Structure of the Weinberger Adjustment Inventory Self-Restraint Scale and Its Relation to Problem Behaviors in Adolescence

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The authors examined the structure of the Weinberger Adjustment Inventory (WAI) Self-Restraint scale in derivation (n = 1,286) and cross-validation (n = 1,151) samples of mostly African American 6th graders in 3 urban schools. Four models were compared: (a) a 1-factor model; (b) a hierarchical model in which factors representing Impulse Control, Suppression of Aggression, Responsibility, and Consideration of Others were subsumed by a higher order factor; (c) a model that represented these 4 factors as correlated but distinct constructs; and (d) a model that excluded Consideration of Others from the higher order factor. Consistent support was found for the last model based on confirmatory factor analyses and latent-variable analyses examining the relations among self-restraint scales, drug use, delinquency, and aggression. These findings have implications for using the WAI, particularly in studies of adolescent problem behaviors.

The Weinberger Adjustment Inventory (WAI; Weinberger & Schwartz, 1990) was developed to assess self-restraint and emotional distress in older children, adolescents, and adults. Self-restraint is conceptualized as the ability to "inhibit immediate, self-focused desires in the interest of promoting long-term goals and positive relations with others" (Feldman & Weinberger, 1994, p. 196). The WAI uses a hierarchical structure in which self-restraint comprises four constructs: impulse control, suppression of aggression, consideration of others, and responsibility. Items in the WAI Self-Restraint scale are grouped into four subscales that represent these constructs. Together, these subscales assess self-restraint in relation to "intrapersonal" (impulse control), "interpersonal" (consideration of others, suppression of aggression), and "communal" (responsibility) contexts (Weinberger, 1996).

The Self-Restraint scale has been shown to be a useful predictor of problem behaviors among adolescents, particularly drug use. Farrell and Danish (1993) examined the relation among self-restraint, peer drug associations, and drug use among seventh and eighth graders by comparing three competing structural equation models. In the model that best fit the data, low levels of self-restraint were associated with subsequent increases in drug use for boys and increases in peer models for drug use for boys and girls across three time points spanning 18 months. In addition, for boys, low levels of self-restraint at Time 1 were associated with increased peer pressure to use drugs at Time 2. In a separate study, Farrell, Danish, and Howard (1992b) identified low levels of self-restraint as one of 22 risk factors related to drug use in a sample of urban middle school students. Adolescents with low levels of self-restraint were 1.5 times more likely to have used beer or wine, 1.9 times more likely to have smoked cigarettes, and 2.9 times more likely to have used liquor and marijuana than those without this risk factor.

The Self-Restraint scale has been successfully used in studies of other adolescent problem behaviors. Feldman and Weinberger (1994) used a path analysis to examine the relations among self-restraint, family factors, and delinquency among 81 adolescent boys. Low levels of self-restraint were associated with higher concurrent rates of delinquent behavior. Self-restraint also mediated the relation between effective parenting and delinquent behavior over time. Crick and Bigbee (1998) examined the relation among aggression, victimization, and psychosocial variables including self-restraint in a sample of fourth and fifth graders. Regression analyses indicated that self-restraint was inversely related to relational aggression (r = .20 and .24 for boys and girls, respectively) and overt aggression (r = .24 and .33 for boys and girls, respectively). The Self-Restraint scale has also been used in research on a variety of other topics including criminal recidivism among adolescents (Tinklenberg, Steiner, Huckaby, & Tinklenberg, 1996), personality (King, Emmons, & Woodley, 1992; Weinberger, 1998), and pediatric psychology (Fritz, McQuaid, Spirito, & Klein, 1996).

Studies of the psychometric properties of the WAI Self-Restraint scale have been encouraging. In a sample of early adolescents, it had an alpha coefficient of .91 and a 7-month test-retest reliability of .76 (Weinberger, Tublin, Boyd, & Feldman, 1990). A multitrait-multimethod analysis using self-, peer, and teacher reports also supported its convergent and discriminant validity in a sample of sixth graders (Weinberger, 1996). In terms of convergent validity, self-reports on this scale were found to correlate significantly with peer nominations (r = .35) and teacher reports (r = .39). Discriminant validity was assessed by examining correlations between the Self-Restraint and Distress scales of the WAI within and across methods. These two scales represent distinct