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DEFINING AND ASSESSING ADOLESCENT APATHY

by

RON HANDELMAN

A dissertation submitted to the Graduate Faculty in Educational Psychology in partial fulfillment of the requirements for the degree of Doctor of Philosophy, The City University of New York

1999

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Abstract

DEFINING AND ASSESSING ADOLESCENT APATHY

by

Ron Handelman

Adviser: Professor David Rindskopf

A trend toward increasing generalized apathy, and academic and social disengagement appears to exist among adolescents in the 1990s. In an investigation of existing literature, a clear, consistent definition of adolescent apathy was not identified, and a specific instrument for the assessment of the construct was not found.

In the current study, adolescent apathy was defined as the absence of interest in most activities, accompanied by a decrease or cessation in goal-setting and goal-directed behaviors. The apathetic person is indifferent to changes that occur about him/her; has difficulty making decisions; and does not display energy or enthusiasm in most situations, as judged by family members, teachers, self and close others.

An 81-item self-report inventory, entitled Adolescent Apathy Inventory (AAI) was created and distributed to 607 high school students between the ages of 14 and 19, in four different schools. Additionally, students were given a demographics survey and the Reynold's Adolescent Depression Scale (RADS). Apathy is often considered a symptom of depression; however, it was hypothesized that adolescent apathy can exist independently of depression.

Internal consistency reliability for the scale was strong (.93). Test-retest reliability was statistically significant. Construct validation was accomplished through

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the factoring of the scale into five discrete (and reliable) subscales, each of which contained items pertaining to components of the adolescent apathy definition. AAI scores were correlated with RADS scores; a moderate association between depression and adolescent apathy was found. Criterion-referenced validity was measured by correlating AAI scores with guidance counselors' assessments of apathy. Total scores for the AAI were distributed normally.

The AAI may be considered a valid and reliable measure of adolescent apathy. It takes approximately 10-15 minutes to administer. The scale identified students who might be poorly prepared for college or adulthood. Apathetic teenagers are less likely to join teams, clubs and academic organizations; their interests are vague; they may not know how to set specific, realistic goals for themselves; and they usually have more social and behavioral problems than nonapathetic individuals. Once highly apathetic students are identified, it might be possible to design school-based and community-based interventions.

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Acknowledgments

The process of completing the requirements for a doctoral program, including the writing and defense of the dissertation is not designed for the apathetic individual. Disengagement, lapses in motivation, and poor goal-setting are not the components one desires for this undertaking. But personal attributes are not the most important factors involved in a degree. While it may be the existence of internal forces and strengths that determine whether the Ph.D. is a possibility at all, it is actually specific individuals close to the student who ultimately make the product a reality.

Clearly, there are helpful external structures that exist in the academic program, such as deadlines, examinations and class sequences; however, lists of requirements do not remind you to study or to get moving on that next phase of the paper. This section is designated for acknowledgment of those people in my life who pushed, encouraged and provided crucial advise during these past few years.

Professor David Rindskopf is recognized first. He expertly balanced statistical and procedural suggestions and constructive criticism with just the right amount of positive feedback. I was never led into a blind alley, nor was I allowed to waste an ounce of my efforts during this project. David Rindskopf teaches his students to do things for themselves, no matter how complicated, but he does not leave them to wallow in confusion. I am grateful for his clarity, for his kind and humanistic approach, and for his availability, without which this dissertation could not have been completed.

Next, I would like to recognize Professor Philip Saigh and Professor Marian Fish, who provided sensible and intelligent suggestions to the organization of the project. Had I not been brought back to reality periodically, my writing may have risked deviating

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from scientific toward journalistic or informal. Their contributions to the readability and logic of the paper were invaluable. Also, within the Department of School Psychology, these two mentors have guided me through personal and professional growth through their instruction and one-to-one interactions.

A quick word to thank my fellow students is in order. We brought new relevance to the concept of cooperative learning. I have never met such a cohesive and supporting class. We never competed; all we did was strive for progression, success (and good humor) year after year.

Lastly, I would like to offer my deepest appreciation to my wife Teren and my daughters, Shana and Alyssa. It was during this program that we were married and had two amazing children. Teren's encouragement was never cliché or forced. From her I learned what a strong work ethic is worth. With unbelievable patience and undying faith in my ability to finish what I start, she kept my motivation alive. She never complained...so why should I? Thank you with all of my heart.

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Defining and Assessing Adolescent Apathy

Ron Handelman

The Graduate School and University Center

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Defining and Assessing Adolescent Apathy

Chapter 1. Introduction

If one were to wander through the halls of the local high school, or perhaps observe teenagers hanging out in malls, on street corners, or in parks and wooded areas, a prominent and dismaying pattern of behaviors, attitudes and conversations would be apparent. What may be most noticeable is the "lack" of specific behaviors, verbalizations and thoughts expressed by the adolescents. A large proportion of the youngsters would not be engaged in play activities, intellectual endeavors, organized sports, or social actions and clubs. Additionally, and perhaps even more perplexing, they would not be initiating disruptive, mischievous, or rebellious behaviors. Some variation of substance abuse or consumption may accompany the "nonbehaviors" of the teens; however, the cigarette and pot smoking, and the occasional drinking behaviors, may seem to be only peripheral activities. What exactly are these adolescents doing, thinking, and planning? And is what we are seeing really only a similar pattern to that of adolescents during previous generations?

A university professor comments about her undergraduate students' lack of background information, but becomes even more distressed when talking about their lack of energy and their exasperating innocence of mind (Cubbison, 1991). She describes students as placid and nice; yet they do not participate in discussions, and they don't appear to want to make any decisions. They can pass their courses without working or thinking (Cubbison, 1991). Steinberg (1996) describes "blank stares of deliberate

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disenchantment" (p. 13) that meet the questions and lectures of frustrated high school teachers.

The following true scenario illustrates one variation of the ubiquitous apathy among high schoolers. In the school psychologist's office, a student sits vacantly at the desk; she is there because the student has received two failing grades during the second marking period. Teachers are concerned that this Regents-level student is unmotivated, depressed, or "on-drugs". They don't know whether to refer the student for a series of evaluations, perhaps identifying a learning disability or emotional disturbance according to State and Federal guidelines; nor do they know whether to initiate yet another Child Study Team meeting with parents and teachers. They are unsure how they can assist the inactive sophomore. A behavior contract and home-based consequences for poor grades did not work during previous attempts. Often, the administrators and parents will merely throw up their hands in frustration.

When the student was finally referred, the evaluations revealed average to high average intelligence, age- and grade-appropriate achievement, and social and emotional functioning within healthy limits. However, the factor that stands out during testing is an overwhelming sense of disinterest and generalized apathy. Questions and answers during the clinical interview included the following

Q What do you and your friends do during most of your free time?

A "Hang out"

Q What do you think about when you are hanging out or in school?

A "Nothing much" or "I don't know"

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Q What are you planning to do after school today (or in the future, after high school)?

A "Nothing" or "Who knows"

For this female, aged 16, and for many of her friends, when questioned about the music that they listen to, (this "generation X"), they discuss groups like the hopeless and brooding Nine Inch Nails; the alternative Biohazard and Rancid; the melancholy Smashing Pumpkins; even a return to the always bizarre and depressing Pink Floyd, (particularly "The Wall"). Songs include themes of despair, violence, suicide, and bitterness. Recently songs have reflected the intense pattern of apathy and distinct lack of ambition that has consumed many teens. Alanis Morrissette sings "I am frustrated by your apathy"; Red Hot Chili Peppers sing "My friends are so depressed"; and Green Day sings "I've got no motivation". And there are countless other songs expressing negative or indifferent attitudes, and feelings of helplessness and apathy, prominent among high schoolers.

According to Steinberg (1996), a trend in media interest (especially among adolescents and young adults) surfaced in the late 1980s and early 1990s that can be called "the glorification of stupidity" (p. 44). It reflects the achievement decline in America over the past two decades, and a general disengagement of many teenagers in academics. The lead characters of the most popular TV programs and movies were admired for their idiocy, commonness, or their stupidity. Examples include Dumb and Dumber; Wayne's World; Married...with Children; The Simpsons; and Beavis and Butthead. Perhaps the role models of the present generation need to be re-evaluated by parents and educators.

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Parents and high school staff, including the school psychologist, may begin to wonder whether listless, disinterested, noncaring youths can slip so deep into their apathy that they become adult versions, lacking drive and purpose. It is possible that many teens may not develop effective goal-setting skills, nor demonstrate the perseverance necessary to fulfill any goals they may have.

The student interview described above is repeated several times each week in one diversely-populated Rockland County High School. Students represent a wide range of urban, rural and suburban residential conditions and most SES categories. Self-report depression scales, such as The Children's Depression Inventory (CDI) (Kovacs, 1992) or the Reynolds Adolescent Depression Scale (RADS) (Reynolds, 1987), reveal that the students are not depressed. Attention Deficits Disorder, Major Depression, Dysthymia and Bipolar Disorders may be ruled out via published assessment instruments or via comparisons of observed behaviors with DSM-IV diagnostic criteria (American Psychiatric Association, 1994). Substance Abuse Disorders may have been previously identified through observations of severe behaviors and behavioral changes. Also, when the students are evaluated, findings are usually conclusive that no learning disability exists. The apathetic adolescents are not necessarily products of dysfunctional homes and families, yet this important factor should not be overlooked as a contributing influence for their apathetic state (Steinberg, 1996).

Following her evaluation, it became apparent the young woman described above and her cohort of apathetic friends did not fall into a previously identified category. They do, however, appear to be in trouble, especially as they enter their junior and senior years

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of high school. The essential questions remain for school pedagogical and support staff What can we do to help these youngsters get back on track educationally? How can we stimulate their interests in clubs, teams, student government, music, art, social, political and environmental issues? And how can goal-directed behaviors and realistic ambitions be encouraged?

The questions and observations described above provide the inspiration for a research endeavor to define and measure the apathetic state or trait that is manifested by some adolescents. If "adolescent apathy" is a condition that can be operationally defined, and then differentiated from conditions that may share observed behaviors with an apathetic condition, or have apathy as one of the defining symptoms (e.g. adolescent depression), then perhaps assessment and treatment protocols can be devised.

Other related student conditions that warrant consideration include absence of achievement motivation due to negative attributes of personal outcomes [the theories of Heider (1958) and Weiner (1974) are described in Schunk (1991)]; repeated failures and learned helplessness, as per the theories of Rotter (1966) and Seligman (1975) (as described in Schunk, 1991); and other categories of psychological pathology, learning malady, physical ailment or abuse of a controlled substance. Often, these other dysfunctions can be ruled out quickly through observations, interviews, teacher reports or self-reports inventories, or comparisons of behaviors with published diagnostic criteria; what remains is an apathetic state that is not yet clearly defined nor measured.

The following review of research concerning the definitions and measurements of school disengagement (Steinberg, 1996); depression; anhedonia (Kovacs, 1992);

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avolition; asociality; acedia (Capps, 1989); apathy; and alienation (amongst others) demonstrates that a generalized state of adolescent apathy may be separated from related and more popularly described phenomena. To the extent that adolescent apathy is a unique condition, it may require a novel screening device or assessment inventory, so that students in need of assistance may be identified and appropriately served.

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Chapter 2. Review of Related Research

Definitions and Theoretical Perspectives

The condition, syndrome, and behaviors of apathy have been described in a wide array of contexts by laypeople, theologists, educators, medical specialists, psychologists and, of course, musicians. Early clerics introduced the world to the "seven deadly sins" and the "saving virtues". As described by Capps (1989), apathy is a sinful disposition (as opposed to a sinful action) that, according to forth century Christians, posed a serious threat to the divine spirit within humans. Apathy, while not listed among the traditional seven deadly sins in medieval literature, such as in Dante's Inferno or Chaucer's Canterbury Tales, is indeed one of the original deadly sins. The term sloth was later used to describe apathy. Originally, there were eight sins; melancholy (or tristitia) was merged with apathy (or acedia) to become sloth. Seven sins (pride, envy, anger, greed, gluttony, lust and sloth [apathy]) were used so that each sin could be assigned a day of the week (Capps, 1989). In a descriptive study investigating lay-peoples' attitudes and understanding of the sins and virtues, Capps (1989) proposed a correlation between the seven sins and Erikson's life stages The stage of adulthood was assigned the sin of apathy. Each sin and stage was discussed in terms of a saving virtue hope, will, purpose, competence, fidelity, love, care, and wisdom. To the high school staff member, adolescence may have been the better match for the sin of apathy; and the saving virtues of "care" and "purpose" should have been assigned as the antidotes for apathetic teens.

Apathy was defined by Capps (1989) as an apathetic or callous attitude towards life, reflected in an indifference toward the needs and aspirations of others. Exploratory

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analysis was performed on the results of questionnaires about the sins and virtues. The survey was administered to a diverse population in order to determine the worst or "deadliest" sins and the most desirable virtues. A number of intriguing correlates and demographic results were found, but are beyond the scope of this secular investigation. It was concluded that apathy is considered among the worst of the deadly sins by many populations, male and female, but was typically considered a male sin (Capps, 1989).

In addition to acedia, other terminology that may replace or be related to apathy are abulia, akinesia, akinetic mutism, depression, dementia, delirium, despair, demoralization (Marin, 1990); also disengagement (Mosher & MacGowan, 1985; Natriello, 1982; Natriello, 1983); and alienation (Snow, 1982). Whatever the word employed, common behaviors or similar pattern of behaviors are usually observed; they are lack of goal-setting and goal-directed behaviors; lack of activity; and lack of interest.

Educators such as Mosher and MacGowan (1985), Vornberg (1990), and Friedman (1993) may agree that the more a student gets involved in doing things, as opposed to avoiding or not caring about things, the better off they are. Research has consistently indicated that participation in school activities benefits both the students and the school. However, some major problems with the implementation of effective activities includes financing; sponsor availability; time constraints; and student apathy (Vornberg, 1990). Ironically, the very apathy that results in students not joining activities may actually lead to decreased funding and initiation of activities and events in the school.

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Mosher and MacGowan (1985) analyzed the joining behaviors, vs. the lack of joining in school activities among secondary students; and they focused on drop-out statistics, reports of student disengagement from academic pursuits, and observations of alienation from peers and staff to infer levels of apathy or disengagement. An objective measure of student disengagement was not employed, as a suitable one was not found. They report that such loss of engagement has detrimental effects on achievement; social interactions; behaviors; and intellectual development. Mosher and MacGowan (1985) suggest that since there is a lack of a real theory about disengagement, future research is necessary. They continue by stating that a systematic measurement, derived from research in the field of student disengagement is necessary.

In her doctoral practicum, Friedman (1993) measured middle school students' attitudes towards academic tasks and assessed apathy towards learning. For her study, apathetic students were defined as being unenthusiastic about their studies. The apathy resulted in poor academic performance, minimal effort, behavioral problems, and a lack of inner motivation to achieve. The observable variables that made up apathy were behavioral records, grade reports, and interviews with teachers and students. Friedman (1993) emphasized the need to develop intrinsic motivation in the students. Suggestions for instructional approaches and staff development were offered.

In 1982, Mackey and Appleman (in Friedman, 1993) reported an increasing surge of academic apathy, where a greater number of students appeared uncommitted to school. They also describe a phenomenon called apoliticism, that is a contagious strain of classroom apathy, applied to social studies, and extends to general feeling about the

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futility of political action (in Friedman, 1993). Friedman (1993) pessimistically discusses the passivity and disinterest of the students, relating it to helplessness and powerlessness. She later states that "Ultimately, apathy in the classroom today may be the forerunner of apathy in the citizenry of tomorrow" (p. 33).

In response to this, the educators may ask Where does the apathy come from? They may first look towards family, culture, media or even the stars for enlightenment. It is unlikely that they would review the standards and expectations set by the governing bodies, that is themselves, in order to discover the origins of indifference, disengagement and lethargy.

In an attempt to explore school influences on student engagement, an expansive research project was completed by Steinberg, Dornbusch, and Brown from 1986 through 1996 (Steinberg, 1996). More than 20,000 teenagers from nine high schools were surveyed. Parents, teachers and administrators were interviewed as well. The goal of the project was to describe the ways that parents, teachers and communities influence students' commitment to school.

The "engaged" student was described as "being there emotionally as well as physically". According to Steinberg (1996), engaged students concentrate on tasks; strive to do their best on all assignments and tests; they participate in lessons and discussions; and they genuinely care about the quality of their work. "Disengaged" students were defined as those who do only as much as it takes to avoid failure or trouble. They are just going through the motions day to day.

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The relationship between disengaged students and unskilled or uncommitted adults was emphasized. The potentially negative implications for USA's competitiveness in the international marketplace were presented by the researchers (Steinberg, 1996). Additionally, being disengaged and not performing well in school were identified as predictors for depression; low self-esteem as an adolescent and adult; increased likelihood of substance abuse; increased delinquency; decreased commitment to other goals and values held by adult society; and a variety of other employment, psychological, and behavioral maladjustments (Steinberg, 1996).

Steinberg (1996), along with his research team, measured student disengagement via student interviews and questionnaires, and by interviews with school staff members and parents. Analysis of self-reported experiences, time spent in various activities, descriptions of study habits, attitudes, values, and ambitions revealed the pessimistic trends described by the researchers. Anecdotal and self-reported data were supported by SAT results and National Assessment of Educational Progress (NAEP) reports. Present scores were compared to those from the 60s, 70s and 80s.

Conclusions included that profound disengagement among teens is not only the fault of the school and school reform; rather, communities, peers, and style of parenting are major contributors to the current patterns of behavior and interest. It should be noted that a specific measurement instrument of adolescent disengagement was not employed, rather, the conclusions were culled from interview, questionnaire, and anecdotal data (Steinberg 1996).

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When addressing the issue of apathy in the schools, statistical quality control expert W. Edward Deming, who directed Japanese industry leaders in the 1950s into global leadership in technology and manufacturing, suggested that educators should not blame classroom teachers for student apathy (Bonstingl, 1992). Instead, the whole educational system should be altered; education in the USA should not be based on control, compliance, and command. Apathy is a result when creativity, loyalty and optimal performance are not the primary goals of the system. The concepts of grades and student assessment contribute to the mediocrity and inferiority of students, by squeezing most students into the middle portion of the bell-shaped curve. School should not be structured for boredom, apathy and marginal student involvement, rather it should be structured for success (Bonstingl, 1992).

One of the best known theories concerning student apathy was derived by Viktor Frankl in the late 1950s and early 1960s. The theory discusses an individual's "purpose in life" and his/her perception of meaning of life (Coffield, 1981). The theory states that student apathy is a reaction to the social conditions that the student encounters. These may include increased unemployment, increased questioning of traditional values, increased leisure time, perceived increase in control of individual lives by government and outside agencies (external locus of control), the notion of a consumer-driven society, sexual overcompensation, and self-defeating pleasure-seeking (Coffield, 1981).

The societal issues of the 1960s, that lead to lowered meaningfulness, or the "existential vacuum" (Frankl, 1969, p. 84), seem to parallel the "me-first" attitudes, technology-driven, service-oriented world of the 90s. Observations of teens and even

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adults in the present may reveal actions reflecting lack of consideration, selfishness, and disinterest in the social issues that surround us. Frankl (1969) stated that "the existential vacuum is not only increasing, but also spreading" (p. 84); "The main manifestation of existential frustration-boredom and apathy have become a challenge to education as well as to psychiatry" (p. 85). According to Frankl (1969), the educators' job is to try to direct young pupils away from despair and apathy, and towards hope and meaning in their lives.

Some educators and family therapists view apathy as a manifestation of adolescent resistance (McHolland, 1985). Behaviors such as the lack of anxiety in most situations; the indifference to assistance and attention from others; the appearance of boredom; and the matter-of-fact manner in which the youngster blames others about his/her problems are just part of the Resistant Adolescent Continuum (McHolland, 1985). The passive resistance, indifference and uncaring attitude regarding their own performance fits well into a generalized apathy model.

Placing blame on others, and making excuses for behaviors is a common pattern among the peer group of the 16-year old female described above, in the introduction. "Passivity versus activity" is a comparison frequently discussed during counseling sessions with these youngsters.

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According to Marin, Firinciogullari and Biedrzycki (1994), apathy is a psychological dimension that is defined as lack of motivation; and is operationalized as simultaneous deficits in overt behavioral, cognitive, and emotional concomitants of goal-directed behavior. While the preceding operational definition of apathy is replete with jargon, it is essentially made up of the major components present in other definitions, such as lack of drive and motivation, emotional and cognitive indifference, and unenthusiastic behaviors. Many research studies never defined apathy explicitly. Rather, the meaning was implied when specific behaviors or attitudes were described.

It may be that defining apathy is more simple to accomplish than actually doing something about it. However, an operational definition is a logical place to begin, before an assessment measure is formulated. The following definition was formulated from components of the definitions listed above.

> Generalized apathy is the absence of interest in most everyday activities, accompanied by a decrease or cessation in goal-setting behaviors and goal-directed behaviors. The apathetic person is indifferent to changes that occur about him/her; has difficulty making decisions; and does not display energy or enthusiasm in most situations, as judged by family members, teachers, self and close others.

Factors Contributing to Apathy

Since the focus of the dissertation is adolescent apathy, especially within the context of secondary schools, it seems appropriate that many of the following variables, that are related to, or contribute to adolescent apathy, were studied by educators.

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Investigation of these factors logically contributed to formulation of items for an apathy self-report.

Disengagement/Engagement

In their research analysis of student disengagement, Mosher and MacGowan (1985) pointed out that societal, economic, community and legal norms directly impact on the family, student and school characteristics; and in turn influence student engagement (involvement). Steinberg (1996) reports a similar connection; whereby community, peer group and parenting style characteristics influence a students' level of engagement.

Natriello (1982; 1983) did a series of studies confirming the major influence that educational evaluation systems and authority systems have on student engagement. Engagement was defined as the degree to which a student will want to be involved in school activities, including extra-curricular activities, tasks of scholarship and citizenship and fulfilling daily requirements. A school system usually established procedures to assess students' academic performance, social behavior, and participation in school activities. Also, the school has a system to discipline, maintain order and encourage achievement. Natriello (1982) found that when four major incompatibilities existed among the schools' authority and assessment procedures, student disengagement increased. The incompatibilities were 1) contradictory procedures; 2) uncontrollable aspects of the system; 3) unpredictability; and 4) unattainable goals.

In another study, Natriello (1983) found that students reported higher levels of withdrawal from school activities and disruptive behaviors when they perceived problems

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with the evaluation systems in their schools. Natriello assessed these constructs and behaviors via surveys, administered to 293 midwestern, suburban high school students. Again, when perceived locus of control is primarily external, or when attributions of events and behaviors are of the uncontrolled, external, unstable nature (Kohn, 1993; Schunk, 1991), apathy or disengagement may be most prominent.

