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Children of Alcoholic's Proximal Environment:
Stress as a Mediator Between Parental
Alcoholism and Negative Adolescent Outcomes.

Distinguished Majors Thesis

Bryce Douglas McLeod

University of Virginia

Advisor: Joseph P. Allen

Second Reader: Debbie Cohn

Abstract

Though the developmental deficiencies of children of alcoholics (COAs) are well defined there have yet to emerge any clear markers to indicate the root of their dysfunction. This paper investigates the family environment of problem drinkers, in order to determine the possible variables that may mediate the relationship between parental drinking and COA dysfunction. Specifically, this study examines familial stress levels in order to determine whether stress is related to parental drinking and if so, whether it acts as a mediator. Analyses are based on a sub-sample of families selected for maternal drinking problems, as measured by the CAGE questionnaire, from a larger sample of 177 families which contained an at-risk adolescent. Results indicate that maternal drinking is related to teen internalizing symptoms and that this relationship may be mediated by the adolescents' perceived stress and peer alienation. However, teens who report that their relationship with their problem drinking mothers is characterized by more trust and better communication seem to be protected from the possible negative effects of maternal drinking and subsequently exhibit fewer internalizing symptoms. These findings are consistent with the general environmental mechanism hypothesis which states that the genesis of, or the protection from, deficits in COAs are a product of family dysfunction and are not a direct effect of parental drinking.

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Out of the many significant costs alcoholism exacts upon society, one of its most detrimental may be its negative effect upon the children that grow up with alcoholic parents. These children are at-risk for academic, personality, and social deficits, along with a higher chance of suffering from psychopathology (Velleman, 1992; von Knorring, 1991; Murray, 1989; Berkowitz & Perkins, 1988; Roosa, Sandler, Beals, & Short, 1988). The extent of this problem is illustrated by recent figures which estimate that approximately one out of every eight children has an alcoholic parent (von Knorring, 1991). These figures highlight the need to determine the variables which link growing up with an alcoholic parent to the negative outcomes which often develop in children of alcoholics (COAs). Unfortunately, most literature to date has focused upon defining the COA's deficits, while only a few studies have examined possible explanations for them. As a result, the deficits of COAs are well documented, but there is only a fragmented picture of the variables that may contribute to the COAs' dysfunction. Although some research has demonstrated that the problems exhibited by COAs are linked to family dysfunction (West & Prinz, 1987; Wilson & Orford, 1978), no specific aspect of dysfunction has consistently emerged which can account for the association between alcoholic families and a particular outcome in COAs (Murray, 1989) making it difficult to develop effective treatment programs for these children.

Various studies have documented the personality, academic, and social deficits which COAs have been found to exhibit in different stages of their development. COAs first face the risk of Fetal Alcohol Syndrome when their mothers abuse alcohol during pregnancy. This prenatal alcohol exposure can cause physical malformation, growth deficiency, functional deficits, disorganized attachment, and in some cases, death (O'Connor, Sigman, & Kasari, 1992; Murray, 1989; O'Connor, Sigman, & Brill, 1987). Following infancy, many COAs begin to exhibit personality and psychological maladjustment in

the form of high self-deprecation and low self-esteem as reported by psychologists and school counsellors (Murphy, O'Farrell, Floyd, & Connors, 1991; Berkowitz & Perkins, 1988; Roosa, Sandler, Beals, & Short, 1988). Boys in particular can become more compulsive, insecure, fearful, subdued, and detached (Whipple & Noble, 1991). COAs also demonstrate adjustment problems in academics, where they exhibit learning difficulties, reading retardation, conduct and aggressive behavior problems, poor school performance, and loss of concentration (Velleman, 1992). They also are more likely to repeat grades, attend special classes, or get referred to a school counsellor or psychologist (von Knorring, 1991). Furthermore, objective indices of academic performance indicate that COAs repeatedly score lower on verbal scales, reading and writing tasks, and standardized college test scores while also having lower GPAs and class rank than control children whose parents were non-alcoholic (Murphy, O'Farrell, Floyd, & Connors, 1991; Sher, Walitzer, Wood, & Brent, 1991; von Knorring, 1991).

