PARENT CONFLICT AND PSYCHOLOGICAL ADJUSTMENT IN CHILDREN: THE MEDIATING ROLE OF COGNITIVE APPRAISAL, LOCUS OF CONTROL AND COPING

BY

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Abstract

Exposure to marital conflict can lead to depression and anxiety in children, low self-esteem, poor academic performance, difficulties in peer development, and problems within parent-child relations (Grych et al., 2000; Harold, Osborne, & Conger, 1997). Further, exposure to intense and frequent parent conflict is significantly associated with long-term psychological problems for children including internalized and externalized behavior problems (Buehler, Lange & Franck, 2007). Although studies have well-documented the relationship between children's psychological adjustment and parent conflict, studies are limited that have investigated specific child variables such as (e.g., appraisal, coping, perceptions of control) that might mediate the relationship between marital conflict and psychological adjustment. This study investigated children's cognitive appraisal, locus of control, and coping strategies as mediating variables in the relationship between marital conflict and child adjustment (e.g., depression and anxiety) among 125 female adolescents and their mothers. Multiple regressions were used to test a mediation model of cognitive appraisal, locus of control, and coping strategies. It was found that scores on marital conflict did not significantly correlate with scores on children's depression and anxiety. Further, marital conflict scores were not found to significantly correlate with the mediating variables (children's cognitive appraisal, locus of control, and coping). Post hoc analyses showed that children's locus of control and cognitive appraisal scores were significantly positively related to psychological adjustment (e.g., depression and anxiety). Further, children's active coping was found to be significantly negatively correlated with depression scores whereas children's avoidance coping was found to be significantly positively correlated with children's depression and anxiety scores. Exploratory analyses found that children's self-esteem scores were not significantly related to marital conflict scores. Findings are reviewed within the context of cognitive models of childhood depression and anxiety.

Parent Conflict and Psychological Adjustment in Children: The Mediating Role of Cognitive Appraisal, Locus of Control and Coping

Studies have well documented the relationship between parent conflict and psychological adjustment in children and adolescents (Emery, 1982; Grych & Fincham, 1990; Joan, 2000; Jekielek, 1998; O'Brien, Margolin, & Jon, 1995; Rogers & Holmbeck, 1997; Stocker et al., 2003). Although various studies have found relationships between children's psychological adjustment and parent conflict, many of these studies have investigated simple bivariate relationships (Cummings & Davies, 2002). Thus, studies investigating the behavioral, cognitive, and affective processes that might mediate these relations are limited (Cummings & Davies). Research is needed to delineate variables that would account for differences in psychological adjustment among children who are exposed to marital conflict. That is, some children suffer long-term problems in emotional adjustment (e.g., depression anxiety) whereas other children are less affected and better adjusted (Grych & Fincham, 1990; Jouriles, Murphy, & O'Leary, 1989; Nicolotti, El-Sheikh, & Whitson, 2003). Although some research has identified parenting behavior and parent stress as playing an important mediating role in the relationship between marital conflict and child adjustment, research investigating specific child variables that might serve as risk or protective factors associated with exposure to marital conflict is limited (O'Brien, Margolin, & Jon, 1995). Therefore, it is important to investigate possible mediating factors that might account for variability in adjustment among children who are exposed to marital conflict because these variables would contribute to advancements in treatment development and provide direction to health care workers in establishing preventative measures (Knapp et al., 2002).

This study will investigate children's cognitive appraisal, locus of control, and coping strategies as mediating variables in the relationship between marital conflict and children's adjustment (e.g., scores on depression and anxiety). These variables have not been thoroughly studied as intervening variables; however, it is likely that these cognitive variables play an important role in explaining individual differences in impairment among children who have been exposed to marital conflict. However, before providing an in depth review of the relationships between cognitive appraisal, locus of control, coping and depression and anxiety, a review of the literature involving the impact of marital conflict on children's well-being is warranted.

Parent Conflict and Children's Psychological Well-Being: A Review

Cummings and Davies (2002) note that it is typical for conflict to occur within a relationship, particularly when conflict is defined as any disagreement or expression of negative affect associated with everyday activities (Cummings & Davies). Further, it is unlikely that all forms of conflict between parents are stressful for children (Grych & Fincham, 1990). Marital conflict is conceptualized as multidimensional, that is, types of conflict (e.g., intensity, frequency, style, content, manner of resolution) vary and this has differing effects on children (Joan, 2000). The effects of marital conflict on children's emotional well-being are a function of both past and current exposure (Cummings & Cummings, 1988; Davies & Cummings, 1994); however, Joan (2000) notes, "the threshold at which risk occurs in each family is unknown" (p. 964).

Research has shown that exposure to high levels of marital conflict is associated with the development of a wide variety of problems for children and adolescents including externalizing and internalizing problems (aggression, conduct disorder, depression, anxiety, low self-esteem), social maladjustment, and deficits in cognitive competency (Emery, 1982; Gottman & Notarius,

2000; Grych & Fincham, 1990). Studies have shown that externalizing and internalizing problems in children are greater among those residing in high conflict environments than children living in low-conflict marriages (Vandewater & Lansford, 1998). Long-term exposure to marital distress and conflict leads to increasingly detrimental effects on children's psychological well-being (Cummings, Davies, & Campbell, 1999). Buehler et al. (1998) found that overt conflict style (i.e., yelling, hitting) was more strongly related to internalizing and externalizing problems in children in comparison to covert styles of conflict (i.e., passive-aggressive behaviors, "silent" tension). After accounting for the impact of physical marital violence on children's internalizing and externalizing problems, Jouriles at el. (1996) found that marital aggression defined by insults, threats, and throwing objects also contributed to child psychological adjustment.

Vandewater and Lansford (1998) investigated the impact of family structure (i.e., married-never divorced and divorced-not remarried) and parent conflict on children's (10-17 years old) psychological well-being (i.e., internalizing and externalizing behaviors and peer difficulties). Significant negative relationships were found between level of parental conflict and level of well-being on all outcomes (i.e., internalizing problems, externalizing behaviors, and peer relationship problems) irrespective of family structure (Vandewater & Lansford).

Proponents of the "family conflict perspective" argue that children living in families characterized by high levels of parental conflict will demonstrate psychological maladjustment regardless of family structure (Vandewater & Lansford, 1998). Some researchers state that children residing in a single parent family (low conflict) as a result of divorce will show higher levels of adjustment in comparison to children living in two parent/high conflict families (Amato

& Keith, 1991). Consistent with these findings, Peterson and Zill (1986) state that parent conflict is more associated with children's emotional well-being in comparison to family structure.

Hetherington (1990) notes the following family variables as having the greatest impact on children's psychological well-being: a) conflict involving the child, b) circumstances in which the child feels "caught in the middle," c) physical violence, and d) unresolved conflict. Overall, due to the complexity of child and family/environmental variables (age/cognitive-developmental level, parenting style, income level, type of marital conflict, biology, temperament), children can show large differences in adjustment outcome measures (Hetherington, 1999).

It is important to consider children's cognitive-developmental level and the influence of age specific stressors such as exposure to marital conflict in childhood when studying theories of anxiety and depression. The following section will review important cognitive-developmental considerations when examining the impact of marital conflict on child psychological adjustment.

Children's Understanding of Parental Conflict: Cognitive-Developmental Considerations

Studies indicate that the degree marital conflict affects children is dependent on the child's ability to evaluate and understand the event. Children's cognitive processing abilities (i.e., attributions for causation of events such as conflict between parents, appraisals of events, coping abilities) are influenced by their cognitive-developmental level and by their own unique life experiences (Jenkins & Buccioni, 2000). Studies have shown significant differences between children's age and the manner by which children respond to parental conflict (Jenkins & Buccioni). For example, Covell and Abramovitch (1987) report that in comparison to adolescents, young school-aged children tend to blame themselves for the conflict between their parents. Preschool children also demonstrate more intense emotional reactions in response to conflict than older children (Jenkins & Buccioni). Adolescents are more likely to directly

intervene during a parental dispute in comparison to younger children (Hetherington, 1990; Jenkins & Buccioni). It is also important to consider that older children have been found to react less negatively to parental conflict that has been resolved in comparison to younger children (Cummings et al., 1991). Preschoolers have been found to express more sadness to resolved parental discord in comparison to older children (i.e., 9-19 years) and less anger to unresolved conflict between parents than the older age groups (Cummings et al.).

Case (1996) suggests that young children (7 years of age) are able to analyze complex interactions or sequences of events in relation to the cognitive or internal processes of others. Thus, by the age of 7, most children are able to understand that resolution of conflict (i.e., parental disputes) emerges when one of two individuals modifies his or her goals (Jenkins & Buccioni, 2000). Children younger than 7 years of age tend to process events (i.e., disputes between parents) in behavioral terms (i.e., believing that a conflict is resolved when the conflict ridden behavior ceases) and ignore an individual's internal state of being (Case; Jenkins & Buccioni, 2000). Younger children appear limited in their ability to understand and explain parental conflict. Jenkins and Buccioni (2000) suggest that it is possible that younger children (5 year olds) might be less vulnerable to marital conflict due to their limited ability to conceptualize conflict resolution (i.e., conflict is understood as resolved when the behavior stops) whereas for older children, conflict persists until there is a resolution involving the goals between two individuals. Cummings et al. (1991) states that older children (i.e., 9 years and over) report greater levels of distress in comparison to younger children in response to unresolved marital conflict. These findings stress the importance of accounting for the age and developmental level of children when considering the impact of parental conflict on their well-being.

Research has shown that exposure to marital conflict can have long-term effects on children including internalizing problems such as depression and anxiety. The following section will review the literature on childhood depression and anxiety as these emotional states will be used as outcome measures (psychological adjustment) in the present study.

Childhood Depression

Depression affects approximately 2% of childhood populations and approximately 4-8% of adolescent populations (American Academy of Child and Adolescent Psychiatry, 1998; Costello, Erkanli, & Angold, 2006; Hankin et al., 1998). Hazel (2002) notes that children with depressive disorders typically display a lack of interest in previously enjoyed activities, lack energy, experience problems at school, have difficulties sleeping, and complain of bodily pain such as headaches and stomachaches. Children have been found to exhibit symptoms of depression differently than that of adults. For example, children tend to display more irritability and somatic complaints rather than sadness and withdrawn behaviors (American Psychiatric Association, Diagnostic and statistical manual of mental disorders-text revision 2000; Hazel). Children with depression have been found to be at increased risk for academic failure and school drop out (Brent, 1993; Ping et al., 1999). Depression is also one of the leading risk factors for suicide in children and adolescents (Levy, Harper, & Weinberg, 1992) as well as a source of significant distress and impairment (Weissman et al., 1999). Rates of depression prior to puberty tend to be equal between girls and boys, however, following puberty, girls tend to be significantly more likely than boys to suffer from a depressive disorder (Compas, Connor-Smith, & Jaser, 2004; Emslie et al., 1990). Specifically, differences in depression begin to emerge at 14 years, and between 15 and 18 years, the rates of depression double for females in comparison to males (Wade, Cairney, & Pevalin, 2002; Hankin et al., 1998). Studies have also shown high

comorbidity rates among children and adolescents with depression (Hammen & Compas, 1994). For example, Feehan et al. (1994) found that up to 50% of adolescents with depression also meet criteria for an anxiety disorder or externalizing behavioral disorders.

Childhood depression has been conceptualized as integrative and multidimensional (Gotlib & Hammen, 1992). A multidimensional approach accounts for the myriad of factors contributing to the nature of depression (e.g., biological, familial, cognitive, interpersonal, behavioral, affective processes) (Kaslow, Adamson, & Collins, 2000).

A variety of psychological models have been proposed to account for depressive disorders among children, however, most of this research is based on adult populations (Wang & Crane, 2001). Consistent with adults, some studies suggest that children with depression show cognitive biases in response to hypothetical situations, lower self-appraisal evaluations, increased negative thought patterns, and helpless and self-blaming tendencies (Meyer, Dyck, & Petrinack, 1989; Moyal, 1977; Haley et al., 1985; Kaslow, Rehm, & Siegel, 1984; Kendall, Stark, & Adam, 1990; Turner & Cole, 1994). Studies that have examined the underlying psychological (and neurological) structure of depressive disorders among pediatric populations is equivocal, however, studies have suggested that the following variables can contribute to the development and maintenance of depression among children: attribution/cognitive style (Kendall, Stark, & Adam, 1990; Meyer, Dyck, & Petrinack, 1989; Nolen-Hoeksema, Girgus, & Seligman, 1986), socialization (i.e., degree of autonomy encouraged by parents) (Pomerantz, 2001), family instability (i.e., parental conflict; chronic family tension) (Wallerstein & Kelly, 1980; Wang & Crane, 2001), and having a depressed parent (Longfellow, 1979; Trad, 1987). Some researchers note that depressive symptoms in children range along a continuum of severity with qualitative differences at each end of the spectrum (i.e., low versus high symptom severity) (Compas, Ey, &

Grant, 1993; Ruscio & Ruscio, 2000). Studies have shown that children tend to experience greater impairment in daily functioning with increasing severity of symptoms (Gotlib, Lewisohn, & Seeley, 1995). Studies also suggest that the essential features of depression are similar between different age groups (i.e., affective, behavioral, and bodily symptoms), however, among childhood populations, it is additionally important to account for cognitive-developmental level (i.e., behaviors involving enuresis and school related fears/anxiety) (Cantwell & Carlson, 1980; Kaslow, Rehm, & Siegel, 1984; Kovacs & Beck, 1977).

Childhood Anxiety

Anxiety disorders are the most common mental health disorder in childhood (Alfano, Beidel, & Turner, 2002; Walkup & Ginsburg, 2002). Studies have reported that approximately 9-15% of 7-11 year olds seen in primary health care settings meet the criteria of an anxiety disorder (Benjamin, Costello, & Warren, 1990; Costello, 1989). The prevalence rate of childhood anxiety disorders is between 10-20% (Costello & Angold, 1995; Lichtenstein & Annas, 2001). Studies have shown that in comparison to children without anxiety, children with anxiety tend to show higher rates of depression during adolescence and often experience a chronic mood disability that extends into adulthood (Flament, Koby, & Rapoport, 1990; Last, Hansen, & Franco, 1997). In a 4-year longitudinal study, Last, Hansen and Franco (1997) found that children frequently experience more than one anxiety disorder over time. These researchers also found that approximately 30% of children with anxiety continued to suffer from symptoms and also develop co-occurring anxiety problems (Last, Hansen, & Franco). These findings highlight the long-term impact of anxiety on children throughout their life. Anxiety disorders are highly comorbid with other anxiety disorders as well as other psychiatric illnesses (Costello & Angold, 1995; Ollendick & King, 1998). Childhood anxiety disorders are associated with

impairment in academic functioning, social relationships, and family functioning (Klein, 1995). Research has shown that childhood anxiety disorders increase children's risk for suicide and hospitalizations (Costello & Angold, 1995; Klein, 1995; Pine et al., 1998). It is surprising to note that despite the prevalence of depression and anxiety disorders among childhood, many children with these disorders are less likely to receive mental health services than children with other disorders (i.e., behavioral/conduct problems) (Benjamin et al., 1990).

Psychological models of the etiology of childhood anxiety also stem from findings based on adult populations (Alfano, Beidel, & Turner, 2002). In the adult literature, research emphasizes the role of cognition in the development and maintenance of anxiety (Alfano, Beidel, & Turner). Some studies investigating anxiety problems in children have found that children with anxiety disorders show elevations in cognitive errors or inaccurate beliefs during test taking situations, when presented with ambiguous or hypothetical stimuli, or when completing self-report measures designed to assess negative cognitions (Alfano, Beidel, & Turner; Muris et al., 2000; Alfano, Beidel, & Turner, 2006). Studies have also suggested that parental acceptance, degree of parental control, and parental modeling of anxious behaviors are associated with the emergence of anxiety disorders in children (Wood et al., 2003).

Depression and Anxiety: Unitary or Distinct Constructs?

This study will not provide an extensive review of studies investigating the reasons for the strong relationship between symptoms of anxiety and depression. However, an overview of the literature is warranted as it influences theoretical development of these emotional disorders.

Studies have well-documented that measures of depression and anxiety are highly correlated and that these emotional problems show high rates of comorbidity (Cole, Truglio, & Peeke, 1997). However, differences between depression and anxiety are also well-documented

(e.g., age of onset, duration, associated symptomatology) (Brady & Kendall, 1992). Some studies state that anxiety symptomatology in children typically predate the depressive symptoms (Brady & Kendall), however, researchers continue to debate over this hypothesis.

To better understand the relationships between anxiety and depressive symptoms in children, two theoretical explanations have been offered. One position maintains that depression and anxiety share a common affective, cognitive, and genetic underpinning, referred to as negative affectivity (Watson & Clark, 1984). Several studies have found supportive evidence for the view that symptoms of depression and anxiety load onto the same anxious-depressed factor, thus supporting the unitary construct position (Achenbach, 1991; Achenbach et al., 1991; Cole, Truglio, & Peeke, 1997). The second position maintains that depression and anxiety are separate entities, although, sometimes co-occurring disorders (Cole, Truglio, & Peeke). The dual construct theory posits that depression and anxiety can be distinguished by emotional, cognitive, and behavioral, familial, and historical experiences (Akiskal, 1985; Foa & Foa, 1982). Further, some have argued that depression and anxiety are two aspects of a common syndrome that is conceptualized as mixed anxiety/depression (Compas & Oppedisano, 2000).

In evaluation of these two competing models, the picture becomes complicated by the presence of methodological weaknesses inherent within studies that have investigated these clinical conditions. For example, pencil and paper measures of depression and anxiety cannot "perfectly" represent these constructs (Compas & Oppedisano, 2000) and thus, issues of reliability surface. Further, many self-reports of depression and anxiety contain overlapping items. The presence of overlapping items would increase estimates of the relationship between depression and anxiety in two ways. First, overlapping items might reflect the fact that the essential features of depression and anxiety are the same (Cole, Truglio, & Peeke, 1997).

However, high correlations between anxiety and depression might also be due to superficial reasons (similarly worded items across measures) (Cole, Truglio, & Peeke).

To address the complexity associated with the conceptualization, nature and developmental course of depression and anxiety is beyond the scope of this study. However, these issues will be considered when elaborating on cognitive models of childhood depression and anxiety.

Research has shown that children's cognitive appraisal of events, perceptions of control, and coping strategies play an important role in understanding childhood mood and anxiety problems. However, these variables have not been well researched as mediating variables (e.g., protective and/or vulnerability factors) in children exposed to parental conflict. The following section will elaborate on the role of cognitive appraisal in the expression of childhood depression and anxiety followed by a review of the literature involving the links between marital conflict and children's appraisals.