Social Relatedness/Belonging

Students' engagement in classroom activities, academic effort, and school success or failure are influenced by individual differences in skill and ability (Schunk, 1991; Steinberg, 1996), as well as by many situational and contextual factors (Natriello, 1982; Steinberg, 1996). A major factor affecting a student's engagement is the quality of school relationships and perceptions of belonging, as a member of the school and classroom communities (Goodenow, 1993). The sense of acceptance includes feeling supported by both adults within their environments, and by their peers (Goodenow, 1993). This student engagement, along with level of effort and sense of belonging appear be directly associated with levels of interest, or degree of apathy.

To study engagement as a function of the students' sense of belonging, it is necessary to explore the effectiveness of students' social interactions. The influence of social relationships on educational outcomes has been the focus of much literature including research on cooperative learning (Palincsar & Brown, 1984; Slavin, 1990); theories about social interaction as an important factor in cognitive development (Rogoff, 1990; Vygotsky, 1978); and how feelings of belonging are important throughout life (Maslow, 1962).

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When one lacks the sense of belonging, lowered engagement and interest in everyday life activities results (Goodenow, 1993). On a useful childrens' or adolescents' apathy inventory, items having to do with belonging, or feeling like a member of a school or social community may need to be included, since the connection between social interaction and perceived acceptance with motivation and achievement seems to be relevant.

Despite a convergence of many related themes in educational and developmental psychology concerning the importance of working together (Palincsar & Brown, 1984; Slavin, 1990), establishing friendships, and having feelings of belonging (Goodenow, 1993), there is little empirical evidence available that explores the combined, long-term effects of disengagement and lack of belonging. One important effect may be generalized apathy, that follows the individual beyond adolescence into adulthood. Additionally, few psychometrically sound measuring devices are available to quantify the construct of belonging. In response to this, Goodenow (1993) developed and validated a measure of adolescent students' perceived belonging, or psychological membership in the school environment.

Specifically, Goodenow's (1993) scale measures the extent to which students feel personally accepted, respected, included and supported by others. The scale was developed using students in one suburban middle school ($N = 454$); and two urban, multi-ethnic middle schools ($N = 301$) in the Northeast United States. The author dropped items with low variability, and if they detracted from scale reliability. The resultant instrument is entitled the Psychological Sense of School Membership (PSSM) scale.

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Good internal consistency reliability for both samples, as well as for both English and Spanish versions was found. Construct validation was achieved when several hypothesized subgroup differences were supported. That is, the scale was able to discriminate between groups predicted to be different in terms of belonging. Grade level and ethnicity were not associated with belongingness; girls scored higher than boys in sense of belonging. Quality of psychological school membership was strongly correlated with self-reported school motivation. Also, weaker correlations with grades, teacher-rated student effort, absences and tardiness were found (Goodenow, 1993).

Contextual Variables

As with a construct of generalized apathy, psychological sense of membership is not purely a personal intrapsychic phenomenon, nor is it entirely a function of the social and school environment. Rather, it is a function of the individual in a specific context, and it is an important contributor to school motivation, effort, participation, and subsequent achievement (Goodenow, 1993; McGonigal, 1994). The important influence of contextual variables such as family characteristics (Mosher & MacGowan, 1985); parent involvement in school and parenting style (McGonigal, 1994; Steinberg, 1996); residential environment, and the extent of poverty experienced by families (Ramey & Ramey, 1990); and community and peer influences (Steinberg, 1996) on the educational and motivational outcomes of children was emphasized in the research.

According to Ramey and Ramey (1990), in addition to developmental delays in physical, social and intellectual progress; lowered aspirations; and frequent behavioral problems, another important result of intergenerational poverty is increased apathy

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among the older children and adults. Context and environmental characteristics may need to be considered when developing and validating an apathy assessment device. Steinberg (1996) supports the comments of Ramey and Ramey (1990) by highlighting environmental variables that contribute to grade outcomes and student involvement in learning activities. The variables include parent involvement in the education of their children, home environment and whether it is conducive to studying and learning, and television viewing.

Kohn (1993) looked at school system variables' effects on student engagement. The author highlighted several studies, comparing students' levels of interest and effort with teacher burnout, arguing that when the capacity for shared-decision-making is taken away, the students increase their apathy and overall disengagement in the system. Wang and Stiles (1976) found that second graders in Pittsburgh completed more assignments in less time when they were given choices about that task they were to work on (in Kohn, 1993). In 1965, Rainey discovered that high school seniors in Minneapolis produced better chemistry lab reports when they were allowed to decide on the methodology (in Kohn, 1993). Similar results were reported for preschoolers in New York State, who made more creative collages, and college students in New York State, who solved puzzles faster when choices were provided (Kohn, 1993).

The research demonstrated that when people feel powerless about potential outcomes, or if they have no control in choosing the activities in which they will participate, they tend to lose their interest, leading to mediocre outcomes. When a democratic, self-determining process is implemented for students, the benefits may

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include better health and less stress; improved behavior and stronger system of personal values; improved academic achievement; and benefits for teachers (Kohn, 1993). Additionally, others have highlighted the importance of having a sense of personal control in order to establish better morale, increased engagement, and improved perception of personal status (Friedman, 1993; McGonigal, 1994; Mosher & MacGowan, 1985; Steinberg, 1996).

Finally, in an analysis of the television viewing habits and reading experiences of secondary school students, Snow (1982) concluded that, overall, those teens who watch a great deal of TV, and/or who have little reading experience showed little purposive striving towards goals of intellectual development, and they invest little mental effort in learning. Snow argued that teens are less-complicated and less-motivated students than ever before.

Snow (1982) and Natriello (1983) appear to be in agreement that student investment of effort is declining. They both offered suggestions for tightening school hierarchies and changing systemic procedures with the goal of improving student motivation and involvement. Along these lines Newman and Licata (1987) reported that the educational environment is a major factor that contributes to the meaningfulness perceived by the students. Steinberg (1996) may look outside of the school system, toward parents, peers and the community influences before addressing the problem of disengagement.

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Assessing Apathy: Existing Instruments

In addition to several researcher-made questionnaires, interview schedules and checklists used to assess engagement (Friedman, 1993; Steinberg, 1996); perceptions of belonging (Goodenow, 1993); or student motivation (McGonigal, 1994), the literature contains a handful of published instruments available for the researcher, clinician, or educator interested in exploring apathetic youth.

Purpose-In-Life Test

In order to address an apathy component among undergraduate college students, Crumbaugh (1968) developed the Purpose-In-Life (PIL) Test. This 20-item, Likert-type attitude scale uses Frankl's theory about student apathy/meaninglessness to measure meaning and purposefulness in individuals from fourth grade on. Scores range from 20-140, with higher scores reflecting less apathy experienced by the subject. Rice, Simpson and Rogers (1994) report split-half reliability data for the PIL. For a sample of 1151 subjects fourth grade and older, $r = .81$, as measured by Crumbaugh and Maholick, in 1964; and $r = .85$, as measured by Crumbaugh in 1968 (Rice et al., 1994). The PIL is reviewed in the Eighth Mental Measurements Yearbook (Buros, 1978).

In a study measuring temporal-societal changes in apathy/meaninglessness, as described by Frankl's theory, Rice et al. (1994) compared mean scores of 415 developmental reading undergraduate college students with a 1968 and a 1978 cohort. Crumbaugh (1968) used the PIL with 417 undergraduate students; Coffield (1981) used the PIL with 455 undergraduate psychology students, during 1978. Consistent with Goodenow (1993), who found that females experienced a higher sense of belonging,

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Coffield (1981) discovered that females also scored higher on the Purpose-In-Life Test in 1978. Coffield (1981) concluded that changing roles and attitudes among women from the mid-60s through the early-80s contributed to the higher purpose in life scores among females.

Rice et al. (1994) inferred that a more definite purpose in life occurs later in life. The disinterest of students in school was not explained. Frankl's theory offers some suggestions about the possible contributing factors in student apathy, such as societal pressures; however, few suggestions were provided for understanding and assisting younger, nondevelopmental (not learning disabled) students when they lack purpose and meaning in their lives.

In a follow-up to the 1978 PIL study, this time including high school students in the sample, Coffield and Buckalew (1986) found that gender differences in apathy/meaninglessness were not as large as seen in previous findings. Variables that appeared to affect apathy were college major and year of program (college freshmen experienced slightly more apathy). High schoolers' subjective perceptions of purpose in life were only slightly smaller than those subjects who went on to higher learning. Similar apathy levels were found among African-American and heterogeneous samples of university students using the same measure (Coffield & Buckalew, 1985). The PIL was effective in identifying the students' perceived level of meaning of their lives in general, however, it did not measure particular engagement or participation in activities currently (e.g., goal-setting behaviors, joining, and social and academic involvement).

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Boredom Proneness Scale

Another existing measurement device, that is peripherally related to an apathy index, yet cannot replace one, is the Boredom Proneness Scale (Farmer & Sundberg, 1986). According to the authors, boredom is considered an emotional disposition, [as apathy is a sinful disposition (Capps, 1989)], and is associated with inattention and daydreaming; and it can lead to curiosity and drug usage. Bored individuals appear to be unhappy but they are not depressed. Those who become bored easily tend to lose concentration quickly, and make mistakes during simple tasks (Ahmed, 1990).

In an assessment of psychometric properties of the Boredom Proneness Scale, Ahmed (1990) administered the 28-item scale to 154 Laurentian University psychology students in Ontario, Canada. Reported reliability coefficients were .73 (Cronbach's alpha); and .72 (KR-20). In addition to the Boredom Proneness Scale, subjects were given the Eysenck Personality Inventory and the depression subscale of the MMPI. A factor analysis was used to estimate homogeneity of items and to provide construct validation by correlating scores with measures of related traits, and with attention. Attention was assessed via a simple verbal, visual-motor task. The factor analysis extracted three factors, yet only two were interpretable; (they were the unrotated versions, as varimax rotation yielded confusing results). The two meaningful factors, comprising 27 of the 28 items were Interest in the environment (18 items), that Ahmed suggested is a variation of lack of apathy; and the capacity for concentration and attention (9 items).

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Adolescent Symptom Checklist

The Adolescent Symptom Checklist (Kohn, Koretzky & Haft, 1979) was developed to assess personality functioning of adolescents with behavioral problems. Adolescents participating in the study had, at one time, been considered officially delinquent. The factor analysis from which the instrument emerged revealed two orthogonal factors Apathy-Withdrawal and Anger-Defiance. Apathy-Withdrawal was the classification used for symptoms such as shy, timid, and recessive behavior. Items included the extent of daydreaming, feelings of inferiority, lethargy and sluggishness, frequent depression, feelings of being low or sad, frequent worrying behavior, fear of new situations, preoccupation with one's own world, feeling hurt easily, and lack of interest in things around the individual, or a generally bored attitude (Kohn, Koretzky & Haft, 1979).

Learning Environments Inventory

Newman and Licata (1987) investigated classroom climate, attempting to identify the kind of setting that would breed interest, as well motivation to participate, join and achieve. In addition to classroom climate, the researchers studied teacher leadership approaches for the purpose of predicting student resistance, of which apathy is one component. The Learning Environment Inventory (LEI), developed by Anderson in 1973 was selected to measure various classroom characteristics.

The LEI is composed of 15 subscales, each with seven items. A four-point Likert scale is used; subjects assess their degree of agreement or disagreement with the statement items. Normative data was collected several times with several thousand

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students in 10th through 12th grade classes, in various subject areas. Individual scores and class means may be calculated. Intraclass internal consistency reliability data, alpha coefficients and test-retest data are listed in the LEI manual. Alpha reliability ranges for the 15 subscales are .54 - .86; intraclass correlations = .31 - .92; and test-retest reliability = .43 - .73. The diversity subscale had the poorest reliability using all three methods. The apathy subscale reliability varied from .61 to .83 (Fraser, Anderson & Walberg, 1982).

One of the subscales of this instrument is the "apathy" subscale; items on this subscale pertain to the student's feelings of having no affinity with the class activities. Other related subscales include cohesiveness among students; friction among classmates; cliqueness; clarity of goals; democracy and shared-decision-making; and competitiveness (Newman & Licata, 1987).

Variables having to do with interpersonal and social interactions stand out as major contributors for a positive classroom environment. According to Newman and Licata (1987), teacher consideration and an effective routinization within the class are influential in controlling student hostility and frequency of resistant, disruptive behaviors. Establishing a strong and positive student-teacher relationship, while limiting disorganization and unpredictability in the classroom may be effective tools for limiting student apathy as well.

Schedule for Assessment of Negative Symptoms

The Schedule for Assessment of Negative Symptoms (SANS) is an instrument used to assess negative symptoms in schizophrenics. In a test review by King (in

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Conoley & Impara, Eds., 1995), the SANS was reported to be appropriate for in-patients and out-patients of all ages. The presence of 19 specific negative symptoms is detected via 24 items on a Likert-type scale; symptoms are rated from none (0) to severe (5). One of the specific symptom areas is Avolition/Apathy. This measure is used often as a research outcome measure, and is frequently administered to in-patient schizophrenics (Conoley & Impara, Eds., 1995).

Apathy Evaluation Scale

The one apathy assessment device that has the word "apathy" in the title, may initially appear to be most appropriate to measure the adolescents of interest in the current study. However, the Apathy Evaluation Scale (AES) (Marin, Biedrzycki & Firinciogullari, 1991) has been designed to study the syndrome of apathy in elderly subjects. The "syndrome" is a characterized by a loss of motivation that is not attributed to emotional distress, intellectual impairment, or diminished level of consciousness. This is in contrast to a "symptom" of apathy where loss of motivation can be attributed to disturbances in emotion, intellect or level of consciousness (Marin, 1991).

Performances on a depression measure and the AES were compared for elderly subjects (mean age 72 years) with Alzheimer's Disease, Major Depression, Left or Right Hemisphere stroke, and normal subjects. The items on the Hamilton Rating Scale for Depression (HRSD) that correlated best with the AES total score were diminished work/interest; psychomotor retardation; and lack of insight and energy (Marin et al., 1994). All of these components may be present in nondepressed adolescents, who are exhibiting apathetic behaviors. When subjects with Major Depression, and items listed

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above were removed from consideration, correlations between AES and the HRSD were nonsignificant (Marin et al., 1994; Marin, Firinciogullari & Biedrzycki, 1993). Review articles and critiques of the AES were not located in the literature. The authors were contacted for a copy of the AES, but no responses were received. The AES may have been created and utilized for specific purposes, and has not been widely marketed. All of the studies in which the AES was employed, were performed by one or more of the authors, using elderly subjects.

Differentiating Apathy from Other Constructs

The preceding results from Marin et al. (1994) indicate that apathetic symptoms may well be components of depression, but that apathy may indeed exist independently from depression, and must be assessed as such. Should the AES be adapted for use with younger subjects, the inclusion of items concerning educational issues, social interactions and belonging, as per Goodenow (1993), and other contextual variables may be necessary. Such changes could enhance the clinically-focused AES.

Depression

In order to identify adolescent apathy as a construct that is independent of depression, it may be worthwhile to explore discriminant validity data comparing the apathy factor of the Boredom Proneness Scale and MMPI depression scores. Ahmed (1990) reported a moderate correlation among his sample, $N = 49$, $r = .32$, $p < .05$. on both these measures. Other results from this study showed that the apathy factor did not significantly correlate with extroversion score on the Eysenck Personality Inventory; and the inattention score, in a visual-motor task only moderately correlated with the apathy

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factor (.30). Farmer and Sundberg (1986) reported a correlation of $r = .41$ between total scores on the Boredom Proneness Scale and scores on the Beck Depression Inventory.

Given Ahmed's (1990) findings, it is important to mention that apathy is often viewed as a relevant component or symptom of depression. It is reasonable to note a moderate correlation among apathy and depression scores. The construct of depression has been studied extensively, however, it may be necessary to distinguish adult depression from adolescent depression. Using a semi-structured interview with 30 adolescents with depressed moods, Inamdar, Siomopoulos, Osborn, and Bianchi (1979) attempted to differentiate components of adolescent depression from adult depression. Inamdar et al. remarked, at that time, in psychiatry, there lacked a clear, systematic, detailed approach to the diagnosis of adolescent depression. More recently, Reynolds (1986) stated that a "current consensus among researchers is that depression is manifested by the same symptoms in adolescence as it is in adulthood" (p. 1). Depression is not expressed as a single symptom, such as a sad mood, but is a group of symptoms. The symptoms in the cluster may include anhedonia, lowered self-esteem, social withdrawal, fatigue, poor school achievement, frequent crying, disruptions in sleeping and eating patterns, and impulses to harm one's self (American Psychiatric Association, 1994). These components are not explicitly part of the apathy definition, above.

Recent research in the area of adolescent and childhood depression (Hepperlin, Stewart, & Rey, 1990; Kazdin, 1989; Kovacs, 1992; Reynolds, 1986), shows that adolescent depression symptomology may indeed be systematically (and reliably) measured via scales such as the Childrens' Depression Inventory (CDI) (Kovacs, 1992)

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and Reynold's Adolescent Depression Scale (RADS) (Reynolds, 1986) (reliability data is listed in the Method - Main Study section). These scales correlate moderately to strongly with scores on anxiety and self-esteem inventories (Kovacs, 1992; Reynolds, 1986); with hopelessness scales (Kazdin, Rodgers, & Colbus, 1986); and with DSM-III criteria and behavioral ratings (Hepperlin et al, 1990; Kovacs, 1992; Reynolds, 1986).

The CDI manual (Kovacs, 1992) lists an annotated bibliography of about 150 empirical studies investigating the CDI as a reliable, clinically useful or valid measure. None of the articles described include a comparison or correlation with apathy scores. The RADS (Reynolds, 1986) is distinguished from other paper and pencil self-report measures of depression, in that it is the "only measure of depressive symptomatology designed and developed specifically for use with adolescents" (Reynolds, 1986, p. 2).

Inamdar et al. (1979) stated that the depressed moods of adolescents were typically associated with apathy and boredom, loss of interest, and loss of pleasure in activities that were usually considered enjoyable in the past. The CDI and RADS each have items that address interest, fun, sense of control over aspects of the students' lives; however, the goal-setting, decision-making, and involvement/joining aspects that are believed to be components of apathy are not obvious on these scales. While apathy and its related features are frequently symptoms of adolescent depression, they likely exist independently from depression.

Other Psychological Constructs

Apathy appears as a listed symptom or effect of a number of other conditions or syndromes, including substance abuse (Chopra, 1973); juvenile delinquency (Kohn,

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Koretzky & Haft, 1979); stroke, Alzheimer's disease (Marin et al., 1994). Results of Marin et al. (1994; 1993) suggest that the relationship between apathy and depression differs across diagnostic groups of elderly subjects; therefore discriminability of the two is supported; and are clinically distinct syndromes.

Chopra (1973) examined the long-term effects of marijuana use. In addition to various physiological effects, the author reported that long-term marijuana use can lead to lethargy, decreased motivation, loss of drive, lazy habits, declining interest in family, work and social interaction, and inability to make decisions. Many of these characteristics seem to be apparent in the apathetic adolescent described earlier. With elimination of heavy and long-term pot-smoking as a cause of the apathetic state, or motivational syndrome (Chopra, 1973), one looks to other possible contributing factors.

Trends in Apathy

Results of the most recent Purpose-In-Life study (Rice et al., 1994) suggest that there has been no significant increase in apathy/meaninglessness in students comparing college students from the 60s, 70s, and 80s. However, according to Rice et al., many teachers are frustrated because their students appear uninterested or rebellious. They often accept apathy as common reactions to school situations. Similar conclusions were reported by Coffield (1981) and Coffield and Buckalew (1986). A sample of college students likely constitutes a restricted range when considering apathy. Those high schoolers who advance to college may represent the least apathetic portion of the general population.

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In related research, Hepburn (1984) examined how political and social attitudes among young adults have changed from the 1960s through the 1980s. However, while trends in factors related to apathy and engagement were investigated, assessment methods were not as psychometrically controlled as the PIL studies. Values of American students, regarding personal, professional, social and economic issues, were compared using surveys, polls, and descriptive methods borrowed from federal and educational agencies. Results indicate that while personal and professional values and purpose have intensified (supporting the notion of a "what's in it for me" generation), social and economic interest has waned. One generalization resulting from this research was that apathy, cynicism and lack of involvement are prominent in recent and current youth culture (Hepburn, 1984).

Steinberg (1996) reported that present-day students perceive that education and academic interest will likely yield less of a payoff than in the past. The students were not confident that success in school would be related to a better or a higher paying job, nor to better job performance. While having a diploma or spending many years in school is considered important for future success, much of the actual learning and content acquisition is perceived as unnecessary. Lower expectations and standards, and fewer requirements, coupled with motivation to avoid failure being higher than motivation to be successful, contributes to an environment of less effort and continued promotion to the next level. Along with NAEP, SAT and Educational Statistics reports, these factors and findings result in the conclusions that student disengagement today is worse than in past decades.

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Lastly, the ubiquitous, but hard to measure concept of apathy appeared in sociological research about the baby boomers (Bouvier & DeVita, 1991). The leading-edge baby-boomers (those who were the first to be born during the post-war increase of population in the USA), (as they now enter mid-life), have traditionally fought hard for social change; they were and are an ambitious group who have achieved a great deal. Alternately, the trailing-edge baby boomers (those born in the early to middle 1960s) have been criticized for their cynicism and apathy toward the political system (Bouvier & DeVita, 1991). The trailing-edge baby-boomers are now the parents of children who will soon enter adolescence.

Summary

It is apparent from research described above that there are several theories that introduce the concept of apathy. They come from diverse origins including the indifferent, sinful disposition, or theological view described by Capps (1989); the lack of meaningfulness or existential vacuum notion of Frankl (1969); and the view that apathy is a psychological dimension, defined by lack of motivation, and observed through deficits in goal-directed behaviors (Marin et al., 1994).

Apathy can be viewed as a symptom or condition related to other psychological constructs. Among these are depression (Inamdar et al., 1979; Marin et al., 1993; Marin et al., 1994); boredom proneness (Farmer & Sundberg, 1986); purpose-in-life (Coffield, 1981; Coffield & Buckalew, 1985; 1986; Frankl, 1969; Rice et al., 1994); behavioral problems in adolescents (Kohn et al., 1979); substance abuse with marijuana (Chopra,

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1973); Alzheimer's disease (Marin et al. 1994); and lack of perceived control (Friedman, 1993; Kohn, 1993; McGonigal, 1994; Mosher & McGowan, 1985; Natriello, 1983).

