| 60. Is a "sore loser" | N | S | O | A |
| 61. Tries too hard to please others | N | S | O | A |
| 62. Daydreams | N | S | O | A |
| 63. Has to stay after school for punishment | N | S | O | A |
| 64. Is easily upset..... | N | S | O | A |
| 65. Fiddles with things while at meals | N | S | O | A |
| 66. Is good at getting people to work together..... | N | S | O | A |
| 67. Uses appropriate table manners..... | N | S | O | A |
| 68. Has ear infections | N | S | O | A |
| 69. Has toileting accidents..... | N | S | O | A |
| 70. Makes frequent visits to the doctor | N | S | O | A |
| 71. Adjusts well to changes in routine | N | S | O | A |
| 72. Is critical of others..... | N | S | O | A |
| 73. Is afraid of dying | N | S | O | A |
| 74. Gives up easily when learning something new | N | S | O | A |
| 75. Seems out of touch with reality..... | N | S | O | A |
| 76. Lies to get out of trouble | N | S | O | A |
| 77. Complains about not having friends | N | S | O | A |
| 78. Interrupts others when they are speaking..... | N | S | O | A |
| 79. Is creative | N | S | O | A |
| 80. Makes suggestions without offending others | N | S | O | A |
| 81. Has headaches..... | N | S | O | A |
| 82. Refuses to join group activities | N | S | O | A |
| 83. Shares toys or possessions with other children..... | N | S | O | A |
| 84. Complains about rules | N | S | O | A |
| 85. Worries about things that cannot be changed | N | S | O | A |
| 86. Completes homework from start to finish without taking a break..... | N | S | O | A |
| 87. Eats things that are not food..... | N | S | O | A |
| 88. Gets into trouble in the neighborhood..... | N | S | O | A |
| 89. Changes mood quickly | N | S | O | A |
| 90. Is overly active..... | N | S | O | A |
| 91. Gives good suggestions for solving problems | N | S | O | A |
| 92. Politely asks for help..... | N | S | O | A |
| 93. Has allergic reactions | N | S | O | A |
| 94. Shows fear of strangers..... | N | S | O | A |
| 95. Breaks other children's things..... | N | S | O | A |
| 96. Worries about what teachers think | N | S | O | A |
| 97. Complains about being unable to block out unwanted thoughts..... | N | S | O | A |
| 98. Gets in trouble | N | S | O | A |
| 99. Says, "I want to die" or "I wish I were dead" | N | S | O | A |
| 100. Has seizures | N | S | O | A |
| 101. Is usually chosen as a leader | N | S | O | A |
| 102. Compliments others..... | N | S | O | A |
| 103. Gets sick..... | N | S | O | A |
| 104. Begins conversations appropriately..... | N | S | O | A |
| 105. Is a "good sport"..... | N | S | O | A |
| 106. Calls other children names | N | S | O | A |
| 107. Says, "I'm afraid I will make a mistake." | N | S | O | A |
| 108. Completes work on time | N | S | O | A |
| 109. Plays in toilet | N | S | O | A |
| 110. Has been suspended from school | N | S | O | A |
| 111. Says, "Nobody likes me."..... | N | S | O | A |
| 112. Makes loud noises when playing | N | S | O | A |
| 113. Will speak up if the situation calls for it..... | N | S | O | A |
| 114. Responds when spoken to | N | S | O | A |
| 115. Has difficulty breathing | N | S | O | A |
| 116. Avoids other children | N | S | O | A |

| | | | | |
|--|---|---|---|---|
| 117. Adjusts well to changes in family plans | N | S | O | A |
| 118. Argues when denied own way | N | S | O | A |
| 119. Says, "I'm not very good at this." | N | S | O | A |
| 120. Listens attentively | N | S | O | A |
| 121. Hears sounds that are not there | N | S | O | A |
| 122. Lies | N | S | O | A |
| 123. Is sad | N | S | O | A |
| 124. Climbs on things | N | S | O | A |
| 125. Makes decisions easily | N | S | O | A |
| 126. Tries to bring out the best in other people | N | S | O | A |
| 127. Complains of heart beating too fast | N | S | O | A |
| 128. Clings to parent in strange surroundings | N | S | O | A |
| 129. Is cruel to animals..... | N | S | O | A |
| 130. Worries about schoolwork | N | S | O | A |
| 131. Sees things that are not there..... | N | S | O | A |
| 132. Sleeps with parents | N | S | O | A |
| 133. Says, I'm so ugly." | N | S | O | A |
| 134. Has a hearing problem | N | S | O | A |
| 135. Is energetic..... | N | S | O | A |
| 136. Shows interest in others' ideas | N | S | O | A |
| 137. Has stomach problems..... | N | S | O | A |
| 138. Offers help to other children | N | S | O | A |

Appendix E
Participant Information (Child)

Participant Information (Child)

Please complete the following:

Your Age: _____

Your Gender: _____ Male _____ Female

What grade are you in: _____

Name of School: _____

How long have you attended this school? _____ years

Name of Teacher _____

What is your favorite thing to do at school: _____

What is your favorite thing to do at home: _____

Appendix F
Self-Report of Personality (SRP) of
Behavior Assessment System for Children (BASC)

BASC Self-Report

If you agree with the sentence, circle the T for *True*. If you don't agree with the sentence, circle the F for *False*.