In later years, adolescent COAs typically display high levels of anxiety and depression, and they receive twice as much psychiatric treatment for anxiety and depressive symptoms and conduct disorders than their non-COA peers (Workman & Beer, 1992; Sher, Walitzer, Wood, & Brent, 1991; von Knorring, 1991; Johnson, Boney, & Brown, 1990-91; Roosa, Sandler, Beals, & Brent, 1988). Adolescent COAs are also at high risk for drug and alcohol abuse. Parental alcoholism is correlated with increased adolescent drug and alcohol abuse (Chassin, Pillow, Curran, Molina, & Barrera, 1993; Chassin, Rogosch, & Barrera, 1991), with adult COAs also reporting elevated drug and alcohol problems (Sher, Walitzer, Wood, & Brent, 1991). Finally, adult COAs exhibit elevated stress levels, greater need for control, less trust, difficulties in maintaining meaningful relationships, high rates of marital disruption, and depressive symptoms (Bradley & Schneider, 1990; Parker & Hartford, 1988).

The multitude of research on this topic clearly demonstrates that COAs are at a greater risk for exhibiting a variety of negative outcomes throughout their life span. However, an examination of these studies also reveals that the research to date concentrates mainly on describing the COAs' social and

cognitive difficulties rather than exploring the possible causes of their problems. Nevertheless, the few studies that have begun to explore the family environment of COAs have produced several hypotheses that attempt to account for the variables which contribute to COAs' deficits. These hypotheses have focused mainly on genetics and the general environmental mechanism hypothesis as reviewed by Velleman (1992).

For example, Velleman notes that an explosion of recent genetic research has established that heredity does play a significant role in the transmission of alcoholism (Schuckit, 1993; Cook & Winokur, 1993), and may even contribute to other deficits exhibited by COAs. However, this research has also shown that genetic influences are inseparable from environmental influences, and that the two combine to create a diathesis-stress model (Cook & Winokur, 1993; Schuckit, 1993; Velleman, 1992). This model states that children born to alcoholics have a genetic predisposition to alcoholism, but what determines the development of alcoholism is the combination of this disposition with environmental variables. Therefore, a COA in a home with access to a good support system will be at much lower risk than a child in a home characterized by neglect and abuse.

In contrast, the general environmental mechanism hypothesis contends that problems of COAs are transmitted through factors not specific to alcoholic families. In other words, problems evident in alcoholic families may result from family dysfunction and not specifically from alcohol abuse. Thereby, a violent family with alcohol abuse would have the same problems as a violent family without alcohol abuse. The importance of this hypothesis lies within the understanding that mediating variables in the family exist and are significant contributors to the dysfunction of COAs. Thus, the general environmental mechanism hypothesis shifts the responsibility of COA deficits from parental alcoholism per se to broader environmental factors within the family.

Various studies to date have supported the position of the general environmental mechanism hypothesis. Two studies in particular compared the personal and family functioning of recovered and relapsed alcoholics to the functioning of matched controls (Callan & Jackson, 1985; Moos & Billings,

1982). In these studies, no significant differences were found between the personal and family functioning of children from families with recovered alcoholics and that of matched controls. However, the same was not true for families with relapsed alcoholics; such families were less cohesive, less expressive, less likely to promote independence and achievement, and less likely to agree about their family environment. The authors concluded that the stress-related effects of parental alcoholism on children may diminish or disappear when parents succeed in controlling their alcohol abuse. Thus, the environmental impact of alcoholism may be of a current and dynamic problem, rather than reflecting a fixed and irreversible effect on the COA's functioning.

In considering the approach taken by the general environmental mechanism hypothesis, the next step is to go past the current research in order to determine specific aspects of family functioning that might account for the connections between living with an alcoholic parent and the negative outcomes experienced by COAs. The first step towards understanding the effect alcohol has upon the family environment is to determine if its presence is related to the family environment in a consistent manner. A review of the literature indicates several areas worth investigating. The first is the negative relationship between alcoholism and parenting ability. Preschool sons of alcoholic fathers demonstrate less cognitive and "motoric" development which appears to be mediated by reduced cognitive, social, and emotional stimulation provided to them by their parents (Noll, Zucker, Fitzgerald, & Curtis, 1992). Alcoholism may also reduce a parent's monitoring abilities, which has been found to increase substance abuse among their adolescents (Chassin, Pillow, Curran, Molina, & Barrera, 1993). Chassin et al concluded that long-term alcohol abuse has an additive influence on the parents' ability to monitor and control their child's behavior which may in turn, lead to COA dysfunction.