The literature also highlighted many contextual variables that may contribute to an apathetic state and student disengagement. These are school system variables (Kohn 1993; Natriello, 1982; 1983); classroom conditions (Fraser et al., 1982; Newman & Licata, 1987); social relatedness and perceptions of belonging (Goodenow, 1993); peer groups, community conditions, parenting style and parent involvement in school-related issues (Steinberg, 1996); poverty conditions (Ramey & Ramey, 1990); and television viewing versus reading behaviors (Snow, 1982; Steinberg, 1996). Generation of an item pool for an apathy screening inventory should most likely begin with these variables.

Lastly, trends in apathy appear to be moving in a negative direction. Kohn et al. (1979) discussed a two-factor model of behavioral problems, commenting that apathetic and withdrawn behaviors are important predictors and features of serious behavioral difficulties. The level of apathy in adolescence may be a sharp predictor of current problems in school, and of future problems in greater society (Friedman, 1993). Steinberg (1996) performed a ten-year study with more than 20,000 adolescents and discovered that student disengagement has increased while grades have declined. Friedman (1993) and Steinberg (1996) suggest that the construct of apathy or student disengagement is a potential predictor for current and future maladjustment.

While trends towards increased disinterest, lowered achievement through disengagement (Steinberg, 1996), and lack of goal-directed behavior seem to blossom, systematic measurement of the apathy construct has not advanced. With regard to

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assessment instruments, none of those found in the literature stand out as a definitive adolescent apathy measure (e.g., LEI, AES, PIL, Boredom-Proneness Scale). None of the existing devices are comprehensive measures of apathy, nor specific to the behaviors and attitudes of adolescents.

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Chapter 3. Pilot Study

Rationale and Purpose- Pilot Study

Given that there is a theoretical basis for an apathy construct; that there are many constructs and conditions in psychology and education that include apathy as a symptom or as a related feature; and given that there are identifiable contributing factors to an apathetic condition; and there is evidence that apathy may be a growing trend, there appears to be a strong rationale for the development of a specific adolescent apathy measurement device.

With the preceding considerations in mind, the purpose of the dissertation is to investigate the construct of adolescent apathy, and then to create, revise and validate an adolescent apathy self-report scale. Justification for the creation of a specific, clear, easy to use adolescent apathy assessment instrument appears to exist. Through accurate and behaviorally-based evaluation, it may be possible to identify those students, who are severely apathetic, whereby they may be at risk for 1) impeding their chance for graduation; 2) failing to prepare for vocational or academic pursuits; 3) experimenting with illegal or harmful substances; 4) hampering social interactions or halting social skill development; 5) involvement in negative or delinquent activities; and/or 6) becoming disengaged, apathetic adults who may in turn fail to model a strong work ethic and caring attitude to their children.

An initial version of an Adolescent Apathy Inventory (AAI) was created and field tested during a pilot study. The inventory was administered to 78 high school students. The instrument was found to have high internal consistency reliability ($\alpha = .92$). Items-

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total correlation and factor loadings were analyzed so that individual subscales may be delineated, and to facilitate further revisions. A factor analysis revealed four distinct subscales of the apathy construct. The procedures, results and discussion sections from the pilot study appear below. Specific hypotheses, procedures and modifications implemented for the dissertation follow these sections.

Method - Pilot Study

Development of the Instrument

The procedures for creating the Adolescent Apathy Inventory followed several distinct phases:

Phase I. A review of relevant literature and existing instruments that measure an apathy component or subscale, or contain related components such as boredom proneness, disengagement, apathy-withdrawal, or meaningfulness in life was performed.

Phase II. Observations of students were made; noting behaviors, comments, responses, facial expressions and reactions that may reflect an apathetic state. The researcher is a school psychologist, and has daily access to a diverse group of adolescents. Formal and informal observations are made consistently.

Phase III. Lists of potential items for an apathy self-report were generated. The original pool of 100 items was written after reviewing the existing measures and related literature; and after synthesizing several years of personal observations of adolescent student behavior, as well as formal test data. The item pool did not contain items that were identical to existing items located in the literature. The primary goal was to make a

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unique, useful and comprehensive self-report that measures the construct of adolescent apathy and not merely an apathy component of another described construct.

Many items were derived from questions asked during clinical and informal interviews with students in high school. The apathetic students described in the introduction of this study served as models for formulation of the item pool.

The original list did not contain subsections; items were written in a format, such that Yes/No or True/False responses could be given.

Phase IV. With the assistance of the dissertation advisor, a series of revisions and changes in format took place. The True/False format was abandoned in favor of a 5-point Likert-scale format. Several versions of the scale were created. A two-section version was further developed into a scale with three distinct subsections. Some items were changed, others were dropped, and new items were developed for the first field-tested version.

Section I of the scale included 50 statements about goal-directed behaviors; perceptions of self; attitudes about school and specific activities. The format was a Likert-scale; subjects marked their level of relative agreement or disagreement with the statements. Section II was a list of 25 activities; subjects were directed to check the item if they had participated in this activity within the past two months. The two month time period gave the person a chance to sufficiently sample their current and recent behaviors, but excluded periods of their lives when their behaviors and attitudes may have been dramatically different. Section III gave the subject a chance to indicate the relative frequency of their participation in both positive and negative behaviors and activities.

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The Likert-scale responses for Section III ranged from Never to All the time/Very frequently.

Phase V. The three section version was reviewed by professional and student colleagues, and by administrators at the high school and university level. Cosmetic changes and grammatical adjustments were made before the inventory was administered to the subjects. The pilot study version of the AAI and the accompanying consent letter appear in Appendix A. Demographic questions were included in order to collect information about the subjects' characteristics.

Participant Selection

For the initial administration of the Adolescent Apathy Inventory, 113 students, ages 14-19 served as participants. One hundred two general education students were systematically selected from a population of 2,350 students at a high school approximately 50 miles north of a major urban center. The remaining 11 students were volunteers and counselees of the examiner, and all were classified as learning disabled through the district committee on special education. In a systematic sampling method, the value K is determined by dividing the total population (sampling frame) by the projected sample size (for the field study 2350/100 = 23). Beginning at the eighth student on the attendance list (an arbitrary point), every Kth (23rd) student was selected for the sample.

Administration of the Instrument

Once the systematic sample was generated, and about 130 copies of the package were made, the administration process commenced. A student assistant helped to number

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each package with a sample and survey code (S001 through S110; and R001 through R020). The S represented Systematic sample; and the R stood for Rockland counseling sample.

Several homerooms were visited by the researcher each day for two weeks in late May, 1996. When a package was given to the student(s), a brief introduction was made; the purpose of the study was described without mentioning apathy or disengagement. Students were told that their responses will assist educators in understanding the behaviors, beliefs and attitudes of students better; that they are not obligated to participate; that it would be very helpful for them to assist the researcher; and that they could leave it the next day with the secretary, or in the box provided. Students under 18 were asked to get parental or guardian permission in order to participate. The informed consent letter and permission slip were attached to the survey package. Instructions and clarifications were provided to the student until indications of understanding and approval were expressed. Subjects were verbally thanked for their cooperation.

If students were not located in their homeroom, then their schedules were consulted, and they were contacted during study hall or lunch. Absent students were contacted at a later date. In several cases, teachers were asked to assist in reminding students to return their survey.

If the inventory was not returned within one week, the student was again contacted in homeroom or in the hallway. A brief, pleasant reminder was given by the researcher. Student responses were generally congenial and apologetic. No more than three reminders were given to a student.

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The Rockland Counseling Sample was made up of students who spontaneously became cognizant of the study. All of the subjects in this sample were scheduled for weekly counseling with the researcher at the time of distribution of the AAI packages. Many witnessed their friends carrying the survey, and quickly requested to be included in the research sample. These students were timed (unofficially, without their knowing), and they were asked several probing questions after they completed the form. They were asked whether the survey was confusing, too long, or unclear; whether there were specific words that they could not understand; whether the response choices lined up with the question; and they were asked, What do you think the test was about?

Gaining Guidance Counselor Assessment of Apathy

In order to study the difference between those students who returned their inventory with those who did not, a brief interview was performed with the students' guidance counselor. It was hoped that the guidance counselor/grade advisor would be an accurate judge of whether their student was generally apathetic. The researcher spent five minutes with each of the school's eight guidance counselors. They were told about the nature and purpose of the study and given a definition of apathy (see literature review). They were then asked whether they thought a specific subject was apathetic or not. The guidance counselor's assessment of apathy was later correlated with return versus nonreturn of the survey. It was assumed that students who did not complete their survey, or did not care enough to return it or look at it, may have been demonstrating one of the behaviors consistent with apathy. The counselor ratings were also correlated with total apathy scores, in order help confirm criterion-related validity of the apathy measure.

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Returned inventories were collected, reviewed, and organized in numerical ascending order, by sample. They were then entered into a spreadsheet and analyzed using SPSS for Windows.

Results - Pilot Study

The Adolescent Apathy Inventory was comprised of 102 items; 50 items in Section I (coded A01 through A50); 25 items in Section II (coded B01 through B25); and 27 items in Section III (coded C01 through C27). For sections I and III, items worded in a negative fashion or having negative content were recoded into new variables in a reversed direction. Once coding and recoding was complete, higher scores for each item indicated less general apathy.

A total of 78 inventories were returned from the 113 inventories distributed; the return rate was 69 percent. About 20 inventories had missing data (ranging from 1 to 6 items missing). So that these inventories were not excluded from analyses, the item mean was submitted into the missing slot. While replacing missing data with means is technically not an appropriate statistical procedure, an exception may be warranted when using a 102 item survey. Since the scale was large, such a replacement does not likely distort statistical results significantly. Most inventories with missing data were only missing one or two items.

Descriptive Statistics

Descriptive findings for categorical (demographic) variables were calculated. Of the 78 cases, 41 (53 percent) of the students were Caucasian, 24 (31 percent) were Hispanic, 10 (13 percent) were African-American, and 3 (4 percent) were Asian or Native

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American. Eighty-two percent of the students did not have a special education classification; 17 percent were classified as learning disabled. Age was approximately evenly distributed among 15, 16, 17, and 18 year old subjects; only eight percent were 14 years of age and six percent were 19 years old. Sixty-five percent were classified as nonapathetic by their guidance counselor, and 35 percent were listed as apathetic. There were 45 percent males and 55 percent females in the sample. None of these results appeared remarkable.

Reliability

A reliability coefficient was computed using Cronbach's alpha. The resultant coefficient of internal consistency for the 102 item set was $\alpha = .92$. In educational research and for most psychological measurement instruments, this is a high reliability coefficient. It demonstrates that within the test, items tend to belong together and consistently measure a common construct.

To identify those particular items that fit best into the total measure, and to identify the items that should be eliminated, the item-total correlations were reviewed. Items that had an item-total correlation of less than .20 were placed on a list of items to be considered for deletion. When factor loading for these items were generated later during the factor analyses, a decision was made regarding deletion.

Analysis and Distribution of Total Scores

Total scores on the AAI were calculated; they ranged from 180 (indicating strong apathy) through 349 (indicating the least amount of apathy). Scores appeared to follow a normal distribution, but with a slight negative skewness. Mean total score was 280.05

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with a standard deviation of 35.11. Cases that had extreme scores were reviewed further, item by item.

It was observed that cases 1, 2, and 30, with resulting scores of 180, 187 and 187 respectively did, in fact belong to three students identified by the examiner and guidance counselors as being highly apathetic. Case 1, the lowest score, was the female student who inspired the pilot study in the first place. The extreme scores on the high end, cases 44, 26, and 58 were received by three of the school's most academically successful and socially active students.

The total scores correlated fairly well with the guidance counselors' assessments of student apathy ($r = -.38$, $p < .01$). Guidance counselor's assessments appeared to be fairly accurate for those subjects who returned their survey, however, their assessments were not highly correlated with "Return" versus "Nonreturn" of the inventory ($r = .13$; $p = .16$).

In terms of sample differences, the counseling group tended to be more apathetic than the systematic sample, however, there were only 10 cases returned by the Counseling sample and 68 cases returned by the Systematic Sample. Total score was not significantly associated with gender ($r = .06$, $p = .60$); with age ($r = .03$, $p = .80$); or with grade ($r = .21$, $p = .06$). The correlation with grade was almost significant with upper class students being slightly less apathetic.

Factor Analyses Findings

Factor analyses were performed to identify subscales. It was likely that distinct latent factors or underlying constructs were being measured by subgroups of the items.

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First, the 102 item data set (with no items deleted) was analyzed; no specified number of factors was selected prior to the calculations. Eigenvalues were reviewed; they are indicators of the number of potential underlying factors. A scree plot of Eigenvalues revealed that 3, 4 or 5 factors would likely be extracted to best fit this data set.

Next, factor analyses with 3, 4, then 5 specified factors were performed. An oblique rotation was chosen. Review of factor loadings in the factor matrices indicated that either four or five distinct factors were most useful. The rotated factor matrices did not clarify the results attained by reviewing the unrotated factor matrices. Factor loadings for each item were compared to each other; often one factor loading was obviously highest, and the item was clearly assigned to that selected subscale.

In some cases, when factor loadings for a particular item were compared, one factor loading did not clearly emerge as the strongest. Two or more factors sometimes seemed plausible; and in other cases, none of the factor loadings were strong. When all loadings were less than .20, the item was not considered for assignment to a subgroup or subscale. Using a five factor model, initial lists of items in each subscale were created.

Items within each subscale were then analyzed for content similarity or some other common link. For instance, subscale 1 was the broadest and largest subgroup, containing academically-related items, as well as items having to do with consideration for others. Subscale 2 seemed to contain many items that focused on participation in specific sports, activities and hobbies. Subscale 3 appeared to contain items that had to do with symptoms of depression, low perceived self-efficacy and low self-esteem.

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Subscales 4 and 5 appeared to have items dealing with passivity, indecisiveness, powerlessness, and avoidance of social situations.

Subscale Reliability

Each of the five subscales were then subjected to a reliability analysis. Item-total correlations were reviewed again, as well as the Cronbach's alpha scores Seventeen items were initially eliminated. Factor analyses and reliability calculations were repeated with the deletions made. New loadings resulted, and again, the items were divided into subgroups. The next round of cuts eliminated six more items for a total of 23 items deleted. Appendix B lists the items cut from the inventory. The final list of 79 items (α = .93) was split into the following four subscales: Subscale 1 was 56 items (α = .93); Subscale 2 was 8 items (α = .60); Subscale 3 was 7 items (α = .68); and Subscale 4 was 8 items (α = .59).

Subscale 5 originally had 9 items (α = .68), and was considered for inclusion. However, it was eventually removed since most of the items loaded more heavily into another subscale. A four-factor model was analyzed for the 79 item set. All items seemed to fit into one of the four subscales, with the exception of item 2 in section III (RC02). Despite low loadings, this item was included in the next version of the inventory because it is an indicator of alcohol use, and may be helpful to educators or clinicians when trying to assess the behaviors of the subject.

Discussion - Pilot Study

Results from reliability calculations and factor analyses helped to streamline a somewhat lengthy self-report inventory. While students' comments did not suggest that

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the scale was too long nor confusing in any way, the statistics helped to identify the superfluous items in an objective manner. Of the 23 items deleted during the preceding procedures, most were indeed scratched from the next revision of the survey. However, re-formatting of items, further deletions and inclusion of different versions of some items did take place.

A careful screening of the deleted items revealed that items having to do with religion, cultural events (plays, concerts, museums), and the arts (playing an instrument, creating art projects) did not fit into the overall composition of the scale. Many of these items were part of Section II, where students were to check whether they had participated in the event or not, within the past two months. Less internal consistency was seen in this section (B01-B25) when compared with Sections I and III. Item-total correlations rarely exceeded .27 (only 7 of 25 items).

Section II required some major restructuring. Items having to do with culture and the arts appear to be necessary in an adolescent apathy measure; if not from a statistical perspective, then from a practical perspective. These items suggest a well-rounded, unique and creative individual. The analyses, however, did not support the necessity of such items. Participation in youth groups and religious organizations also point to a certain sort of teenager, differentiating them from those with little or no direction and motivation. Interviews with high school students over the past five years consistently support the notion that youth group attendance and organized out-of-school social functions are incompatible with what is hypothesized to be a severe generalized apathetic state.

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Items that contained words such as "indifferent" and "passive" were reported as being somewhat confusing by many of the subjects queried about the scale. Item RA31 ("I am indifferent to the needs of others") and RA18 ("My friends think I am passive") were the items left blank by most subjects during the pilot study. The "indifference" item was deleted from the survey. The passive item was included in the next version of the AAI because it was theorized that passivity is an important component of apathy; however, subjective reports and reliability data for this item were carefully checked.

Within the third section, most items fit into Subscale 1, and few items needed to be deleted. Students' were likely comfortable and honest when assessing the frequency of their participation in various activities and behaviors. Evaluating their level of agreement/disagreement with a concept seems a more difficult task.

Review of apathy scores in relation to demographic variables did not yield significant correlations. This was a small sample; perhaps in a larger study, differences in apathy between genders, age groups, income levels, and ethnic populations may be revealed. It was not surprising that the counseling group had higher relative apathy than the systematic sample. Some of the reasons for receiving counseling in the first place are related to poor socialization, low grades, and/or decreased motivation; each of these conditions are believed to be part of the apathetic state.

Item analyses within each statistically-derived subscale revealed the following underlying themes: Subscale 1 assessed the students' level of self-perceived ambition; academic motivation and effort; enjoyment in sports and school-related activities (including reading and writing); and consideration, cooperation and helpfulness towards

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others. The subscale also included items regarding goal-directed behaviors. This 56-item subscale may be strong enough on its own to screen students with a high degree of apathy. An additional factor analysis was performed on this subscale, to find out if smaller subgroups of items can be extracted from this fairly broad set of items. This analysis did not yield significantly distinct subfactors.

Subscale 2 consisted of items that focused on out-of-school activities. Hands-on activities such as repairing household objects, doing individual hobbies and participating in a sporting event are present here; as well as passive events such as being a sports spectator and watching TV. There are no items concerning academics or long-term goals.

Subscale 3 was made up of general statements about the students' social and emotional status, and their involvement with peers. This subscale appeared to assess the level of students' perceived boredom, depression, time spent alone, and general feelings of disappointment.

Subscale 4 had mostly negatively-charged items. Items in this group contained the language of the truly apathetic youngster (e.g., "I don't care", "whatever", "I don't know"). Words such as passive" and "powerless" were found here; Subscale 4 addressed avoidance of social situations, sadness, and lying around the house; also, it contained the item about having difficulty making decisions. All of the items that were directly inspired by the highly apathetic student mentioned earlier in this report are present here. The item about spending free time "just hanging out" would appear to be part of this subscale. It was eliminated during the second round of cuts. It may have been a weak item because "hanging out" is an ambiguous term, defined differently by many teens.

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Terminology contained in subscale 4 items may be prominent in psychological reports describing apathetic students.

Without performing further analyses, one may make the following conclusions: Adolescent apathy is a measurable condition; the continuum of "highly apathetic" through "not apathetic" fits neatly (or nearly) onto a normal curve of frequency distributions; adolescent apathy is comprised of, or related to, four distinct components or factors. These factors appear to be 1) participation in school-related, goal-directed activities and behaviors; and level of consideration for others; 2) participation in out-of-school activities, sports, and hands-on/motoric endeavors; 3) generalized perceptions of social relatedness, level of boredom, and disappointment in one's self; and 4) decision-making capacity, passivity, and level of caring about the consequences of one's own behaviors.

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Chapter 4. Main Study - Purpose and Rationale

The preceding results strongly suggest that the construct of adolescent apathy (as defined earlier) may be measured through a self-report inventory entitled the Adolescent Apathy Inventory (AAI). The rationale for the next phase of the project comes directly from the literature review, and results and discussion of the pilot study. Briefly stated, no specific and comprehensive measure of adolescent apathy exists. However, the condition of apathy appears to be highly prevalent; it is related to many common contextual variables and psychological constructs; and it may have a negative impact on a student's academic, vocational, social and emotional functioning.

The purpose of the dissertation, therefore, was to continue the development of the AAI by expanding the number of subjects in order to establish a larger normative sample; gathering evidence of the construct validity of the AAI; by establishing criterion-related validity; by assessing the internal consistency and test-retest reliability of the inventory; and further analyzing the item composition of the scale.

Construct validation of the apathy measure includes distinguishing apathy from depression, the construct that is most often associated with apathetic behaviors (Inamdar et al., 1979; Marin et al., 1993; Marin et al., 1994). This procedure essentially serves as an "adolescent-oriented" replication of the study by Marin et al. (1994), that investigated the association between scores on the Apathy Evaluation Scale and Hamilton Rating Scale for Depression. However, in addition to identifying the divergence of apathy from depression, the apathy measure should also be expected to converge, to a moderate degree, with measures of depression. Construct validity is the degree to which an

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instrument measures a psychological construct, through assessing the presence or absence of the specific, observable behaviors on which theory states the construct is based.

The validity of the construct of apathy may further be supported by factor analyzing the generalized adolescent apathy items into subscales. The pilot study identified four such subscales, each distinctive from the others, but also diverse within the factors. The subscale items appeared to be directly associated with the various components of the definition of adolescent apathy derived from the literature and behavioral observations.

Criterion-related validity is the degree to which the results from an instrument coincide with results from a similar or related measurement of the construct, performed either concurrently with the first measure or at a later time. Criterion-related validity for the AAI may be established by comparing total scores on the AAI with assessments of apathy provided by those school staff members most familiar with the joining behaviors, academic performance and general attitudes of the students. As done previously, guidance counselors were questioned for this purpose; however, the four-factor model of apathy derived from the pilot study was employed for the next phase, expanding the guidance counselor assessment into a longer, more descriptive measure.

Evidence of content validity was attained through careful consideration of theoretical and empirical views of apathy from the literature, and through direct interactions with teens by the researcher. This was accomplished during and after the pilot study, and during item development. Items on the AAI were written specifically to reflect the descriptions in the literature and the behaviors observed in the schools.

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Reliability analyses were also extended in the dissertation phase. The introduction of a test-retest reliability procedure served to augment the calculations of internal consistency for the AAI. Stability of the measure over time is a necessary feature, especially if the patterns of behaviors during an apathetic state are consistent for an extended period of time.

Simply put, the purpose of the study was to create and validate a reliable measure of adolescent apathy. The following research questions were created as guides for the dissertation.

Research Questions

Is there a statistically significant association between scores on the Adolescent Apathy Inventory (AAI) and the Reynolds Adolescent Depression Scale (RADS) for a sample of 14-19 year old students?