Role of Cognitive Appraisal in Depression and Anxiety

Stress and coping theorists propose that a child's cognitive appraisal of stressful events (i.e., positive or negative perceptions) might be as significant as the stressor itself in predicting psychological well-being (Lazarus, 1991; Lazarus & Folkman, 1984). The impact of stressful life events are moderated by an individual's evaluation of the negative implications these events have on his or her well-being (Lazarus & Folkman). Within the cognitive framework, the construct "appraisal" refers to the process whereby a child evaluates the significance of an event or situation with respect to his or her well-being (Lazarus; Lazarus & Folkman). Developmental theorists suggest that by early adolescence cognitive appraisals become a part of a relatively stable cognitive style that moderate the relationships between stressful events and psychological

well-being (Nolen-Hoeksema, Girgus, & Seligman, 1992; Turner & Cole, 1994). This is a critical finding because it suggests that early experiences in life could shape or mold one's cognitive pattern or ways of perceiving the environment and this framework of thinking remains resistant to change throughout an individual's adult life.

Lazarus (1991) defines negative appraisal as an individual's belief that an event has negative implications for his or her well-being, goals or values. There is increasing evidence that individual differences in adjustment are related to one's perception or interpretation of events being threatening or stressful (Costa, Somerfield, & McCrae, 1995). Stress and coping theorists assume that children's appraisals and interpretation of stressful events influence their adjustment to these events (Lazarus & Folkman, 1984). A growing body of research suggests that children can develop negatively biased appraisals and that negative appraisals are positively associated with mental health problems such as depression and anxiety (Kendall, Stark, & Adam, 1990; Mazur, Wolchik, & Sandler, 1992; Meyer, Dyck, & Petrinack, 1989; Sheets, Sandler, & West, 1996).

The majority of research in depression and anxiety disorders has focused on adult populations. The cognitive models of adult depression speculate that errors in thinking or negative patterns of thinking contribute to the genesis of this disorder (Cole et al., 1998). Among adult populations, various theorists have propounded that a negative self-view (Beck, 1972), harsh self-evaluation and minimal self-rewards (Rehm, 1977), and negative self-schemas (Segal, 1988) contribute to the genesis of depression. Beck (1976) also noted that negative thought patterns play a role in the maintenance of depressive symptomatology. Beck's theory involves the negative triad (i.e., negative view of self, present, and future) and he proposes that individuals with depression routinely make cognitive errors in processing ambiguous stimuli and

this processing style contributes to states of depressed affect (Leitenberg, Yost, & Carroll-Wilson, 1986). It is also believed that the types of processing errors made by individuals with depression are not warranted by the information provided (Hammen, 1981). Thus, errors in thinking are deemed as biased inferences or biased cognitive appraisals of reality that originate from an over emphasis of the negative aspects and the exclusion of positive aspects (Mazur, Wolchik, & Sandler, 1992).

Researchers have begun to investigate whether these findings generalize to child and adolescent populations. Studies have investigated the applicability of Beck's model of depression among pediatric samples by developing and using children's self-report questionnaires, such as the Children's Negative Cognitive Error Questionnaire (CNCEQ), which is designed to measure children's negative views of self, world, and future. Studies have found evidence that childhood depressive symptoms share some common cognitive features as adulthood depression (Kashani et al., 1981). These findings have been supported through studies examining children's errors in thinking as measured by the CNCEQ. Also, studies have found links between anxiety symptoms and cognitive errors in children with anxiety disorders.

Studies using the Children's Negative Cognitive Error Questionnaire (CNCEQ) have found significant associations between negative cognitions and depression among non-clinical children (Leitenberg, Yost, & Carroll-Wilson, 1986; Robins & Hinkley, 1989; Turner & Cole, 1994; Weems et al., 2001). The CNCEQ measures several dimensions of negative thinking including personalization, catastrophizing, overgeneralizing, and selection of negative events (Leitenberg, Yost, & Carroll-Wilson). Among 212 children (grades 5-8), Leitenberg, Yost, and Carroll-Wilson (1986) found significant mean differences between public school children with and without depression on four categories of cognitive errors (i.e., catastrophizing,

overgeneralizing, personalizing, and selective abstraction) as measured by the Children's Negative Cognitive Error Questionnaire (CNCEQ). Similarly, among a group of 1310 adolescents, Kraaij et al. (2003) found that adolescents with higher scores on self-reported depression scored significantly higher on measures of negative thinking (i.e., self-blame, rumination, and catastrophizing) in comparison to adolescents with low scores on depression measures. However, to date, there has been no research investigating level of parental conflict and outcome scores on the CNCEQ.

Studies have also investigated the relationships between childhood anxiety and biased thinking patterns or negative cognitive appraisals. It is important to note that various terms have been used to describe the cognitive aspects of anxiety such as cognitive distortions, anxious self-talk, cognitive style, cognitive biases, and cognitive errors (Epkins, 1996; Kendall & Chansky, 1991; Treadwell & Kendall, 1996). As it stands, these terms have been used synonymously in the literature. Some research suggests that children with and without anxiety differ in terms of their thought processes. For example, Prins and Hanewald (1997) found that children with anxiety reported experiencing more negative cognitions following a completion of a school test in comparison to children without anxiety. In another study, Muris et al. (2000) investigated differences between socially anxious and non-socially anxious children on measures of negative cognitions. These researchers found that in response to several ambiguous hypothetical social stories, children with social anxiety reported significantly higher levels of negative cognitions in comparison to children without social anxiety (Muris et al.).

In another study, Leitenberg, Yost, and Carroll-Wilson (1986) investigated the relationships between evaluation anxiety and cognitive errors among children in grades four, six, and eight. These researchers found a significant positive correlation between level of evaluation

anxiety and number of cognitive errors (Leitenberg, Yost, & Carroll-Wilson). Among 251 children and adolescents who met criteria for an anxiety disorder, Weems et al. (2001) found a significant relationship between anxiety and cognitive errors (as measured by the Children's Negative Cognitive Error Questionnaire). Specifically, it was found that scores on overgeneralization, catastrophizing, personalization, and selective abstraction were significantly positively correlated with children's scores on anxiety as well as scores on depression (Weems et al.). The above studies highlight the role of cognitive aspects in childhood anxiety and depression and provide support for further investigation of the role of negative thinking patterns in the development of anxiety and depression in youth (Bell-Dolan & Wessler, 1994; Epkins, 1996).

Parent Conflict: Relationships between Children's Cognitive Appraisals and Psychological Well-Being

Studies have found large variations in children's responses to parent conflict. Researchers have studied the role of children's appraisals or evaluations of parent conflict to explain individual differences in adjustment (Grych, 1998). Grych and Fincham (1990) hypothesize that children respond to witnessing marital conflict by a) evaluating level of threat, b) trying to understand reasons for conflict, and c) selecting ways to respond to the situation. Children's appraisals of marital conflict are speculated to play a role in determining how the child responds to the conflict (Grych).

Studies have found associations between children's cognitive appraisals of inter-spousal discord and children's psychological symptoms. For example, children's appraisals involving responsibility for causing the marital conflict can lead to symptoms of depression and low self-esteem whereas children's perceptions of threat due to marital conflict can lead to states of

anxiety (Grych, 1998). Among children exposed to extreme parental violence, Jouriles et al. 2000 found that those who blamed themselves for the conflict experienced higher levels of externalizing problems, anxiety and depression. Further, children who experienced greater threat and fears of abandonment in lieu of parental conflict demonstrated higher levels of depression and anxiety (Jouriles et al.).

Research has also suggested that children's emotional security is linked to the ways that they perceive or evaluate parental conflict. Davies and Cummings (1994) state that hostile and unresolved marital conflict impacts on children's sense of emotional security and as a result prompts them to become actively involved in the discord to try to end the conflict. It has been argued that children who are less emotionally secure would be more likely to perceive the parental discord as a threatening event in comparison to children who are more emotionally secure within the family (Davies & Cummings, 1994; 1998). It has been noted that the following variables play a role in shaping children's appraisals of marital conflict a) history of exposure to parental conflict, b) degree of parental hostility, c) quality of discord resolution, and d) content of parental conflict (i.e., arguing about the child) (Grych & Fincham, 1990).

Some studies suggest that child appraisal of parental conflict serves as a stronger and more accurate predictor of children's psychological adjustment in comparison to parent reports of the impact of marital conflict on children's well-being (Emery & O'Leary, 1982; Grych, Seid, & Fincham, 1992). Studies have speculated that children's perceptions of marital conflict such as threat to self, destructiveness, self-blame, and sense of responsibility are associated with their adjustment to inter-spousal conflict (Grych, Seid, & Fincham). This is an important finding because many previous studies have used parental reports to measure children's perceptions and reactions to marital discord. It is plausible that parent reports would underestimate the child's

emotional reactions to family conflict. This study will have the child complete a self-report to measure their cognitive appraisals.

Cummings, Davies, and Simpson (1994) investigated the relationships between children's (9-12 years) cognitive appraisals of marital conflict and psychological adjustment (Child Behavior Checklist). Children were living in two-parent families. Results showed that for boys, significant positive associations were found between degree of conflict and threat appraisals (Cummings, Davies, & Simpson). For girls, a significant positive correlation was found between degree of marital conflict and self-blame appraisals. It was also found that for boys, appraisals involving threat significantly predicted scores on internalizing, externalizing and total behavior problem score on the Child Behavior Checklist (Cummings, Davies, & Simpson). For girls, self-blame was significantly correlated with internalizing problems and total behavior problem score on the Child Behavior Checklist (Cummings, Davies, & Simpson). These findings are important because they suggest the presence of gender differences in children's reactions to marital conflict. As noted earlier, the ways that children appraise or interpret negative events, such as parent conflict, influence the manner in which they respond or cope with such events.

In another study, Grych (1998) investigated children's cognitive appraisals of marital conflict. The sample included sixty children between the ages of 7 and 12 years and their mothers. It was found that children's perceptions (appraisals) of marital conflict were influenced by the degree of parental hostility, child's history of exposure to parental discord, and age of the child (Grych).

These findings highlight the relationships between marital conflict and children's evaluations of these types of events. That is, being exposed to parental discord is likely to create emotional disturbances (i.e., sadness or anxiety) within the child which serve to motivate the

child to respond to the conflict in a manner (i.e., try to intervene to stop the conflict) that might result in a non-optimal outcome (i..e, unsuccessful attempt at intervening) and thus leave the child feeling more helpless and out of control of the marital discord. Consistent with cognitive and developmental theories of depression and anxiety as well as attributional theories, it would seem plausible that cognitive appraisal would mediate the relationship between parent conflict and symptoms of depression and anxiety. That is, children who endorse higher levels of negative appraisals would experience greater levels of psychological problems (e.g., depression, anxiety, low self esteem) in comparison to children who endorse lower levels of negative appraisals. The present study will investigate this hypothesis, that is, the mediating role of appraisal in the relationship between marital discord and child adjustment. The following section will review studies associated with the second major variable that will be investigated in this study, children's locus of control beliefs.

Role of Locus of Control in Depression and Anxiety

The degree of perceived control an individual has over his or her environment has been referred to as locus of control (Rotter, 1954). Individuals with an external locus of control have beliefs that sources of control are external to themselves (i.e, fate, luck, or powerful others) (Weigel, Wertlieb, & Feldstein, 1989) whereas individuals with an internal locus of control have beliefs that events are under their control or contingent on their own behaviors or responses (Kim, Sandler, & Tein, 1997; Wiehe, 1984). Studies examining children's perceptions of control have been influenced by research conducted in adult populations (Skinner, 1990).

Among research on adults, it is assumed that beliefs about control influence an individual's perception of threat, and therefore, perceptions involving a lack of control would be related to an individual's perception of threat whereas beliefs involving personal control would

decrease an individual's perception of threat (Drapeau, Samson, & Saint-Jacques, 1999; Lamontagne, 1984). Cohen and Edwards (1989) state that in adult populations, locus of control has been consistently found to serve as a buffer to stressful experiences. In addition, studies have also found that an internal locus of control orientation is consistently associated with higher psychological adjustment among child and adolescent populations (Kliewer & Sandler, 1992; Patrick, Skinner, & Connell, 1993; Weisz, 1990). Specifically, studies have found that internal locus of control beliefs lead to decreases in the aversive aspects of a stressor whereas external locus of control beliefs lead to feelings of helplessness and avoidance of negative events (Lamontagne). Kliewer and Sandler (1992) suggest that an individual's cognitive appraisal and coping efforts in managing a stressor are influenced by perceptions of control. Some studies suggest that individuals who score high on internal locus of control might have a greater sense that they can control the stressor and thus perceive the outcome of a negative event as more under their control (Glass & Singer, 1972; Kliewer & Sandler). Further, individuals with high scores on internal locus of control have been shown to use more adaptive coping strategies when managing stressors as well as engage in adaptive evaluation of the stressor (Glass & Singer; Kliewer & Sandler). Research also speculates that individuals with higher scores on internal locus of control measures might employ more effective coping strategies when dealing with stressful events (Anderson, 1977) and in turn, lead to lower levels of psychological problems (Kliewer & Sandler) including depression and anxiety.

Studies have found significant positive relationships between depression and locus of control, specifically, perceptions of a lack of control (Weisz et al., 1993). Researchers have made indirect links between depression and locus of control measures in children based on findings that depressive symptoms in childhood are associated with self-blame (Seligman et al., 1984),

low self-esteem (Kaslow, Rehm, & Siegel, 1984), negative self-evaluation (Haley et al., 1985), and a sense of helplessness regarding one's environment (Kazdin et al., 1985). Studies in pediatric populations have found individual differences in the degree to which children attribute internal or external control beliefs as the cause of events (Lamontagne, 1984). Studies have shown that children with depression are more likely to have pessimistic views regarding outcome expectancies or doubt their ability to be effective (Seligman et al., 1984; Weisz et al., 1987). Weisz et al. (1993) found a significant positive relationship between external control beliefs and depression scores (as measured by the Children's Depression Inventory) among 116 children from public elementary schools. Among 471 adolescents, Stahl and Petersen (1999) found significant positive correlations between low personal control beliefs and depression symptoms. Among a sample of adolescents, Siddique and D'Arcy (1984) found positive associations between external locus of control beliefs and depressive and anxiety symptomatology. In a study of 238 children and adolescents (8-16 years), Kliewer and Sandler (1992) found that children with high scores on external locus of control showed more symptoms (i.e., depression, anxiety, and conduct disorder) in comparison to children with low scores on external locus of control. Low levels of perceived control has been found to lead to the development of anxiety and a sense of powerlessness and this has been shown to generalize to other life areas (Stohlberg & Anker, 1983). Other research has also found supportive evidence for significant relationships between internalizing disorders and external locus of control beliefs (e.g., McCauley et al., 1988; Moyal, 1977; Mullins, Siegel, & Hodges, 1984; Weisz et al., 1993). Some studies report that a child's explanatory style predicted future symptoms associated with depression (Nolen-Hoeksema, Seligman, & Girgus, 1986).

Some studies state that dimensions of control beliefs may be associated with a child's developmental level and social-cultural environment (Chapman & Skinner, 1989; Connell, 1985). Developmental theorists emphasize a flexibility involving perceptions of control that is associated with a child's cognitive developmental level as well as their environment (Chapman & Skinner; Connell). Many studies have investigated aspects of parenting and family process variables in understanding the relationships between parental factors and the development of locus of control orientation in children (Morton & Mann, 1998). Some research provides evidence that consistency in parent discipline (Paguio et al., 1987) and parental warmth (Krampen, 1989) is associated with the development of greater internal locus of control beliefs in children. Research examining the relationships between parental control (i.e., over-protectiveness), parental encouragement of independence/autonomy, and children's control beliefs are inconsistent (Barling, 1982; Gordon, Nowicki, & Wichern, 1981).

Overall, studies investigating developmental trends in the development of locus of control beliefs in children are inconsistent. That is, it is unclear whether locus of control beliefs are best characterized as a: a) unidimensional and established pattern which is set during early childhood, b) developmental trait influenced by age and life stressors, or c) trait evolving from family means (Galejs, Hegland, & King, 2001). Galejs, Hegland and King state that locus of control is influenced by a "person's perceptions of causality, their own efforts and/or ability, as well as by other intermediate variables within the environment (e.g., parents, teachers, and peers)" (p. 182). Studies examining the relationships between the development of school-aged children's locus of control orientations and parent and teacher socialization practices are inconsistent (Galejs, Hegland, & King). That is, it is unclear whether parents' locus of control orientation predicts children's locus of control beliefs or whether teacher interactions with

children within the classroom are consistent with children's locus of control orientation (Lefcourt, 1982; Stipek & Weisz, 1981). Steitz (1982) conceptualizes locus of control beliefs as a life long developmental process and as a result, relationships between control beliefs, age, and development level are difficult to ascertain.

Chorpita and Barlow (1998) indicate that recent literature supports a psychosocial model involving early childhood experiences and how these experiences shape a child's perceptions of controllability and predictability. Studies have suggested that children who have opportunities for receiving consistent attention and reinforcement from parents would be more likely to develop a sense of control over events (Chorpita & Barlow). Thus parents who are consistent in child rearing practices and contingently responsive to their children have been shown to have children with more internalized locus of control (Chorpita & Barlow). Overall, findings suggest that perceptions of control are malleable and influenced by both developmental and environmental events. Thus, it appears that significant childhood life events such as family environments defined by high marital conflict play a role in the development of children's locus of control orientation. Further, it seems that children's beliefs of control play an important role in their adjustment to parental conflict.

Parent Conflict: Relationships between Children's Locus of Control and Psychological Well-Being

Various family process variables have been shown to play an important role in the development of children's locus of control orientation. As elaborated earlier, quality of parenting and the presence of stability/emotional security within the family environment play an important role in shaping children's control beliefs. In lieu of these findings, it seems possible that children living in a family environment defined by hostility, anger, and high parental conflict would be

exposed less to parenting and family process factors that have been linked to internal locus of control beliefs (e.g., consistent parenting and parental warmth). Thus, it seems plausible to expect similar trends (i.e., higher scores on external locus of control beliefs) among children living in a family with high levels of parental conflict.

The literature on the influence of marital discord on the development of children's locus of control beliefs suggests that a child's family environment and parenting styles influence their development of control beliefs. This has implications for children reared in high conflict families because family process variables (i.e., quality and consistency of parent involvement, child discipline, and level of parental stress) might be more consistent with the development of an external locus of control orientation. This would likely be the case under circumstances when the child's repeated attempts to intervene to stop parental conflict fails.

In lieu of these findings, it is plausible that children's perceptions of control would mediate the relationship between parent conflict and psychological adjustment (e.g., depression, anxiety). That is, children with higher scores on external locus of control measures would experience more problems in adjustment in comparison to children with higher scores on internal perceptions of control.

The third major variable that will be investigated in this study, children's coping strategies, has also been found to play an important role in depression and anxiety states in children.