Along with its potential effect upon parenting ability, another important aspect of family functioning affected by alcohol abuse is communication. One study examined the effect of alcohol on communication patterns by contrasting alcoholic, depressive and control family communication patterns under drinking and dry conditions. Jacob & Krahn (1988) performed an experiment in which they

examined 107 alcoholic, depressed and control families in drinking and non-drinking sessions to determine the effect alcohol has upon familial communication. The results revealed that the interactions between the alcoholic groups were more negative, especially during the drinking sessions, and that distressed couples in general (the alcoholic and depressed groups) exhibited less conviviality and good natured communication than controls. Another study by Jacob, Krahn, & Leonard (1991) found similar results when they measured alcoholic, depressed, and control families communicative skills in a problem solving task. Although there were no significant differences between the distressed groups, differences were found between the distressed and non-distressed families. The results indicated that distressed families were less relaxed and less affable, an atmosphere which distracted their attention away from the task and caused them to do less planning and problem solving behavior.

While research on the effect alcohol consumption has upon communication is important, a drawback exists within these studies which has to be considered. In these studies, the researchers did not require subjects to consume alcohol in the drinking condition, and the subjects were allowed to decide the amount of alcohol they would consume. As a result, the effect of alcohol consumption on their communication may have been inconsistent because subjects inevitably consumed unequal amounts of alcohol. This lack of control may explain inconsistent results seen in other experiments, which found alcohol had no negative effect on inter-spouse communication (Frankenstein, Hay, & Nathan, 1985). Thus, while the presence of alcohol does seem to affect family communication, the true effect has not yet been determined due to the lack of controls in the drinking conditions.

Finally, a variety of studies report that the family environment may suffer from alcohol abuse through the presence of unstable living conditions. In general, alcoholic families are characterized by the unpredictable nature of the alcoholic (Velleman, 1992), which can have a negative effect upon the COAs who suffer from lack of attention and ineffective parenting (Chassin, Pillow, Curran, Molina, & Barrera, 1993; Noll, Zucker, Fitzgerald, & Curtis, 1992). Research also reveals that COA's report living in unstable family environments characterized by rigid boundaries, high marital conflict,

dysfunction, and poor communication (Murray, 1989; Moos & Billings, 1982; Steinglass, 1981). Furthermore, parental alcoholism may lead to high rates of parental unemployment and elevated marital discord, which can serve to increase stress and create a high risk setting for COAs (Rubio-Stipec, Bird, Canino, Bravo, & Alegria, 1991; Wilson & Orford, 1978). Also, retrospective interviews with adult COAs indicate that their family experiences may be characterized by high rates of family disruption and less parental attachment, in addition to holding a view that their families are less cohesive, less organized, and not oriented toward intellectual or cultural pursuits (Johnson & Pandina, 1991; Clair & Genest, 1987).

As these studies indicate, alcoholism can affect families across many areas and may create a dysfunctional environment. However, a close look at the representation of alcoholic families depicted by these studies reveals that alcoholic families have various characteristics which serve to increase stress levels for its members. Thus, stress levels may be an important factor to consider in examining links between family and adjustment of COAs and may fit into the general environmental mechanism hypothesis model. The presence of high stress levels within a family can have negative consequences for adolescents in the form of depressive and anxiety symptoms (Compas, Orosan, & Grant, 1993; Banez & Compas, 1990; Compas, Howel, Phares, & Williams, 1989). Therefore, the existing literature on stress and coping has to be considered. However, in order to comprehend this literature the reader must first understand the difference between daily stressors (e.g. home work, arguments with parents, quarrels between parents, SES) and major life events (e.g. death of a family member, moving, failing a grade). These stressor categories represent the method in which stressful events are labeled and studied and therefore must be considered when reviewing the effects of stress upon an individual. This study will focus upon daily hassles within the family as research has found that these stressors are more predictive of negative outcomes within children and adolescence than are major life event stressors (Compas, 1987).