Does the AAI factor into two or more discrete subscales, and will these factors be related the various components of the adolescent apathy definition?

Are there statistically significant associations between scores on the AAI and demographic features of the sample such as age, ethnicity, grade, SES category, parenting style, peer group category and gender?

What is the internal consistency reliability of the AAI and of identified subscales?

What is the coefficient of stability (test-retest reliability) of the AAI?

Are total scores, generated from an administration of the AAI to a sample of high school students distributed relatively normally?

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What is the association between total score on the AAI and guidance counselor assessments of apathy for high school students?

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Chapter 5. Method - Main Study

Participants

A total of 607 survey packages were distributed to students from four high schools in the New York-New Jersey-Connecticut tri-state area. For the largest subsample, 298 subjects were selected via a systematic sampling method described below. They attended the same public high school described in the pilot study, in Rockland County, New York.

A cluster sampling technique was used to select students in the other three schools. Entire classes were selected randomly and survey packages were distributed by the researcher or by a trained liaison. One hundred subjects attended a parochial high school in Poughkeepsie, New York, approximately 80 miles north of New York City. Seventy-four students went to a public high school 18 miles west of New York City in Montclair, New Jersey. One hundred thirty-five students attended a state-operated vocational and technical high school in a suburban town, approximately 10 miles west of Hartford, Connecticut.

For the Rockland Sample, a systematic sampling method, similar to the method described in the pilot study, was employed. The sampling frame was the alphabetical student roster, attained from the attendance office. Based on a need for a sample of 300 subjects from a population of more than 2400 students, $K = 2400/300 = 8$; therefore every eighth student was selected for the Rockland sample. The beginning point was the sixth student on the sampling frame (an arbitrary point). Students selected for the pilot study were not included in the main study sample.

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The Rockland school is a suburban high school, approximately 40 miles north of New York City. It is a public school with grades 9 through 12. According to attendance and statistical reports (generated by the attendance office for the principal in January, 1998), the school has approximately 2,408 students, ages 14-21; approximately 25 percent are Hispanic; 10 percent are African-American; 3 percent are Asian; and 62 percent are Caucasian. About 150 Spanish-dominant students attend the high school. Socioeconomic diversity exists throughout the district. Within the Special Education department, 130 students are in self-contained classes; 35 students attend a more restrictive, therapeutically-based alternative high school program for emotionally disturbed students; 6 students attend a class for severely to moderately mentally retarded students; and 120 attend the resource room on a part-time basis. The school offers referrals and counseling services for students at-risk for substance abuse or other social and emotional difficulties.

The Montclair sample consisted of 74 students in five randomly selected classes (clusters). The Assistant Principal for Guidance assisted in the selection of the classes. Criteria for class selection included all English classes in the ninth grade and Family Life classes in other grades. Family Life classes contain a diverse student composition. It is a required class; all students take the class, regardless of tracking, differences in ability and/or general interests. Since freshman do not take Family Life, ninth grade English classes were included in the selection criteria; again, these classes are diverse and are not separated by ability-level. Once the classes were selected, teachers were notified by the

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Assistant Principal, and were given the opportunity to participate in the study or decline. All teachers selected accepted the invitation to participate.

According to administrators at the district office, Montclair High School had 1458 students in grades 9-12 in March, 1998. The present student body was 38.9 percent Caucasian; 52.6 percent African-American; 4 percent Hispanic; and 4.5 percent Asian or other population. There were 736 males and 722 females; 200 were special education students, of whom 183 were in resource room and 17 were in self-contained classes. The school has an inclusion program for several mentally retarded students. Student assistance counselors provide most of the social and emotional support to students in need.

Participants from the Poughkeepsie sample were those students enrolled in the five social studies classes taught by the trained liaison (a faculty member who assisted the researcher during the study). The sample contained 100 students from all grade levels, and represented a diversity of ability-levels. The school has approximately 800 students, grades 9 through 12. It is operated by the Marist Brothers, a Catholic teaching order. The student body is approximately 90 percent Caucasian, with other ethnic groups comprising the remaining 10 percent. The students come from mainly middle-class to upper-middle-class families. About 98 percent of the seniors plan to attend college. There are no special educational programs in the Poughkeepsie school.

The final school sampled was a vocational and technical school in Ansonia, Connecticut. One hundred thirty-five survey packages were distributed in eight Life Skills classes. Similar to the Montclair Family Life classes, all students are required to

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take this curriculum that includes smoking, drug and alcohol information; sex education; child development and parenting issues; and personal skills such as finances, hygiene, and organization. This state-run school has approximately 500 students and is ethnically diverse. Seventy-five percent of the student body is male. Vocational training is available in carpentry, hair styling, electronics, culinary arts, nursing, auto repair, drafting, plumbing , and several other disciplines.

The school administrations and district superintendencies were officially informed about the nature of the study. Formal requests to perform the project were made. The system for subject selection was discussed with the liaison and supervising administrators. Administrators were provided with a copy of the self-report scale, demographics questionnaire and other assessment materials, as well as the informed consent letter, before the study was initiated. Appendix C presents the survey package, as distributed to subjects; the RADS is excluded from the appendix. Appendix D is the modified instructions sheet for the Rockland sample. A copy of the introduction letters to one of the school administrators appears in Appendix E. The informed consent and permission section were formulated in accordance with American Psychological Association ethical and professional guidelines and were approved by the Office of Sponsored Research at the CUNY Graduate Center.

Instruments

Adolescent Apathy Inventory

The primary measuring device used for this study is the Adolescent Apathy Inventory (AAI). On the self-report form itself, the scale is called The Interests,

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Behaviors and Attitudes Scale. Subjects are not informed that the measured construct is "apathy". The AAI is a three-section self-report scale with two Likert-type sections and one checklist section. For Section I, students are asked to read the statements carefully, then circle the number that best expresses their level of agreement or disagreement with the statement. For Section III, they are to circle the number that best describes the frequency of their participation in a variety of activities or behaviors. In Section II, students simply check the activities in that they participated during the past two months. [The version of the AAI used in the dissertation had 81 items; 40 items in Section I, 15 items in Section II, and 26 items in Section III. Revisions to the version used in the pilot study were made based on statistical procedures performed during the field study. The directions and basic structure of the AAI remained unchanged].

For the 102-item AAI, internal consistency reliability was found to be $\alpha = .92$. Complete psychometric and correlational results, descriptive statistics and factor analysis findings are listed in the Results - Pilot Study section, above. The AAI takes approximately 10 to 15 minutes to complete. It is an individually administered self-report instrument. The complete 81-item AAI appears in Appendix C.

Demographics Questionnaire

A brief demographics questionnaire was created for the study. It was attached to the apathy inventory, along with an informed consent letter and permission form. These appear in Appendix C. Demographic information included gender, age, grade, ethnicity, socio-economic status (as measured by level of family income) and student-assessed classification of their peer group and parenting style most used at home. Parenting style

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was defined using Dornbusch's three categories of parenting styles authoritarian, authoritative, permissive (Steinberg, 1996). Peer group categories were also adapted from Steinberg (1996). The questionnaire was designed to be simple, short, and easy to understand.

Reynolds Adolescent Depression Scale

The Reynolds Adolescent Depression Scale (RADS) (Reynolds, 1986) was chosen as a measure of depressive symptoms to correlate with the total score on the AAI. The RADS is a 30 item self-report inventory, using a Likert-type format (1-4). Reviews in the Eleventh Mental Measurements Yearbook (Kramer & Conoley, Eds., 1992) by M. G. Kavan and D. K. Kundert, state that the reported purpose of the RADS is to assess symptoms associated with depression.

In previous studies, the internal consistency reliability (alpha) of the RADS ranged from .90 through .94; split-half reliability was estimated at .91; and test-retest reliability was .80 at six weeks, .79 at three months, and .63 at one year. Criterion-related validity was established by concurrent administration with the Hamilton Rating Scale for Depression (the correlation was .83). Convergent construct validation was established by demonstrating significant correlations with the Childrens' Depression Inventory and Beck Depression Inventory, as well as measures of self-esteem, anxiety and loneliness. Divergent construct validation was demonstrated via comparisons with social desirability measures and academic achievement. Lastly, content validation was achieved through determining item congruence with clinically-specified symptomology listed in the DSM-III for Dysthymia and Depression (Kramer & Conoley, Eds., 1992).

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The RADS was selected for the present study because 1) the age range, 13 - 18 closely matched the selected sample; 2) the RADS was used during triennial and initial psychological assessments in a high school setting, and it was judged to be quick and easy to administer and score; 3) it was judged to be psychometrically strong (Kramer & Conoley, Eds., 1992); and 4) it was deemed appropriate for research purposes, not necessarily to be used as a diagnostic measure of depression (Kramer & Conoley, Eds., 1992). The RADS was developed based on symptomatology, not upon theory of adolescent depression. Symptoms assessed are categorized as cognitive; somatic; psychomotor; or interpersonal. The scoring range is from 30 to 120; a cut-off of 77 or above suggests a need for further evaluation, according to the RADS manual (Reynolds, 1987).

Before the RADS was adopted for the main study, two other measures were considered, but not used. These were the Childrens' Depression Inventory and Beck Depression Inventory. Criteria for choosing the instrument included appropriateness of age range; psychometric qualities in comparison to the RADS; and comprehensibility of instructions and items, as judged by the researcher and by a small cohort of high school students.

Guidance Counselor Questionnaire

A four-item questionnaire was created by the researcher to assess guidance counselors' assessment of apathy for the students in the Rockland sample. Items were answered either "Yes" or "No". The four questions were based on the definition of apathy written in the Definitions and Theoretical Perspectives section of the Review of

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Related Literature. The questions were designed to be easy to interpret and simple to answer. The number of items and format were chosen so that the guidance counselors would not be inconvenienced. A letter of introduction to the project and request to complete the questionnaires was sent to the guidance counselor prior to data collection. The GC questionnaire and the request letter appear in Appendix F.

Guidance counselors were selected to make this assessment because they serve as grade advisors to their students; and because they are aware of club and activity participation, academic achievement, and teacher comments regarding behavior and participation of the students.

Procedures

Administration of Instruments

Letters of intent were forwarded to the district superintendents or school directors (Appendix E). Personal phone contacts preceded the official letters in some cases. Once the appropriate approvals and permissions were attained for each school, the dates for visitation and survey distribution were identified. The entire package consisted of an informed consent letter with permission section; demographics questionnaire; Adolescent Apathy Inventory; RADS; and sealable return envelope. Copying , coding, and assembling the packages was completed by the researcher and one assistant.

The coding system was based on school sample. Forms 1 - 303 were given to the Rockland sample; 400 - 474 were administered to the Montclair sample; 501 - 599 were given out in Poughkeepsie; 600 - 619 and 749 were distributed in Connecticut. In each school, as the survey was given to the student, the code number was written beside the

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student's name. This procedure was used in order to identify students who may have a significantly high score on the RADS survey. As a school psychologist, the researcher has a professional and ethical obligation to address personally, or appropriately refer, students who are identified as depressed, or those who express suicidal ideations. The informed consent letter and instruction sheet explain this stipulation to the subjects and their parents or guardians. Aside from the occurrence of a significantly high score on the RADS (77 or above), confidentiality was assured for the all of the information provided on the research questionnaires. Responses on the AAI were completely confidential.

For the Connecticut and Poughkeepsie samples, the liaison collected all envelopes and sent them via registered mail or delivered them to the researcher. Students were requested to seal the envelope and return it to their teacher. For the Montclair sample, addressed, stamped envelopes were provided with the forms. Students were instructed by the researcher to seal the envelope and place it into any U.S. mailbox. Students appeared to understand the instructions easily. The liaison (most often the classroom teacher) at each school was given instructions to remind students no more than three times to return the envelopes. When issuing a reminder, they were directed to be friendly. No special reinforcement was offered for returning the envelope, and no aversive consequence or reprimand was provided if the envelope was not returned.

The liaison in each school was trained to distribute packages, and to answer any questions the students had about the study. In most cases, the researcher distributed the forms directly to the students following a brief explanation of the instructions. A special sheet of instructions was presented to the liaisons; this list appears in Appendix G.

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For a research package to be included in the statistical sample, the permission slip needed to be completed. For subjects under 18, parental or guardian permission was necessary; for subjects 18 or over, the student was instructed to sign the form. In six cases, the researcher learned that parents refused to allow their son or daughter to participate in the study.

Directions for completing the measures were designed specifically for high school students, of all academic levels and standings. Within the informed consent materials, a brief introduction was provided without mentioning the term apathy. Students were told that their responses may assist educators in understanding the behaviors, beliefs and attitudes of students better; and that they were not obligated to participate. Appreciation for the subjects' cooperation was expressed.

The Rockland sample was the largest (298 subjects) of the four groups, and included a test-retest component for a subsample of the subjects. Since surveys were not administered to entire classes, students needed to be contacted individually or in small groups. Each day for six consecutive school days, students were contacted by the researcher in their homerooms or first period class. They were called into a quiet section of the hallway and given a brief, simple explanation of how they were selected and what they were to do. The procedure was identical to that used in the pilot study. Students were cooperative and attentive. Students were asked to place their completed questionnaires in a box in the "Annex Office". Envelopes were not used for the Rockland sample; however, the collection box was in a secure place and could not be tampered with

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by students or others. Students were reminded to complete the questionnaires individually, in a quiet place, and to not share their responses with others.

Test-Retest Procedures

In order to establish test-retest reliability data, the AAI was administered to a cohort of 39 subjects twice, with a separation period of two weeks. After the 298 research packages were distributed to the Rockland sample, the list of subjects became a sampling frame for selecting a simple random sample for the test-retest cohort. Sixty students were selected; of these, thirty-nine students completed a second AAI form. The AAI retest was administered in the researcher's office during the students' lunch period or study hall. Twenty-one students from the sample of sixty were not included in the retest cohort because they did not return their original AAI package.

Guidance Counselor Assessments

The four-item GC questionnaires were distributed to the guidance counselors assigned to the 298 subjects in the Rockland sample. All of the guidance counselors were accommodating; they agreed to complete the four-item questionnaire for the students with whom they were most familiar. In cases where the counselor was unfamiliar with the student, they were instructed to leave the form blank. Many ninth graders were excluded from the GC assessments, as the students were new to the school; so the guidance faculty had no information about who was apathetic or not. Forms were returned to the researcher and results were entered into the SPSS spread-sheet. GC totals were calculated for students who returned their AAI and for those who did not. As in the pilot study, a correlation of return vs. non-return and GC assessment of apathy was

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calculated, in order to determine whether there was a large association between non-return and apathy.

Data Entry and Analyses

Given that the primary goal of this study was to develop a reliable and valid measure of adolescent apathy; one that measures behaviors, attitudes and beliefs related to the psychological and or theoretical construct upon which it was based, the data analyses focused on assessment of reliability, and on evidence of test validity.

The following information was entered onto the SPSS for Windows (Version 6.0) data spreadsheet: Subjects' coded package number and school code; responses from the demographics form; responses on the AAI; responses on the RADS; results of the retest-AAI for the 39 subjects of the test-retest cohort; responses on the GC questionnaires; and status of "return" or "non-return" for the Rockland sample. For each variable, response levels were coded and labeled. All the negatively phrased items on the AAI and on the RADS were recoded to reverse their direction.

Total scores on the AAI, retest-AAI, GC questionnaire, and RADS were calculated and included on the data file. Since most of the items on the AAI are positively worded, higher scores indicate less apathy. Conversely, on the depression test (RADS), higher scores indicate more symptoms of depression. For the GC questionnaire, a higher score indicates higher degree of apathy. It is important to recall these interpretations when reviewing the correlations in the Results section.

As in the pilot study, relatively few surveys were missing more than 2 or 3 responses. Missing data was replaced by the mean score for that variable. Given the

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large sample size, the large number of variables on the AAI, and the relatively low frequency of missing values, replacement of missing data would likely have an insignificant effect on statistical calculations.

For the peer group and parenting style items, many students selected more than one choice, yielding several unique response combinations. Patterns of responses for each case were recoded into variables called "peer group categories" and "parenting style categories.

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Chapter 6. Results - Main Study

Descriptive Results and Demographic Comparisons

Distributions of Returned Questionnaires by Demographic Group

Descriptive findings were calculated for demographic variables, including frequencies or percentages for each of the categories. Exploratory results were also calculated for total scores, including frequency distribution, measures of central tendency, range and indicators of spreads, and listing of outlying scores. Outlying scores on the RADS and AAI were analyzed further for specific response selections on particular items (such as the critical items on the RADS); and for a potential response bias or intentional patterns.

Of the 607 research packages distributed, 324 or 53.38 percent were returned with a completed AAI and a completed demographics questionnaire. All but nine packages contained the RADS self-report forms; therefore, the correlation of depression scores with AAI total scores was calculated for 315 subjects or 51.89 percent of the sample. One hundred fifty-one (46.6 percent) of the returned questionnaires came from males, and 173 (53.4 percent) were completed by female subjects. Return rates for each of the four schools were close to 50 percent. Table 1 shows the number of AAI forms returned for each of the four schools.

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Table 1

Return of AAI by School Sample

School	No. Distributed	No. Returned	Return Rate	Percent of Total Sample
Rockland	298	163	54.70 %	50.31 %
Montclair	74	41	55.41 %	12.65 %
Poughkeepsie	100	53	53.00 %	16.36 %
Connecticut	135	67	49.63 %	20.68 %
Totals	607	324	53.38 %	100.00 %

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The distributions for ethnic categories and income levels were more variable. The majority of subjects were Caucasian (61.4 percent); the second largest group represented considered themselves Hispanic (16.7 percent). Smaller proportions of the other categories were part of the sample. Table 2 shows the percent of subjects from each ethnicity category. Mean AAI total scores and standard deviations also appear in Table 2.

Table 2

Returned AAI Forms for Ethnicity Categories

Category	Frequency	Percent of Total Sample	M (AAI Total Score)	SD
Caucasian	199	61.4	249.25	35.43
African-American	30	9.3	245.89	25.00
Hispanic	54	16.7	239.21	28.59
Asian	8	2.5	246.91	23.64
Native American	1	.3	233.00	
Other	32	9.9	254.14	25.04
Totals	324	100.0		

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One hundred seventy-one subjects (52.78 percent) responded that they did not know their family income. The other income selections ranged from 17 - 42 subjects per category.; Table 3 shows the percent of subjects from each income category, as well as mean AAI total scores and standard deviations.

Table 3

Returned AAI Forms for Income Categories

Income	Frequency	Percent of Total Sample	M (AAI Total Score)	SD
0 - 20	17	5.2	241.48	28.27
20 - 45	29	9.0	247.17	35.87
45 - 70	45	3.9	248.67	26.08
70 - 100	42	13.0	251.13	33.08
100 or above	20	6.2	264.84	39.58
Don't know	171	52.8	245.19	32.34
Totals	324	100.0		

Note. Family income values are in thousands of dollars per year.

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Frequencies of returned questionnaires for grade appear in Table 4, and frequencies for age appear in Table 5. Fewer ninth graders were surveyed than upper-class students. Students ages 15-18 were represented most heavily.

Table 4

Returned AAI Forms for Grade

Grade	Frequency	Percent of Total Sample	M (AAI Total Score)	SD
9	55	17.0	253.53	29.44
10	95	29.3	251.11	32.78
11	90	27.8	245.99	34.62
12	84	25.9	241.63	30.76
Totals	324	100.0		

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Table 5

Returned AAI Forms for Age

Age	Frequency	Percent of Total Sample	M (AAI Total Score)	SD
14	31	9.6	256.60	29.22
15	85	26.2	252.38	32.64
16	65	20.1	248.20	33.14
17	65	20.1	247.52	33.00
18	72	22.2	238.75	30.93
19	5	1.5	234.00	36.44
20	1	.3	247.40	
Totals	324	100.0		

Parenting Style and Peer Group categories were based on response patterns on the demographics questionnaire. For parenting styles, the labels were Authoritarian, often inflexible; Permissive, or too lenient; and Authoritative, firm but fair. Peer group choices were also given labels. The questionnaire categories were: 1 = Populars, most active; 2 = Athletes, occasional trouble; 3 = Burn-outs, more trouble; 4 = High-achievers, less popular; 5 = Loners, not popular; and 6 = Other. These labels were adapted from Steinberg (1996).

Most students followed the directions to choose only one item for each question, however, 36 students (11 percent) reported being members of more than one peer category, and 8 students responded that parenting was a combination of two styles.

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About three percent of the students did not select a parenting style or peer group. Appendix H is a list of the resultant categories for these two variables, with frequencies of responses listed next to the labels. The calculations yielded 8 distinct parenting styles and 24 peer group combinations. The parenting style chosen by the most subjects was the Authoritative, firm but fair category. Seventy-one percent of the subjects (231 students) opted for this category. According to Dornbusch (in Steinberg, 1996), the Authoritative style is the most favorable, and has the strongest associations with positive student achievement and behavior.

For peer groups, the Populars category was selected by 91 students (28.1 percent), making it the most frequent response. The next most frequent selection was the "other" category (73 subjects; 22.5 percent), followed by Athletes (57 subjects; 17.6 percent). When selecting "other" for a peer group category, subjects filled in the blank space with unique descriptions of their friends and friends' behaviors. Three examples of these are: "Good grades, some trouble, many activities"; "We are into music and dancing; we have good grades but also play sports"; and "creative, intelligent diverse people, some more obedient than others, not defined by designations of popular or unpopular". It is likely that students who chose "other" wanted to indicate that group identification is not a simple choice. Many students considered themselves members of several groups, or they identified with different groups at different times. The frequency distribution of group membership shown in Appendix H reflects the diversity of selections by the teen subjects. Choosing "other" does not necessarily imply that the student does not fit into a

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peer group; but rather, it suggests that adolescents value their individuality and may resist admitting conformity to a recognizable category.

Distribution of AAI Total Score

The distribution of AAI total score appears to be roughly normal. Table 6 contains a summary of the exploratory analyses and descriptive statistics calculations, including the values for skewness and kurtosis and the standard errors of skewness and kurtosis. Both of these deviations from normality were insignificant.

Table 6

Descriptive Statistics: AAI Total Score

Number of cases:	324.00		
Mean:	247.64		
Standard deviation:	32.41		
Skewness:	-.16	S.E. Skew:	.14
Kurtosis:	-.51	S.E. Kurt:	.27

Figure 1 shows the frequency distribution of AAI total scores, generated by SPSS, with a normal curve accompanying the histogram. Scores ranged from 162 through 318, with a mean of 247.64 and a standard deviation of 32.41 ($n = 324$). Lower scores may be interpreted as greater relative apathy. The resultant distribution of scores provides an affirmative response to the research question regarding normality of the occurrence of the construct of apathy in an adolescent population, listed above.