- | | | |
|--|---|---|
| 1. I think I am very creative..... | T | F |
| 2. School has too many rules | T | F |
| 3. People expect too much from me | T | F |
| 4. I need help to get along with others | T | F |
| 5. I often have nightmares | T | F |
| 6. My parents are often proud of me..... | T | F |
| 7. I hear things that others cannot hear | T | F |
| 8. Life is getting worse and worse | T | F |
| 9. My teacher gets mad at me for nothing | T | F |
| 10. I quit easily..... | T | F |
| 11. I wish I were someone else | T | F |
| 12. Other people always find things wrong with me..... | T | F |
| 13. I am dependable..... | T | F |
| 14. People get mad at me, even when I don't do anything wrong | T | F |
| 15. I hate school | T | F |
| 16. I worry a lot of the time | T | F |
| 17. I am always nice to teachers | T | F |
| 18. Sometimes voices tell me to do bad things..... | T | F |
| 19. Nothing ever goes right for me | T | F |
| 20. I am always disappointed with my grades | T | F |
| 21. Other children are happier than I am | T | F |
| 22. My parents have too much control over my life | T | F |
| 23. I have never been in a car | T | F |
| 24. I wish there were no report cards | T | F |
| 25. I see weird things..... | T | F |
| 26. Sometimes my teacher makes me feel stupid | T | F |
| 27. When I am wrong I can change things to be right again..... | T | F |
| 28. I don't care about school..... | T | F |
| 29. I can't stop myself from making mistakes | T | F |
| 30. My friends are usually kind to me | T | F |
| 31. I am afraid I might do something bad | T | F |
| 32. My Parents think I am dumb..... | T | F |
| 33. I go from happy to mad very fast | T | F |
| 34. No one understand me | T | F |
| 35. When I get a bad grade, it's usually because the teacher doesn't like me | T | F |
| 36. When I take tests, I can't think..... | T | F |
| 37. I like who I am..... | T | F |
| 38. I wish I were invited to more parties | T | F |
| 39. I can usually solve a difficult problem by myself | T | F |
| 40. My parents control my life..... | T | F |
| 41. I don't like thinking about school..... | T | F |
| 42. I am bothered by thoughts about death | T | F |
| 43. My teacher cares about me | T | F |
| 44. I cannot stop myself from doing bad things | T | F |
| 45. I cover up my work when the teacher walks by | T | F |
| 46. Adults have a better life than I do | T | F |
| 47. What I want never seems to matter | T | F |
| 48. People say bad things to me | T | F |
| 49. My feelings get hurt easily | T | F |
| 50. I prefer to be alone most of the time | T | F |
| 51. I hear voices in my head..... | T | F |
| 52. Teachers mostly look for the bad things that you do | T | F |
| 53. If I have a problem, I can usually work it out..... | T | F |
| 54. School is boring | T | F |
| 55. I get blamed for things I can't stop..... | T | F |