Research has yielded significant correlations between growing up in an environment with daily

and chronic stress and the development of depressive, anxiety, and behavioral symptoms within adolescents (Compas, Orosan, & Grant, 1993; Banez & Compas, 1990; Compas, Howel, Phares, & Williams, 1989). Families with elements of conflict and control, as reported by the adolescent, are found to correlate with negative functioning (Burt, Cohen, & Bjorck, 1988). Similarly, children in alcoholic families suffer from internalizing disorders (Workman & Beer, 1992; Sher, Walitzer, Wood, & Brent, 1991; von Knorring, 1991; Johnson, Boney, & Brown, 1990-91; Roosa, Sandler, Beals, & Brent, 1988) along with facing the presence of daily stressful events within the family which may lead them to perceive their families as conflict ridden and controlling (Murray, 1989; Moos & Billings, 1982; Steinglass, 1981). In a comprehensive literature review on the effects of stress on children and adolescents, Compas (1987) concluded that a consistent correlation exists between stressful events and psychological, behavioral, and somatic problems in adolescence. Compas also concluded that chronic stress and daily stressors, as opposed to major life events, played a larger role in the development of these psychological and behavioral difficulties during adolescence.

From the studies performed on the parenting ability, communication style, and environment of alcoholic families it is apparent that these families are characterized by dysfunction. However, these studies fail to reveal whether these family deficits serve to mediate the link between parental drinking and COAs dysfunction. Unfortunately, the use of retrospective reports, a typical method employed in studies on the family environment of COAs, greatly hinders the accurate identification of mediating variables. Given the somewhat unreliable nature of retrospective reports the results of this type of research must be interpreted with caution. Therefore, although research consistently demonstrates that dysfunction is present within alcoholic families, current family functioning must be examined in order to get a more reliable picture of the dynamics involved within alcoholic families. Despite weaknesses in the research, such as an over reliance on retrospective reports and a general failure to examine this area, it is clear that the amount of stress within an alcoholic family may create risk factors for COAs. Stress levels, therefore, are one specific factor of family functioning which may explain some of the deficits

experienced by COAs. A consistent view throughout some of the literature is that the life of a COA can be viewed as one containing chronic stress (Clair & Genest, 1987). Although no research has examined this area directly, this view lends support to the general environmental mechanism hypothesis (Velleman, 1992) and suggests that the distress within alcoholic families creates a state of chronic stress for COA's, thereby hindering their development. This view is explained by Chassin, Rogosch, & Barrera (1991);

Parental alcoholism is associated with general parental impairment and poor role functioning that impairs the quality of the family environment and the stability of the child's life. Such increased stress and disruption raises the risk for negative outcomes in a rather non-specific way so that all negative outcomes were more likely. (p 460)

Elevated stress levels in alcoholic families may result not only from the drinking itself, but also from the combination of an unpredictable environment, negative patterns of communication, high rates of unemployment, and marital discord. Thus, it is important to focus on these areas in trying to disentangle the multitude of influences on COA's development. If the factors that lead to the COAs' dysfunction can be more clearly identified, progress in developing helpful intervention programs will be made more possible. Therefore, this study will address the following questions in order to determine whether COA dysfunction is related to parental drinking or to the presence of a maladaptive family environment.

In order to answer this question we will first determine if maternal drinking is related to internalizing symptoms in adolescent children. Then, elements in the family environment (e.g. stressors) will be examined in order to determine if they act as potential mediators in the relationship between maternal drinking and adolescent internalizing symptoms. Finally, we will ascertain whether the presence of family stressors, which we will have previously accounted for, potentially mediate the relationship between maternal drinking and adolescent internalizing symptoms. Thus, this model will determine the

role of the family environment in the functioning of COAs because it will weigh the impact of both parental drinking and the family environment.

Method

Subjects

One hundred and seventy-seven adolescents and their families were recruited through the city and county public school systems of Charlottesville, Virginia. The adolescents were selected to be moderately at-risk of future academic and social difficulties based upon the presence of any of the following low-level risk factors obtained from school records: the presence of one failing grade in a single semester; 10 or more absences in one semester (regardless of reason for absence); the presence of any suspensions in high school; any grade retention throughout their education; or attendance at an alternative school. These criteria are used to attain a population of youth who are either currently engaging in or are at moderate risk for problem behaviors. Although it was not assumed that all the teens in this study would be engaging in problem behaviors, this group was selected to represent one which would be easily distinguished and appropriately targeted by an intervention effort.