Demographic Variables: Group Comparisons

Total AAI scores were analyzed for each of the demographic variables using one-way analysis of variance (ANOVA). Additionally, Pearson product-moment correlations

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were calculated for variables that were measured on an interval or ratio scale, such as age or grade. Parenting style, peer group, ethnicity, income and school were categorical variables, using a nominal scale; therefore, group mean comparisons were made using ANOVA exclusively. For the ANOVA, the outcome or dependent variable was mean AAI total score for each group. Ranges for the independent variables were the actual choices listed on the demographics questionnaire; or the resultant categories calculated for parenting style and peer group. The results are summarized in next sections.

Grades and age groups.

Means and standard deviations for AAI total score for grade levels and age groups appear on Tables 4 and 5 respectively. With the one 20 year old subject excluded from the results, visual mean comparisons indicate that older students scored lower on the AAI, suggesting greater apathy. In general, 14 and 15 year old students had the highest average AAI scores, and may be considered less apathetic. Similarly, upper-class students had lower AAI scores than freshman and sophomores. However, with an alpha level of .05, the analysis of variance did not yield significant differences between group means for age (F (6, 317) = 1.78, p =.10), or for grade level (F (3, 320) = 2.03, p = .11). Upon further investigation of the ANOVA, it was discovered that the cubic and quadratic effects were nonsignificant, however, the linear effect yielded significant differences among age groups and grades groups. Age and grade are the only two demographics variables with a linear arrangement. The correlations of AAI total with grade (r = -.14, p < .05) and AAI total with age (r = -.17, p < .05) confirm the linear relationships between age and apathy and grade and apathy.

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Ethnicity and income.

Means and standard deviations of AAI total score for ethnicity and income categories appear on Table 2 and 3 respectively. Despite an apparent visual trend on the Table 3 where mean scores on the AAI increased (indicating less relative apathy) as income level increased, the groups were not found to differ significantly. The ANOVA for income categories was insignificant (F (5, 318) = 1.57, p = .17). Additionally, the ANOVA for the ethnicity group comparisons was not significant (F (5, 318) = 1.15, p = .34). Differences among

Gender.

The mean AAI total score for female subjects was 255.98 (SD = 31.96); and the mean AAI total score for male subjects was 238.08 (SD = 30.31). The data analysis determined that the female participants had significantly higher scores on the AAI than the male participants (F (1, 322) = 26.54, p < .01).

School.

The school populations were diverse, racially and economically. The Poughkeepsie sample was the most homogenous and the Rockland sample the most heterogeneous. There was variability of demographic components among the schools, including differences in governing body and supervision (e.g., Catholic brothers, state leadership, and local school boards); and different basic missions among the schools (e.g. academic versus vocational). Means (with standard deviations in parentheses), in ascending order, for the four samples were Rockland, 243.84 (29.99); Connecticut, 245.26 (34.44); Montclair, 254.40 (29.34); and Poughkeepsie, 257.10 (37.11). Consistent

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with the observed diversity, the mean AAI total scores for the four samples were found to vary significantly (F (3, 320) = 3.02, $p < .05$).

The Tukey post hoc comparisons yielded significant differences between the Poughkeepsie sample and the Rockland and Connecticut samples, with the Poughkeepsie sample having the higher AAI scores. The widest spread in scores was found in the Poughkeepsie sample, and the least spread was in Montclair sample.

Parenting style.

Analysis of variance results indicated significant differences among the parenting style categories (F (3, 312) = 7.20, $p < .01$). As seen in Appendix H, groups 4, 5, 6, and 7 were combinations of other groups; and only had from 1 to 4 responses. These groups were too small to include in the ANOVA comparisons and were eliminated from the calculations. The Authoritative, firm but fair group was by far the largest group with 231 responses (M = 253.15, SD = 31.94). Results for the other groups are as follows: Permissive, often too lenient (n =45, M = 237.34, SD = 26.91); Authoritarian, often inflexible (n = 29, M = 233.12, SD = 30.38); and "none of the choices selected" (n = 11, M = 229.67, SD = 39.98). Post-hoc comparisons were again performed; according to the Tukey-HSD (honestly significant difference) test, with significance level set at .05, students with authoritative parents had significantly higher scores on the AAI (less apathy) than those subjects who felt their parents were permissive or authoritarian.

Peer groups.

Twenty-four subgroups were created when combinations of peer groups were analyzed and calculated. These groups appear in appendix H, along with frequency

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counts of each unique pattern. Groups with less than seven subjects were eliminated from the ANOVA calculations. All of the groups eliminated were combinations of two, three or four peer categories. Eight groups were compared using ANOVA; they are the six choices from the demographics survey, the "No selection made" group, and the combination of "Populars and Athletes".

Frequencies, mean and standard deviations for the eight largest groups appear in Table 7. The groups were found to differ significantly, F (7, 287) = 8.08, $p < .01$. The Tukey-HSD post hoc test revealed the following significant differences.
"Populars" differed significantly from "Loners", "Athletes", "Burnouts", and "Others".
"Hi-Achievers" differed significantly from "Loners" and "Burnouts".
"Populars/Athletes" combination differed significantly from "Loners" and "Burnouts".
It is notable that the combination of "Populars" and "Athletes" had one of the highest mean scores. Overall, "Loners" and "Burnouts" appeared to be the most apathetic.

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Table 7

Peer Group Categories: Frequencies and Mean Total Scores

Category	Frequency	Percent of Sample	M AAI Total Score	SD
Loners	15	4.6	219.24	34.20
Burn-outs	19	5.9	224.38	29.15
Others	73	22.5	242.66	30.31
Athletes	57	17.6	244.02	28.92
No selection	10	3.1	249.46	28.48
Hi-Achievers	23	7.1	257.13	27.29
Populars	91	28.1	260.78	28.59
Pops/Athletes	7	2.2	276.44	25.61
Totals	295	91.1		

Note. Categories are listed from lowest mean AAI total score to highest mean AAI total score.

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Gender by Parenting Style Interaction

In order to determine whether the significant differences in apathy scores for gender and for parenting style categories were not related to a prior interaction between the two variables, the following analyses were performed. An ANOVA was calculated, using a two by three factorial design; the outcome variable was the total score on the AAI, and the independent variables were gender and parenting style. Consistent with previous findings, the main effects for gender and parenting style were significant; however, the interaction among the two variables was not significant; results of the ANOVA were F (2, 280) = .66, p =.52. The lack of a significant interaction means that the effect of parenting style on AAI score was the same for males and females.

Frequencies of males and females who reported the three categories of parenting styles were compared via a crosstabs analysis; results of the chi-square test were χ^2 (2, 282) = 4.71, $p > .05$. Results suggest that neither males nor females appeared more likely to report having parents who subscribe to a particular parenting style.

Reliability Analyses

Internal Consistency

A reliability coefficient for internal consistency of the AAI was computed using Cronbach's alpha. The alpha value is an indicator of how well the items fit together in the test, and how they consistently measure a common construct. Additionally, the item analysis produces item-total correlations. These were examined to further determine which particular items fit into the total measure well; and which were considered for

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deletion from the scale. Items that had an item-total correlation of less than .25 were placed on a list of suspected poor items.

The AAI contained 81 items in three sections. Internal consistency for the full scale was $\alpha = .93$. The following items were considered for deletion due to low item-total correlations: item A11R (rather sleep than go out with friends); item A15R (my friends think I am passive); item B06 (played a board game); item B08 (ski, sled, swim); item B12 (assembled or repaired something); item C05R (watch television); item C07R (let others take advantage of me); item C10 (worry how I perform on tests); and item C25 (draw. paint or do artwork).

Following the factor analyses (results appear below), two other items were considered for eventual deletion due to poor factor loadings or low item-total correlations when placed in one of the AAI subscales: item A21 (enjoy discussing problems with others) and item C24 (work/play on the computer). Items A11R, A15R and C07R were included in the final AAI list because of strong factor loadings and/or strong item-total correlations when placed in an AAI subscale. Items A21, B06, B08, B12, C05R, C10, C24 and C25 were deleted, resulting in a full scale of 73 items. Internal consistency for the amended scale was $\alpha = .93$.

Test-retest Reliability

The coefficient of stability, a measure of test-retest reliability, was calculated using the Pearson product-moment correlation. Thirty-nine subjects returned two AAI forms, with a two-week interval between administrations. The two sets of AAI total scores these subjects were correlated. Test-retest reliability was found to be significant (r

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= .90; $p < .01$). Correction for attenuation (error variance) was calculated using the formula:

$$r_c = \frac{r}{\sqrt{\alpha_1 \alpha_2}}$$

The internal consistency reliability coefficients for the two sets of AAI forms for the 39 subjects were .87 for the first administration and .90 for the second administration. The corrected test-retest reliability coefficient was 1.01. A correlation coefficient cannot be greater than 1.0, therefore the corrected coefficient is considered to be 1.0. Means and standard deviations for the two sets were $M = 232.64$, $SD = 26.70$ for the first AAI test; and $M = 234.66$, $SD = 30.75$ for the second AAI test (retest).

Validity Analyses

Construct Validation

Factor analyses.

Several factor analyses were performed to identify potential latent subscales that may exist within the AAI. Given that four relatively distinct factors were identified in the pilot study, and given that the definition of apathy is an aggregation of several behaviors and concepts, it was conceivable the current AAI factor analysis would yield two or more underlying factors. As was done during the pilot study, an initial factor analysis was run, with no specified number of factors selected. This analysis extracted 22 factors in 103 iterations, and yielded a list of Eigenvalues and a scree plot of Eigenvalues; these are indicators of the number of potential underlying factors in a scale. Figure 2 shows the scree plot for the initial factor analysis. The first five factors have Eigenvalues greater

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than 2; after that, the values gradually decrease, approaching zero. It was apparent that no more than eight latent factors would be necessary to define the AAI items. Six factor analyses were run, entering and extracting 3 through 8 factors.

The factor analyses were run on SPSS using an oblique rotation (OBLIMIN). For each analysis, the rotated factor loadings (appearing on the structure matrix) were inspected to see which items fit best into a particular factor. Loadings of .30 and higher were highlighted; then lists of items loading heavily on that factor were created. The lists were considered tentative subscales of the AAI. Specific items that did not appear to fit well into any factor were considered for deletion from the AAI. Some items had loadings less than .30, but were still included on one of the subscales because the loading was relatively high when compared to the loadings on other factors.

For the analyses in which 6, 7 and 8 factors were extracted, one or more subscales contained less than five items. The three-factor model had many items in each subscale; it appeared the subscales could be further delineated.

The four-factor and five-factor models resulted in subscales that were relatively similar in size and reasonably large, ranging from 11 to 29 items. Some items loaded heavily on more than one factor, and were included in more than one subscale. Items on each subscale list were examined for content similarities, in order to verify that components of the apathy definition were indeed represented by item groups on the AAI. Recurring themes were identified within each subscale. The four-factor model yielded two subscales that were difficult to interpret. Items related in content, comprising Subscale 2 in the five-factor model, were divided among two different subscales in the

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four-factor model. The five-factor model was interpreted more easily, as each subscale appeared discrete in theme and contained items of similar content.

The internal consistency reliability for each subscale was calculated. An SPSS output list of items in subscale 1, and the values for the item-total correlations appear in Appendix I1. Subscale 1 contained 22 items; reliability was .88. Recurring themes were school-related issues and academic pursuits; caring about what happens to one's self and to others; and behavioral issues.

The 23 Subscale 2 items appear in Appendix I2, along with item analysis results. The reliability was .85. All items in Subscale 2 correlated strongly with the total score. Items in Subscale 2 focused on social issues and friendships.

Subscale 3 contained 29 items, most of which were related to activities and interests outside the realm of school. Items having to do with personal ambitions, creativity, cultural pursuits, and reading and writing activities that are not necessarily connected to school were included in Subscale 3. Appendix I3 lists the items and item analysis Subscale 3; the reliability was .88.

All of the AAI items that contained a reference to sports loaded heavily on factor 4. Subscale 4 included items having to do with participation and interest in sports, as well as items that measured involvement and joining behaviors of the subjects. Despite being the smallest subscale (11 items), reliability was .85, and all items correlated strongly with the total score for the subscale. Subscale 4 items and analysis are listed in Appendix I4.

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Subscale 5 contained 22 items; the reliability was .86. Appendix I5 shows the list of items in Subscale 5 and the item-total correlations. Subscale 5 is comprised of items that indicate general negativity including depressive symptoms, boredom and disappointment in one's self. Also included was the set of AAI items that measure goal-setting and goal-directed behaviors, and the item expressing difficulty with decision-making.

Results from the scale reduction provided evidence for five distinct underlying factors that make up the apathy construct. Each of the subscales listed (Appendices I1 - I5) contained items that were related to components of the definition of apathy stated previously. The components of "adolescent apathy" represented by the subscales included "interest (and involvement) in most everyday activities" (Subscales 1, 2, 3 and 4); "goal-setting and goal-directed behaviors" and "difficulty making decisions" (Subscale 5); "indifference to changes that occur", including concern about social issues and engagement in social activities (Subscales 1 and 2); and "displaying energy and enthusiasm" (Subscale 3).

The reduction of the complete AAI scale into five subscales, each of which contains specific questions about observable behaviors that are believed to comprise the construct of adolescent apathy, is the first evidence of construct validity of the scale. The rotated factor matrix for the full scale AAI, after the eight deletions were made, appears in Appendix J. Additionally, intercorrelations of the five factors are shown in Appendix J; intercorrelations range from .09 (factors 2 and 5) to .30 (factors 1 and 2). Low

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intercorrelations support the reduction of the adolescent apathy construct into distinct components.

Correlation with RADS.

Construct validity of the AAI may be established through concurrent administration of the RADS and AAI, and subsequent comparisons of depression scores and apathy scores. The Pearson product-moment correlation coefficient was calculated, using total scores for each instrument. Only cases for which both the AAI and the RADS were returned were included in this calculation. The purpose of this procedure was to assess whether apathy is a separate construct from depression.

AAI total scores (73 item scale) were correlated with total scores on the depression self-report (RADS); initial results were $r = -.47$ ($n = 315$; $p < .01$). Internal consistency reliability coefficients were computed for both the RADS and the AAI, so that correction for attenuation could be calculated. Internal consistency reliability for the RADS was $\alpha = .92$. Reliability for the AAI ($n = 315$; 73 items) was $\alpha = .93$. The correlation coefficient, corrected for attenuation was $r = -.51$, not noticeably higher than the uncorrected correlation coefficient; this is due to the high reliability of each scale.

The results indicate a moderate negative association between scores on the apathy and depression self-report inventories. Higher scores on the RADS (i.e., more symptoms of depression) were associated with lower scores on the AAI (i.e., a higher level of apathy); similarly, lower scores on the RADS (i.e., less depression) were associated with higher scores on the apathy test (i.e., less reported apathy).

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Due to theoretical and symptomatic similarities among apathy and depression, overlap between test scores was expected; however, the two scales were not identical. The corrected correlation coefficient of -.51 provided evidence that, among the 315 adolescents assessed, the two instruments were significantly related but did not measure an identical construct.

In order to determine whether one or more factors of the AAI is indeed depression, or highly associated with depression, the relationships between identified AAI subscales and depression test scores were calculated. Response values from the items on each of the five AAI subscales were added in order to calculate subscale scores. The subscale totals were correlated with RADS total scores. The resulting correlations were again corrected for attenuation, using the reliability calculations for each subscale. Uncorrected and corrected correlation coefficients appear in Table 8.

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Table 8

Correlations of RADS with AAI Subscales

Subscale	r	r-corrected	Significance Level (uncorrected)
1	-.33	-.36	$p < .01$
2	-.53	-.60	$p < .01$
3	-.19	-.21	$p < .01$
4	-.32	-.36	$p < .01$
5	-.64	-.72	$p < .01$

Significant associations were found between the RADS and all five subscales. Subscales 5 and 2 had the strongest relationships with the depression scale. Item C08R ("I get sad or depressed") appears in both of these subscales. Additionally, the principal themes in subscale 5 appears to be closely related to negativity and symptoms of depression. Subscale 2 contains items pertaining to social difficulty, boredom, and loneliness; each of which having corresponding items on the RADS.

Criterion-related Validity

With the purpose of gathering evidence of criterion-related validity for the AAI, the guidance counselor assessments of apathy were correlated with total AAI scores. For cases to be included in this calculation, all three of the following conditions were necessary: 1) the guidance counselor was familiar with the student; 2) the guidance counselors completed the four-item questionnaire; and 3) the student completed and returned their survey package.

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The resulting association was significant ($r = -.42$, $n = 92$, $p < .01$). To interpret these results, recall that a higher score on the GC questionnaire indicated a higher degree of apathy, while a higher score on the AAI indicated a lower level of apathy. Therefore, the moderate negative correlation suggested that guidance counselors tended to agree with students' self-assessments of apathy. Alpha reliability of the GC assessment was .89; and alpha reliability of the AAI for the 92 subjects included in this calculation was .77, therefore the correlation, corrected for attenuation was -.50.

Total scores from the GC questionnaire were correlated with each of the AAI subscale total scores. All five of the AAI subscales was significantly associated with guidance counselors' assessments of the students. These results provide evidence that both the complete scale and each of the subscale components of the AAI have criterion-related validity. Table 9 shows the correlation coefficients for the AAI Subscale x GC Questionnaire calculations.

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Table 9

Correlations of AAI Subscales with GC Questionnaire

Subscale	r	Significance Level
1	-.45	$p < .01$
2	-.30	$p < .01$
3	-.32	$p < .01$
4	-.31	$p < .01$
5	-.34	$p < .01$

Determination of Restriction of Range

It was necessary to determine whether the students who returned their research packages were no different from the students who failed to return their forms. If the subjects who lost, threw away, or refused to complete their questionnaires were actually the most apathetic students in the school, then the sample of students who were included in the AAI total calculations would represent a restricted range of the population of adolescents.

As part of this analysis, two calculations were made. First, the variable "return versus non-return of packages" was correlated with guidance counselor assessments, as measured by the GC questionnaire. Second, the mean GC total scores for the two groups (those who returned their surveys and those who did not) were compared using a t-test. All of the students who received a research package at the Rockland school were considered for this determination. There was a total of 298 students in the sample,

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however, guidance counselors completed questionnaires for only 147 students. In many cases, the guidance counselor was not familiar with the student and was not required to complete the form. This occurred for many of the ninth graders.

Return status was coded as follows: 0 = did not return the AAI; 1 = returned the AAI. The correlation was nonsignificant between GC assessments and return status (r = -.12, n = 147, p =.14). For the mean comparisons of GC total scores, it was found that 55 students did not return their packages (M = 1.56, SD = 1.82); and 92 students returned their packages (M = 1.14, SD = 1.58). The t -test for equality of means yielded a nonsignificant difference between group means (t = 1.48, p =.14).

These results suggest that the sample of students who returned their AAI research packages was not composed of a restricted range of the adolescent population, and excluded neither apathetic nor nonapathetic individuals.

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Chapter 7. Discussion - Main Study

The primary goals of this research were to investigate and specifically define the construct of adolescent apathy, and to create a valid and reliable measuring device. The results from the study yielded a 73-item self-report scale entitled the Adolescent Apathy Inventory (AAI). Statistical analyses provided definitive and encouraging responses to the research questions listed in Chapter 4. The results from the administration of the AAI to a larger sample corroborated findings from the pilot study. It appears to be possible to identify students who are experiencing a unique condition; that is disengagement from specific aspects of their lives, lack of goal-directed behaviors, and decreased social and academic motivation, but may not be reporting symptoms of depression.

In educational survey research, a return rate of over fifty percent is considered to be acceptable. It may be perceived as even better than satisfactory when the subjects are potentially apathetic teenagers who are required to complete several forms. Diligent follow-ups and interested teachers and liaisons helped raise the return rate. The requirement of the parental consent, and the stipulation that an elevated RADS score may lead to further contacts may have contributed to nonreturns. All four high school samples returned close to 50 percent of the packages; questionnaire administration and collection methods appeared equally effective in each school.

Twenty-five students from the Rockland sample were found to have a RADS score of 77 of above. These students were interviewed individually by the researcher or by another support services profession in the building, in order to determine whether they were "at-risk" for self-injurious behaviors or significant depression. Appropriate

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interventions were arranged for three individuals. Six other students were already involved in school-based counseling or outside therapy. Similar follow-up procedures were implemented with 13 students from the remaining three high schools who scored at or above the 77-point cut-off.

The addition of the peer group and parenting style variables provided support for the conclusions outlined in Steinberg (1996). The students who were most at-risk for generalized adolescent apathy were those who had parents classified as "authoritarian" or "permissive". The students of "authoritative; firm but fair" parents had the highest mean AAI total scores (least apathetic). In Steinberg (1996) the students who were the least disengaged were those with firm but fair parents; and they were in homes where rules were clearly defined, but decision-making was shared by the parents and teens.

The peer groups mean comparisons were also consistent with the disengagement research cited in Steinberg (1996). The least apathetic students (with the highest AAI scores) were those who considered themselves "popular"; this includes being active, academically motivated and socially healthy. High achieving students are also less likely to be apathetic. However, when high achievement was paired with social distancing (e.g., the "loners" category), the behaviors associated with apathy were prominent. The categories with the most students at-risk for generalized apathy or disengagement were "loners"; "burnouts"; and combinations that included "loners" or "burnouts". These results support the conclusions of Goodenow (1993), that the sense of social belonging appears to be directly associated with levels of interest and effort, and with degree of

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apathy. Steinberg (1996) emphasized the importance of social groups and peer acceptance to the overall development and behaviors of teens.

Other demographic comparisons were not unusual in light of previous research. While the results were not statistically significant, it appeared that the students from families with the highest incomes reported the least apathy. Students at or close to the poverty conditions scored lowest on the AAI, indicating highest relative apathy. Ramey and Ramey (1990) identified apathy and lowered aspirations as important results of intergenerational poverty. Many students responded that they did not know their family income. It is likely that not knowing specific information regarding parents' salaries is a function of poor family communication, or disengagement from family matters. The students who answered "don't know" received the second lowest mean AAI score. Students from families at or above 100,000 dollars annual income had relatively higher AAI scores.