| | | |
|--|---|---|
| 56. My classmates don't like me..... | T | F |
| 57. I often worry about something bad happening to me..... | T | F |
| 58. My mother and father help me if I ask them to..... | T | F |
| 59. I cannot control my thoughts..... | T | F |
| 60. I am always in trouble with someone..... | T | F |
| 61. Most teachers are unfair..... | T | F |
| 62. I want to do better, but I can't..... | T | F |
| 63. I like the way I look..... | T | F |
| 64. People act as if they don't hear me..... | T | F |
| 65. My teacher doesn't have to help me very much..... | T | F |
| 66. My parents blame too many of their problems one..... | T | F |
| 67. Superman is a real person..... | T | F |
| 68. I worry about what other people think about me..... | T | F |
| 69. My parents trust me..... | T | F |
| 70. Sometimes, when alone, I hear my name..... | T | F |
| 71. I am good at only one or two things..... | T | F |
| 72. It is hard for me to keep my mind on schoolwork..... | T | F |
| 73. I feel out of place around people..... | T | F |
| 74. Bad things just happen..... | T | F |
| 75. Little things bother me a lot..... | T | F |
| 76. Nobody ever listens to me..... | T | F |
| 77. Other kids hate to be with me..... | T | F |
| 78. I am good at being myself..... | T | F |
| 79. My school feels good to me..... | T | F |
| 80. My parents often nag me about doing chores at home..... | T | F |
| 81. My classmates make fun of me..... | T | F |
| 82. I worry when I go to bed at night..... | T | F |
| 83. I like to show my report card to my mother and father..... | T | F |
| 84. I itch on the inside..... | T | F |
| 85. I think I am dumb next to my friends..... | T | F |
| 86. My teacher understands me..... | T | F |
| 87. I usually fail..... | T | F |
| 88. I wish I were different..... | T | F |
| 89. Sometimes I feel lonely, even when there are people with me..... | T | F |
| 90. I am good at schoolwork..... | T | F |
| 91. I can't seem to control what happens to me..... | T | F |
| 92. I drink 50 glasses of milk every day..... | T | F |
| 93. I am nervous..... | T | F |
| 94. My parents like to help with my homework..... | T | F |
| 95. My skin feels funny sometimes..... | T | F |
| 96. I am always in trouble at home..... | T | F |
| 97. Most of the time, you have to cheat to win..... | T | F |
| 98. I want to be more independent, but it scares me..... | T | F |
| 99. I am blamed for a lot of things I don't do..... | T | F |
| 100. I worry about disappointing my parents..... | T | F |
| 101. I always have bad luck..... | T | F |
| 102. Others have respect for me..... | T | F |
| 103. I am a dependable friend..... | T | F |
| 104. I can hardly wait to quit school..... | T | F |
| 105. I doesn't matter if I say I am sorry, people are still mad at me..... | T | F |
| 106. People think I am fun to be with..... | T | F |
| 107. I am bothered by not getting enough sleep..... | T | F |
| 108. I like to be close to my parents..... | T | F |
| 109. I have many accidents..... | T | F |
| 110. I used to be happier..... | T | F |
| 111. My teacher is always telling my what to do..... | T | F |
| 112. Tests are not fair to most people..... | T | F |
| 113. I have nice hair..... | T | F |
| 114. I am lonely..... | T | F |
| 115. I like to answer questions in class..... | T | F |
| 116. Things go wrong for me, even when I try hard..... | T | F |
| 117. Nobody likes me..... | T | F |

| | | |
|---|---|---|
| 118. I get nervous when things do not go the right way for me | T | F |
| 119. I have no teeth..... | T | F |
| 120. Sometimes I want to hurt myself..... | T | F |
| 121. I just don't care anymore | T | F |
| 122. I never have time to do all my schoolwork | T | F |
| 123. I am bothered by rumors about me or my friends | T | F |
| 124. My mother and father like my friends..... | T | F |
| 125. I worry about what is going to happen | T | F |
| 126. I have too many problems | T | F |
| 127. I am good at showing others how to do things..... | T | F |
| 128. I am good at making decisions | T | F |
| 129. I can't wait for school to be over | T | F |
| 130. My parents expect too much from me | T | F |
| 131. Other children don't like to be with me..... | T | F |
| 132. I feel guilty about things..... | T | F |
| 133. My parents don't think much of me..... | T | F |
| 134. I see things that others cannot see..... | T | F |
| 135. I prefer not to be noticed..... | T | F |
| 136. My teacher is often proud of me | T | F |
| 137. I give up easily | T | F |
| 138. I am nice looking..... | T | F |
| 139. I feel someone will tell me I do things the wrong way | T | F |
| 140. I always do homework one time | T | F |
| 141. My parents are always telling me what to do | T | F |
| 142. Other people make fun of me | T | F |
| 143. I am afraid of a lot of things | T | F |
| 144. I have never been to sleep | T | F |
| 145. Sometimes I can't stop what I am doing | T | F |
| 146. Nothing about me is right..... | T | F |
| 147. I often get sick before tests..... | T | F |
| 148. I am bothered by teasing from others | T | F |
| 149. My parents listen to what I say | T | F |
| 150. I worry over tests at school..... | T | F |
| 151. Nothing goes my way | T | F |
| 152. I smile and laugh a lot..... | T | F |

Appendix G

Cover Letter to Participants (Parents)

Dear Parents,

In order to better understand behavior differences and the influence of background and environmental factors among different cultures, we have initiated a research study entitled the Cultural Influence on Ratings of Behavioral, and Emotional Problems and Adaptive Skills for Korean, American Born-Korean, and Caucasian American Children (ages 8-11) as Measured by the Behavior Assessment System for Children (BASC). We would like you to be involved.