The average age of the 177 teenage participants was 16 years ($SD = .8081$), with a range from 14 to 19 years. Eighty-two were female; 95 were male. Sixty percent were white, 38 percent were African American, and two percent were Native American. The annual family income encompassed a wide range from \$2,500 to \$70,000 ($M = \$25,000$, $SD = \$19,937.95$).

Procedure

Once it was determined that an adolescent met the criteria of the study letters were sent home to their families. These letters briefly described the study as being concerned with teenager development. The families were asked to return a postcard, supplying their names, addresses, and phone numbers if they were interested in participating in the study. Upon receipt of the postcards, the family would be contacted and invited to come to the laboratory for the first of two, three-hour visits. Each family was paid \$45 for their first visit (\$30 in a check to the parents, and \$15 in a check to the

teenager) and \$60 for their second visit (\$40 in a check to the parents, and \$20 in a check to the teenager). Interviews were conducted at the University of Virginia in private rooms and were led by interviewers who were receiving graduate training in psychology. At the start of the visit, the family sat together in one room where the procedures of the study were explained. The interviewers assured the family that the information they were supplying was confidential and that neither the parents nor the teens would have access to each others information. Following this introduction, the parents' and adolescents' informed consent was obtained and the interviewers then took each member of the family to a separate room. In these private rooms, participants completed a series of questionnaires. The parents were administered a set of questionnaires that included the CAGE and the Marital Adjustment Test. The adolescents also completed a number of measures, including the Inventory of Parents and Peer Attachment, the Perceived Stress Scale, Beck Depression Inventory, Youth Self report, and the Weinberger Adjustment Inventory.

Measures

Parental Drinking. Potential problematic alcoholism and drug use by parents was assessed by a short, structured interview using the **CAGE** scale (Mayfield, McLeod, & Hall, 1974; cited in Smart, Adlaf, & Knoke, 1991). In this measure participants are asked four questions of the CAGE (See Appendix A) for both alcohol and drug use. The questions are concerned with the extent participants have tried to **C**ut down on drinking (or drug use), have been **A**nnoyed by criticism of their drinking, have ever felt **G**uilty about something they did while drinking, and whether they have ever used alcohol as a morning **E**ye-opener. Two or more positive answers to these four questions are believed to accurately identify a heavy drinker. A heavy drinker has been defined as someone who consumes about four drinks per day (Smart, Adlaf, & Knoke, 1991). The CAGE has demonstrated validity by correctly identifying 89% to 97% of clinically defined alcoholics in clinical samples, and significantly correlating with frequency of drinking and with frequency of consuming five or more drinks per day in general populations (Smart, Adlaf, & Knoke, 1991).

Representation of Family Environment. The **Inventory of Parent and Peer Attachment (IPPA;** Armsden & Greenberg, 1987) was used to assess adolescents' affective/cognitive and behavioral presentations of their attachment relationship with their parents and peers (See Appendix B). Participants responded to 32 items that pertained to their relationship with each parent and their peers using a five-point Likert scale. The IPPA evaluates attachment to parents and peers for degree of mutual trust (with 10 items), quality of communication (with 10 items), and degree of alienation (with eight items). These ordinal subscales are aligned such that increasing scores indicate greater trust of parents and peers, better communication with parents and peers, and more alienation from parents and peers. Three week test-retest reliability (with a sample of 18 to 21 year old's) of a composite measure of attachment (which combined the subscales) was .93.

The **Perceived Stress Scale (PSS)** is a 14-item scale designed to measure the degree to which individuals appraise situations in their lives as stressful (See Appendix B). This self-report measure determines how individuals feel about stressful events that have occurred in their life over the past month. In the past, the PSS has demonstrated adequate reliability and is a better predictor of stress than life-event scores (Cohen, Kamarck, & Mermelstein, 1983).

Finally, the **Marital Adjustment Test (MAT)** was filled out by the couples in the study in order to determine their level of marital satisfaction (See Appendix B). This 23-item self-report scale tests two aspects of marital adjustment; sexual congeniality and compatibility. Factor analysis performed on the data of 149 wives and 157 husbands indicate that the MAT is a internally consistent measure of marital adjustment (Kimmel & Van Der Veen, 1974).