Role of Coping Strategies in Depression and Anxiety

Various conceptual models of coping have been proposed. Despite variations in models of coping, the three main typologies of coping responses include approach and avoidance strategies, problem-focused and emotion-focused strategies, or behavioral and cognitive

approaches (Gil, Wilson, & Edens, 1997). Approach coping refers to an individual's efforts directed at the stressor whereas avoidance coping refers to attempts to direct actions away from the stressor (Boekaerts & Roder, 1999). Problem-focused approaches have been defined as efforts directed at "defining the problem, generating alternative solutions, weighting the alternatives in terms of their costs and benefits, choosing among them, and acting" (Lazarus & Folkman, 1984, p. 152). This means that an individual will direct his or her efforts in changing the environment to alleviate the aversive components to the situation or experience. Emotion-focused coping refers to "cognitive processes directed at lessening emotional distress and include strategies such as avoidance, minimization, distancing, selective attention, positive comparisons, and wrestling positive value from negative events" (Lazarus & Folkman, p. 150). Behavioral coping pertains to overt responses in dealing with a stressor, whereas cognitive coping refers to efforts to change mental representations of a situation, or changes in thought processes (Gil et al., 1997). Although the concept of coping has been conceptualized in multiple ways and inconsistencies have been noted in the means of defining or operationalizing the concept (Fernandez & Turk, 1989; Rudolph, Dennig, & Weisz, 1995; Stone & Neale, 1984), some models of coping share similar descriptive properties (i.e., problem focused/emotion focused coping and approach and avoidance coping). This study will extend on earlier studies of childhood coping by utilizing a coping measure, the Children's Coping Strategies Checklist (CCSC), which has been used in studies of children living in high conflict family environments.

Researchers have found links between internalizing disorders and children's coping strategies. Specifically, studies have found that avoidant coping strategies or coping attempts to ignore the situation or problem are associated with higher levels of depressive and anxiety symptoms (Gomez, 1998; Tolor & Fehon, 1987). Gomez (1998) investigated the relationships

between locus of control, avoidant coping, depression, and anxiety among 468 adolescents (14-17 years). Gomez found significant positive correlations between external locus of control, avoidant coping, and scores on depression and anxiety measures. It was also found that both avoidant coping and external locus of control predicted anxiety and depression scores (Gomez). This implies that individual's with low scores on internal control beliefs might believe that they have minimal control over their environment and therefore avoid conflict since they believe that events are outside of their control (Folkman, 1984; Gomez). In addition, the findings by Gomez indicate that adolescents with high scores on external control beliefs scored higher on measures of depression and anxiety in comparison to adolescents who scored low on measures of external control.

Research also suggests that children high in negative affect might employ more avoidant coping strategies and fewer active coping strategies (Eisenberg et al., 1993; Lengua et al., 1999; Wills, DuHamel, & Vaccaro, 1995). Studies have speculated that mood states can influence one's ability to recognize the various positive outcomes to a stressor as well as increase the possibility that the child would be able to identify a means (i.e., problem solving) to resolve the problem in an efficient manner (Lengua et al., 1999). This has implications for children living in marital conflicted environments. It has been shown that children of high conflicted family environments demonstrate elevations in internalizing disorders and these types of negative affective states have been shown to impact on a child's ability to deal with a stressor in an effective way. Thus, children living in high conflict environments might be more vulnerable to a range of stressors.

The Children's Coping Strategies Checklist (CCSC) is a widely utilized questionnaire among child populations, including studies of divorce and children exposed to marital conflict.

Using confirmatory factor analysis, Ayers et al. (1996) found support for a dispositional model of coping, which includes active coping, avoidant coping, distraction coping, and support coping. The CCSC is comprised of the following subscales: Active Coping (i.e., positive cognitive restructuring, direct problem solving, and cognitive decision-making, and seeking understanding), Avoidant Coping (i.e., cognitive avoidance and avoidant behaviors), Distraction Coping (i.e., physical release of emotions and distracting actions), and Support Coping (i.e., seeking social support from others for emotional or instrumental support) (Ayers et al.). The CCSC measures how children cope with stressful events in general versus the ways that children cope with a particular stressor or event (Ayers et al.). Using the CCSC, Sandler, Tein, and West (1994) found that among children of divorce, active coping strategies were significantly negatively correlated to depression whereas avoidant coping was significantly positively correlated with measures of maladjustment including anxiety and depression. In another study, Sandler et al. (2000) found that active coping strategies (as measured by the CCSC) were related to lower internalizing problems in 356 children (9-12 years). In addition, these researchers found that active coping strategies predicted increases in coping efficacy (Sandler et al.). The present study will use the Children's Coping Strategies Checklist (CCSC) to measure children's coping strategies. The CCSC was developed for use in children between the ages of 8 and 15 years (Nicolotti, El-Sheikh, & Whitson, 2003).

Evidence for the relationships between active and avoidant coping and emotional adjustment (depression and anxiety) are supported by studies investigating coping in children undergoing medical procedures, children with pain problems, as well as non-clinical groups of children in managing everyday stressors. For example, several researchers have suggested that healthy school-aged children who used active coping strategies (i.e., dealing directly with the

problem of stressor) experienced more favorable outcomes in comparison to children who employed emotion-focused coping (Compas, Worsham, & Ey, 1992; Peterson, 1989). Peterson (1989) found that children undergoing stressful medical procedures who utilized active problem solving strategies experienced greater improvements in behavioral, emotional, and bodily states.

Parent Conflict: Relationships between Children's Coping Strategies and Psychological Well-Being

Some studies indicate that conflict characterized by physical aggression is most directly associated with internalizing and externalizing disorders in children (Cummings et al., 1989; Cummings, Zahn-Waxler, & Radke-Yarrow, 1981), however, studies have shown that children exposed to other forms of marital conflict also show higher rates of emotional and behavioral problems (Grych & Fincham, 1990; O'Brien, Margolin, & John). There are some inconsistencies in the literature, however, in that some researchers report that approximately 50% of children living in high marital conflict home environments do not demonstrate clinical elevations on psychological maladjustment measures (Jouriles, Murphy, & O'Leary, 1989). This suggests the existence of possible protective variables, which serve to decrease the children's vulnerability to marital conflict (O'Brien, Margolin, & John). One type of protective factor includes the child's coping strategies.

In one study investigating the relationships between children's (8-11 years) coping strategies in response to parental conflict and child adjustment (i.e., depression, anxiety, self-esteem, and hostility), O'Brien, Margolin, and John (1995) found that children's coping consisting of involving oneself in the marital conflict was associated with lower levels of psychological adjustment whereas coping strategies involving distancing/distracting oneself from the marital conflict was associated with higher levels of child adjustment. It was also found that

coping strategies including seeking social support was associated with higher levels of psychological adjustment (O'Brien, Margolin, & John).

In another study, Nicolotti, El-Sheikh, and Whitson (2003) examined the relationships between children's coping strategies with marital conflict and scores on internalizing and externalizing behaviors. The sample included 89 children (from two parent families) between the ages of 8 and 11 years old and their mothers. These researchers used the Children's Coping Strategies Checklist (CCSC) to measure children's coping strategies in response to parental conflict and mothers completed the Revised Conflict Tactics Scale (CTS2) which is developed to assess the intensity and frequency of conflict within the marital dyad. These researchers found that a combination of active and support coping was associated with lower depression scores and higher self-esteem scores in girls (Nicolotti, El-Sheikh, & Whitson). However, higher endorsement of active or support coping strategies (independent of each other) were found to be associated with higher scores on child externalizing behaviors for girls and boys. For children categorized in the high conflict group, it was found that avoidance coping was associated with higher scores on internalizing and externalizing behaviors and low self-esteem for both boys and girls whereas higher endorsement of distraction coping was related to lower scores on depression for both boys and girls (Nicolotti, El-Sheikh, & Whitson). These findings involving the relationship between avoidance (distracting) coping and poor adjustment in children are inconsistent with findings from O'Brien, Margolin, and John (1995) as well as other coping studies elaborated above. In addition, the finding that support and active coping was linked with externalizing behavior problems is in contrast with findings from O'Brien, Margolin, and John's study. These inconsistencies might be partially explained by the fact that previous studies have utilized different measures of coping and this creates differences in categorization and definition

of types of coping (Nicolotti, El-Shiekh, & Whitson). Further, earlier studies have used coping measures with questionable psychometric properties.

Other studies have also reported inconsistencies in the relationships between avoidance and self-distraction coping strategies and psychological adjustment in children managing marital conflict. Nicolotti, El-Sheikh, and Whitson (2003) note that children's use of cognitive coping techniques in collaboration with use of avoidance and self-distraction coping accounts for differences in child adjustment. For example, children who engage in worry and catastrophic types of cognitive coping in collaboration with avoidance coping might be more likely to exhibit depressive symptoms in comparison to children who engage in cognitive self-soothing types of coping while avoiding marital conflict (O'Brien et al., 1997). Further, many coping measures used in earlier studies lacked adequate psychometic properties. Earlier studies measuring children's adjustment to marital conflict have also been critiqued for failing to account for level of marital conflict.

Relationships between Children's Self-Esteem, Exposure to Marital Conflict, Depression and Anxiety

Studies have found inverse relationships between children's self-esteem, depression, and anxiety symptoms (Haines, Scalise, & Ginter, 1993). It has been shown that within both non-referred community and clinical samples of children (elementary school through high school), low self-esteem is associated with increases in depressive symptomatology (Kaslow, Brown, & Mee, 1994). Self-esteem has been shown to decline as children transition into adolescence (Allgood-Merten & Stockard, 1991; Orvaschel, Beeferman, & Kabacoff, 1997), with more girls having problems with self-esteem than boys (Orvaschel, Beeferman, & Kabacoff). Based on the relationships found between depression, anxiety, and self-esteem, some researchers have

concluded that self-esteem is a potential risk factor for the development of depression and anxiety in children (Brage & Meredith, 1994). Further, girls appear to be at greater risk for mood and anxiety problems since they are more likely to suffer from problems in self-esteem during adolescence.

As noted earlier, studies have shown that long-term exposure to marital conflict has negative implications for children's psychological well-being. Almost all the research literature reviewed, however, relates to parental conflict and its impact on children within families that have already separated/divorced or are in the process of separation/divorce. Few studies have examined the mediating role of cognitive appraisal, locus of control, and coping strategies as mediating variables between parent conflict and adjustment in children within intact community families. This study also contributed to the present literature by investigating the protective/vulnerable role of self-esteem in children exposed to marital discord. Females in grades 7 and 8 and their mothers exclusively were used as participants in this study as a control for gender differences in depression, self-esteem, and coping.

The variables discussed above, specifically, marital conflict, cognitive appraisal, locus of control and coping has been found to play a critical role in the expression of childhood depression and anxiety. Although children reared in high conflict family environments have been shown to be at greater risk for development of these emotional problems, depression and anxiety problems are also found among children of low conflict families. Research is limited in examining protective and /or vulnerability factors in children who are exposed to parental conflict among community samples. This study addressed limitations in the literature by investigating the role of three mediating variables (e.g., children's appraisal, perception of control, coping) in the relationship between marital conflict and child adjustment. In addition, in

an exploratory analysis, this study investigated the role of children's self-esteem (as a mediating variable) as a protective factor to exposure to marital conflict.

Mediation modeling was used to show how children's cognitive appraisal, locus of control and coping strategies mediate the relationship between marital conflict and child psychological adjustment (scores on depression and anxiety). To test a model of mediation, it was predicted that:

a. There would be significant positive relationships between scores on marital conflict and scores on depression and anxiety.
b. Marital conflict scores would significantly positively correlate with scores on cognitive appraisal, locus of control, and avoidance coping (mediating variables). Further, marital conflict scores would significantly negatively correlate with scores on active coping.
c. Controlling for the independent variable (marital conflict), it was predicted that there would be significant relationships between the mediating variables (cognitive appraisal, locus of control, and coping) and the dependent variables (depression and anxiety). Specifically, it was expected that cognitive appraisal would significantly positively correlate with scores on depression and anxiety. Further, it was predicted that locus of control scores would significantly positively correlate with scores on depression and anxiety. Finally, avoidance coping would significantly positively correlate with scores on depression and anxiety whereas active coping would significantly negatively correlate with scores on depression and anxiety.
d. An exploratory analysis was conducted to investigate the impact of children's self-esteem on psychological adjustment.

Method

Participants

Ninety-two mothers and 125 female children participated in this study and were recruited from one of the following public school divisions in Winnipeg, Manitoba: River East Transcona School Division (Arthur Day Middle School, Valley Gardens Junior High School, Chief Peguis Junior High School, John Gunn Middle School, John Pritchard School, Munroe Junior High School, and Salisbury Morse Place School), St. James-Assiniboia School Division (George Waters Middle School and Golden Gate Middle School), and Pembina Trails School Division (Charleswood School, Van Welleghem School, Henry G. Izzat Middle School, Arthur A. Leach School, and River West Park School) between September 2005 to December 2006. The criteria for inclusion in the study included: (a) females in grades 7 and 8, (b) participation of the child's mother, and (c) both the parent and child in this study have English as their first language. Older children specifically were selected to control for possible issues of reliability and validity of child self-reports.

Of the total sample, the female children ranged in age from 12 to 15 years ($M = 13.25$, $SD = 0.78$). Mother participants ranged in age from 31 to 51 years ($M = 44$, $SD = 4.49$). The majority of the mothers/guardians were married ($n = 66$), some were separated/divorced ($n = 12$) and the remaining parents were either a single parent who had never married ($n = 4$), separated/divorced and remarried ($n = 4$) or grandparents ($n = 1$). Five mothers reported "other" category (e.g., widowed, common law).

Materials

Data collection for a single family consisted of the mothers' completing two questionnaires and the female children completing six questionnaires. The children completed

the following measures: Children's Coping Strategies Checklist (CCSC), Nowicki-Strickland Locus of Control Scale for Children (LCS), Children's Negative Cognitive Error Questionnaire (CNCEQ), Children's Depression Inventory (CDI), the State-Trait Anxiety Inventory for Children-Trait Scale (STAIC-T), and the Piers-Harris Children's Self-Concept Scale (PHCSCS). The parent questionnaire included a demographic measure and the Revised Conflict Tactics Scale (CTS2).

The Children's Coping Strategies Checklist (CCSC) is a 45-item self-report general measure of coping strategies that children might use to manage various "everyday" problems (Ayers et al., 1996; Sandler, Tein, & West, 1994). The instructions include: "When faced with a problem, kids do different things in order to solve the problem or to make themselves feel better. Below is a list of things kids may do when faced with a problem. For each item, select the response that *best* describes how often you do the behavior when you have a problem. There are no right or wrong answers, just say how often you do each thing in order to solve the problem or to make yourself feel better" (Ayers et al., pp. 932-933). The CCSC measures four dimensions of coping including Active coping, Avoidant coping, Distraction coping, and Support coping. Active coping consists of coping statements involving problem solving (i.e., "Do something to make things better"), seeking understanding (i.e., "Try to figure out why things like this happen"), cognitive decision making (i.e., "Think about which things are best to do to handle the problem"), and positive cognitive restructuring (i.e., "Try to notice or think about only the good things in life") (Ayers et al). Avoidant coping contains items involving cognitive avoidance (i.e., "Try to put it out of my mind") and avoidant actions (i.e., "Try to stay away from the problem"") (Ayers et al.). Distraction coping refers to strategies including physical release of emotions (i.e., "Go bicycle riding") and distracting actions (i.e., "Watch TV"). Finally, Support coping consists

of items measuring problem-focused support (i.e., "Figure out what I can do by talking with one of my friends") and emotional social support (i.e., "Talk about how I am feeling with my mother or father") (Ayers et al.). Children rated how much they use each coping strategy to solve their problems on a Likert-type scale ranging from "Never" to "Most of the time."

Studies have found that active, avoidant, distractive, and support coping possess good internal consistency as measured by coefficient alpha (i.e., active coping [.88], avoidance coping [.72], distractive coping [.72], and support coping [.75]) (Ayers et al., 1996; Sandler et al., 1994). Nicolotti, El-Sheikh, and Whitson (2003) found good internal consistency for the three scales with coefficient alphas ranging from .81 for active coping, .80 for support coping, .73 for avoidance coping. Sandler et al. (2000) reported internal consistency reliabilities for active coping to be .82 and for avoidance coping to be .76. Other studies have found internal consistency reliabilities for the active and avoidant coping dimensions to be .88 and .65 (Lengua et al., 1999) (see Appendix A).

Nowicki-Strickland Locus of Control Scale for Children (LCS) is a 40 item self-report measure of internal-external locus of control of reinforcement (Weigel, Wertlieb, & Feldstein, 1989). Children responded to each item in a yes-no format. Higher scores are representative of an external locus of control orientation (Kliewer & Sandler, 1992; Weigel, Wertlieb, & Feldstein). Kliewer and Sandler found the coefficient alpha for their sample of children to be .70. Other studies report estimates of internal consistency to range from .63 to .81 (Lamontagne, 1984). Test-retest reliabilities over a six-week period were found to range from .63 to .71 (Lamontagne) (see Appendix B).

Children's Negative Cognitive Error Questionnaire (CNCEQ) is a 24 item self-report designed to measure four cognitive distortions (i.e., overgeneralization, selective abstraction,

catastrophizing, and personalization) across athletic, social, and academic areas (Weems et al., 2001). Each item involved a hypothetical situation and a negative interpretation of the situation. For each item, children rated the degree in which he or she would engage in a similar type of thought on a 5 point Likert-type scale ranging from 1 = "Not at all like I would think" to 5 = "Almost exactly like what I would think" (Weems et al.). An example of a hypothetical situation measuring catastrophizing includes: "Your cousin calls you to ask if you would like to go on a long bike ride. You think, "I'll probably won't be able to keep up and people will make fun of me" (Leitenberg, Yost, & Carroll-Wilson, 1986, p. 529). An example of a hypothetical situation measuring overgeneralization includes: "Last week you had a history test and forgot some of the things you had read. Today you are having a math test and the teacher is passing out the test. You think, "I'll probably forget what I studied just like last week" (Leitenberg, Yost, & Carroll-Wilson, p. 529).

The internal consistency for the total cognitive distortion score on the CNCEQ has been found to be .89 and the test-retest correlation (one-month) for the total cognitive distortion score was found to be .65 (Leitenberg, Yost, & Carroll-Wilson, 1986). The present study used the total cognitive distortion score for all analyses (see Appendix C).

The Children's Depression Inventory (CDI) is a 21–item self report designed to measure the affective, cognitive, and behavioral symptoms of depression in children and adolescents between the ages of 8 and 17 years (Crowley & Emerson, 1996). The inventory is comprised of five subscales including negative mood, interpersonal problems, negative self-esteem, ineffectiveness, and anhedonia (Crowley & Emerson). Items of the CDI measure the severity of symptomatology and responses are rated on a 3-point scale ranging from 0 (symptom absence) to 2 (highest symptom severity). The total scores range from 0 to 54 (Kavan, 1990) and scores

between 9 and 15 represent mild depression and scores greater than 15 represent moderate depression (Kovacs, 1992).

Saylor, Finch, Spirito, and Bennett (1984) reported that the CDI has good internal consistency (Chronbach's coefficient alphas = .80 to .94). The test-retest reliability for a one-week period was reported to be very good (r = .87) (Saylor et al.) (see Appendix D).

