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| Outcome Measure | Head Injury Semantic Differential Scale (HISDS-III) |
| Sensitivity to Change | Yes |
| Population | Adult |
| Domain | Measures of Self |
| Type of Measure | Self-report and significant other scale |
| ICF-Code/s | e4 |
| Description | <p>The HISD, first reported by Tyerman and Humphrey (1984), was devised as a measure of self-concept, comprising 20 adjective pairs rated on a 7-point scale. In its original research form client ratings were obtained for Past Self (6 months prior to injury), Present Self (last few weeks), Future Self (1 year in future) and Ideal Self. The original HISD was found to have very high internal reliability, reasonable test–retest reliability and to be very highly correlated with established scales of anxiety and depression.</p> <p>Factor analysis of the HISD identified six factors that together accounted for 70% of the variance. These factors and example items included: Self-esteem (e.g., Worthless-Of value), Boredom (e.g., Bored-Interested), Sociability (e.g., Unfriendly-Friendly), Positive expectation (e.g., Despondent-Hopeful), Negative affect (e.g., Emotional-Stable) and Caring/Unfeeling (single item). However, subscale scores are not used in practice.</p> <p>The HISD was also found to be a sensitive measure of change in self-concept during the course of rehabilitation and resettlement (Tyerman, 1987). In a recent further revision (HISD III) the number of items was reduced to 18 and a separate relatives' version introduced comprising 18 adjective pairs (16 common items plus two items not rated by the client – see more details on the revision below).</p> |
| Properties | <p>HISD and HISD II: Internal consistency (.88-.93 – Tyerman) and split-half (.87-.93), factor analysis, sensitivity to effects of severe TBI, change in response to rehabilitation and group therapy. The responsiveness of the original HISD was examined through repeated measurements on the HISD between rehabilitation admission and discharge (improved self-concept) and discharge and follow-up (decline in self-concept). Wright and Telford found evidence of stability in self-discrepancies over time (6-months post vs 3- year follow-up).</p> <p>HISD-III: Internal consistency is high (.92-.93 Carroll & Coetzer, 2011). Convergent validity with the Frankfurt Self-Concept Scale, Rosenberg Self-Esteem Inventory and Brain Injury Grief Inventory. Theory-consistent associations between self-discrepancies with mood symptomatology. No factor analysis has been conducted on the HISD-III to date.</p> |
| Advantages | A theory-guided, brief and easy to administer measure. The measure yields a range of scores (current self-concept, pre vs current discrepancy, |

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| | <p>current vs future discrepancy and individual item level discrepancies).</p> <p>Reliability and validity supported by extensive research applications in TBI, stroke and mixed brain injury samples. TBI: Tyerman & Humphrey (1984); Wright & Telford (1996); Carroll & Coetzer (2011); Stroke or mixed brain injury: Ellis & Horn (2000); Vickery et al. (2005); Doering et al. (2011).</p> <p>Andy Tyerman is happy to email the HISD-III and has given permission for me to publish it in my self-identity book (appendix for chapter 5 on assessment).</p> <p>Background on HISD-III: Revisions were made to the scale in 1997 (i.e., HISD III), which involved excluding the Caring-Unfeeling and Cooperative-Uncooperative items based on clinical observations of the inappropriateness of these items for self-report. The Impatient-Patient item was reversed to provide a balance between the order of positive-negative items (see Appendix A). A significant new development entailed the creation of a relative's version (HISD-R) which includes 17 items of the HISD III (note: Cooperative-Uncooperative item was retained for this version), but excludes two items (Attractive-Unattractive and Value-Worthless) and substitutes the Sensitive-Insensitive item for the original Caring-Unfeeling item. Therefore, the differences between the 18-item versions of the HISD III-R and HISD III relate to items 9 and 10, with Sensitive-Insensitive and Cooperative-Uncooperative used only for the relative's version and Attractive-Unattractive and Of value-Worthless included only in the version for the person with brain injury.</p> |
| Disadvantages | Ratings are likely to be influenced by language ability and retrospective recall (past self). There is a need for more research on sensitivity to change in response to intervention. |
| Reviewers | Tamara Ownsworth |

References

- Carroll, E., & Coetzer, R. (2011). Identity, grief and self-awareness after traumatic brain injury. *Neuropsychological rehabilitation, 21*(3), 289-305.
- Vickery, C. D., Gontkovsky, S. T., Wallace, J. J., Caroselli, J. S. (2006). Group psychotherapy focusing on self-concept change following acquired brain injury: A pilot investigation. *Rehabilitation Psychology, 51*, 30-35