School differences coincided with income variations. The Rockland sample and the Connecticut sample contained a larger proportion of students from lower income families than the other two samples. The Poughkeepsie sample contained mostly academically-oriented students from families with high incomes. Montclair High School is a school where academics are emphasized, and most of the students are "well-to-do". The Connecticut school was a vocational and technical preparatory program. The school administrator reported that many students in attendance had difficulty with academics in earlier grades; this contributed to their choice of a vocational track. Family incomes were mostly within the middle to lower categories. A relatively low AAI mean score

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(suggesting greater apathy) was received by the Connecticut sample. Results suggest that the variable of income, in conjunction with prior history of academic difficulty, may be associated with apathy.

On the AAI, females were significantly less apathetic than males. Goodenow (1993) found that females experienced a higher sense of belonging than males; and Coffield (1981) found that females scored higher on the Purpose-In-Life Test than males. The present results support the notion that males may be at risk for being less concerned about their environment and academic performance, and are perhaps less diligent about setting goals for themselves. The results suggest that female adolescents assess themselves differently than adolescent boys. Girls may be more introspective, whereby they scrutinize aspects of their social status, academic performance, and plans for the future more carefully than the other gender.

While the ANOVA yielded non-significant differences among grade levels and age groups, the correlations (AAI total x grade, and AAI total x age) were significant. The linearity of the grade and age variables prompted calculation of a correlation coefficient. As stated in the results section, the cubic and quadratic effects of the ANOVA were non-significant, but the linear effect was significant, though not strong. Results suggest that older students were relatively more apathetic than younger students (or those in their first two years of high school).

This relationship is perhaps the most disturbing of the demographic comparisons. It appears that teens are moving in the wrong direction during the crucial high school years. The schools should be aware that their students are losing, rather than gaining

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interest in their lives. Educational systems may need to counteract the fading motivation with workshops in goal-setting and decision-making as part of curriculum. School boards may need to consider making community service, club or team membership mandatory. If students are involved in more activities, their opportunities to spontaneously discover an area of interest increase. Additionally, teenagers may develop positive social connections and feelings of belonging, that are associated with less apathy. Lastly, students who remain busy with sports, academic endeavors, and community and cultural activities are less likely to get into trouble. Hanging out with the "loners" or "burn-outs" seems to contribute to the apathetic profile. These associations also lead to conflicts with parents, another predictor of generalized disengagement (Steinberg, 1996).

Differentiating adolescent apathy from depression was one of the principal goals of the dissertation. As predicted, depression scores were significantly associated with apathy scores; however, the correlation was moderate. There was evidence that that two constructs can be distinguished from each other, within the same population when measured simultaneously. There appears to be a rationale for separate measurement of apathy and depression. Forty-two students (13 percent) from the sample of 315 students who returned both the AAI and the RADS scored more than one standard deviation below the mean on the apathy scale while scoring within healthy limits on the RADS. Additionally, twenty-three (60 percent) of the individuals who had a RADS score at or above 77 ($\underline{n} = 38$) scored above 215 on the AAI (within one standard deviation of the mean). These statistics suggest that there were students who assessed themselves as

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being depressed but not apathetic, and even more who reported significant apathy without being depressed.

Apathy has been listed as a symptom of depression (Marin et al., 1994), yet the definition of depression shown in the DSM-IV (American Psychiatric Association, 1994) is not identical to the definition of apathy above. Students can indeed have difficulty socially, physically and emotionally, consistent with the definition of depression, but may still take interest in academics and continue to be concerned about their long-term future. Conversely, and likely even more prominently, many students can lose interest in schoolwork, family issues and goal-directed activities for an extended period, but remain clear of the devastating symptoms of depression.

The apathetic teens who are not depressed probably continue to be pleasant in nearly all contexts of their lives. They likely remain polite toward parents and teachers; yet completing only the minimal amount of work, as to avoid failure; and continuing to enjoy social contacts with other kids similar to themselves. If they were truly depressed, they would likely shut down altogether in school and at home. As with other students who continue to pass classes, remain out of serious trouble and stay congenial most of the time, the apathetic teen likely avoids calling attention to themselves. This is the perfect scenario when one wants to "not deal with anything"; but it is a potentially dangerous scenario as the student can easily "fall through the cracks", perhaps going years until anyone notices that they are ill-prepared for adulthood. Apathetic students are not traditionally referred for counseling in their high school; depressed teens are much more likely to be identified and treated.

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Upon review of the resultant distribution of scores, and of the reliability calculations and validity evidence, there appears to be a basis for continuing the development of the AAI. The scale had strong internal consistency reliability and test-retest reliability (stability over time). Total scores for the AAI were distributed normally. As listed in the Results section, the AAI is made up of five underlying factors or subscales:

Subscale 1 has to do with academic performance and motivation; with caring about one's self and others; and with behavioral issues. Assessment of disruptive or potentially dangerous behaviors (e.g. substance use, mischievous behaviors) are included in this subscale. The degree of consideration for others is addressed in Subscale 1.

Subscale 2 assesses sociability and relationships with others. This includes interactions with friends and teachers. For these items, students decide whether they are leaders or loners; whether they are outgoing and cooperative individuals or passive and avoidant of social situations; or whether they are energetic and lively or bored and depressed.

Subscale 3 is distinguished from other subscales by the emphasis on ambition and confidence, especially in activities outside of school. Subscale 3 assesses creativity, volunteerism, and cultural interests. Students who score highest on Subscale 3 are likely artists, debaters, writers, or avid readers.

Subscale 4 is comprised of items that assess joining behaviors and involvement in sports, either as a participant or a spectator. Items having to do with school spirit, having fun, recreational activities and playing were prominent in Subscale 4. Other subscales

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include items that may be considered more serious, such as those dealing with goal-setting, consideration, decision-making, or personal disappointment.

Lastly, Subscale 5 is the subscale with the most negatively phrased items. Important personal and emotional issues are measured here. Subscale 5 includes questions about depression, disappointment, failure when trying new things, and allowing others to take advantage of the person. General questions about goal-setting and achieving one's goals are included here. Perhaps, this was the subscale that forced students to think about their lives more closely and seriously.

The underlying factors derived from the dissertation analyses were similar to the latent factors identified in the pilot study. The actual subscales (lists of items) are slightly different in each phase of the AAI development, however, the presence of the following components of apathy is consistent. Both studies yielded a separation of "school-related" and "non-school-related" interests. Academic achievement, social contact, and involvement in sports are important variables to be considered when screening for apathy. Lastly, the skills of goal-setting, decision-making, and joining (i.e. the ability and confidence to get involved) are essential elements when measuring the apathy construct. While all of these domains appear to be closely related in the lives of adolescents, the low intercorrelations among the factors (subscales) support large diversity within a particular individual. It may be that the least apathetic teenagers are able to be successful and confident in several different contexts, and will score high on all subscales of the AAI. This is further evidence that educators and parents need to encourage their children to be "well-rounded" individuals.

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As stated previously, evidence exists for the validity of the AAI. Theories state that the construct of adolescent apathy is based on a set of observable behaviors. These behavioral components were reliably measured by the AAI. Since the self-report test is made up of the subscales representing the several components of adolescent apathy listed in the definition, construct validation is demonstrated. Additionally, construct validity was established when adolescent apathy, as measured by the AAI, was distinguished from the closest related construct, depression; however, the AAI overlapped with, and was related to aspects of depression, as seen in significant correlations between the AAI subscales and scores on the RADS. Criterion-related validity was established by concurrent assessment of student apathy by a familiar person, the students' guidance counselor.

With regard to the interpretation of the AAI total scores, some initial confusion was encountered because "high" scores on the AAI indicated "less apathy"; and "low" AAI scores indicated "greater apathy". Once this relationship was understood, the confusion was reduced. Most of the AAI items were positively worded, and the Likert-scale used yielded the present pattern of scores. During the coding and recoding phases of data analysis, complete reversal of the scale was not done because the pilot study had been coded in the present manner. Future versions of the AAI may be reverse-coded so that "higher" scores on the adolescent apathy test would mean the student has a greater degree of apathy.

One of the next steps in the research of adolescent apathy is to outline intervention strategies that may be effective with highly apathetic students. When implementing

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interventions with students believed to be highly apathetic, the researcher has assisted students in identifying potential areas of interest, and has encouraged joining behaviors and increasing activity. Increasing pleasant activities is part of the intervention used with depressed students as well. Controlled experimental procedures may be used to determine the effectiveness of such treatments. The AAI would be used as the pretest and posttest instrument for this investigation.

The research presented is meant to be the beginning of the process of systematic measurement of adolescent apathy. It is not a new or obscure phenomenon, but a well-known problem that only seems to be getting worse; it is a problem for which no specific measuring instrument had existed. The item development and pilot study provided a foundation on which to construct a reliable, valid device to identify students in need of intervention for their apathy. The dissertation established the reliability, stability and validity of the AAI.

In addition to experimentally assessing potential treatment methods for apathetic students, continuation of this research ought to include collection of normative data on a much larger scale. Scores from the current AAI may be considered local norms for the tri-state area, but a national sample needs to be assessed. Part of the future analyses will include converting raw scores to standard scores, so that simple interpretation by school support staff is possible. Revisions of the AAI may also be necessary, including adding new items, rephrasing items and deleting difficult items. Perhaps a shorter version may be created as a quick screening to be used in conjunction with other instruments during a psychological test battery.

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Long before the test development and data collection phases began, as well as during the current project, there was informal support for development of a useful measure of teenage apathy. Educators, administrators, clinicians and laypeople who had been briefed on this topic demonstrated interest. They said that they recognized the prevalence of unmotivated teens. They were often bewildered at the lack of energy or initiative demonstrated by the adolescents in their classes, neighborhoods and homes. They expressed awareness that all too many adolescents fail to prepare sufficiently for their future. Rather than work towards developing interests and skills that may be essential for them later, many adolescents prefer passive activities such as watching television, strolling through the mall, or just "hanging out". One of the most detrimental effects of this prominent condition is that the teenagers may unnecessarily debilitate their chances to attend a good (or any) college. In short, they may continue their current ways and become apathetic adults, contributing to a trend towards an apathetic society.

With reliable assessment and early identification of adolescent apathy, interventions may be planned and enacted by mental health professionals, educators and by parents. And on a larger level, when the problem of apathy is recognized by the field of psychology as being a serious impediment to the development of adolescents, then prevention strategies may be incorporated into school systems and community recreational programs. It appears to be an issue that merits some interest and active participation, and to not be apathetically ignored.

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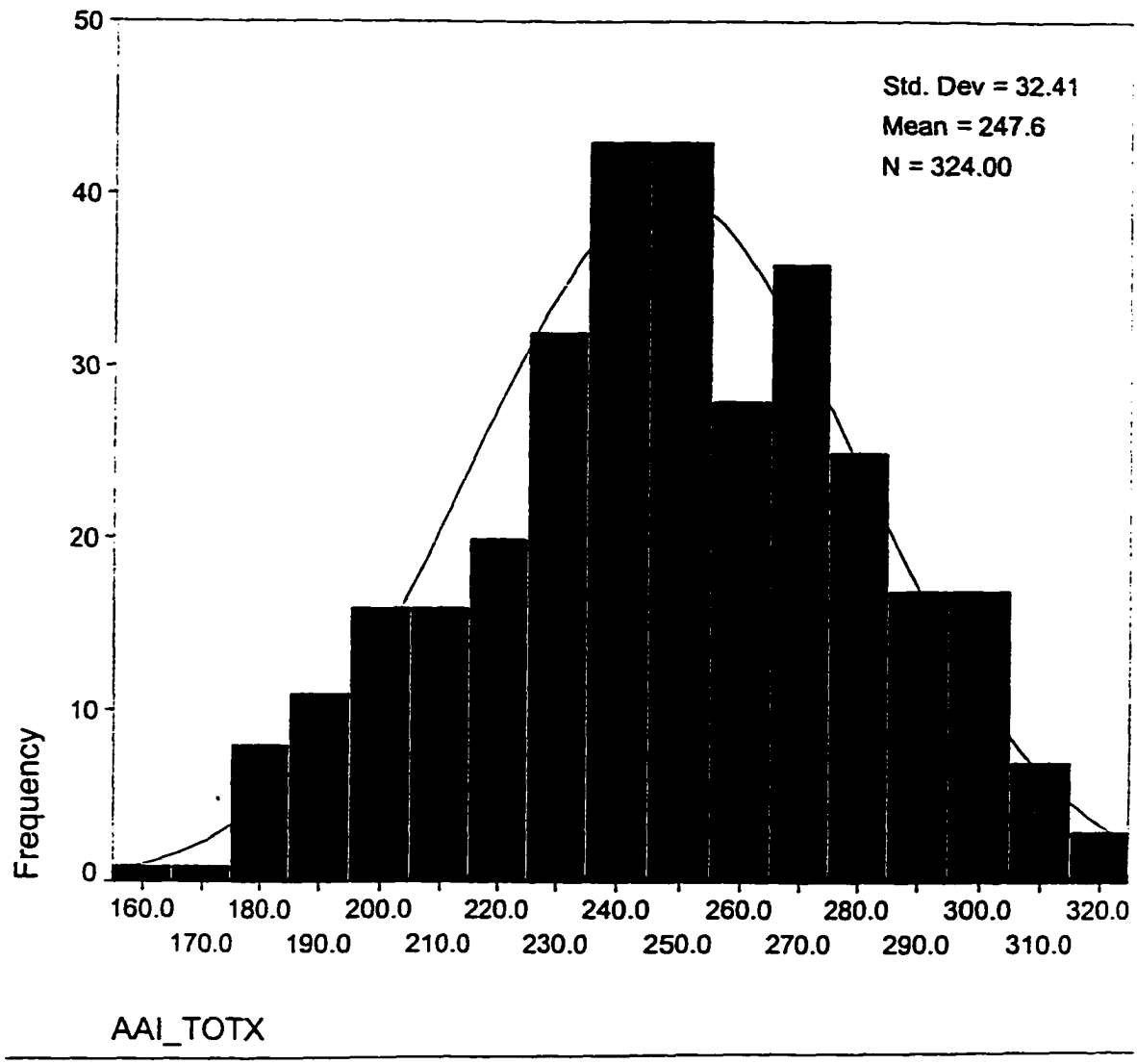

Figure 1.
Frequency distribution for AAI Total Scores ; complete sample (324 subjects)

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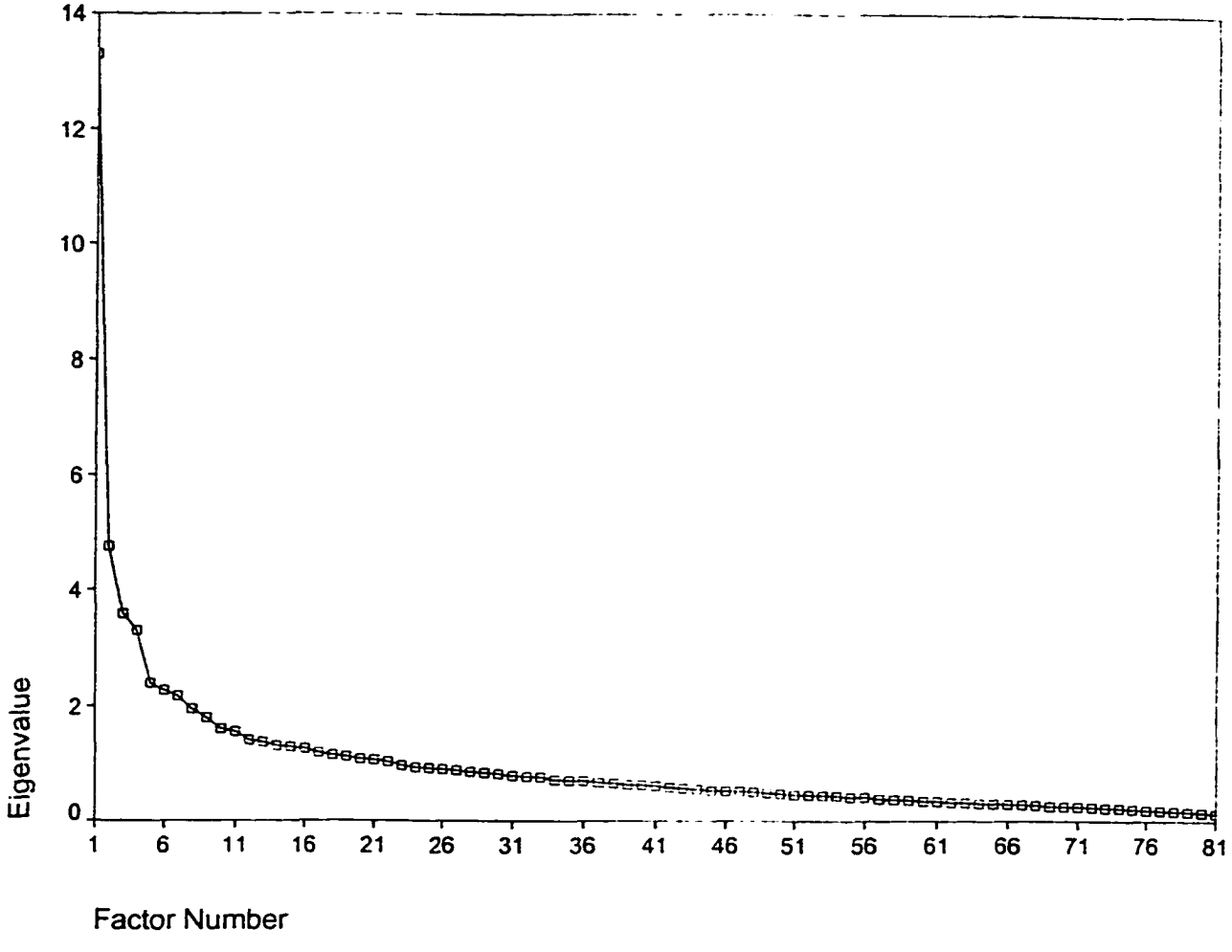

Figure 2.
Scree plot of Eigenvalues; with no specified number of factors entered into the factor analysis.

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Appendix A

Ron Handelman, M.S
The Graduate School and University Center
Department of Educational Psychology
33 West 42nd Street, New York, NY 10036

May 8, 1996

Dear Student, Parent/Guardian:

The following questionnaire is part of a research study, investigating students' interests, attitudes and beliefs. The results of this study may assist educators in gaining important insight about their students. This information may enable educational professionals to work most effectively with adolescents in the schools.

The study is being conducted by Mr. Ron Handelman, who is a school psychologist at North Rockland High School, in Thiells, NY, and a doctoral student at the CUNY Graduate Center. The research project will be supervised by Professor David Rindskopf, who is a member of the CUNY Graduate Center faculty. In accordance with professional and ethical guidelines, the following information is provided:

Participation in the study is **voluntary**; withdrawal is possible at any time. There are **no** foreseeable risks involved in the study. All information provided by the participant will be kept **strictly confidential**. All respondents are requested to exclude their name from the questionnaire. Any personal information will be used for statistical purposes only. At the conclusion of the study, results may be obtained from the researcher.

Parental/Guardian consent is requested for participants under 18 years of age. Please sign in the space provided below, and return this form with your questionnaire. Any questions may be directed to Ron Handelman, at the address listed above.

Your participation is greatly appreciated. Thank you for offering your valuable time to assist in this project.

Sincerely,

Ron Handelman, M.S.

For Participants 18 and Over:

I have reviewed the information presented above and agree to participate in the described research study.

Signature_____Date_____

For Participants Under 18 Years Old:

I have reviewed the information presented above and give permission to my son/daughter/child for whom I am the legal guardian to participate in the study.

Signature_____Date_____

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Please fill out the following form before completing the questionnaire

Thank you

Age_____

Grade_____

Gender: ____Male
(check one) ____Female

Race: ____Caucasian
(check one) ____African-American
____Hispanic
____Asian
____Native American
____Other_____

Educational Classification:
(check one) ____General Education Classes
____Learning Disabled
____Emotionally Handicapped
____Speech Impaired
____Other_____

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1

The Interests, Behaviors and Attitudes Scale

Section I:
Read each sentence carefully. For each statement, circle the number which best expresses your level of agreement or disagreement. Remember, there are no right and wrong answers; base your responses on your own beliefs and behaviors.