The State-Trait Anxiety Inventory for Children-Trait Scale (STAIC-T) is comprised of 20-items designed to measure the general level of anxiety in children (Crowley & Emerson, 1996). Items are rated on a 3-point scale ranging from 1 (hardly ever) to 3 (often). Spielberger (1973) reported the test-retest reliability to range from .65 to .71. The STAIC-T has adequate internal consistency (range of Chronbach's alpha coefficient = .78 to .81) and concurrent validity has been shown through the significant correlation between the STAIC-T and the Revised Children's Manifest Anxiety Scale (Spielberger) (see Appendix E).

The Piers-Harris Children's Self-Concept Scale (PHCSCS) is an 80-item questionnaire designed to measure the self-esteem of children. The scale is comprised of 6 factors including: behavior, intellectual and school status, physical appearance and attributes, anxiety, popularity, and happiness and satisfaction. The behavior factor evaluates the child's recognition of his or her negative behaviors; intellectual and school status reflect the child's perception of his or her abilities regarding school related activities, contentment with school, and future prospects; physical appearance and attributes refer to the child's thoughts pertaining to his or her physical characteristics and ability to communicate ideas; anxiety refers to emotional disturbance; popularity pertains to the child's appraisal of his or her popularity; and happiness and satisfaction refer to the child's perception of contentment and satisfaction with life (Mogilevsky, 1999). Items are responded in a yes-no format.

Three to four week test-retest reliabilities have been reported to be .96 and .42 over an eight-month period (Piers, 1984). The PHCSCS was found to correlate with other self-concept measures with correlations ranging from .32 to .85 (Piers). Chronbach's alpha coefficient was reported to range from .73 to .90 (Piers) (see Appendix F).

The following questionnaires were completed by the mother. The demographic questionnaire consisted of questions about the child's age, sex, number of siblings, and birth order. In addition, mothers were asked to report on their illness history, marital status, living arrangements, employment background, and family income (see Appendix G).

The Revised Conflict Tactics Scale (CTS2) is a 78-item scale that measures the intensity and frequency of conflict within the spousal relationship across the past year (Straus et al., 1996). The CTS2 provides scores on five scales including Negotiation (e.g., behaviors used to resolve a disagreement through discussion such as suggesting a compromise to a disagreement), Psychological Aggression (e.g., verbal and physical acts used in response to a disagreement such as calling my partner fat or ugly or threatening to hit or throw something at my partner), Physical Assault (e.g., acts of physical violence including pushing or shoving or choking my partner), Sexual Coercion (e.g., verbal and physical behaviors used coerce a partner into unwanted sexual activity), and Injury (e.g., partner-inflicted physical injury such as pain or need for medical attention). Scoring the CTS2 involved using the midpoints of the conflict tactic response category values. Thus the response categories which ranged from 0 – 6 were scored as 0 (this has never happened) = 0, 1 (once in the past year) = 1, 2 (twice in the past year) = 2, 3 (3-5 times in the past year) = 4, 4 (6-10 times in the past year) = 8, 5 (11-20 times in the past year) = 15, and 6 (more than 20 times in the past year) = 25. Category 7 (not in the past year, but it happened

before) is coded as 1. Scores across the five scales can be summed to derive a total score reflecting degree of marital conflict.

The CTS2 has been shown to possess adequate reliability, concurrent validity, and construct validity (Strauss, 1979). Grych (1998) reported reliability coefficients for the verbal aggression subscale to range between .75 to .81. Grych reported internal consistency for the physical aggression scale to be .95 for partner behavior. Nicolotti, El-Sheikh, and Whitson (2003) reported the following coefficient alphas for the CTS2 subscales: Emotional/Verbal Aggression (.81), Physical Aggression (.81), and Injury (.73) (see Appendix H).

Procedure

Participant Referral

Female participants and their mothers were recruited from the public school system in Winnipeg, Manitoba. The primary investigator of the study contacted the superintendent's office from the River East School Division, St. James Assiniboia School Division, Transcona-Kildonan East School Division, and the Pembina Trails School Division to explain the reason for her contact, the nature of the study, how she proposed to recruit children from various schools, and to ask for his/her participation in the study. Upon receiving consent from the superintendent's office and associated members, the investigator of the study contacted various school principals of middle schools in the school divisions listed above. The investigator of the study informed the school principals of the nature of the study and asked for their participation in the study. The investigator emailed or dropped off a study letter (see Appendix I) that described the nature of the research to the principals. The school principals were asked to inform the teachers at their school that the investigator of the study received consent to contact them.

The investigator contacted various teachers in the schools and requested permission to recruit children from his/her classroom by allowing parent study letter and parent and youth consent forms (see Appendices J & K) to be distributed to the students. Teachers were asked if the investigator could run her study during a class period, during the lunch hour, or immediately after school hours. The investigator also asked the teachers for his/her permission to speak briefly to the children about the study and to answer any questions they had. The investigator spoke with the female students about the study and asked them to bring the study letter and consent forms home for their mothers to review and complete. The students were asked to return the completed permission slip to their teachers. The investigator collected the completed slips after a two-week period.

The parent study letter described the study in greater detail and a contact number of the investigator of the study was provided on the letter. The study letter informed the mother that participation in this study would be helpful in providing a greater understanding of the relationships between adolescent stress and positive psychological adjustment and that this information may have relevance to their child. In addition, the letter indicated that participation would be completely voluntary and that the participants may withdraw from the study at any time without negative consequences. The participants were also informed that all of the information gathered would remain strictly confidential and that they have the right to refrain from answering any questions they may feel uncomfortable completing. The study letter also noted that as a token of appreciation for participating in the study one adolescent and their parent would be eligible to win a MP3 player and a gift basket through a random draw.

Children who received consent by their mother or primary caregiver completed the questionnaires during one of their classes (as predetermined by the teacher) or after school. The

questionnaires were administered by the investigator of the study or by a trained research assistant (a school psychology student at the University of Manitoba). The research assistant was trained in methods used by the primary investigator of the study. The investigator of the study reviewed issues of confidentiality with the research assistant and the assistant completed a form confirming her understanding and maintenance of confidentiality. The role of the research assistant was to distribute the questionnaires during class time and assist the adolescents in clarifying any questions they did not understand. The assistant was given a telephone number of the investigator of the study as well as the supervisor of the study (Dr. Michael Thomas) if any immediate concerns arose. The research assistant also controlled for possible experimenter bias.

The children were informed to answer the questions as truthfully as possible, in the order as presented, and not to change answers to previous questions after the questionnaire was completed. The various scales comprising the questionnaire were counterbalanced as a control measure for order effects. The completion time for the child questionnaires was approximately thirty to sixty minutes.

The questionnaires were provided to the parent through the mail. The investigator attached instructions to the front of the questionnaire as well as a contact number if a mother had any questions or concerns regarding the completion of the measures. The duration of the parent questionnaire was approximately thirty minutes to complete. A self addressed and stamped envelope was provided to the parent to mail the completed questionnaires to the investigator (University of Manitoba).

A debriefing form informing the purpose of the study was given to the children following the return of the parent questionnaire (see Appendix K). A list of community support services was noted on the debriefing form as well as recommendations to contact Dr. Michael Thomas if

the study caused a participant any problems or concerns. The experimenter will email or mail parents a copy of the results of the study in September 2008.

Results

Descriptive Statistics

All analyses were completed using SPSS 12.0 for Windows. Tables 1-4 provide descriptive statistics on family composition, marital status, employment status, and marital conflict scores (as measured by the CTS2) of the mothers. Table 5 provides information about the female participants on measures of the Children's Depression Inventory (CDI), State Trait Anxiety Inventory for Children-Trait Scale (STAIC-T), Nowicki-Strickland Locus of Control Scale for Children (LCS), Children's Negative Cognitive Error Questionnaire (CNCEQ), Children's Coping Strategies Checklist (CCSC), and the Piers-Harris Children's Self-Concept Scale (PHCSCS).

This study used the following criterion to test a model of mediation, specifically, to show how children's cognitive appraisal, locus of control and coping strategies mediate the relationship between marital conflict and child psychological adjustment (scores on depression and anxiety). According to Baron and Kenny (1986) the following conditions must be met before a test of mediation could be conducted: a) The predictor (e.g., marital conflict) would significantly correlate with the criterion variables (e.g., adolescent scores on depression and anxiety), b) The predictor (e.g., marital conflict) would significantly correlate with the mediating variables (e.g., adolescent cognitive appraisal, locus of control, and coping scores), c) A significant relationship would exist between the mediator variables (e.g., adolescent cognitive appraisals, locus of control, and coping scores) and the criterion variables (e.g., adolescent scores on depression and anxiety).

Hypothesis 1.

To test the first condition the relationships between marital conflict and children's depression and anxiety scores were examined to determine whether higher marital conflict scores were significantly positively associated with child negative psychological adjustment (e.g., high depression and anxiety scores). These relationships were analyzed using Pearson correlations. It was found that marital conflict was not significantly related to child depression and anxiety. See Table 6.

Hypothesis 2.

To test the second condition, the relationships between marital conflict scores and child cognitive appraisal, locus of control, and coping were examined to determine whether marital conflict scores would significantly positively correlate with scores on child cognitive appraisal, locus of control, and avoidance coping. It was found that marital conflict was not significantly related to child cognitive appraisal, locus of control, and avoidance coping. Further, marital conflict scores were expected to negatively correlate with scores on active coping. It was found that marital conflict scores were not significantly correlated with child active coping strategy scores. See Table 7.

Hypothesis 3.

As noted above, it was found that marital conflict scores were not significantly correlated with child psychological adjustment measures (e.g., CDI and STAIC-T) as well as the mediating variables (e.g., LCS, CNCEQ, and CCSC) thus a test for a mediation model was not applicable. According to Baron and Kenny's model, the third criterion was met, that is, significant relationships were found between the mediator variables (e.g., child cognitive appraisals, locus of control, and coping scores) and the criterion variables (e.g., child scores on depression and

anxiety). It was found that child depression and anxiety was positively significantly correlated with scores on the Children's Negative Cognitive Error Questionnaire ($r = .51$; $p < .0001$). Children's locus of control scores was shown to significantly positively correlate with depression ($r = .41$; $p < .0001$) and anxiety ($r = .35$; $p < .0001$). Children's avoidance coping was found to significantly positively correlate with child depression ($r = .22$; $p < .05$) and anxiety ($r = .31$; $p < .0001$). Finally, it was found that child active coping was significantly negatively correlated with depression scores ($r = -.23$; $p < .05$). See Table 8.

Exploratory Analysis

An exploratory analysis was conducted to investigate the impact of children's self-esteem on psychological adjustment. It was found that self esteem significantly negatively correlated with child scores on depression ($r = -0.789$; $p < .001$) and anxiety ($r = -0.717$; $p < .001$). Child self-esteem was not found to significantly correlate with marital conflict scores.

Post Hoc Analysis

It was found that when comparing intact families to separated/divorced families on the Revised Conflict Tactics Scale (CTS2) intact families had significantly higher mean scores on the negotiation subscale ($M = 100.09$, $p < .0001$) in comparison to the separated/divorced families ($M = 23.83$). Interestingly, it was found that intact families had significantly higher mean scores on the psychological aggression subscale ($M = 23.15$, $p < .001$) in comparison to the separated/divorced families ($M = 9.00$). See Tables 9 and 10. Children from intact families were found to have higher scores on psychological adjustment measures (e.g., depression, anxiety, cognitive appraisal, perceptions of control, and self esteem) in comparison to children from separated/divorced families. See Tables 11-12.

Discussion

Externalizing and internalizing problems in children have been shown to be greater among those residing in high conflict environments than children living in low-conflict marriages (Joan, 2000; Vandewater & Lansford, 1998). Further, the frequency and intensity of parental conflict has been found to have the largest and most consistent impact on children's psychological adjustment (e.g., internalizing and externalizing symptoms) (Davies et al., 2006; Davies & Windle, 2001; Grych & Fincham, 1990). The data from this study did not support the hypothesis that there would be significant positive relationships between scores on marital conflict and scores on children's depression and anxiety. The findings of this study are contrary to previous published studies that have shown that exposure to marital conflict leads to internalizing and externalizing behavior problems in children (Davies & Windle, 2001; Grych et al., 2000; Jenkins & Smith, 1991; Stocker et al., 2003). Given the low marital conflict scores found in this study, it is not surprising that this variable was not significantly related to child psychological adjustment (e.g., scores on depression and anxiety). Children who participated in this study were not exposed to high conflict environments. Further, it is important to note that the participants in this study were a self selected volunteer sample. The majority of the mothers were from intact families, most parents were employed, and family income ranged from middle to high socioeconomic status. Thus, the attributes of families who participated in this study might be distinct from those in other studies.

As measured by the Conflict Tactics Scale Revised (CTS2), this study unexpectedly found low scores on the frequency of verbal and physical marital conflict. One possible explanation for the finding of low martial conflict scores is that spousal abuse is a socially undesirable behavior, thus it is possible that a selection bias existed among those families who

participated in this study. Among those families who participated in the study, it is possible that mothers responded in a socially desirable manner. High conflict families might have declined from participating in the study due to motivation issues or possible fears of the consequences of reporting high levels of marital discord (e.g., the parent consent form stated that any reports of child abuse would be reported to Winnipeg Child and Family Services to ensure safety of the child). Thus families who participated in the study might have been higher functioning with low levels of marital conflict whereas families experiencing greater disruption via marital conflict might have declined from participating.

Another possible explanation for the lack of relationship found between marital conflict and child psychological adjustment scores might be due to family structure. Although this study did not investigate the role of marital conflict among divorced and intact families, it was found that the majority of participants were from intact two parent families (approximately seventy percent) and only thirteen percent were from separated or divorced families. It is possible that the degree of parental discord among intact families is not as severe in comparison to divorced families and therefore children from intact families might not exhibit adjustment problems. Post hoc analyses were conducted between intact and separated/divorced families to examine whether children differed on measures of psychological adjustment. The data showed that children from separated/divorced families tended to have higher levels of depression, anxiety, and negative cognitive appraisals in comparison to adolescents from intact families. Further, in comparison to children from intact families, those from separated families showed lower levels of self-esteem. Consistent with these findings, Simons et al. (1999) investigated the impact of parental conflict on child psychological adjustment among divorced and intact families. These researchers did not find significant relationships between parental conflict and child behavior/emotional problems

Table 1

Family Composition of Mothers and Fathers of Adolescents

Family Composition	N	%
Intact Two Parent Family	66	71.7
Separated/Divorced	12	13.5
Single Parent Never Married	4	4.5
Separated/Divorced and Remarried	4	4.5
Grandparents	1	1.1
Other	5	5.4

Table 2

Marital Status of Mothers and Fathers of Adolescents

Marital Status	Mother		Father	
	N	%	N	%
Married	68	73.9	68	75.6
Divorced	11	12.0	8	8.9
Separated	3	3.3	2	2.2
Widowed	3	3.3	0	0
Common-Law	4	4.3	7	7.8
Never Married	3	3.3	2	2.2
Other	0	0	3	3.3

Table 3

Employment Status of Mothers and Fathers of Adolescents

Employment Status	Mothers		Fathers	
	N	%	N	%
Employed Full-Time	48	52.2	78	88.6
Employed Part-Time	26	28.3	3	3.4
Fulltime Homemaker	6	6.5	0	0
Unemployed	2	2.2	4	4.5
Full Time School	1	1.1	0	0
Other	9	9.8	3	3.4

Table 4

Descriptive Statistics on the Revised Conflict Tactics Scale (CTS2) for Mothers

Variable	n	Range	Mean	SD	Skew	Kurtosis
CTS2						
Negotiation	92	0-300	81.43	17.19	1.08	0.71
Psych. Agg.	92	0-136	18.65	26.38	2.48	6.43
Physical Ass.	92	0-60	2.00	6.97	6.78	53.90
Sexual Coercion	92	0-50	3.15	10.92	3.75	13.13
Injury	92	0-4	0.16	0.62	1.57	3.87
Total	92	0-527	105.40	91.68	1.57	3.87

Note. Psych. Agg. = Psychological Aggression; Physical Ass. = Physical Assault

Table 5

Descriptive Statistics on Psychological Variables for Female Children

Variable	n	Range	Mean	SD	Skew	Kurtosis
CDI	125	0-34	9.94	7.12	1.18	1.33
STAIC-T	125	22-54	37.18	7.52	.16	-.54
LCS	125	5-31	16.59	5.68	.21	-.49
CNCEQ	125	25-100	54.52	17.42	.56	-.44
CCSC						
Active	125	1.30-4.03	2.42	.50	.41	.20
Distraction	125	1.10-3.70	2.30	.55	.59	.11
Avoidance	125	1.63-4.50	2.77	.51	.27	.41
Support Seeking	125	1.00-3.50	1.95	.52	.59	.04
PHCSCS	125	19.00-73.00	54.16	12.92	-.67	-.45

Note. CDI = Children's Depression Inventory; STAIC-T = State Trait Anxiety Inventory for Children- Trait Scale; LCS = Nowicki-Strickland Locus of Control Scale for Children; CCSC = Children's Coping Strategies Questionnaire; PHCSCS = Piers-Harris Children's Self-Concept Scale

Table 6

Correlations Between Revised Conflict Tactics Scale (CTS2), CDI, and STAIC-T

Scale	CDI	STAIC-T
CTS2		
Negotiation	-.09	-.10
Psych. Agg.	.03	-.03
Physical Ass.	-.03	-.03
Sexual Coercion	.05	.07
Injury	-.08	-.13
Total	-.06	-.09

Note. CDI = Children's Depression Inventory; STAIC-T = State-Trait Anxiety Inventory for Children Trait Scale; Psych. Agg. = Psychological Aggression; Physical Ass. = Physical Assault

Table 7

Correlations Between Revised Conflict Tactics Scale (CTS2), CNCEQ, LCS, and CCSQ

Scale	CNCEQ	LCS	CCSQ (Active)	CCSQ (Avoidance)
CTS2				
Negotiation	-.09	.06	-.03	-.05
Psych. Agg.	.03	-.05	-.11	.15
Physical Ass.	-.02	.00	.01	.05
Sexual Coercion	-.03	-.11	-.09	.09
Injury	-.05	.03	.00	-.11
Total	-.07	.02	-.06	.02

Note. CNCEQ = Children's Negative Cognitive Error Questionnaire; LCS = Nowicki-Strickland Locus of Control Scale for Children; CCSQ (Active) = Children's Coping Strategies Questionnaire Active Coping subscale; CCSQ (Avoidance) = Children's Coping Strategies Questionnaire Avoidance Coping subscale; Psych. Agg. = Psychological Aggression; Physical Ass. = Physical Assault

Table 8

Correlations Between CNCEQ, LCS, CCSQ, CDI, and STAIC-T

Scale	CNCEQ	LCS	CCSQ (Active)	CCSQ (Avoidance)	CCSQ (Distraction)
CDI	.51****	.41****	-.23*	.22*	-.10
STAIC-T	.51****	.35****	-.13	.31****	-.12