Representation of Adolescent Functioning. Adolescents completed the **Weinberger Adjustment Inventory (WAI)**, a self-report measure of socio-emotional adjustment (See Appendix C) which examines dimensions of distress and self-restraint (Weinberger, 1989). The distress and restraint scales have shown convergent and discriminate validity in a multi-method assessment (Weinberger, 1990).

In addition, the adolescents also completed the **Beck Depression Inventory (BDI)**, a 21-item,

self-report measure assessing the severity of depressive symptoms in the last week (Beck, Steer, & Garbin, 1988). This measure has been widely used with clinical and normal samples, showing strong evidence of reliability and validity (Beck, Steer, & Garbin, 1988). Item scores were summed to create a single score for severity of depressive symptoms (See Appendix C).

Finally, the **Youth Self Report (YSR;** Achenbach & Edelbrock, 1979) was completed by each teen (See Appendix C). This questionnaire assesses teens' problem behaviors, and include both internalizing and externalizing subscales. The YSR has been normed on a sample of 1,315 boys and girls between the ages of eleven and eighteen (Achenbach & Edelbrock, 1979).

Results

Preliminary Analyses

The relationship between maternal drinking and teen dysfunction was examined using simple correlations and regression analysis in order to determine whether maternal problem drinking was related to teen internalizing and if the presence of a maladaptive family environment acted as a mediator between maternal problem drinking and internalizing. Table 1 presents the means and standard deviations of all the variables used in the reported analyses.

Table 1
Means and Standard Deviations
of Variables used in Analyses

N=177

Standard

	N	Mean	Deviation
<u>Parental Drinking</u>			
Maternal Drinking	149	.94	1.35
<u>Representation of Family Environment</u>			
Trust of Problem Drinking Mother	163	38.5	8.45
Communication with Problem Drinking Mother	163	33.74	8.55
Teen Alienation from Peers	75	15.35	4.49
Teen Report of Perceived Stress	146	23.58	7.59
Fathers Report of Marital Satisfaction	44	70.34	13.19
<u>Representation of Adolescent Functioning</u>			
Teens report of Depressive Symptoms	175	9.12	8.5
Teens report of Internalizing Symptoms	171	13.19	8.9
Teens report of Anxiety Symptoms	129	9.28	2.87

The association between maternal drinking and adolescent depressive, internalizing, and anxiety symptoms was examined using simple correlations. Using these three variables, a significant correlation was found between maternal drinking and adolescent internalizing. Thus, adolescents with mothers who demonstrate a drinking problem exhibit more internalizing problems than do teens whose mothers do not

demonstrate a drinking problem. However, no significant relationship was found for the correlations run between maternal drinking and teen depressive and anxiety symptoms (see table 2).

Table 2
Relationship of Maternal Problem Drinking
and Teens Report of Internalizing symptoms

	Maternal Problem Drinking
	r
Teens report of Depressive Symptoms	.02
Teens report of Internalizing Symptoms	.16*
Teens report of Anxiety Symptoms	.006

***p < .001 **p < .01. *p < .05. #p < .10

Relationship Between Maternal Drinking and Family Stressors

We next sought to determine if the presence of family stressors act as a mediator between maternal drinking and teen internalizing. Using simple correlations, the results reveal that a significant relation between maternal drinking and family stressors does exist. Teens with problem drinking mothers report that their relationship with their mother is characterized by greater trust and communication. However, these teens also report experiencing more alienation from their peers in conjunction with describing their lives as containing more stress. Finally, the husbands of these wives also report greater overall satisfaction in their marriage (see table 3).

Table 3

Simple Correlations of Maternal Problem
Drinking and Family Stressors

	Maternal Problem Drinking
	r
Trust of Problem Drinking Mother	.17*
Communication with Problem Drinking Mother	.15#
Teen Alienation from Peers	.29*
Teen Report of Perceived Stress	.15#
Fathers Report of Marital Satisfaction	.32*

***p < .001 **p < .01. *p < .05. #p < .10

Relationship Between Family Stressors and Teen Internalizing

Following these analyses we sought to determine whether the family stressors were related to adolescent internalizing behavior in order to ascertain if they were a potential mediator between maternal drinking and teen internalizing. Using simple correlations the results reveal that this relationship exists for four of the family stressors. However, these variables are related to teen internalizing in different ways. For instance, adolescents' who report more trust and better communication with their alcohol abusing mothers exhibit less internalizing behavior. In contrast, adolescents who report more peer alienation and higher rates of overall stress exhibit more internalizing behavior. The one variable that was not found to be significantly correlated with youth internalizing was the fathers' report of marital adjustment (see table

4).