Your participation involves completing a participant information sheet, a parent form (Parent Rating Scale) of the Behavior Assessment System for Children (BASC). We also ask your child to complete a child form (Self-Report Personality) and a participant information sheet.

The checklists will take less than an hour to complete the checklists. Complete confidentiality of all data collected will be maintained. In addition, the data collected in this study will only be used for this project. After the analysis of the data is completed all data connected with this study will be destroyed. Your participation is voluntary and you may drop out of the study at any time.

The success of this research depends on your generous participation. Therefore, in appreciation of your assistance, we will be glad to share the results with you.

Sincerely yours,

Woo Sik Jung: 744-2877

Dissertation Advisor: Terry A. Stinnett, PhD. 744-9456

Appendix H

Oral Assent to Participate (Parents)

Mr. (Mrs.) _____,

We are doing a study of the Cultural Influences on Ratings of Behavioral, and Emotional Problems and Adaptive Skills for Korean, American Born-Korean, and Caucasian American Children as Measured by the Behavior Assessment System for Children (BASC). This interview is used to compare behavior differences and the influence of cultural background and environmental factors among three different groups. Data will be collected through the completion of checklists and it will take less than one hour to complete the interviews. Your participation is completely voluntary, there is no penalty for not choosing to participate, that you may withdraw from the study at any time with no negative consequences to you, and that your participation and responses will be completely confidential. You may take as much time to complete the checklist as is needed. Please do not put your name or your child's name on this checklist. Put an "X" on the appropriate place to mark your answers. If you have any questions, I will be nearby to assist you.

Appendix I

Oral Assent to Participate (child)

ORAL ASSENT TO PARTICIPATE (Child)

Researcher: _____, thank you for working with me today.

I am doing a study of the cultural influences on what teachers, parents, and students think about how you act and feel. A rating scale will be given to you and it will take less than one hour to complete the paper. Your teachers, friends, or even your parents will have no way of knowing what you put down on your paper. See, your name will not be on this paper. I have done this so that no one else but you and I will see your answers. Your participation is completely voluntary, and there is no penalty at all for not participating in this study. That means, if you do not want to fill out the rating scale, you do not have to. You will not be punished for not filling this out. You will have as much time as you want to complete it. Please do not put your name on this checklist. You will put an "X" on the appropriate place to mark your answers. Would you like to do this by yourself or would you like me to read the questions while you mark your answers?

OKLAHOMA STATE UNIVERSITY
INSTITUTIONAL REVIEW BOARD

Date: June 5, 2000 IRB #: ED-99-077

Proposal Title: "CULTURAL INFLUENCES ON RATINGS OF BEHAVIORAL AND EMOTIONAL, AND SCHOOL ADJUSTMENT FOR KOREAN, KOREAN AMERICAN, AND CAUCASIAN AMERICAN CHILDREN"

Principal Investigator(s): Terry Stinnett
Woo Sik Jung

Reviewed and Processed as: Modification

Approval Status Recommended by Reviewer(s): Approved



Modification is for title change only

Signature:


Carol Olson, Director of University Research Compliance

June 5, 2000
Date

Approvals are valid for one calendar year, after which time a request for continuation must be submitted. Any modification to the research project approved by the IRB must be submitted for approval with the advisor's signature. The IRB office MUST be notified in writing when a project is complete. Approved projects are subject to monitoring by the IRB. Expedited and exempt projects may be reviewed by the full Institutional Review Board.

VITA

Woo Sik Jung

Candidate for the Degree of
Doctor of Philosophy

Thesis: CULTURAL INFLUENCES ON RATINGS OF BEHAVIORAL AND EMOTIONAL PROBLEMS, AND SCHOOL ADJUSTMENT FOR KOREAN, KOREAN AMERICAN, AND CAUCASIAN AMERICAN CHILDREN

Major Field: Applied Behavioral Studies

Biographical:

Personal Data: Born in Seoul, Korea, July 27, 1968, the son of Cha Jun Jung and Woo Hee Kim.

Education: Graduated from Young San High School, Seoul, Korea in February, 1987; Received Bachelor of Science degree in Special Education from Oklahoma State University in December, 1995; Completed Requirements for the Master of Special Education at Oklahoma State University in Applied Behavioral Studies In Education in May, 1997; completed requirements for Doctor of Philosophy degree with a major in Applied Behavioral Studies at Oklahoma State University in July, 2000.

Professional Experience: Teaching Assistant, Oklahoma State University, August, 1997 to May, 2000. Research Assistant, Oklahoma State University, August, 1999 to May, 2000.

Professional Memberships: Council for Exceptional Children, Oklahoma Learning Disabilities Association, Christianity and Disabilities, Rocky Mountain Educational Research Association, American Council on Rural Special Education, International Association of Asian Studies, and American Psychological Association.