Note. CNCEQ = Children's Negative Cognitive Error Questionnaire; LCS = Nowicki-Strickland Locus of Control Scale for Children, CCSQ (Active) = Children's Coping Strategies Questionnaire Active Coping subscale; CCSQ (Avoidance) = Children's Coping Strategies Questionnaire Avoidance Coping subscale; CCSQ (Distraction) = Children's Coping Strategies Questionnaire Distraction Coping subscale; CDI = Children's Depression Inventory; STAIC-T = State-Trait Anxiety Inventory for Children Trait Scale
$p < .05$, ** $p < .01$; *** $p < .001$; **** $p < .0001$

Table 9

Descriptive Statistics on the Conflict Tactics Scale Revised (CTS2) for Intact Families

Variable	n	Range	Mean	SD	Skew	Kurtosis
CTS2						
Negotiation	66	0-300	100.09	69.20	.95	.53
Psych. Agg.	66	0-136	23.15	29.66	2.03	3.94
Phys. Assault	66	0-60	2.12	7.98	6.20	44.00
Sexual Coercion	66	0-50	3.45	11.43	3.51	11.53
Injury	66	0-4	.12	.57	5.71	35.54
Total Score	66	0-527	128.94	93.82	1.49	3.70

Note. Psych Agg = Psychological Aggression subscale; Phys. Assault = Physical Assault subscale

Table 10

Descriptive Statistics on the Conflict Tactics Scale Revised (CTS2) for Divorced/Separated Families

Variable	n	Range	Mean	SD	Skew	Kurtosis
CTS2						
Negotiation	12	0-67	23.83	20.93	.78	-.21
Psych. Agg	12	0-29	9.00	8.28	1.20	2.11
Phys. Assault	12	0-13	2.75	3.98	1.92	3.56
Sexual Coercion	12	0-9	1.08	2.57	3.11	10.10
Injury	12	0-3	.50	1.00	1.96	3.02
Total Score	12	0-80	37.17	24.92	-.03	-.68

Note. Psych Agg = Psychological Aggression subscale; Phys. Assault = Physical Assault subscale

Table 11

Descriptive Statistics on Psychological Variables for Females from Intact Families

Variable	n	Range	Mean	SD	Skew	Kurtosis
CDI	66	0-34	9.23	6.65	1.35	2.46
STAIC-T	66	24-53	37.15	7.14	.27	-.43
LCS	66	5-30	15.55	5.92	.34	-.56
CNCEQ	66	25-98	51.80	17.51	.83	-.04
CCSC						
Active	66	1.30-4.03	2.45	.52	.45	.48
Distraction	66	1.53-3.70	2.35	.52	.79	.18
Avoidance	66	1.75-4.50	2.80	.53	.48	.72
Support Seeking	66	1.00-3.50	1.91	.56	.92	.62
PHCSCS	66	29-73	55.73	12.26	-.81	-.29

Note. CDI = Children's Depression Inventory; STAIC-T = State Trait Anxiety Inventory for Children- Trait Scale; LCS = Nowicki-Strickland Locus of Control Scale for Children; CCSC = Children's Coping Strategies Questionnaire; PHCSCS = Piers-Harris Children's Self-Concept Scale

Table 12

Descriptive Statistics on Psychological Variables for Females from Divorced/Separated Families

Variable	n	Range	Mean	SD	Skew	Kurtosis
CDI	12	1-30	12.00	8.57	1.26	1.04
STAIC-T	12	23-51	39.42	7.91	-.61	.26
LCS	12	9-28	18.33	5.00	.19	.84
CNCEQ	12	30-83	58.33	18.63	-.41	-1.27
CCSC						
Active	12	1.90-3.39	2.47	.51	.76	-.36
Distraction	12	1.10-2.80	2.02	.48	-.33	-.24
Avoidance	12	2.38-3.75	2.86	.44	.99	.10
Support Seeking	12	1.00-3.13	1.95	.63	.16	-.45
PHCSCS	12	29-65	47.67	13.05	-.15	-1.25

Note. CDI = Children's Depression Inventory; STAIC-T = State Trait Anxiety Inventory for Children- Trait Scale; LCS = Nowicki-Strickland Locus of Control Scale for Children; CCSC = Children's Coping Strategies Questionnaire; PHCSCS = Piers-Harris Children's Self-Concept Scale

among *intact* families. Some studies suggest that verbal and physical violence between spouses would likely occur more often among families of divorce than of spouses who remain married (O'Brien, Margolin, & John, 1995). In lieu of this, children would likely be at greater risk from psychological problems when parental conflict is perceived as precursor to divorce or loss of a parent (Simons et al.; Stocker et al., 2003).

As measured by the Conflict Tactics Scale Revised (CTS2), respondents rated the frequency and intensity of partner conflict in the past year. Participants in this study reported low levels of spousal conflict over the past year however this might not be representative of marital functioning over time. This study measured marital conflict and adolescent psychological adjustment at a single point in time. It is possible that changes in marital functioning leads to changes in child psychological adjustment (Cui, Conger, & Lorenz, 2005). Some researchers suggest that increases in marital conflict would lead to an escalation of child emotional problems whereas a reduction in spousal discord would lead to lower levels of child adjustment problems (Cummings, Goeke-Morey, & Dukewich, 2001; Fincham et al., 1994). Cui, Conger and Lorenz (2005) found that increases or decreases in spousal conflict predicted increases or decreases in child psychological adjustment. Thus, it is possible that variations in marital conflict coincide with changes in child adjustment problems. Consistent with this, Forehand, Biggar, and Kotchick (1998) reported that over time family stressors might hinder a child's ability to cope or utilize resources to manage the stressor or possibly lead the child to detach from his/her family and become involved with negative peer groups. In turn, these events might eventually lead to psychological adjustment problems in children.

This study found that most couples engaged in negotiation strategies to manage spousal conflict. This strategy measures behaviors taken by a partner to settle a disagreement through

discussion as well as the degree that positive affect is communicated between partners (e.g., asking about feelings of care and respect for a partner). In comparison to the remaining subscales comprising the CTS2, higher scores on this particular subscale indicate that a couple is engaging in more adaptive strategies to manage disagreements. Based on this finding, it seems plausible that child psychological well being would be less impacted by couples who use more adaptive strategies to work through a problem (e.g., expressing care and respect to a partner and compromising a solution) in comparison to more aversive strategies (e.g., physical assault, partner injury, or psychological aggressive tactics). Cummings, Goeke-Morey, and Papp (2007) support this postulation through their study that found higher levels of positive emotionality in children who were exposed to more constructive marital conflict tactics such as calm discussion, support, and affection.

The present study measured the degree of marital conflict among a community sample. Jouriles & O'Leary (1985) note that the impact of extreme violence on child development might be conceptually different than the impact of normative, day-to-day marital conflict. Emery (1982) suggested differences between conflicted families who do not seek services, families who receive marital counseling or clinical services, and families who appear in community shelters. It is likely that the relationships between marital conflict and child adjustment are stronger among clinical populations versus community samples (Jouriles & O'Leary; Stocker et al., 2003).

A number of family risk factors have been associated with psychological adjustment problems in adolescents including parental conflict, divorce, parental depression, parent physical health problems, and parent-adolescent discord (Cummings & Davies, 1994; Grych & Fincham, 1990; Wierson & Forehand, 1992). Forehand, Biggar, and Kotchick (1998) note that the impact of any one family risk factor on adolescent adjustment might be marginal. Thus, it is possible

that the presence of multiple family stressors accumulate over time to interfere with child psychological adjustment (Forehand, Biggar, & Kotchick). It is also possible that other variables, besides marital conflict that was examined in this study, play a greater role in explaining depression and anxiety problems among female children.

The results from this study did not support the hypothesis that marital conflict scores would significantly positively correlate with scores on children's cognitive appraisal, locus of control, and coping (mediating variables). Given the low marital conflict scores found in this study, it is not surprising that child cognitive appraisals, coping, and perceptions of control were not found to relate to parental conflict. As discussed earlier, the Conflict Tactics Scale Revised (CTS2) does not measure variables that are associated with marital conflict such as conflict history, parenting style, degree of parent-child conflict, conflict resolution, and content of parental conflict (e.g., arguing about the child) which might more likely correlate with the child mediating variables.

The present study did not find significant relationships between negative cognitions and exposure to marital conflict, which is contrary to previous literature (e.g., Richmond & Stocker, 2007). However, it is important to note that previous literature has focused on the relationships between exposure to parental conflict and child appraisal of the conflict rather than the relationships between parental conflict and adolescent negative cognitions. That is, previous studies have investigated youth perceptions of parental conflict (e.g., conflict resolution, child-centered arguments), self blame attributions, perceptions of threat, and feeling caught in the middle (Buehler et al., 1994). As measured by the Children's Negative Cognitive Error Questionnaire (CNCEQ), the negative cognitions measured in this study included overgeneralization, selective abstraction, catastrophizing, and personalization. This study

investigated the relationship between children's negative cognitions and marital conflict rather than conflict appraisals specific to marital conflict. Although the data from this study did not find significant relationships between marital conflict and adolescent negative cognitions, it was found that children who endorsed higher levels of negative thinking experienced greater levels of psychological problems (e.g., depression, anxiety, low self esteem) in comparison to children who endorsed lower levels of negative appraisals. These findings suggest that cognitive errors play a greater role in explaining depression and anxiety among child populations rather than exposure to marital conflict.

Cognitive models of child depression have found support for the applicability of Beck's model of depression among child populations. In the present study, when examining the role of parental conflict in explaining depression and anxiety scores in youth, children's errors in thinking were not found to play a role in exacerbating or attenuating the risk posed by parental conflict (Fincham, 1994). Variables including personality, perceived self-efficacy, interpersonal relationships, family characteristics (e.g., parental rearing behavior, cohesiveness, adaptability, quality of parent-child relationship, parental depression), and peer relationships might play a larger role in exacerbating or attenuating the risk posed by parental conflict (Fincham).

Children's perceptions of control were not found to be significantly related to parent conflict. Studies have suggested that internal locus of control beliefs can serve as a buffer to aversive aspects of a stressor such as exposure to marital conflict (Cohen & Edwards, 1989; Lamontagne, 1984). Family process variables including quality of parenting and the presence of stability/emotional security within the family environment have been shown to play an important role in shaping children's control beliefs. It seems plausible that children living in a family environment defined by hostility, anger, and high parental conflict would be exposed less to

parenting and family process factors that have been linked to internal locus of control beliefs (e.g., consistent parenting and parental warmth). The children who participated in this study were not exposed to high levels of parental conflict and thus might not be representative of child populations from other studies where this relationship has been supported. Interestingly, although not significant, this study found that children from intact families had higher internal locus of control scores in comparison to children from separated/divorced families. These findings are consistent with previous literature, which has shown that a child's family environment (e.g., intact versus divorced families) can influence the development of children's locus of control beliefs (Chorpita and Barlow, 1998; Morton & Mann, 1998).

Family process variables including quality and consistency of parent involvement, child discipline, and level of parental stress might be important variables associated with parental conflict that contribute to the development of an external locus of control orientation. As noted earlier, possible selection bias, limitations of the Revised Conflict Tactics Scale (CTS2), and use of a community sample might also have contributed to a lack of a relationship between child perceptions of control and marital conflict.

The data from this study did not support the hypothesis that child coping would be significantly related to parental conflict, which is contrary to previous studies (e.g., Nicolotti, El-Sheikh, & Whitson, 2003; O'Brien, Margolin, & John, 1995). This study used the Children's Coping Strategies Checklist (CCSC) as a general measure of coping that children might use to manage various "everyday" problems. A possible reason that relationships were not found between child coping and parental conflict can be that this study examined coping in general versus coping specific to parental conflict. Further, differences in conceptualizing and defining coping between studies (e.g., use of different coping self report questionnaires, differences in

psychometric properties among coping measures) might account for findings that are inconsistent with previous literature. Interestingly, consistent with previous research (e.g., Gomez, 1998; Sandler et al., 2000) this study found significant relationships between adolescent coping and adjustment measures (e.g., depression and anxiety scores). That is, active coping was found to lead to better psychological adjustment in comparison to avoidance coping techniques. Findings from the present study suggest that coping plays a greater role in explaining child psychological adjustment (e.g., scores on depression and anxiety) rather than exposure to parental conflict.

The data from this study supported the hypothesis that there would be significant relationships between the mediating variables (child cognitive appraisal, locus of control, and coping) and the dependent variables (adolescent depression and anxiety). This study found that children's cognitions play an important role in depression and anxiety symptomatology. Children's negative thinking patterns were found to be significantly positively correlated with depression and anxiety scores. These findings are consistent with previous studies (e.g., Leitenberg, Yost, & Carroll-Wilson, 1986; Miles, MacLeod, & Pote, 2004; Weems et al., 2001). This study also showed that children with higher scores on external locus of control reported more symptoms of depression and anxiety. Previous literature supports this finding (e.g., Kliewer & Sandler, 1992; Stahl & Peterson, 1999; Weisz et al., 1993). Finally, this study found that children who used active coping strategies were found to experience lower levels of depression whereas those who engaged in avoidance coping tended to experience greater levels of depression and anxiety. These findings also support previous studies that have found the use of active coping strategies relating to lower self-reports of depression (Ayers, 1991; Sandler, Tein, & West, 1994) and avoidant coping relating to increases in depression scores (Ayers). The data

from this study highlights the role of individual cognitive variables in the development of depression and anxiety among children.

Lastly, exploratory analyses found significant positive relationships between child self-esteem and psychological adjustment, which is consistent with most previous research (e.g., Haines, Scalise, & Ginter, 1993; Kaslow, Brown, & Mee, 1994).

A variety of psychological models have been proposed to account for depressive and anxiety disorders among children. This study attempted to expand on current theories of child depression and anxiety by examining the role of family risk factors such as marital conflict as well as the role of cognition on child emotional adjustment. Cognitive theories of depression posit that errors in thinking/maladaptive cognitive styles are central to the development and maintenance of depressive disorders. Beck's cognitive theory and the hopelessness theory have received empirical support among adult populations (Abramson et al., 2002; Ingram, Miranda, & Segal, 1998). Beck's cognitive model posits that negative views of the self, the world, and the future contribute to the development of depression. Hopelessness theory proposes that individuals who attribute negative life events to internal, global, and stable causes are vulnerable to depression when confronted with negative life experiences (Abela & Sarin, 2002; Abramson, Alloy, & Metalsky, 1988). Taken together, cognitive theory proposes that the presence of certain cognitive features such as low self-esteem and negative attributional style can predispose individuals to a higher vulnerability for the development of psychological adjustment problems (e.g., depression and anxiety) (McCarty, Vander Stoep, & McCauley, 2007). Various studies have shown that in comparison to individuals without depression, those with depression exhibit more negative thoughts, greater pessimism, more attributional biases, and more dysfunctional attitudes (Hamilton & Abramson, 1983; Hollon, Kendall, and Lumbry, 1986).

Studies have shown strong support for a cognitive diathesis model for depression among children and adolescents. Consistent with previous studies, this study found support for a cognitive model of child depression and anxiety. The data showed that children's cognitive appraisal of events, perceptions of control, and coping strategies play an important role in understanding mood and anxiety disorders within this population. This study found support for the applicability of Beck's model of adult depression among pediatric populations. That is, children were found to engage in cognitive errors that are commonly found among adult populations (e.g., personalization, catastrophizing, overgeneralization, and selection to negative events). Also consistent with previous studies was the finding that child perceptions of control were positively associated with elevations in depression and anxiety. That is, children with higher scores on external locus of control were found to experience higher levels of depression and anxiety. Also consistent with previous studies is the finding that child avoidance coping strategies were found to positively relate to depressive and anxiety symptoms whereas active coping was found to be associated with lower levels of depression. Taken together, the above findings suggest that cognitive factors play an important role in child depression and anxiety.

Limitations

The Conflict Tactics Scale is the most widely used measure of the prevalence and incidence of spousal conflict (Schafer, 1996). However, there are some limitations of this instrument. First, the scale measures the extent to which specific behaviors have been used by both respondent and the respondent's partner. The instrument does not assess attitudes about conflict/violence or the causes of using different tactics. Second, respondents are asked to complete the CTS2 based on the number of times they engaged in the various tactics in the past year. If aggressive acts have not occurred over the past year but have occurred at some point in

their lifetime, this was not measured. Third, studies have found that spousal consensus on the CTS2 is moderate to low (Jouriles & O'Leary, 1985; Browning & Dutton, 1986) thus in the present study mothers reports of marital conflict might not be a representative estimate. When addressing the issue involving the consensus of reporting of spousal violence a researcher can ask that both partners complete the CTS2. However, requiring both spouses to complete the measure becomes more impractical. Schafer (1996) noted that, "underreporting is more frequent than over reporting in data on spousal violence, meaning that the average of ratings may not approach the true frequency of violent behavior (p. 574)." Schafer indicates that issues gathering an accurate estimate of marital conflict are not necessarily eliminated when collecting data from both partners. Jouriles and O'Leary (1985) found that among both clinical and community samples the agreement between spouses on the occurrence of violence as measured by the Conflict Tactics Scale (CTS) was low to moderate.

Another limitation to the study is that martial conflict was assessed strictly from a mother's perspective. Studies have shown differences between parent and child self-reports of marital conflict (Grych, Seid, & Fincham, 1992; O'Brian et al., 1994). Based on the emotional security hypothesis, adolescent reactions to parental conflict are a reflection of their perceptions of the stability and security of the marital relationship (Davies & Cummings, 1994). Adolescent appraisals of the meaning and consequences of parental conflict would likely be influenced by their emotions (Saarni, Mumme, & Campos, 1998). Thus, the relationship between marital conflict and adolescent adjustment might have been stronger if adolescents completed a measure of parental conflict.

Most of the children in the study did not evidence clinical levels of depression or anxiety. Further, mother reports of any verbal or physical conflict were of mild intensity. Thus, caution

should be used when generalizing these findings to populations of children who are exposed to high levels of parental conflict. Further, this study used retrospective reports of marital conflict thus measurement of marital relations may be biased by the time lapse since a marital separation or resolution of family stressors. Lastly, findings from the post hoc analyses should be interpreted with caution due to the small sample sizes.

A strength of this study is that it examined specific child variables (e.g., cognitive appraisal, perceptions of control, and coping strategies) that might mediate the relationship between marital discord and child psychological adjustment among a community sample. Past studies are limited in investigating specific child variables that might serve as risk or protective factors associated with exposure to marital conflict. Further, previous studies have focused on investigating the impact of marital conflict on child adjustment within families of battered mothers, families who are seeking treatment, or families who have accessed shelters. This study also used adolescent self reports to gather information on psychological well-being. Older studies have measured child psychological functioning based on parent reports.