Used the following numerical key to respond:
1 = Strongly Disagree
2 = Disagree Somewhat
3 = Undecided
4 = Agree Somewhat
5 = Strongly Agree

	Strongly Disagree	Disagree Somewhat	Undecided	Agree Somewhat	Strongly Agree
1. I want to go to college	1	2	3	4	5
2. I have career plans for after graduation	1	2	3	4	5
3. I play a musical instrument, or would like to learn one	1	2	3	4	5
4 I am good at least one sport	1	2	3	4	5
5 I have school spirit	1	2	3	4	5
6. I know what I would like to be when I am an adult	1	2	3	4	5
7. I care about environmental issues	1	2	3	4	5
8. I would join an academic or social club in school	1	2	3	4	5
9. I know which college I would like to attend	1	2	3	4	5
10. I am an energetic, lively person	1	2	3	4	5
11. I would enjoy being in a chorus or drama group	1	2	3	4	5
12. I would rather sleep than go out with my friends	1	2	3	4	5
13 I care about my grades	1	2	3	4	5
14 I feel it is important to have a girlfriend/boyfriend	1	2	3	4	5
15. I am a lazy person	1	2	3	4	5
16 I don't like to get involved in school activities	1	2	3	4	5
17. I like to be the center of attention	1	2	3	4	5
18. My friends think I am passive	1	2	3	4	5
19 In general, I am a loner	1	2	3	4	5
20 I am an outgoing person	1	2	3	4	5
21 I like to argue/debate about the topics which are important to me	1	2	3	4	5

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	Strongly Disagree	Disagree Somewhat	Undecided	Agree Somewhat	Strongly Agree
22. I don t really care about what happens around me	1	2	3	4	5
23 I am an ambitious person	1	2	3	4	5
24 I wait for others to call me on weekends	1	2	3	4	5
25 I am interested in politics/world events	1	2	3	4	5
26 I care about what others think of me	1	2	3	4	5
27 I enjoy discussing my problems with others	1	2	3	4	5
28 I think I will have fun, whenever I join a new activity	1	2	3	4	5
29 I like to help/assist/ tutor others	1	2	3	4	5
30 I have many friends	1	2	3	4	5
31. I am indifferent to the needs of others	1	2	3	4	5
32. I don't care if I skip a day of school or a class	1	2	3	4	5
33 I am a disruptive person	1	2	3	4	5
34 I feel powerless around peers	1	2	3	4	5
35 I am a creative imaginative person	1	2	3	4	5
36 I can make a difference in terms of: changing school policies; affecting social and political issues	1	2	3	4	5
37 I like to be the best at everything I try	1	2	3	4	5
38. I am considerate of the needs of others	1	2	3	4	5
39 I avoid most social situations	1	2	3	4	5
40 I think that I am smart	1	2	3	4	5
41 I have difficulty making decisions	1	2	3	4	5
42. I look toward others to tell me what to do	1	2	3	4	5
43 I have influence on the events which occur around me	1	2	3	4	5
44 I enjoy setting goals for myself	1	2	3	4	5
45 I am motivated to do well in school	1	2	3	4	5
46 I enjoy drawing, painting or doing art projects	1	2	3	4	5
47 I would enjoy being on an athletic team	1	2	3	4	5
48 I like reading (books, magazines, comics, etc.)	1	2	3	4	5
49 I put little effort into my school work	1	2	3	4	5
50 I approach most tasks and situations with focus, purpose and determination	1	2	3	4	5

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Section II:
For each of the following items, place an *X* next those activities in which you participated, during the last two months:

1. ___Attended a sporting event (school or professional) as a spectator
2. ___Participated in a chorus, band or orchestra
3. ___Read a novel, play or short story for personal enjoyment
4. ___Acted in a play or show
5. ___Created an art project, other than for school
6. ___Competed on a sports team, or in a personal sporting event
7. ___Attended a religious service
8. ___Attended a youth group event, sponsored by a church, temple, community organization, etc.
9. ___Attended a job, after school or during the weekends
10. ___Attended a concert, play or cultural event
11. ___Went to a museum or exhibit
12. ___Attended a school club or academic society meeting
13. ___Participated in a hobby (collecting; remote control cars; building models; knitting; etc.)
14. ___Traveled to a new place
15. ___Played a board game (Scrabble, Pictionary, Trivia, Monopoly, etc.)
16. ___Gone bowling
17. ___Worked cooperatively on a homework assignment, school project or while studying
18. ___Participated in a scouting event, or gone camping, hiking, boating
19. ___Gone skiing, sledding, or swimming
20. ___Gone to the movies
21. ___Delivered a speech or performed in front of a group
22. ___Provided a large amount of effort on a school project
23. ___Assembled or repaired something mechanical, electrical, or something around the house
24. ___Performed some sort of volunteer/charitable service
25. ___Written or recited long- or short-term goals for yourself

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4

Section III:

For each of the following behaviors. circle the number which best describes the frequency of your participation or performance:

Use the following numerical key to respond

1 = Never
2 = Rarely
3 = Once in a While
4 = Often
5 = All the Time/Very Frequently

	Never	Rarely	Once in a While	Often	All the time/ Very Freq.
1. I study and do my homework	1	2	3	4	5
2. I drink alcohol	1	2	3	4	5
3. I try to please my parents	1	2	3	4	5
4. I lie around the house	1	2	3	4	5
5. I watch television	1	2	3	4	5
6. I use marijuana or other illegal substances	1	2	3	4	5
7. I let others take advantage of me	1	2	3	4	5
8. I get sad or depressed	1	2	3	4	5
9. I avoid being called on by teachers	1	2	3	4	5
10. I spend my free time just "hanging out"	1	2	3	4	5
11. I feel bored	1	2	3	4	5
12. I achieve my goals	1	2	3	4	5
13. I feel disappointed in myself	1	2	3	4	5
14 I spend time alone	1	2	3	4	5
15. I set personal goals for myself	1	2	3	4	5
16. I make interesting plans for the vacations and weekends	1	2	3	4	5
17. I engage in mischievous/illegal behaviors	1	2	3	4	5
18. I go to school sporting events	1	2	3	4	5
19. I go to school dances and social events	1	2	3	4	5
20. I take the role of a leader	1	2	3	4	5
21. I fail, whenever I try something new	1	2	3	4	5
22. I write letters to others	1	2	3	4	5
23. I write stories or poems	1	2	3	4	5
24 I work/play on the computer	1	2	3	4	5
25. I avoid calling attention to myself	1	2	3	4	5
26. I worry about how I perform on tests	1	2	3	4	5
27 I answer questions with responses such as: "I don't know", "Whatever", or "I don't care"	1	2	3	4	5

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Appendix B

ITEMS DELETED FROM APATHY SELF-REPORT

First Cut	Second Cut
A03	A43
A14	B02
A17	B14
A25	B18
A26	RC10
A46	RA31
B04	———
B05	
B07	6 items deleted during the second round of cuts
B08	
B09	
B10	
B11	
B16	
RA24	
RA42	
RC25	
———	
17 items deleted during the first round of cuts	

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THE
GRADUATE SCHOOL
AND
UNIVERSITY CENTER
THE CITY UNIVERSITY OF NEW YORK

Appendix C

PH.D. PROGRAM IN EDUCATIONAL PSYCHOLOGY
33 WEST 42 STREET, NEW YORK, NY 10036-8099
212 642-2261

Approved: November 24, 1997
Expires : November 25, 1998

November 18, 1997

Dear Student, Parent/Guardian:

The following questionnaires are part of a research study, investigating students' interests, attitudes and beliefs. The results of this study may assist educators in gaining important insight about their students. This information may enable educational professionals to work most effectively with adolescents in the schools.

The study is being conducted by Mr. Ron Handelman, who is a school psychologist at North Rockland High School, in Thiells, NY, and a doctoral candidate at the CUNY Graduate Center. The research project will be supervised by Professor David Rindskopf, who is a member of the CUNY Graduate Center faculty. The project has been approved by the CUNY-Graduate Center Office of Sponsored Research (Tel. 212-642-2059). In accordance with professional and ethical guidelines, the following information is provided:

Participation in the study is completely **voluntary**; withdrawal is possible at any time. There are **no** foreseeable risks involved in the study. Parent/Guardians are advised that on the Information Form, students will be asked to answer a question about parenting style in the home. All information provided by the participant will be kept **strictly confidential**. However, an exception exists if a respondent is found to have a significantly elevated score on the depression scale only (RADS); in such cases, due to ethical and legal guidelines, the respondent's parent or guardian will be advised that further assessments may be warranted. Parents/guardians may contact their child's school psychologist or guidance counselor; or they may contact Mr. Handelman directly for a list of qualified evaluators.

All respondents are requested to exclude their name from the questionnaires. Any personal information will be used for **statistical purposes only**. At the conclusion of the study, results may be obtained from the researcher.

Parental/Guardian consent is requested for participants under 18 years of age. Please sign in the space provided (on the back of this page), and return this form with your questionnaire. Any questions may be directed to Ron Handelman, at the following telephone numbers: 914-942-3524; 212-642-2262, or at the address listed above; to Professor David Rindskopf, the faculty advisor for this study, at 212-642-2256; or to the Office of Sponsored Research at (212) 642-2059.

Your participation is greatly appreciated. Thank you for offering your valuable time to assist in this project.

Sincerely,

Ron Handelman, M.S.

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Approved: November 24, 1997
Expires : November 25, 1998

For Participants 18 and Over:

I have reviewed the information presented above and agree to participate in the described research study.

Student Signature_____Date_____

For Participants Under 18 Years Old:

I have reviewed the information presented above and give permission to my son/daughter/child for whom I am the legal guardian to participate in the study.

Parent/Guardian Signature_____Date_____

Parent/Guardian Signature_____Date_____

Student Signature_____Date_____

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Instructions

The research project involves three separate parts:

1) Information Form (below)
2) The Interests, Behaviors and Attitudes Scale
3) About Myself Form (RADS)

-Please complete all three sections.

-Place the materials into the attached envelope.

-Please remember to include your signed agreement notice (first page).

-Seal the envelope and drop it into any mailbox as soon as soon you are done.

Remember that your answers are **confidential**; you are encouraged to respond honestly. Your name will not be included with the materials; the agreement notice will be separated from the package and discarded. Your cooperation is greatly appreciated.

Note: *For all sections, you do not have to respond to any questions you do not wish to answer.*

Information Form:

AGE:_____ GRADE:_____ GENDER: _____Male
(Check one) _____Female

Please identify yourself as being a member of one of the following groups:

_____Caucasian _____African-American
_____Hispanic _____Asian
_____Native American _____Other_____

Approximate TOTAL INCOME of your family, (in dollars per year):
(Check one)

_____0 - 20,000 _____20,001 - 45,000
_____45,001 - 70,000 _____70,001 - 100,000
_____100,000 or above _____ Don't Know

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Information Form (continued)

PEER GROUP: How would you describe the friends, with whom you spend the most time? (Check one):

_____Popular students who care about their grades; are involved in many school activities; have active social calenders; get into trouble once in a while.

_____Very interested in sports; less interested in grades; easily recognized around the school; active socially; occasionally get into trouble.

_____Get into trouble often; use drugs or alcohol frequently; inattentive to schoolwork; have frequent confrontations with parents and school staff.

_____High achieving students; less popular; have close relationships with school staff; avoid deviant activities and substances.

_____Remain alone or separate from the other crowds; generally viewed in a negative manner by others; not considered popular.

_____Other (describe)_____

PARENTING STYLE: How would you classify your parents'/guardians' style of discipline or encouragement? (Check one)

_____Often controlling; cold and demanding at times; rigid or inflexible; common attitude is: "Do it because I say so".

_____Very accepting; often too lenient; gives you as much freedom as you want; permissive; sets few rules or curfews.

_____Sets firm but fair rules; accepting of your needs, but sets high standards for your behavior; they encourage your independence, but are strict when it is necessary.

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The Interests, Behaviors and Attitudes Scale

Section I:

Read each sentence carefully. For each statement, circle the number which best expresses your level of agreement or disagreement. Remember, there are no right and wrong answers; base your responses on your own beliefs and behaviors.

Use the following numerical key to respond:

1 = Strongly Disagree
2 = Disagree Somewhat
3 = Neither Agree nor Disagree
4 = Agree Somewhat
5 = Strongly Agree

	Strongly Disagree	Disagree Somewhat	Neither Agree nor disagree	Agree Somewhat	Strongly Agree
1. I want to go to college	1	2	3	4	5
2. I have career plans for after graduation	1	2	3	4	5
3. I am good at one or more sports	1	2	3	4	5
4. I have school spirit	1	2	3	4	5
5. I know what I would like to be when I am an adult	1	2	3	4	5
6. I care about environmental issues	1	2	3	4	5
7. I would join an academic or social club in school	1	2	3	4	5
8. I know which college I would like to attend	1	2	3	4	5
9. I am an energetic, lively person	1	2	3	4	5
10. I would enjoy being in a chorus or drama group	1	2	3	4	5
11. I would rather sleep than go out with my friends	1	2	3	4	5
12. I care about my grades	1	2	3	4	5
13. I am a lazy person	1	2	3	4	5
14. I don't like to get involved in school activities	1	2	3	4	5
15. My friends think I am passive	1	2	3	4	5
16. In general, I am a loner	1	2	3	4	5
17. I am an outgoing person	1	2	3	4	5
18. I like to argue/debate about the topics which are important to me	1	2	3	4	5

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2

	Strongly Disagree	Disagree Somewhat	Neither Agree nor disagree	Agree Somewhat	Strongly Agree
19. I don't really care about what happens around me	1	2	3	4	5
20. I am an ambitious person	1	2	3	4	5
21. I enjoy discussing my problems with others	1	2	3	4	5
22. I think I will have fun, whenever I join a new activity	1	2	3	4	5
23. I like to help/assist/ tutor others	1	2	3	4	5
24. I have many friends	1	2	3	4	5
25. I don't care if I skip a day of school or a class	1	2	3	4	5
26 I am a disruptive person	1	2	3	4	5
27. I feel powerless around peers	1	2	3	4	5
28. I am a creative imaginative person	1	2	3	4	5
29. I can make a difference in terms of: changing school policies; affecting social and political issues	1	2	3	4	5
30. I like to be the best at everything I try	1	2	3	4	5
31. I am considerate of the needs of others	1	2	3	4	5
32. I avoid most social situations	1	2	3	4	5
33. I think that I am smart	1	2	3	4	5
34. I have difficulty making decisions	1	2	3	4	5
35. I enjoy setting goals for myself	1	2	3	4	5
36. I am motivated to do well in school	1	2	3	4	5
37 I would enjoy being on an athletic team	1	2	3	4	5
38. I like reading (books, magazines, comics, etc.)	1	2	3	4	5
39. I put little effort into my school work	1	2	3	4	5
40. I approach most tasks and situations with focus, purpose and determination	1	2	3	4	5

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Section II:

For each of the following items, place an X next those activities in which you participated, during the last two months:

1. ___Attended a sporting event (school or professional) as a spectator

2. ___Read a novel, play or short story for personal enjoyment

3. ___Competed on a sports team, or in a personal sporting event

4. ___Attended a school club or academic society meeting

5. ___Participated in a hobby (collecting; remote control cars; building models; knitting; etc.)

6. ___Played a board game (Scrabble, Pictionary, Trivia, Monopoly, etc.)

7. ___Worked cooperatively on a homework assignment, school project or while studying

8. ___Gone skiing, sledding, or swimming

9. ___Gone to the movies

10. ___Delivered a speech or performed in front of a group

11. ___Provided a large amount of effort on a school project

12. ___Assembled or repaired something mechanical, electrical, or something around the house

13. ___Performed some sort of volunteer/charitable service

14. ___Written or recited long- or short-term goals for yourself

15. ___Attended an event, organized by a religious or community organization

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Section III:

For each of the following behaviors, circle the number which best describes the frequency of your participation or performance:

Use the following numerical key to respond:

1 = Never
2 = Rarely
3 = Once in a While
4 = Often
5 = All the Time/Very Frequently

	Never	Rarely	Once in a While	Often	All the Time/ Very Frequently
1. I study and do my homework	1	2	3	4	5
2. I drink alcohol	1	2	3	4	5
3. I try to please my parents	1	2	3	4	5
4. I lie around the house	1	2	3	4	5
5. I watch television	1	2	3	4	5
6. I use marijuana or other illegal substances	1	2	3	4	5
7. I let others take advantage of me	1	2	3	4	5
8. I get sad or depressed	1	2	3	4	5
9. I avoid being called on by teachers	1	2	3	4	5
10. I worry about how I perform on tests	1	2	3	4	5
11. I feel bored	1	2	3	4	5
12. I achieve my goals	1	2	3	4	5
13. I feel disappointed in myself	1	2	3	4	5
14. I spend time alone	1	2	3	4	5
15. I set personal goals for myself	1	2	3	4	5
16. I make interesting plans for the vacations and weekends.	1	2	3	4	5
17. I engage in mischievous/illegal behaviors	1	2	3	4	5
18. I go to school sporting events	1	2	3	4	5
19. I go to school dances and social events	1	2	3	4	5
20. I take the role of a leader	1	2	3	4	5
21. I fail, whenever I try something new	1	2	3	4	5

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	Never	Rarely	Once in a While	Often	All the Time/ Very Frequently
22. I write letters to others	1	2	3	4	5
23. I write stories or poems	1	2	3	4	5
24. I work/play on the computer	1	2	3	4	5
25. I draw, paint or do artwork	1	2	3	4	5
26. I answer questions with responses such as: "I don't know"; "Whatever"; or "I don't care"	1	2	3	4	5

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Appendix D

Instructions

The research project involves three separate parts:

1) Information Form (below)
2) The Interests, Behaviors and Attitudes Scale
3) About Myself Form (RADS)

-Please complete all three sections.

-Place the materials into the attached envelope; or staple the sheets together.

-Please remember to include your signed agreement notice (first page).

-Bring the envelope or completed forms to the Annex Office; place them in the box behind the secretary's desk or in Mr. Handelman's mailbox.

Note: Remember that your answers are **confidential**; you are encouraged to respond honestly. With the exception of the following condition, your name will not be included with the materials: Should the ABOUT MYSELF (RADS) score be significantly high, the subjects' parent /guardian may be contacted, and further assessments may be recommended. All response forms will be coded so that only the investigator may identify the subjects in this circumstance. In all other cases, the agreement notice will be separated from the package and discarded.

Your cooperation is greatly appreciated.

For all sections, you do not have to respond to any questions you do not wish to answer.

Information Form:

AGE:_____ GRADE:_____ GENDER: _____Male
(Check one) _____Female

Please identify yourself as being a member of one of the following groups:

_____Caucasian _____African-American

_____Hispanic _____Asian

_____Native American _____Other_____

Approximate TOTAL INCOME of your family, (in dollars per year):
(Check one)

_____0 - 20,000 _____20,001 - 45,000

_____45,001 - 70,000 _____70,001 - 100,000

_____100,000 or above _____ Don't Know

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PH.D. PROGRAM IN EDUCATIONAL PSYCHOLOGY

33 WEST 42 STREET, NEW YORK, NY 10036-8099
212 642-2261

Appendix E

March 19, 1998

Dear Ms.

My name is Ron Handelman; I am a doctoral candidate at the City University of New York Graduate Center (CUNY-GC). I am presently collecting data for my dissertation, entitled: Defining and Assessing Adolescent Apathy. My goal is to identify and assess a novel psychological construct called adolescent apathy. Prior research has shown that teenagers often display apathy, lack of academic motivation, alienation from their families and social groups, and general disengagement from many aspects of their lives. In specific cases this apathy or disengagement can impede development of academic skills; it may obstruct behaviors such as joining teams, clubs and academic societies; and it often impacts the development of goal-setting behaviors, decision-making and coping skills, necessary for adulthood.

During a pilot study (conducted in the Spring of 1996), I had designed and field-tested a self-report inventory, measuring high school students' level of apathy and disengagement from their academic, social, and familial environments. The initial draft of the Adolescent Apathy Inventory (AAI) was found to be both reliable, via internal consistency calculations; and valid, as assessed by a criterion-referenced validity correlation with guidance counselors' assessments of the students. The pilot study was performed in a large diversely-populated high school in Rockland County, NY, where I am employed as school psychologist.

Currently, I am expanding my sample of subjects for the next phase of the study. I would like to establish construct validity, criterion-referenced validity, and reliability data for the Adolescent Apathy Inventory. I hope to discriminate adolescent apathy from depression, a closely related, yet theoretically separate construct.

In order to achieve a large and representative sample of high school students, I am requesting that several high schools, in diverse locations in the tri-state area participate in the study. I would like to include Emmett O'Brien R.V.T.S. in the subject pool for this project. At no cost to the district and minimal disruption to instruction, I hope to distribute 50-100 assessment packages to students in your high school.

Specifically, I would select the sample via a cluster sampling technique. The research materials will be administered to approximately five classes; the groups selected should be as diverse as possible. Students will be contacted by either myself, or a pre-established liaison, whom I will train in the distribution and administration

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instructions for the questionnaires. The entire package takes approximately 15-20 minutes to complete. For students under 18 years of age, parental consent will be attained. The informed consent letter and signature forms are included in the package. Once consent is given, students will complete the forms, seal them in the provided envelope, and return the package to the liaison. The liaison will be instructed to issue one reminder to students, one week after distribution, to complete and return their packages.

I would be happy to meet with you and any other interested faculty members or administrators, at your convenience, to discuss this project. Additionally, the entire survey package is enclosed. It is important to note that all information received from students will be kept strictly confidential; student's names will not be used during this project. Participation is completely voluntary, and subjects may withdraw at any time, or decline participation. Ethical and professional guidelines, concerning protection of human subjects were complied with, as per the CUNY Graduate Center, Department of Sponsored Research. Approval and supervision from the CUNY-Graduate Center has been arranged.

I may be contacted Monday through Friday, from 7:15 AM to 2:30 PM at:

While no tangible compensation is being offered for participation, students will be informed that their cooperation may contribute to identification and eventual intervention for troubled adolescents in the future. If educators can identify the teenagers who are not preparing for adulthood by displaying severe apathy; by failing to set realistic goals; by demonstrating poor decision-making skills; or by becoming disinterested in most aspects of their lives, they may be able to design appropriate programs and activities in their schools and communities. I look forward to meeting with you to discuss this project. I sincerely appreciate your consideration in allowing me the opportunity to include students from your school in this study. Thank-you for your attention in this matter.

Respectfully

Ron Handelman, M.S.
School Psychologist

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Appendix F

Guidance Counselor Questionnaire

Please consider the student listed below.
Read each question carefully, then indicate YES or NO for all four items.
You may return the form to Ron Handelman in the Annex Office.

Thank you for your participation in this research project.

Name_____

1. Does this student have difficulty making decisions?

Yes_____ No_____

2. Has this student displayed a recent decrease or cessation in goal-setting or goal-directed behaviors?

Yes_____ No_____

3. Does this student demonstrate little energy or enthusiasm in most situations?

Yes_____ No_____

4. Does this student appear disinterested in most everyday activities; and/or appear indifferent to changes which occur about him/her?

Yes_____ No_____

Your cooperation is greatly appreciated.

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212 642-2261

Dear Guidance Counselors:

As part of my requirements as a doctoral candidate at the CUNY Graduate Center, I am presently conducting a research project at North Rockland High School. The dissertation is entitled: Defining and Assessing Adolescent Apathy. In a pilot study completed last year, I created a self-report instrument, designed to measure the degree of apathy experienced by teens. For this project, the following definition has been employed:

> Generalized apathy is the absence of interest in most everyday activities, accompanied by a decrease or cessation in goal-setting behaviors and goal-directed behaviors. The apathetic person is indifferent to changes which occur about him/her; has difficulty making decisions; and does not display energy or enthusiasm in most situations, as judged by family members, teachers, self and close others.

In order to establish validity and reliability evidence for the Adolescent Apathy Inventory (AAI), I will be surveying a sample of our student body, using the AAI, a depression inventory, and a demographics questionnaire. All survey results will be kept strictly confidential; and participation in the study is completely voluntary. Students will not be informed that "apathy" is being measured; instead, they will be told that their interests, attitudes and beliefs are being investigated.

In addition to the student surveys, guidance counselors are requested to complete a short (four question) survey for each of their students involved in the study. The brief questionnaire assesses components of the apathy definition, as they pertain to the student. When such results are correlated with scores on the AAI, it may be possible to establish evidence of criterion-referenced validity for the apathy measure. The time you take to complete these forms is greatly appreciated. Each guidance counselor may be asked to fill out approximately 20-40 forms over the next two months.

In our school, guidance counselors are often the faculty member who is the most familiar with students' behaviors,attitudes and interests. The responses you provide are valuable components of the validation process. It is hoped that the results of this study may eventually assist school support staff in gaining important insights about their students. If we can identify debilitating levels of apathy or disengagement in the students, perhaps we may be able to plan effective interventions, activities and vocational programs; whereby stimulating motivation and interests in the students and preparing them for college and adulthood.

If you have any questions about this research project, I would be happy to discuss them with you at your convenience. Again, thank-you for your attention and participation in this potentially valuable investigation.

Sincerely,

Ron Handelman, M.S.,
School Psychologist.