Another strength of this study is that child coping was measured using a questionnaire possessing good psychometric properties (Children's Coping Strategies Checklist). Previous studies have used coping measures with inadequate psychometrics. Also, earlier studies measuring children's adjustment to marital conflict have been critiqued for failing to account for level of marital conflict. This study accounted for the level of marital conflict as measured by the Revised Conflict Tactics Scale (CTS2).

Most research has examined parental conflict and its impact on children within families that have already separated/divorced or are in the process of separation/divorce. This study

contributed to the literature by examining the influence of parent conflict on child psychological adjustment among youth also living within intact families.

In order to account for some of the above limitations, this study included a research assistant to recruit and meet with families. Further, a verbal script was prepared and used by both the primary investigator of the study and the research assistant when meeting and screening families to increase consistency between interviewers.

Future Studies

Future studies should continue to assess the relationships between child psychological adjustment and marital conflict. Specifically, future studies should investigate whether an additive or cumulative effect exists among the number of family risk factors and psychological adjustment in children. It is important to consider the processes induced in children (e.g., sense of emotional security) as they are exposed to conflicted family environments rather than the specific marital conflict tactics per se (Cummings et al., 2006). This information would assist clinicians in designing optimal psychological intervention programs or preventative interventions.

It seems imperative that studies conduct longitudinal testing of theoretical models to examine relationships between child adjustment and spousal discord (Cummings et al., 2006). This would allow researchers to further understand the role of marital conflict on youth adjustment as well as the potential risk and buffering effects of mediating variables. In addition, longitudinal studies would improve our understanding of directionality. Research needs to investigate these constructs over time with frequent youth and parent assessments throughout the time course (McCarty, Stoep, & McCauley, 2007). Longitudinal studies can address limitations

that exist in the current literature by advancing our knowledge of mediation pathways and inferences about cause and effect (Cummings et al.).

Studies should further investigate whether changes in marital conflict result in changes in child psychological adjustment. Cui, Conger, and Lorenz (2005) found empirical support for this theory. Clinically, these findings suggest that an emphasis on the quality of spousal relationships is an important strategy to promote well being in children (Cui, Conger, & Lorenz).

The present study found that child specific variables (e.g., cognitive appraisal, locus of control, and coping strategies) were significantly related to depression and anxiety symptomatology. This finding is important because it provides guidance to clinicians regarding treatment approaches for adolescents with internalizing disorders. More specifically the findings suggest that cognitive behavior therapies would be an effective modality to treat depressed or anxious children.

Another important area of research involves the developmental origins of negative cognitions or maladaptive cognitive styles. Some studies have found that cognitive features predict future depressive symptoms whereas other studies have found that depression influences subsequent cognitions including attributional style and social perceptions (Kistner, David-Ferdon, Repper, & Joiner, 2006; Nolen-Hoeksema, Girgus, & Seligman, 1992).

Children with depression typically have other co-occurring problems such as conduct problems and anxiety (Angold & Costello, 1993; Angold, Costello, & Erkanli, 1999). Due to the high comorbidity rates researchers are uncertain as to whether cognitive features are unique to the development of depressive or anxiety symptomatology or whether cognitions are associated more broadly to the general development of psychological problems (McCarty, Stoep, & McCauley, 2007). The degree to which cognitive features are unique to depression and anxiety

has implications both for theories of etiology and for treatment (McCarty, Stoep, & McCauley). This is another important avenue for future studies.

Parental conflict has been defined in various ways by different researchers. Various researchers have not differentiated between the concepts of conflict and conflict management (Buehler et al., 1994). As noted by Cummings and Davies (1994) this distinction is important both empirically and practically. Thus, future studies should focus on developing more consistent measures of parental conflict.

Interpersonal therapy and cognitive behavioral therapy have been most commonly used therapies to treat child and adolescent depression (McCarty, Stoep, & McCauley, 2007). Findings from this study suggest that a focus on child cognition is warranted given the associations found between negative cognitive styles, coping, perceptions of control and depression scores. Studies have supported the notion that youth with anxiety or depressive features may benefit from learning ways to reassess and reinterpret events in their lives and from learning strategies to exert control that is appropriate to the situation (Compas et al., 2001).

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Appendix A: Children's Coping Strategies Checklist (CCSC)

Instructions: When faced with a problem, kids do different things in order to solve the problem or to make themselves feel better.

Below is a list of things kids may do when faced with a problem. For each item, select the response that best describes how often you do the behavior when you have a problem. There are no right or wrong answers, just say how often you do each thing in order to solve the problem or to make yourself feel better.

WHEN I HAVE A PROBLEM, I_____

1.) Listen to music

Never	Sometimes	Often	Most of the time
(1)	(2)	(3)	(4)

2.) Think about what I could do before I do something.

Never	Sometimes	Often	Most of the time
(1)	(2)	(3)	(4)

3.) Write down my feelings.

Never	Sometimes	Often	Most of the time
(1)	(2)	(3)	(4)

4.) Do something to make things better.

Never	Sometimes	Often	Most of the time
(1)	(2)	(3)	(4)

5.) Try to notice or think about only the good things in life.

Never	Sometimes	Often	Most of the time
(1)	(2)	(3)	(4)

6.) Go bicycle riding.

Never	Sometimes	Often	Most of the time
(1)	(2)	(3)	(4)

WHEN I HAVE A PROBLEM, I _____

7.) Try to stay away from the problem.

Never	Sometimes	Often	Most of the time
(1)	(2)	(3)	(4)

8.) Try to put it out of my mind.

Never	Sometimes	Often	Most of the time
(1)	(2)	(3)	(4)

9.) Figure out what I can do by talking with one of my friends.

Never	Sometimes	Often	Most of the time
(1)	(2)	(3)	(4)

10.) Think about why it has happened.

Never	Sometimes	Often	Most of the time
(1)	(2)	(3)	(4)

11.) Think about what would happen before I decide what to do.

Never	Sometimes	Often	Most of the time
(1)	(2)	(3)	(4)

12.) Try to make things better by changing what I do.

Never	Sometimes	Often	Most of the time
(1)	(2)	(3)	(4)

13.) Talk about how I am feeling with my mother or father.

Never	Sometimes	Often	Most of the time
(1)	(2)	(3)	(4)

14.) Tell myself it will be over in a short time.

Never	Sometimes	Often	Most of the time
(1)	(2)	(3)	(4)

WHEN I HAVE A PROBLEM, I _____

15.) Play sports.

Never	Sometimes	Often	Most of the time
(1)	(2)	(3)	(4)

16.) Talk about how I am feeling with some adult who is not in my family.

Never	Sometimes	Often	Most of the time
(1)	(2)	(3)	(4)

17.) Ask God to help me understand it.

Never	Sometimes	Often	Most of the time
(1)	(2)	(3)	(4)

18.) Cry by myself.

Never	Sometimes	Often	Most of the time
(1)	(2)	(3)	(4)

19.) Go walking.

Never	Sometimes	Often	Most of the time
(1)	(2)	(3)	(4)

20.) Imagine how I'd like things to be.

Never	Sometimes	Often	Most of the time
(1)	(2)	(3)	(4)

21.) Talk to my brother or sister about how to make things better.

Never	Sometimes	Often	Most of the time
(1)	(2)	(3)	(4)

WHEN I HAVE A PROBLEM, I _____

22.) Try to understand it better by thinking more about it.

Never	Sometimes	Often	Most of the time
(1)	(2)	(3)	(4)

23.) Read a book or magazine.

Never	Sometimes	Often	Most of the time
(1)	(2)	(3)	(4)

24.) Try to stay away from things that make me feel upset.

Never	Sometimes	Often	Most of the time
(1)	(2)	(3)	(4)

25.) Try to solve the problem by talking with my mother or father.

Never	Sometimes	Often	Most of the time
(1)	(2)	(3)	(4)

26.) Think about what I can learn from the problem.

Never	Sometimes	Often	Most of the time
(1)	(2)	(3)	(4)

27.) Let out feelings to my pet or stuffed animal.

Never	Sometimes	Often	Most of the time
(1)	(2)	(3)	(4)

28.) Think about which things are best to do to handle the problem.

Never	Sometimes	Often	Most of the time
(1)	(2)	(3)	(4)

29.) Talk with my brother or sister about my feelings.

Never	Sometimes	Often	Most of the time
(1)	(2)	(3)	(4)

WHEN I HAVE A PROBLEM, I _____

30.) Wait and hope that things will get better.

Never	Sometimes	Often	Most of the time
(1)	(2)	(3)	(4)

31.) Think about what I need to know so I can solve the problem.

Never	Sometimes	Often	Most of the time
(1)	(2)	(3)	(4)

32.) Go skateboard riding or roller skating.

Never	Sometimes	Often	Most of the time
(1)	(2)	(3)	(4)

33.) Talk with one of my friends about my feelings.

Never	Sometimes	Often	Most of the time
(1)	(2)	(3)	(4)

34.) Watch TV.

Never	Sometimes	Often	Most of the time
(1)	(2)	(3)	(4)

35.) Avoid the people that make me feel bad.

Never	Sometimes	Often	Most of the time
(1)	(2)	(3)	(4)

36.) Do something to solve the problem.

Never	Sometimes	Often	Most of the time
(1)	(2)	(3)	(4)

37.) Remind myself that things could be worse.

Never	Sometimes	Often	Most of the time
(1)	(2)	(3)	(4)

38.) Do some exercise.

Never	Sometimes	Often	Most of the time
(1)	(2)	(3)	(4)

WHEN I HAVE A PROBLEM, I _____

39.) Try to figure out what I can do by talking to an adult who is not in my family.

Never	Sometimes	Often	Most of the time
(1)	(2)	(3)	(4)

40.) Avoid it by going to my room.

Never	Sometimes	Often	Most of the time
(1)	(2)	(3)	(4)

41.) Try to figure out why things like this happen.

Never	Sometimes	Often	Most of the time
(1)	(2)	(3)	(4)

42.) Wish that things were better.

Never	Sometimes	Often	Most of the time
(1)	(2)	(3)	(4)

43.) Tell myself it's not worth getting upset about.

Never	Sometimes	Often	Most of the time
(1)	(2)	(3)	(4)

44.) Do something like video games or a hobby.

Never	Sometimes	Often	Most of the time
(1)	(2)	(3)	(4)

45.) Do something in order to get something good out of it.

Never	Sometimes	Often	Most of the time
(1)	(2)	(3)	(4)

Appendix B: Nowicki-Strickland Locus of Control Scale for Children (LCS)

1.) Do you believe that most problems will solve themselves if you just don't fool with them?

YES NO

2.) Do you believe that you can stop yourself from catching a cold?

YES NO

3.) Are some kids just born lucky?

YES NO

4.) Most of the time do you feel that getting good grades means a great deal to you?

YES NO

5.) Are you often blamed for things that just aren't your fault?

YES NO

6.) Do you believe that if somebody studies hard enough he or she can pass any subject?

YES NO

7.) Do you feel that most of the time it doesn't pay to try hard because things never turn out right away?

YES NO

8.) Do you feel that if tings start out well in the morning that it's going to be a good day no matter what you do?

YES NO

9.) Do you feel the most of the time parents listen to what their children have to say?

YES NO

10.) Do you believe that wishing can make good things happen?

YES NO

11.) When you get punished does it usually seem its for no good reason at all?

YES NO

12.) Most of the time do you find it hard to change a friend's (mind) opinion?

YES NO

13.) Do you think that cheering more than luck helps a team to win?

YES NO

14.) Do you feel that it's nearly impossible to change your parent's mind about anything?

YES NO

15.) Do you believe that your parents should allow you to make most decisions of your own decisions?

YES NO

16.) Do you feel that when you do something wrong there's very little you can do to make it right?

YES NO

17.) Do you believe that most kids are just born good at sports?

YES NO

18.) Are most of the other kids your age stronger than you are?

YES NO

19.) Do you feel that one of the best ways to handle most problems is just not to think about them?

YES NO

20.) Do you feel that you have a lot of choice in deciding who your friends are?

YES NO

21.) If you find a four leaf clover do you believe that it might bring you good luck?

YES NO

22.) Do you often feel that whether you do your homework has much to do with what kind of grades you get?

YES NO

23.) Do you feel that when a kid your age decides to hit you, there's little you can do to stop him or her?

YES NO

24.) Have you ever had a good luck charm?

YES NO

25.) Do you believe that whether or not people like you depends on how you act?

YES NO

26.) Will your parents usually help you if you ask them to?

YES NO

27.) Have you felt that when people were mean to you it was usually for no reason at all?

YES NO

28.) Most of the time, do you feel that you can change what might happen tomorrow by what you do today?

YES NO

29.) Do you believe that when bad things are going to happen they just are going to happen no matter what you try to do to stop them?

YES NO

30.) Do you think that kids can get their own way if they just keep trying?

YES NO

31.) Most of the time do you find it useless to try to get your own way at home?

YES NO

32.) Do you feel that when good things happen they happen because of hard work?

YES NO

33.) Do you feel that when somebody your age wants to be your enemy there's little you can do to change matters?

YES NO

34.) Do you feel that it's easy to get friends to do what you want them to do?

YES NO

35.) Do you usually feel that you have little to say about what you get to eat at home?

YES NO

36.) Do you feel that when someone doesn't like you there's little you can do about it?

YES NO

37.) Do you usually feel that it's almost useless to try in school because most other children are just plain smarter than you are?

YES NO

38.) Are you the kind of person who believes that planning ahead makes things turn out better?

YES NO

39.) Most of the time, do you feel that you have little to say about what your family decides to do?

YES NO

40.) Do you think it's better to be smart than to be lucky?

YES NO

Appendix C: Children's Negative Cognitive Error Questionnaire (CNCEQ)

Instructions: This questionnaire described a number of situations that might happen to kids. Each situation is followed by a thought that a kid in that situation might have. This thought is in "quotation marks." We want to know how similar that thought is to what you might think in that situation.

Please read each situation and imagine that it is happening to you, even if it never has in the past. Then read the thought which is in "quotations." Circle the statement underneath each thought that best describes how similar that thought is to how you would think in that situation. As an example let's read this:

A. You are the goalie for your soccer team. The game ends in a 1-1 tie. After the game you hear one of your teammates say that your team should have won today. You think, "He/She thinks it's my fault we didn't win."

This thought is:

almost exactly like I would think	a lot like I would think	somewhat like I would think	only a little like I would think	not at all like I would think

If the thought ("He/She thinks it's my fault we didn't win.") was somewhat like the way you would think in that situation, you would circle:

somewhat
like I would
think

B. You see two of your friends talking together at recess. As you walk towards them, they go over to the softball field and start playing catch. You thnk, "Maybe they're mad at me about something."

almost exactly like I would think	a lot like I would think	somewhat like I would think	only a little like I would think	not at all like I would think

If the thought ("Maybe they're mad at me about something.") was a lot like the way you would think in that situation, you is:

a lot
like I would
think

Please complete the following questions the same way as the items listed above. If you have a question, please raise your hand and I will come to your seat to answer it. Since this is a research study, it is important that you answer honestly. Nobody else will be allowed to see your answers.

1.) You invite one of your friends to stay overnight at your house. Another one of your friends finds out about it. You think "He/She will be real mad at me for not asking them and never want to be friends again."

This thought is:

almost exactly like I would think	a lot like I would think	somewhat like I would think	only a little like I would think	not at all like I would think

2.) Your class is having 4-person relay races in gym class. Your team loses. You think, "If I had just been faster we would not have lost."

This thought is:

almost exactly like I would think	a lot like I would think	somewhat like I would think	only a little like I would think	not at all like I would think

3.) You are trying out for the school softball team. You get up four times and get tow hits and make two outs. You think, "What a lousy practice I had."

This thought is:

almost exactly like I would think	a lot like I would think	somewhat like I would think	only a little like I would think	not at all like I would think

4.) Your team loses a spelling contest. The other team won easily. You think, "If I were smarter, we wouldn't have lost."

This thought is:

almost exactly like I would think	a lot like I would think	somewhat like I would think	only a little like I would think	not at all like I would think

5.) Some of your friends have asked you if you're going to try out for the school soccer team. You tried out last year but did not make it. You think, "What's the use of trying out, I couldn't make it last year."

This thought is:

almost exactly like I would think	a lot like I would think	somewhat like I would think	only a little like I would think	not at all like I would think

6.) You call one of the kids in your class to talk about your math homework. He/She says, "I can't talk to you now, my father needs to use the phone. You think, "They didn't want to talk to me."

This thought is:

almost exactly like I would think	a lot like I would think	somewhat like I would think	only a little like I would think	not at all like I would think

7.) You and three other students completed a group science project. Your teacher did not think it was very good and gave your group a poor grade. You think, "If I hadn't done such as lousy job, we would have gotten a good grade."

This thought is:

almost exactly like I would think	a lot like I would think	somewhat like I would think	only a little like I would think	not at all like I would think

8.) Whenever it is someone's birthday in your class, the teacher lets that student have a half hour of free time to play a game with another student. Last week it was one of your friend's birthday and they picked someone else. Now another of your friends is going to get to choose someone. You think, "They probably won't pick me either."

This thought is:

almost exactly like I would think	a lot like I would think	somewhat like I would think	only a little like I would think	not at all like I would think

9.) Your softball team is having a practice. The coach tells you he would like to talk to you after practice. You think, "He's not happy with how I'm doing and doesn't want me on the team anymore."

This thought is:

almost exactly like I would think	a lot like I would think	somewhat like I would think	only a little like I would think	not at all like I would think

10.) You went to a party with one of your friends. When you first got there your friend hung around with some other kids instead of you. Later you and your friend decide to stop at his/her house for a snack before you go home. Later that night you think, "My friend didn't seem to want to hang around with me tonight."

This thought is:

almost exactly like I would think	a lot like I would think	somewhat like I would think	only a little like I would think	not at all like I would think

11.) You forgot to do your spelling homework. You teacher tells the class to hand them in. You think, "The teacher is going to think I don't care and I won't pass."

This thought is:

almost exactly like I would think	a lot like I would think	somewhat like I would think	only a little like I would think	not at all like I would think

12.) You were having a good day in school up until the last period when you had a math quiz. You did poorly on the quiz. You think, "School is a drag, what a waste of time."

This thought is:

almost exactly like I would think	a lot like I would think	somewhat like I would think	only a little like I would think	not at all like I would think

13.) You play basketball and score 5 baskets but missed two real easy shots. After the game you think, "I played poorly."

This thought is:

almost exactly like I would think	a lot like I would think	somewhat like I would think	only a little like I would think	not at all like I would think

14.) Last week you had a history test and forgot some of the things you had read. Today you are having a math test and the teacher is passing out the test. You think, "I'll probably forget what I studies just like last week."

This thought is:

almost exactly like I would think	a lot like I would think	somewhat like I would think	only a little like I would think	not at all like I would think

15.) You spend the day at your friend's house. The last hour before leaving you were really bored. You think, "Today was no fun."

This thought is:

almost exactly like I would think	a lot like I would think	somewhat like I would think	only a little like I would think	not at all like I would think

16.) You are taking skiing lessons. The instructor tells the class that he does not think people are ready for the steep trails yet. You think, "If I could only learn to ski faster, I wouldn't be holding everyone up."

This thought is:

almost exactly like I would think	a lot like I would think	somewhat like I would think	only a little like I would think	not at all like I would think

17.) Your class is starting a new unit in math. The last one was really hard. When it's time for math class you think, "That last stuff was so hard I just know I'm going to have trouble with this too."

This thought is:

almost exactly like I would think	a lot like I would think	somewhat like I would think	only a little like I would think	not at all like I would think

18.) You just started a part-time job helping one of your neighbors. Twice this week you were not able to go skating with your friends because of having to work. As you see your friends leaving to go skating, you think, "Pretty soon they won't ever want to do anything with me."

This thought is:

almost exactly like I would think	a lot like I would think	somewhat like I would think	only a little like I would think	not at all like I would think

19.) Last week one of the kids in your class had a party and you weren't invited. This past week you heard another student in your class telling someone he was thinking of getting some kids together to go to a movie. You think, "It'll be just like last week, I won't be asked to go."

This thought is:

almost exactly like I would think	a lot like I would think	somewhat like I would think	only a little like I would think	not at all like I would think

20.) You did an extra credit assignment. Your teacher tells you that he would like to talk to you about it. You think, "He thinks I did a lousy job on my assignment and is going to give me a bad grade."

This thought is:

almost exactly like I would think	a lot like I would think	somewhat like I would think	only a little like I would think	not at all like I would think

21.) You're with two of your friends. You ask if they would like to go to a movie this weekend. They both say they can't. You think, "They probably just don't want to go with me."

This thought is:

almost exactly like I would think	a lot like I would think	somewhat like I would think	only a little like I would think	not at all like I would think

22.) Your cousin calls you to ask if you'd go on a long bike ride. You think, "I probably won't be able to keep up and people will make fun of me."

This thought is:

almost exactly like I would think	a lot like I would think	somewhat like I would think	only a little like I would think	not at all like I would think

23.) Your team has just lost in a spelling contest. You were the last on eup for your team and had spelled four words right. The last word was "excellent" and you got it wrong. When you sit down you think, "I'm no good at spelling."

This thought is:

almost exactly like I would think	a lot like I would think	somewhat like I would think	only a little like I would think	not at all like I would think

24.) Last week you played softball and struck out twice. Today some kids from your class ask you to play soccer. You think, "There's no sense playing, I'm no good at sports."

This thought is:

almost exactly like I would think	a lot like I would think	somewhat like I would think	only a little like I would think	not at all like I would think

Appendix D: Children's Depression Inventory (CDI)

Date:_____

Kids sometimes have different feelings and ideas. This form lists the feelings and ideas in groups. From each group, pick one sentence that describes you best for the past two weeks. After you pick a sentence from the first group, go on to the next group.

There is no right or wrong answer. Just pick the sentence that best describes the way you have been feeling recently. Circle the letter next to your answer.

Here is an example of how this form works. Try it. Circle the letter next to the sentence that describes how you feel best.

Example:

a. I read books all the time.
b. I read books once in a while.
c. I never read books.

Remember, pick out the sentence that describes your feelings and ideas in the past two weeks.

1. a. I am sad once in a while.
   b. I am sad many times.
   c. I am sad all the time.

2. a. Nothing will ever work out for me.
   b. I am not sure if things will work out for me.
   c. Things will work out for me O.K.

3. a. I do most things O.K.
   b. I do many things wrong.
   c. I do everything wrong.

4. a. I have fun in many things.
   b. I have fun in some things.
   c. Nothing is fun at all.

5. a. I am bad all the time.
   b. I am bad many times.
   c. I am bad once in a while.

6. a. I think about bad things happening to me once in a while.
   b. I worry that bad things will happen to me.
   c. I am sure that terrible things will happen to me.

7. a. I hate myself.
   b. I do not like myself.
   c. I like myself.

8. a. All bad things are my fault.
   b. Many bad things are my fault.
   c. Bad things are not usually my fault.

9. a. I do not think about hurting myself.
   b. I think about hurting myself but I would not do it.
   c. I want to hurt myself.

10. a. I feel like crying everyday.
    b. I feel like crying many days.
    c. I feel like crying once in a while.

11. a. Things bother me all the time.
    b. Things bother me many times.
    c. Things bother me once in a while.

12. a. I like being with people.
    b. I do not like being with people many times.
    c. I do not want to be with people at all.

13. a. I cannot make up my mind about things.
    b. It is hard to make up my mind about things.
    c. I make up my mind about things easily.

14. a. I look O.K.
    b. There are some bad things about my looks.
    c. I look ugly.

15. a. I have to push myself all the time to do my schoolwork.
    b. I have to push myself many times to do my schoolwork.
    c. Doing schoolwork is not a big problem.

16. a. I have trouble sleeping every night.
    b. I have trouble sleeping many nights.
    c. I sleep pretty well.

17. a. I am tired once in a while.
    b. I am tired many days.
    c. I am tired all the time.

18. a. Most days I do not feel like eating.
    b. Many days I do not feel like eating.
    c. I eat pretty well.

19. a. I do not worry about aches and pains.
    b. I worry about aches and pains many times.
    c. I worry about aches and pains all the time.

20. a. I do not feel alone.
    b. I feel alone many times.
    c. I feel alone all the time.

21. a. I never have any fun at school.
    b. I have fun at school only once in a while.
    c. I have fun at school many times.

Appendix E: State-Trait Anxiety Inventory for Children-Trait Scale (STAIC-T)

Date:_____

A number of statements which boys and girls use to describe themselves are given below. Read each statement and decide if it is hardly-ever, or sometimes, or often true of you. Then for each statement, circle the word that describes you best. There is no right or wrong answers. Do not spend too much time on any one statement. Remember, choose the word which seems to describe how you usually feel.

1. I worry about making statements	Hardly-ever	Sometimes	Often
2. I feel like crying	Hardly-ever	Sometimes	Often
3. I feel unhappy	Hardly-ever	Sometimes	Often
4. I have trouble making up my mind	Hardly-ever	Sometimes	Often
5. It is difficult for me to face my problems.....	Hardly-ever	Sometimes	Often
6. I worry too much	Hardly-ever	Sometimes	Often
7. I get upset at home	Hardly-ever	Sometimes	Often
8. I am shy	Hardly-ever	Sometimes	Often
9. I feel troubled	Hardly-ever	Sometimes	Often
10. Thoughts run through my mind ..... and bother me	Hardly-ever	Sometimes	Often
11. I worry about school	Hardly-ever	Sometimes	Often
12. I have trouble deciding what to do	Hardly-ever	Sometimes	Often
13. I notice that my heart beats fast	Hardly-ever	Sometimes	Often
14. I am secretly afraid	Hardly-ever	Sometimes	Often
15. I worry about my parents.....	Hardly-ever	Sometimes	Often
16. My hands get sweaty	Hardly-ever	Sometimes	Often

17. I worry about things that may happen Hardly-ever Sometimes Often

18. It is hard for me to fall asleep at night Hardly-ever Sometimes Often

19. I get a funny feeling in my stomach Hardly-ever Sometimes Often

20. I worry about what others will think of me.....Hardly-ever Sometimes Often

Appendix F: Piers-Harris Children's Self-Concept Scale (PHCSCS)

DIRECTIONS: Here is a set of questions that tell how some people feel about themselves. Read each statement and decide whether or not it describes the way you feel about yourself. If it is true or mostly true for you, circle the word "yes" next to the statement. If it is false or mostly false for you, circle the word "no." Answer every question, even if some are hard to decide. Do not circle both "yes" and "no" for the same statement.

Remember that there are no right or wrong answers. Only you can tell us how you feel about yourself, so we hope you will mark the way you really feel inside.

1. My classmates make fun of me	Yes	No
2. I am a happy person	Yes	No
3. It is hard for me to make friends	Yes	No
4. I am often sad	Yes	No
5. I am smart	Yes	No
6. I am shy	Yes	No
7. I get nervous	Yes	No
8. My looks bother me	Yes	No
9. When I grow up, I will be an important person	Yes	No
10. I get worried when we have tests in school	Yes	No
11. I am unpopular	Yes	No
12. I am well behaved in school	Yes	No
13. It is usually my fault when something goes wrong	Yes	No
14. I cause trouble to my family	Yes	No
15. I am strong	Yes	No
16. I have good ideas	Yes	No
17. I am an important member of my family	Yes	No

18. I usually want my own way	Yes	No
19. I am good at making things with my hands	Yes	No
20. I give up easily	Yes	No
21. I am good in my schoolwork	Yes	No
22. I do many bad things	Yes	No
23. I can draw well	Yes	No
24. I am good in music	Yes	No
25. I behave badly at home	Yes	No
26. I am slow in finishing my schoolwork	Yes	No
27. I am an important member of my class	Yes	No
28. I am nervous	Yes	No
29. I have pretty eyes	Yes	No
30. I can give a good report in front of the class	Yes	No
31. In school, I am a dreamer	Yes	No
32. I pick on my brother(s) and sister(s)	Yes	No
33. My friends like my ideas	Yes	No
34. I often get into trouble	Yes	No
35. I am obedient at home	Yes	No
36. I am lucky	Yes	No
37. I worry a lot	Yes	No
38. My parents expect too much of me	Yes	No
39. I like being the way I am	Yes	No
40. I feel left out of things	Yes	No

41. I have nice hair Yes No
42. I often volunteer in school Yes No
43. I wish I were different Yes No
44. I sleep well at night Yes No
45. I hate school Yes No
46. I am among the last to be chosen for games Yes No
47. I am sick a lot Yes No
48. I am often mean to other people Yes No
49. My classmates in school think I have good ideas Yes No
50. I am unhappy Yes No
51. I have many friends Yes No
52. I am cheerful Yes No
53. I am dumb about most things Yes No
54. I am good-looking Yes No
55. I have lots of pep (energy) Yes No
56. I get into a lot of fights Yes No
57. I am popular with boys Yes No
58. People pick on me Yes No
59. My family is disappointed in me Yes No
60. I have a pleasant face Yes No
61. When I try to make something, everything seems to go wrong Yes No
62. I am picked on at home Yes No
63. I am a leader in games and sports Yes No

64. I am clumsy Yes No

65. In games and sports, I watch instead of play Yes No

66. I forget what I learn Yes No

67. I am easy to get along with Yes No

68. I loss my temper easily Yes No

69. I am popular with girls Yes No

70. I am a good reader Yes No

71. I would rather work alone than with a group Yes No

72. I like my brother (sister) Yes No

73. I have a good figure Yes No

74. I am often afraid Yes No

75. I am always dropping or breaking things Yes No

76. I can be trusted Yes No

77. I am different from other people Yes No

78. I think bad thoughts Yes No

79. I cry easily Yes No

80. I am a good person Yes No

Appendix G: Demographic Questionnaire (Parent Version)

For each question, please write your answers in the space provided and circle the best response for the questions with answer choices.

Date: _____

Parent Completing Questionnaire:
a) Biological Mother
b) Biological Father
c) Step-Mother
d) Step-Father
e) Adopted Mother
f) Adopted Father
g) Foster Mother
h) Foster Father
i) Grandmother
j) Grandfather
k) Other (Please explain)_____

These questions pertain to your <u>child</u>:

Birthday_____

Age in Years_____ Sex_____

Grade in school_____ Ethnic Background (optional)_____

1. The child is the:
a) Youngest
b) Middle
c) Oldest
d) Only Child

2. Number of child's <u>biological</u> siblings:
a) None
b) 1
c) 2
d) 3
e) 4
f) 5
g) greater than 5

3. Number of child's step siblings:
   a) None
   b) 1
   c) 2
   d) 3
   e) 4
   f) 5
   g) greater than 5

4. How long have you lived in the same home with the child:

   a) less than 6 months
   b) 6 months-2 years
   c) 3 years-5 years
   d) greater than 5 years
   e) since birth

5. How long has the child's biological sibling(s) lived in the same home with the child:

   a) less than 6 months
   b) 6 months–2 years
   c) 3 years-5 years
   d) greater than 5 years
   e) since birth

   Please check here if this does not apply _____

6. How long has the child's step sibling(s) lived in the same home with the child:

   a) less than 6 months
   b) 6 months–2 years
   c) 3 years-5 years
   d) greater than 5 years
   e) since birth

   Please check here if this does not apply _____

These next questions pertain to the parent/legal guardian(s):

7. Living arrangements of your child:

   a) Intact two parent (biological) family (i.e., *child lives with two parents*)
   b) Separated/divorced family (i.e., *child lives with one parent only*)
   c) Single parent never married
   d) Separated/divorced family remarried (i.e., *child lives with one biological parent and a step parent*)
   e) Adopted (i.e., *child is adopted*)
   f) Grandparents (i.e., *child lives with grandparents*)
   g) Other (Please explain)_____

If you are divorced or separated, please answer questions 8 - 10. If you are not divorced or separated, please proceed to question 11.

8. How old was your child when you divorced/separated? _____

9. How many years were you married? _____

10. Which of the following best characterizes your child's living arrangements between the time you got divorced/separated and today?

   a) (Lived/Live) with mother, (Saw/See) father minimally or not at all
   b) (Lived/Live) with mother, (Saw/See) father some
   c) (Lived/Live) with mother, (Saw/See) father a moderate amount
   d) (Lived/Live) with mother, (Saw/See) father a lot
   e) (Lived/Live) equal amounts of time with each parent
   f) (Lived/Live) with father, (Saw/See) mother a lot
   g) (Lived/Live) with father, (Saw/See) mother a moderate amount
   h) (Lived/Live) with father, (Saw/See) mother some
   i) (Lived/Live) with father, (Saw/See) mother minimally or not at all

10. Highest Level of Education of Mother_____ Mother's Date of Birth_____

11. Employment Status of Mother:

   a) Employed Full Time
   b) Employed part Time
   c) Full Time Homemaker
   d) In School Full Time
   e) Unemployed
   f) Other (Please explain)_____

12. Occupation of Mother (if working outside the home): _____

13. Marital Status of Mother:
    a) Married
    b) Divorced
    c) Separated
    d) Widowed
    e) Common-law
    f) Never Married
    g) Other (Please explain)_____

14. Highest Level of Education of Father:_____ Father's Date of Birth:_____

15. Employment Status of Father:
    a) Employed Full Time
    b) Employed Part Time
    c) Full Time Homemaker
    d) In School Full Time
    e) Unemployed
    f) Other (Please explain)_____

16. Occupation of Father (if working outside of the home):_____

17. Marital Status of Father:
    a) Married
    b) Divorced
    c) Separated
    d) Widowed
    e) Common-law
    f) Never Married
    g) Other (Please explain)_____

18. Approximate Current Family Annual Income (Please circle one)

a.) Min. - $5, 000
b.) $5, 001 - $10,000
c.) $10,001 - $15,000
d.) $15,001 - $20,000
e.) $20,001 - $25,000
f.) $25,001 - $30,000
g.) $30,001 - $35,000
h.) $35,001 - $40,000
i.) $40,001 - $45,000
j.) $45,001 - $50,000
k.) $50,001 - $55,000
l.) $55,001 - $60,000
m.) $60,001 - $65,000
n.) $65,001 - $70,000
o.) $70,001 - $75,000
p.) $75,001 - $80,000
q.) $80,001 - $85,000
r.) $85,000 - $90,000
s.) $90,001- $95,000
t.) $95,001 - $100,000
u.) $100,000 +

The next questions refer to your child:

19. Please circle any of the following illnesses that your child has had from birth to present:

A. Convulsions
B. Head Injury
C. Operations
D. Chicken Pox
E. Measles
F. Sight Problems
G. Other (please specify):_____

20. If you are divorced or separated, have you observed any *changes (i.e., increases)* in your child's behaviors *following* the divorce? Please check all that apply.

A. Anger

B. Aggressive behaviors

C. Depression (i.e., sadness, crying, withdrawl from family friends, wants to be left alone, loss of interest in leisure activities)

D. Anxiety (i.e, fears or worries about parents, school, or friendships)

E. Decrease in school grades

F. Bed wetting

G. Problems Sleeping (i.e., difficulties falling asleep/staying asleep/waking up)

H. Difficulties in completing homework

I. Nightmares

J. Headaches

K. Stomachaches

L. Other type of pain (please list): _____

M. Decreased involvement in extracurricular activities due to changes in family income

Appendix H: Revised Conflict Tactics Scale (CTS2)

No matter how well a couple gets along, there are times when they disagree, get annoyed with the other person, want different things from each other, or just have spats or fights because they are in a bad mood, are tired, or for some other reason. Couples also have many different ways of trying to settle their differences. This is a list of things that might happen when you have differences. Please circle how many times you did each of these things in the past year, and how many times your partner did them in the past year. If you or your partner did not do one of these things in the past year, but it happened before that, circle "7."

How often did this happen?