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Appendix G

The following instructions may be presented with the research materials:

These forms are part of a research project being conducted by Mr. Ron Handelman. Mr. Handelman is a student at the Graduate Center at the City University of New York. He is working on his Ph.D. degree in school psychology.

The project involves the creation of a new test; one which investigates the attitudes, beliefs and behaviors of teenagers. You have been selected to participate in the research project because of your age and grade; and because your responses will reflect the feelings and behaviors of adolescents in your town.

It is requested that you read the front sheet carefully. Participation is voluntary, and your answers will be kept strictly confidential. However, there is one sheet (the last page) which has some personal information about your feelings; and there is a special statement about that page in the letter.

If you are 18 years of age or older, you do not need your parent's permission to participate. If you are under 18, you are asked to let your parent or guardian read the first page and sign the back. All students will need to sign the back.

The whole package will probably take you about 10-15 minutes to complete. Sit in a quiet place, by yourself and answer all the questions.

Turn to the second sheet:
There are directions for the package here (point).
The information form (below) is a series of brief questions about you, including the type of kids you hang out with and what kind of discipline style your parents use.

The next part: The Interests Behaviors and Attitudes Scale has three parts:
In the first section: read the statements and decide if you agree or disagree with the statement and mark the most appropriate number from 1-5 (strongly disagree to strongly agree); in section two you will see several activities- if you participated in the activity at all within the last two months, check the space; if you did not do that activitiy, leave it blank
In the third section, just check the frequency of your participation in the activities listed from NEVER to ALL THE TIME/VERY FREQUENTLY.

The last page is a survey about your general feelings: It is called the: ABOUT MYSELF test. Again, read the sentence and mark the space which best reflects your feelings.

When you are done:
Place the package in the envelope provided. You may bring the envelope to me tomorrow or as soon as possible. All the envelopes will be picked up by Mr. Handelman.

Remember, don't share your answers with anyone, and do not write your name on the forms, except for your signature.

Your participation is greatly appreciated, and the information you provide may help future educators to help teens in high school.

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Appendix H

PARENT Parenting Style Categories

Value Label	Value	Frequency	Percent	Valid Percent	Cum Percent
None of the choices selected	0	11	3.4	3.4	3.4
Authoritarian; often inflexible	1	29	9.0	9.0	12.3
Permissive; often to lenient	2	45	13.9	13.9	26.2
Authoritative; firm but fair	3	231	71.3	71.3	97.5
Combination: 1 and 3	4	4	1.2	1.2	98.8
Combination: 2 and 3	5	2	.6	.6	99.4
Combination: All three	6	1	.3	.3	99.7
Combination: 1 and 2	7	1	.3	.3	100.0
	Total	324	100.0	100.0	

Hi-Res Chart # 7:Bar chart of parenting style categories

Valid cases 324 Missing cases 0

PEERGRP Peer Group Categories

Value Label	Value	Frequency	Percent	Valid Percent	Cum Percent	Group
No Selection made	0	10	3.1	3.1	3.1	Grp 0
Selected "Other"	1	73	22.5	22.5	25.6	Grp 1
Loners; Not Popular	10	15	4.6	4.6	30.2	Grp 2
Hi-Achiever; Less Popular	100	23	7.1	7.1	37.3	Grp 3
Hi-Achiever & Loner	110	2	.6	.6	38.0	Grp 4
Burn-outs; More trouble	1000	19	5.9	5.9	43.8	Grp 5
Burn-out & "Other"	1001	3	.9	.9	44.8	Grp 6
Burn-out & Loner	1010	3	.9	.9	45.7	Grp 7
Burn-out & Hi-Achiever	1100	1	.3	.3	46.0	Grp 8
Jocks; Occasional trouble	10000	57	17.6	17.6	63.6	Grp 9
Jock & Hi-Achiever	10100	2	.6	.6	64.2	Grp10
Jock & Burn-out	11000	3	.9	.9	65.1	Grp11
Populars; Most active	100000	91	28.1	28.1	93.2	Grp12
Popular & "Other"	100001	1	.3	.3	93.5	Grp13
Popular & Hi-Achiever	100100	1	.3	.3	93.8	Grp14
Pop & Hi-Ach & "Other"	100101	1	.3	.3	94.1	Grp15
Popular & Burn-out	101000	3	.9	.9	95.1	Grp16
Pop & Burn-out & Loner	101010	2	.6	.6	95.7	Grp17
Popular & Jock	110000	7	2.2	2.2	97.8	Grp18
Pop & Jock & "Other"	110001	1	.3	.3	98.1	Grp19
Pop & Jock & Hi-Ach	110100	2	.6	.6	98.8	Grp20
Pop & Jock & Burn-out	111000	2	.6	.6	99.4	Grp21
Pop, Jock, Burn & "Other"	111001	1	.3	.3	99.7	Grp22
Pop, Jock, Burn & Hi-Ach	111100	1	.3	.3	100.0	Grp23
	Total	324	100.0	100.0		Total

Hi-Res Chart # 8:Bar chart of peer group categories

Valid cases 324 Missing cases 0

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Appendix I1

Subscale 1 - 22 items

R E L I A B I L I T Y A N A L Y S I S - S C A L E (A L P H A)

Statistics for	Mean	Variance	Std Dev	N of Variables
SCALE	74.9219	159.4757	12.6284	22

Item-total Statistics

	Scale Mean if Item Deleted	Scale Variance if Item Deleted	Corrected Item-Total Correlation	Alpha if Item Deleted
A01	70.2213	153.3615	.3456	.8823
A04	71.6071	142.1382	.5468	.8768
A07	71.3386	138.1082	.6026	.8748
A12	70.4929	148.1944	.5483	.8779
A14R	71.3213	144.3517	.4235	.8812
A19R	71.0608	143.5336	.4710	.8794
A25R	71.6935	140.6525	.5020	.8788
A26R	70.9746	144.2654	.4859	.8787
A31	70.7083	149.1198	.4416	.8800
A36	71.0361	141.1103	.6380	.8739
A39R	71.2901	140.9836	.5328	.8774
A40	71.0767	146.3527	.4794	.8789
B04	74.4250	154.4514	.3835	.8822
B07	74.1256	154.6197	.4678	.8818
B11	74.4127	154.6643	.3662	.8824
C01	70.8880	143.6527	.6440	.8746
C02R	71.0392	145.4622	.4865	.8786
C03	71.0179	150.3187	.3762	.8816
C06R	70.5563	145.6897	.4814	.8788
C17R	70.7954	143.4544	.5468	.8768
C26R	71.9312	147.9487	.3715	.8822
A23	71.3479	142.0125	.5424	.8769

Reliability Coefficients
N of Cases = 324.0 N of Items = 22
Alpha = .8838

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Appendix I2

Subscale 2 - 23 items

R E L I A B I L I T Y A N A L Y S I S - S C A L E (A L P H A)

Statistics for	Mean	Variance	Std Dev	N of Variables
SCALE	79.0607	144.2429	12.0101	23

Item-total Statistics

	Scale Mean if Item Deleted	Scale Variance if Item Deleted	Corrected Item-Total Correlation	Alpha if Item Deleted
A09	74.9028	130.1910	.5679	.8436
A11R	74.9769	133.0075	.3531	.8513
A15R	75.5110	133.9621	.3148	.8528
A16R	75.0360	128.9629	.4700	.8467
A17	75.0174	131.7907	.5077	.8457
A22	75.4064	131.3010	.4815	.8463
A24	74.7675	131.9132	.5099	.8457
A27R	74.9064	133.4616	.3710	.8503
A32R	75.1924	132.6785	.4037	.8491
B09	78.2058	141.5742	.3031	.8534
C09R	75.7202	131.5023	.4065	.8492
C14R	76.1286	135.3055	.3690	.8503
C16	75.3734	132.6171	.3959	.8495
C19	76.3610	127.8988	.4906	.8458
C20	75.8694	130.0566	.4790	.8463
A31	74.8471	136.1785	.3514	.8508
A07	75.4774	129.2839	.4179	.8492
A20	75.0511	135.7926	.3790	.8500
B07	78.2644	140.7477	.3482	.8525
C08R	75.7706	133.8833	.3832	.8498
C11R	76.1350	131.9312	.4809	.8465
A19R	75.1996	129.7054	.4469	.8476
A40	75.2155	131.7262	.4799	.8465

Reliability Coefficients

N of Cases = 324.0 N of Items = 23

Alpha = .8543

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Appendix I3

Subscale 3 - 29 items

R E L I A B I L I T Y A N A L Y S I S - S C A L E (A L P H A)

Statistics for	Mean	Variance	Std Dev	N of Variables
SCALE	79.6790	195.1350	13.9691	29

Item-total Statistics

	Scale Mean if Item Deleted	Scale Variance if Item Deleted	Corrected Item-Total Correlation	Alpha if Item Deleted
A02	75.3664	184.5537	.3829	.8740
A05	75.7131	183.4194	.3549	.8748
A06	76.1111	181.0487	.4372	.8727
A07	76.0957	174.3634	.5199	.8705
A08	76.0103	180.2537	.3824	.8746
A10	77.1651	174.6475	.4553	.8731
A17	75.6357	183.3620	.4050	.8735
A18	75.3995	185.0684	.3398	.8750
A20	75.6694	183.8253	.4468	.8727
A23	76.1050	174.8648	.5749	.8688
A28	75.7101	181.8621	.4329	.8728
A29	76.7223	179.1305	.4464	.8726
A31	75.4654	183.1207	.4676	.8722
A35	75.9074	178.7322	.5059	.8709
A38	76.0424	177.5685	.4331	.8733
A40	75.8338	180.1545	.4988	.8712
B02	79.1914	190.4460	.3212	.8756
B04	79.1821	189.8141	.3674	.8751
B05	79.0772	191.2388	.2696	.8763
B10	79.2655	189.9198	.3657	.8752
B11	79.1698	189.4552	.3939	.8748
B13	79.2068	189.2026	.4131	.8746
B14	79.2161	189.2193	.4124	.8746
B15	79.2469	191.2879	.2624	.8763
C12	75.9445	183.5447	.4588	.8724
C15	76.1434	176.3747	.5778	.8689
C20	76.4877	178.5868	.4841	.8715
C22	76.7439	177.1034	.4632	.8722
C23	77.1852	176.3657	.4648	.8723

Reliability Coefficients
N of Cases = 324.0 N of Items = 29
Alpha = .8771

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Appendix I4

Subscale 4 - 11 items

R E L I A B I L I T Y A N A L Y S I S - S C A L E (A L P H A)

Statistics for	Mean	Variance	Std Dev	N of Variables
SCALE	32.6765	66.4595	8.1523	11

Item-total Statistics

	Scale Mean if Item Deleted	Scale Variance if Item Deleted	Corrected Item-Total Correlation	Alpha if Item Deleted
A03	28.7660	55.1900	.5161	.8447
A04	29.3617	53.8723	.6221	.8358
A07	29.0931	54.1211	.5164	.8455
A09	28.5186	58.6931	.4381	.8496
A14R	29.0759	53.4010	.5888	.8387
A22	29.0222	56.3075	.5614	.8411
A37	28.8030	51.4068	.6710	.8312
B01	32.0561	62.2858	.5132	.8508
B03	32.1302	61.8880	.5510	.8494
C18	29.9613	51.1155	.6863	.8297
C19	29.9768	54.6803	.5159	.8451

Reliability Coefficients

N of Cases = 324.0 N of Items = 11

Alpha = .8546

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Appendix I5

Subscale 5 - 22 items

R E L I A B I L I T Y A N A L Y S I S - S C A L E (A L P H A)

Statistics for	Mean	Variance	Std Dev	N of Variables
SCALE	79.0938	144.4801	12.0200	22

Item-total Statistics

	Scale Mean if Item Deleted	Scale Variance if Item Deleted	Corrected Item-Total Correlation	Alpha if Item Deleted
A09	74.9359	132.7078	.4642	.8545
A13R	75.7543	130.9692	.4007	.8572
A17	75.0504	133.2838	.4496	.8550
A27R	74.9394	133.2417	.3891	.8571
A30	74.9950	134.7272	.3569	.8581
A33	75.1093	133.5385	.4134	.8562
A34R	76.0722	133.3479	.3271	.8600
A35	75.3222	129.4331	.5413	.8515
A39R	75.4619	129.7475	.4307	.8560
A40	75.2485	130.5874	.5400	.8519
C04R	76.0166	134.5700	.3811	.8572
C07R	74.8863	134.6943	.3532	.8582
C08R	75.8036	132.7490	.4418	.8552
C09R	75.7532	131.1875	.4270	.8558
C11R	76.1681	129.7005	.5912	.8502
C12	75.3592	133.1791	.5242	.8532
C13R	75.6217	131.2975	.5175	.8527
C14R	76.1617	136.6950	.3146	.8592
C15	75.5581	129.3143	.5359	.8517
C16	75.4065	132.5056	.4094	.8564
C21R	75.2419	136.1007	.3885	.8571
C26R	76.1030	131.7458	.4400	.8552

Reliability Coefficients

N of Cases = 324.0 N of Items = 22

Alpha = .8611

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Appendix J
Rotated Factor Matrix (73 items)

Structure Matrix:

	Factor 1	Factor 2	Factor 3	Factor 4	Factor 5
A01	.24140	-.31293	.01142	-.25559	.16840
A02	.42795	-.09236	-.19319	-.10115	.08361
A03	.08267	-.05257	-.24843	-.70386	.05097
A04	.37049	-.45297	-.18923	-.57914	.22384
A05	.42571	-.15074	-.23879	.10238	-.06839
A06	.47626	-.37020	-.12265	-.12366	.00416
A07	.50510	-.51526	-.00826	-.47213	.24095
A08	.39935	-.21554	-.19658	-.13098	.13220
A09	.38434	-.20806	-.31548	-.37812	.46748
A10	.49724	-.36307	.16290	-.12646	.24636
A11R	.06608	.02060	-.25546	-.27273	.30793
A12	.33187	-.49514	-.38530	-.23895	-.02245
A13R	.20500	-.39684	-.34298	-.07349	.16579
A14R	.31724	-.35032	-.00701	-.51173	.41054
A15R	.15248	-.02097	-.09671	-.10438	.47877
A16R	-.02644	-.05005	-.23285	-.30759	.61759
A17	.43157	.05160	-.36057	-.24607	.44079
A18	.44261	.15855	-.08909	-.18315	.07662
A19R	.25197	-.44967	-.12079	-.24202	.40260
A20	.50808	-.11037	-.11351	-.26651	.20745
A22	.36203	-.34016	-.23030	-.55094	.21794
A23	.57915	-.45233	-.12570	-.26465	.16074
A24	.22849	.07693	-.42323	-.32951	.44179
A25R	.15613	-.67074	-.10062	-.01941	.02434
A26R	.09963	-.62879	-.18204	-.04207	.01484
A27R	.15964	-.07738	-.42624	-.13104	.31415
A28	.54611	-.04846	-.10715	-.12718	.09544
A29	.49973	-.13960	-.20570	-.12317	.11347
A30	.40762	-.12895	-.35083	-.30237	-.04491
A31	.47231	-.35851	-.07325	-.15398	.23445
A32R	.01776	.00326	-.14852	-.31249	.54668
A33	.27418	-.20159	-.50887	-.21067	-.09114
A34R	.11963	-.09147	-.38249	-.11578	.12791
A35	.50987	-.35744	-.49282	-.14435	.05505
A36	.46294	-.57329	-.39497	-.23307	.09362
A37	.13933	-.08710	-.09072	-.81307	.18195
A38	.49963	-.29148	.01112	.00680	.19035
A39R	.33682	-.50299	-.36886	-.13047	.19951
A40	.49224	-.35786	-.44548	-.20116	.21391
B01	.11166	.03079	-.07268	-.66371	.19269
B02	.38533	-.14790	.17274	.06157	.16540
B03	.09754	-.00137	-.08518	-.72946	.07747
B04	.34376	-.33472	-.01421	-.18719	.26444
B05	.31026	-.09234	-.05205	-.15847	.05640
B07	.33414	-.43729	-.19018	-.19764	.17895
B09	.14797	-.09703	-.15889	-.04189	.45980
B10	.41056	-.16396	-.06545	-.19865	.06193
B11	.42325	-.28835	-.09752	-.22616	.10402
B13	.46856	-.24087	.05986	-.12618	.12725
B14	.42564	-.23417	-.10062	-.11435	.23311
B15	.31918	-.09701	.09035	-.10601	.14440
C01	.35153	-.62407	-.30542	-.17740	.22880

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	Factor 1	Factor 2	Factor 3	Factor 4	Factor 5
C02R	.08274	-.68914	.00102	-.03166	-.06082
C03	.23014	-.38306	-.13716	-.17979	-.05278
C04R	.18268	-.23517	-.39310	-.03450	.05386
C06R	.10561	-.70355	.07520	-.03347	.00325
C07R	-.01110	-.03451	-.51250	-.00524	.12277
C08R	-.03069	-.04621	-.59041	-.24876	.28496
C09R	.28797	-.14740	-.36589	-.25495	.25167
C11R	.21732	-.30710	-.57228	-.15128	.36833
C12	.48394	-.18283	-.49532	-.24006	.03413
C13R	-.01201	-.19423	-.66229	-.18864	.12783
C14R	-.02562	.18691	-.45850	-.21364	.40563
C15	.58728	-.33926	-.40846	-.18272	.14761
C16	.29218	.00850	-.35878	-.17926	.45048
C17R	.11145	-.73197	-.11096	-.07416	.01183
C18	.17343	-.16429	-.08001	-.75066	.36582
C19	.33802	-.20853	-.08224	-.44014	.56218
C20	.52833	-.04323	-.27077	-.33158	.30857
C21R	.27526	-.10192	-.39413	-.30655	.10142
C22	.49437	-.24143	.07812	.01807	.48337
C23	.56332	-.16117	.20317	.21766	.29088
C26R	.17662	-.40655	-.39872	-.07688	.22865

Factor Correlation Matrix:

	Factor 1	Factor 2	Factor 3	Factor 4	Factor 5
Factor 1	1.00000				
Factor 2	-.29662	1.00000			
Factor 3	-.15751	.11721	1.00000		
Factor 4	-.20923	.11358	.19351	1.00000	
Factor 5	.20723	-.08838	-.13639	-.21184	1.00000

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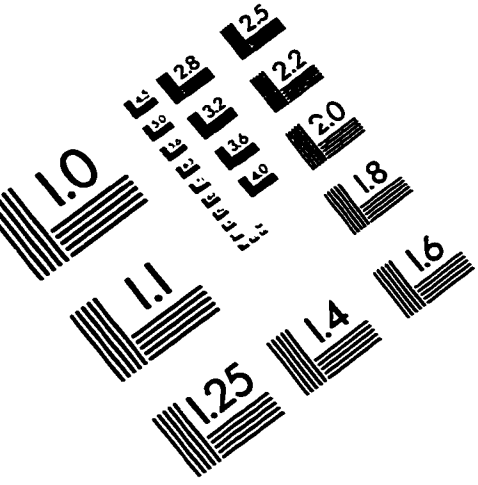
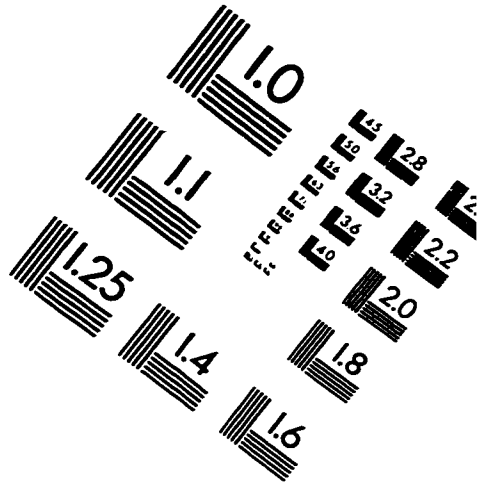
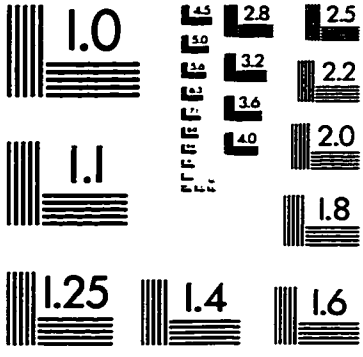
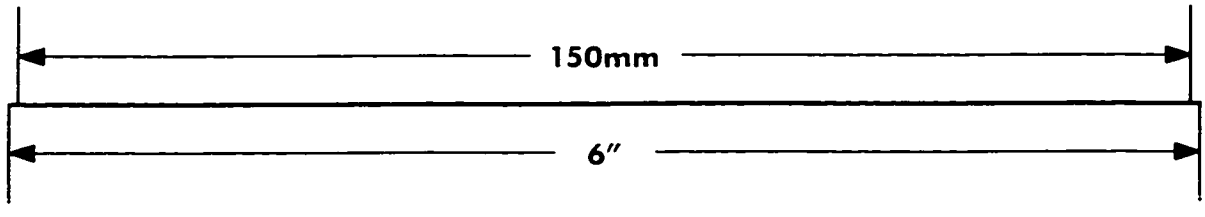
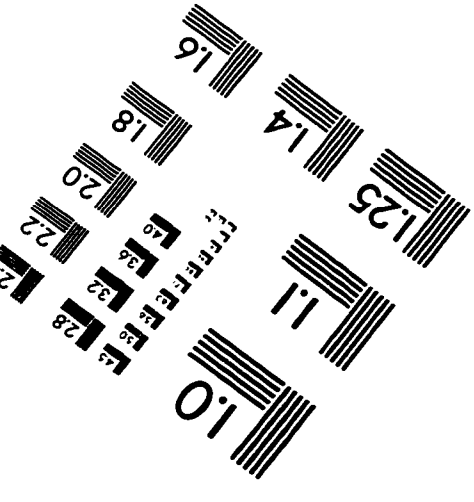
IMAGE EVALUATION
TEST TARGET (QA-3)

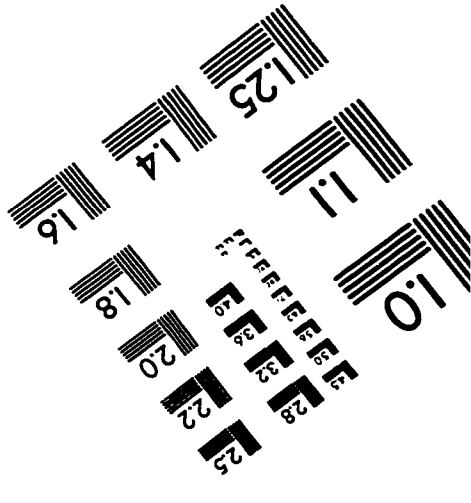












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