1 =	Once in the past year
2 =	Twice in the past year
3 =	3 - 5 times in the past year
4 =	6 - 10 times in the past year
5 =	11 - 20 times in the past year
6 =	More than 20 times in the past year
7 =	Not in the past year, but it did happen before
0 =	This has never happened

1.	I showed my partner I cared even though we disagreed.	1	2	3	4	5	6		7	0
2.	My partner showed care for me even though we disagreed.	1	2	3	4	5	6		7	0
3.	I explained my side of a disagreement to my partner.	1	2	3	4	5	6		7	0
4.	My partner explained his or her side of a disagreement to me.	1	2	3	4	5	6		7	0
5.	I insulted or swore at my partner.	1	2	3	4	5	6		7	0

6.	My partner did this to me.	1	2	3	4	5	6		7	0
7.	I threw something at my partner that could hurt.	1	2	3	4	5	6		7	0
8.	My partner did this to me.	1	2	3	4	5	6		7	0
9.	I twisted my partner's arm or hair.	1	2	3	4	5	6		7	0
10.	My partner did this to me.	1	2	3	4	5	6		7	0
11.	I had a sprain, bruise, or small cut because of a fight with my partner.	1	2	3	4	5	6		7	0
12.	My partner had a sprain, bruise, or small cut because of a fight with me.	1	2	3	4	5	6		7	0
13.	I showed respect for my partner's feelings about an issue.	1	2	3	4	5	6		7	0
14.	My partner showed respect for my feelings about an issue.	1	2	3	4	5	6		7	0
15.	I made my partner have sex without a condom.	1	2	3	4	5	6		7	0
16.	My partner did this to me.	1	2	3	4	5	6		7	0
17.	I pushed or shoved my partner.	1	2	3	4	5	6		7	0
18.	My partner did this to me.	1	2	3	4	5	6		7	0
19.	I used force (like hitting, holding down, or using a weapon) to make my partner have oral or anal sex.	1	2	3	4	5	6		7	0
20.	My partner did this to me.	1	2	3	4	5	6		7	0

21.	I used a knife or gun on my partner.	1	2	3	4	5	6		7	0
22.	My partner did this to me.	1	2	3	4	5	6		7	0
23.	I passed out from being hit on the head by my partner in a fight.	1	2	3	4	5	6		7	0
24.	My partner passed out from being hit on the head in a fight with me.	1	2	3	4	5	6		7	0
25.	I called my partner fat or ugly.	1	2	3	4	5	6		7	0
26.	My partner called me fat or ugly.	1	2	3	4	5	6		7	0
27.	I punched or hit my partner with something that could hurt.	1	2	3	4	5	6		7	0
28.	My partner did this to me.	1	2	3	4	5	6		7	0
29.	I destroyed something belonging to my partner.	1	2	3	4	5	6		7	0
30.	My partner did this to me.	1	2	3	4	5	6		7	0
31.	I went to a doctor because of a fight with my partner.	1	2	3	4	5	6		7	0
32.	My partner went to a doctor because of a fight with me.	1	2	3	4	5	6		7	0
33.	I choked my partner.	1	2	3	4	5	6		7	0
34.	My partner did this to me.	1	2	3	4	5	6		7	0
35.	I shouted or yelled at my partner.	1	2	3	4	5	6		7	0
36.	My partner did this to me.	1	2	3	4	5	6		7	0

37.	I slammed my partner against a wall.	1	2	3	4	5	6		7	0
38.	My partner did this to me.	1	2	3	4	5	6		7	0
39.	I said I was sure we could work out a problem.	1	2	3	4	5	6		7	0
40.	My partner was sure we would work it out.	1	2	3	4	5	6		7	0
41.	I needed to see a doctor because of a fight with my partner, but I didn't.	1	2	3	4	5	6		7	0
42.	My partner needed to see a doctor because of a fight with me, but didn't.	1	2	3	4	5	6		7	0
43.	I beat up my partner.	1	2	3	4	5	6		7	0
44.	My partner did this to me.	1	2	3	4	5	6		7	0
45.	I grabbed my partner.	1	2	3	4	5	6		7	0
46.	My partner did this to me.	1	2	3	4	5	6		7	0
47.	I used force (like hitting, holding down, or using a weapon) to make my partner have sex.	1	2	3	4	5	6		7	0
48.	My partner did this to me.	1	2	3	4	5	6		7	0
49.	I stomped out of the room or house or yard during a disagreement.	1	2	3	4	5	6		7	0
50.	My partner did this to me.	1	2	3	4	5	6		7	0
51.	I insisted on sex when my partner did not want to (but did not use physical force).	1	2	3	4	5	6		7	0
52.	My partner did this to me.	1	2	3	4	5	6		7	0

53.	I slapped my partner.	1	2	3	4	5	6		7	0
54.	My partner did this to me.	1	2	3	4	5	6		7	0
55.	I had a broken bone from a fight with my partner.	1	2	3	4	5	6		7	0
56.	My partner has a broken bone from a fight with me.	1	2	3	4	5	6		7	0
57.	I used threats to make my partner have oral or anal sex.	1	2	3	4	5	6		7	0
58.	My partner did this to me.	1	2	3	4	5	6		7	0
59.	I suggested a compromise to a disagreement.	1	2	3	4	5	6		7	0
60.	My partner did this to me.	1	2	3	4	5	6		7	0
61.	I burned or scalded my partner on purpose.	1	2	3	4	5	6		7	0
62.	My partner did this to me.	1	2	3	4	5	6		7	0
63.	I insisted my partner have oral or anal sex (but did not use physical force).	1	2	3	4	5	6		7	0
64.	My partner did this to me.	1	2	3	4	5	6		7	0
65.	I accused my partner of being a lousy lover.	1	2	3	4	5	6		7	0
66.	My partner accused me of this.	1	2	3	4	5	6		7	0
67.	I did something to spite my partner.	1	2	3	4	5	6		7	0
68.	My partner did this to me.	1	2	3	4	5	6		7	0

69.	I threatened to hit or throw something at my partner.	1	2	3	4	5	6		7	0
70.	My partner did this to me.	1	2	3	4	5	6		7	0
71.	I felt physical pain that still hurt the next day because of a fight with my partner.	1	2	3	4	5	6		7	0
72.	My partner still felt physical pain the next day because of a fight we had.	1	2	3	4	5	6		7	0
73.	I kicked my partner.	1	2	3	4	5	6		7	0
74.	My partner did this to me.	1	2	3	4	5	6		7	0
75.	I used threats to make my partner have sex.	1	2	3	4	5	6		7	0
76.	My partner did this to me.	1	2	3	4	5	6		7	0
77.	I agreed to try a solution to a disagreement my partner suggested.	1	2	3	4	5	6		7	0
78.	My partner agreed to try a solution I suggested.	1	2	3	4	5	6		7	0

Appendix I: Study Letter to Parents

Dear Parent,

Most teenagers experience sadness (i.e., crying, loss of interest in leisure activities, withdrawn behaviors, problems in sleeping and diet), symptoms of anxiety (i.e., fears or worries) or feelings of low self worth in their lives. Childhood depression and anxiety can be impairing disorders and these disorders tend to re-occur throughout a child's life. This represents an important population for researchers and practitioners to learn more about effective treatment options to address adolescent needs.

This study will investigate the relationships between children's coping, perceptions of control, cognitive appraisal, family variables and depression, anxiety, and self-esteem. Your participation in this study will be valuable to you and your child because this information can help us to better understand the variables that contribute to the development of anxiety and depressive states in children as well as provide information for designing optimal treatment programs. This study has been approved by the Sociology/Psychology Research Ethics board at the University of Manitoba.

I would appreciate your participation by asking you and your daughter to complete several questionnaires, which are commonly used to measure emotions, coping, perceptions of control, and appraisal in teenagers and adults. Your daughter will complete her questionnaire at school whereas you will complete your questionnaire at home (I will mail you the questionnaire).

As a token of our appreciation for participating in the study, you and your daughter will be eligible to win a MP3 Player and a gift basket.

I would also like to inform you that your participation is completely voluntary. You and your daughter may also withdraw from the study at any time without negative consequences. The information gathered will remain strictly confidential and used only for research purposes. No names will appear on the questionnaires, only a mother and daughter identification number.

I would very much appreciate your cooperation and time. If interested, please complete the consent form enclosed, thus providing you and your child with consent to participate in the study. It is also necessary that your child provide verbal consent to participate in the study. If you have any questions or concerns regarding the study, please contact me at the University of Manitoba at 474-9222 and leave your name (first name) and telephone number and I will return your call as soon as possible. This study is for partial fulfillment for my Doctorate of Philosophy degree.

Thank you for your time and consideration.

Debra L. Konyk, M.A; B.Sc.
Department of Psychology
University of Manitoba

Michael R. Thomas, Ph.D., C. Psych.
Supervising Psychologist, Dept. of Psychology
University of Manitoba

Appendix J: Parents Research Participation Informed Consent Form

Research Project Title: Family Variables and Psychological Well-Being in Adolescents
Researcher: Debra Konyk M.A; B.Sc; C. Psych. Candidate
Supervisor: Dr. Michael Thomas Ph.D; C. Psych.

This consent form, a copy of which will be left with you for your records and reference, is only part of the process of informed consent. It should give you the basic idea of what the research is about and what your participation will involve. If you would like more detail about something mentioned here, or information not included here, you should feel free to ask. Please take the time to read this carefully and to understand any accompanying information.

The research for which you are being asked to give your consent to participate is Debra Konyk's Ph.D. thesis. Debra is a doctoral student in the Clinical Psychology Training Program at the University of Manitoba. The purpose of this research is to examine relationships between female adolescents' coping, perceptions of control, cognitions, environmental stressors (e.g., ways that family members work through problems), and mood, anxiety, and self-esteem. Specifically, this research aims (1) to determine which psychological factors promote psychological well-being among young adolescent girls and (2) to develop a better understanding of the psychological variables that serve as protective factors in adolescent girls who are exposed to everyday environmental stressors (e.g. friendships, school, work, family).

Your participation is strictly voluntary and declining to participate will have no negative consequences to you or your daughter or your daughter's educational standing in any way. Participation in this research will involve your daughter completing questionnaires pertaining to her coping strategies, perceptions of control, thinking patterns, mood, and self-esteem. Your questionnaire will include a demographic measure and questions pertaining to stresses at home (e.g., family problem solving strategies, communication).

In order for your daughter and yourself to participate in the study, I require your written consent allowing her to complete the questionnaires (Parent Consent Form- see below). I will also require your written consent in order to participate in the study. In addition to your daughter receiving parental written consent, I will also require her written consent to participate (Youth Consent Form- enclosed).

Your daughter will complete the questionnaire at school during a regular class period, study period, or immediately after school (3:30 p.m.). Your questionnaires will be mailed to you to complete at home. You will be asked to mail the completed questionnaires to Debra at the University of Manitoba. A self-addressed envelope will be included. The questionnaires are to be completed anonymously. Thus, you should write your name only on this consent form. Your questionnaire should take approximately 30 minutes to complete. It will take your daughter approximately 40-50 minutes to complete her questionnaire. Once you have submitted your materials (your child's questionnaires will be completed and collected at her school), you will be given a debriefing form with further information about the study.

The teenager questionnaires will include questions about cognitive and behavioral strategies used to cope with problems, teenager's perceptions of control associated with friendships, school, family, and work, types of thoughts teenagers might have when confronted with different problem scenarios, mood, anxiety, and self-esteem. Parent questionnaires will include questions about family structure, parent employment, as well as measures of spousal emotional, physical, and intimate relationships.

For those who choose to participate, as a token of my appreciation for your time in helping me out, your name (as well as your daughter's name) will be placed in a special lottery draw. At the end of the study one student and one parent name will be randomly drawn from a pool of participant names. The winning student will receive a choice of a MP3 Player or a gift basket (movie passes, Teen magazine, gift certificates). The winning parent will receive a gift basket (various gift certificates & beauty items).

All consent forms and questionnaires will be stored in a locked room at the University of Manitoba. Responses from mothers and daughters will be kept confidential from each other as a measure to ensure that respondents do not influence each other's answer choices. Further, this measure will be taken to increase the likelihood that mothers and daughters will answer questions in an open and truthful manner. An exception to confidentiality would be: a.) a child reports suicidal intention in which case, the child's parent would be contacted (with the child) to ensure the child's safety, or b.) a report of child abuse, in which case, by law, the primary investigator of the study will have to make a report to Winnipeg Child and Family Services to ensure safety of the child.

The questionnaires will be destroyed one year following the completion of the final manuscript. The data gathered in this study will be converted into a numerical computer file, which will not contain any personal information. As per standard research protocols, this numerical file will be destroyed after 7 years.

The results of this study will be reported in the researcher's doctoral dissertation. Results may also be reported at a conference, or in a journal article and confidentiality will be maintained. Material published in any form will be written in such a way that no individual can be identified.

It is expected that this study will be completed by April 2007, at which time a summary of the results will be provided to all participants. Please indicate below how you would like a summary of the results. The summary can be emailed to you, may be available for pick up (at your child's school), or can be mailed to you. The full doctoral dissertation will be accessible through the Psychology Department's thesis library, and be on reserve at the Dafoe library at the University of Manitoba.

Your signature on this form indicates that you have understood to your satisfaction the information regarding participation in the research project and agree to participate as a subject. In no way does this waive your legal rights nor release the researchers or involved institutions

from their legal and professional responsibilities. You are free to withdraw from the study at any time, and /or refrain from answering any questions you prefer to omit, without prejudice or consequence. Your continued participation should be as informed as your initial consent, so you should feel free to ask for clarification or new information throughout your participation.

This research has been approved by the Psychology/ Sociology Research Ethics Board at the University of Manitoba. If you have any questions or concerns about this study, you can contact the researcher, Debra Konyk), Dr. Michael Thomas or the Human Ethics Secretariat ((204) 474-7122, or e-mail . A copy of this consent form has been given to you to keep for your records and reference.

By signing below, I give my daughter consent to participate in the study.

Participant's Signature	Printed name	Date

By signing below, I give myself consent to participate in the study.

Participant's Signature	Printed name	Date

Your Telephone Number:

(Home) (Work) (Cell)

☐ I would like a debriefing form emailed or mailed to me at:

Please indicate how you would like to receive the summary of the results (check one)

☐ I would like a copy of the results emailed to:

☐ I will pick up a copy of the results at: (name of your child's school)

☐ I would like a copy of the results mailed to:

By signing below, I DO NOT give my daughter consent to participate in the study.

Participant's Signature	Printed name	Date

By signing below, I DO NOT give myself consent to participate in the study.

Participant's Signature	Printed name	Date

Appendix K: Youth Consent Form for Research Participation

Researcher: Debra Konyk M.A., B.Sc. C. Psych. Candidate
Supervisor: Dr. Michael Thomas Ph.D, C. Psych.

This form is a consent form, which means that it will describe what the research is about and what your participation will involve. If you would like more detail about something mentioned here, or information not included here, you should feel free to ask. Please take the time to read this carefully and to understand any accompanying information. You will be given a copy of this form for your records and reference.

The research for which you are being asked to give your permission to participate is Debra Konyk's Ph.D. thesis. Debra is a doctoral student in the Clinical Psychology Training Program at the University of Manitoba. The purpose of this research is to examine relationships between female adolescents' coping, perceptions of control, thoughts, family stressors (e.g., disagreements, problem resolution strategies), and negative mood, anxiety, and self-esteem. This study will require both you and your mother to participate.

Your participation is strictly voluntary and declining to participate will have no negative consequences to you (or your mother) or your educational standing in any way. You can also withdraw from the study at any time without negative consequences. In order for you to participate in the study, I require your written consent (see below). I will also require your parent/legal guardian's written consent to allow you to participate in the study.

Participation in this research will involve you completing questionnaires related to how you cope with everyday problems, perceptions of control associated with family, friendships, school, and work, types of thoughts you might have when confronted with different problem situations, mood, anxiety, and self-esteem. Your mother's questionnaires will include questions about family structure, parent employment, as well as measures of parental emotional, physical, and personal relationships.

You will complete the questionnaire at school during a regular class period, study period, or immediately after school (3:30 p.m.). If a regular classroom time cannot be arranged with the school, I will inform you of different dates that I will be available at the school (at 3:30 p.m.) for you to complete the questionnaires. The questionnaires are to be completed anonymously. Thus, you should write your name only on this consent form. Your questionnaire should take approximately 30-45 minutes to complete. Once you and your mother have submitted your materials, you will be given a debriefing form with further information about the study.

For those who choose to participate, as a token of my appreciation for your time in helping me out, your name (as well as your mother's name) will be placed in a special lottery draw. At the end of the study one student and one parent name will be randomly drawn from a pool of participant names. The winning student will receive a choice of a MP3 Player or a gift basket (movie passes, Teen/Fashion magazines, gift certificates). The winning parent will receive a gift basket (various gift certificates & beauty items).

All consent forms and questionnaires will be stored in a locked room at the University of Manitoba. Your responses will be kept confidential from your mother's responses as a measure to ensure that you and your mother do not influence each other's answer choices. Further, this measure will be taken to increase the likelihood that you and your mother will answer questions in an open and truthful manner. An exception to confidentiality would be: a.) reports of suicidal intention in which case, your parent would be contacted (with yourself) to ensure your safety, or b.) report of child abuse, in which case, by law, the primary investigator of the study will have to make a report to Winnipeg Child and Family Services to ensure your safety.

All questionnaires will be destroyed one year following the completion of the final manuscript. The data gathered in this study will be converted into a numerical computer file, which will not contain any personal information. As per standard research protocols, this numerical file will be destroyed after 7 years.

The results of this study will be reported in the researcher's doctoral dissertation. Results may also be reported at a conference, or in a journal article. Material published in any form will be written in such a way that no individual can be identified.

It is expected that this study will be completed by April 2007, at which time a summary of the results will be provided to you and your mother. Please indicate below how you would like a summary of the results. The summary can be emailed to you, may be available for pick up (at your school), or can be mailed to you. The full doctoral dissertation will be accessible through the Psychology Department's thesis library, and be on reserve at the Dafoe library at the University of Manitoba.

Your signature on this form indicates that you have understood to your satisfaction the information regarding participation in the research project and agree to participate. By signing this form to participate in the study, your legal rights as well as the researcher's professional responsibilities are adhered to. You are free to withdraw from the study at any time, and /or refrain from answering any questions you prefer to omit, without prejudice or consequence. You should feel free to ask for clarification or new information throughout your participation.

This research has been approved by the Psychology/ Sociology Research Ethics Board at the University of Manitoba. If you have any questions or concerns about this study, you can contact the researcher, Debra Konyk , Dr. Michael Thomas or the Human Ethics Secretariat ((204) 474-7122, or e-mail A copy of this consent form has been given to you to keep for your records and reference.

By Signing below, I give myself permission to participate in the study:

Your Signature	Printed name	Date

☐ I would like a debriefing form emailed or mailed to me at:

_____

_____

_____

Please indicate how you would like to receive the summary of the results (check one)

☐ I would like a copy of the results emailed to: _____

☐ I will pick up a copy of the results at: _____(name of your school)_____

_____

☐ I would like a copy of the results mailed to: _____

By Signing below, I do not give myself permission to participate in the study:

_____ _____ _____

Your Signature Printed name Date

Appendix L: Debriefing Form

I would like to thank you for your time and interest in participating in this study and I hope it has been a positive experience for you.

The purpose of this study was to investigate the psychological variables that are related to depression, anxiety, and self-esteem in children. In particular, we were interested in examining the following: Part 1.) The role of adolescent girl's control beliefs, coping strategies, and cognitive appraisal as protective or risk factors in the development of depression, anxiety, and self-esteem among teenage girls, and Part 2.) The relationship between family variables and young adolescent female's psychological well-being (e.g., scores on depression, anxiety, self-esteem). We examined the role of children's control beliefs, coping strategies, and cognitive appraisals in dealing with family stressors (such as managing disagreements/conflict) and how these variables relate to children's psychological well-being. The results of the study will be available in September 2008 and confidentially will be maintained.

Thank you for your cooperation. Your participation is greatly valued. If interested, a list of community resources (crisis and non-crisis lines, family, couple, and parent-child counseling services) follows:

Klinic (24 hour suicide crisis line)	786-8686
Mobile Crisis Unit	946-9109
Health Sciences Centre Emergency	787-3167
Seneca House Warm Line (non-crisis support)	942-9276
Osborne House Crisis Line (domestic violence)	942-3052
Youth Crisis Stabilization Unit	949-4777
Teen Touch (24 hour distress line)	783-1116
Kids Help Phone	1-8000-668-6868
Elizabeth Hill Counseling Centre (family, couple, and parent-child therapy)	956-6560
Psychological Services Centre (University of Manitoba)	474-9222
Anxiety Disorders Association of Manitoba	926-0600

If you have any comments or further questions, please contact Debra Konyk
or Dr. Michael Thomas

Sincerely,

Debra Konyk M.A, B.Sc, C. Psych. Candidate