Table 4
Relationship Between Family Stressors
and Adolescent Internalizing Behavior

	Teen Report of Internalizing Behavior
	r
Trust of Problem Drinking Mother	-.38***
Communication with Problem Drinking Mother	-.33***
Teen Alienation from Peers	.52***
Teen Report of Perceived Stress	.60***
Fathers Report of	

***p < .001 **p < .01. *p < .05. #p < .10

For the next analysis the teens' communication with the mother and maternal drinking were entered into an equation to predict teen internalizing symptoms. After accounting for communication with the mother, the effect of mothers' drinking went from being significant to only displaying a trend toward a significant effect, thus providing some evidence that its impact was at least partially mediated by communication with mother. Nevertheless, this finding indicates that good communication acts as a buffer between maternal drinking and internalizing symptoms in teenagers (see table 6).

Table 6
Regression Analysis
Predicting Internalizing

	r	β	R ²
Communication with Mother	-.34***	-.39***	
Maternal Problem Drinking	.16*	.13#	
Total			.16

***p < .001 **p < .01. *p < .05. #p < .10

In the subsequent analysis both peer alienation and maternal drinking were entered into an equation to predict youth internalizing symptoms. After accounting for alienation from peers, the effect of maternal drinking was not significant. This finding is consistent with a role of alienation from peers as mediating the link from mothers' drinking to internalizing symptoms in the teens. Thus, alienation from peers may act as a mediator between maternal drinking and internalizing symptoms and serves to increase the rate of these symptoms in teens (see table 7).

Table 7
Regression Analysis
Predicting Internalizing

	r	β	R ²
Alienation from Peers	.28*	.52***	
Maternal Problem Drinking	.16*	.09	
Total			.28

***p < .001 **p < .01. *p < .05. #p < .10

For the final regression analysis, the youth report of perceived stress and maternal drinking were entered into an equation to predict youth internalizing symptoms. After accounting for the perceived stress, the effect of mothers' drinking went from being significant to only displaying a trend toward a significant effect, thus providing some evidence that its impact was at least partially mediated by the teen's perceived stress. Thus, this finding is consistent with a role of alienation from peers as mediating the link from mothers' drinking to internalizing in teens (see table 8).

Table 8
Regression Analysis
Predicting Internalizing

	r	β	R ²
Adolescent Perceived Stress	.60***	.57***	
Maternal Problem Drinking	.16*	.12#	
Total			.37
***p < .001 **p < .01. *p < .05. #p < .10			

Discussion

Results of this study provide evidence that maternal drinking is not necessarily a predictor of COA internalizing symptoms and that any influence it may have is mediated by other factors present within the COA's environment. It was found that adolescents with a problem drinking mother, who also perceive their lives as stressful and report feeling alienated from their peers, suffer from internalizing symptoms. However, teens who report having a relationship with their problem drinking mother characterized by trust and good communication seem to be protected from the possible negative effects of maternal drinking, and subsequently, exhibit fewer internalizing symptoms. These findings demonstrate that the genesis of, or the protection from, deficits in the COAs may originate in the family environment rather than stemming solely from parental drinking. Therefore, this study supports the

general environmental mechanism hypothesis and highlights the need to consider the COAs environment when trying to determine the root of their dysfunction.

The general environmental mechanism hypothesis states that COAs suffer not from problems particular to alcoholic families, but from general family dysfunction. In other words, this hypothesis shifts the responsibility of COA deficits from parental alcoholism to broader environmental factors within the family. However, this hypothesis is not restricted to describing the COA's path to dysfunctional behavior, for it also stipulates how they may be protected from the adverse effects of living with an alcoholic parent. Thus, this hypothesis views parental alcoholism as either a single symptom of greater family dysfunction, or as a coping mechanism employed by one member, which does not necessarily represent overall family functioning. Therefore, when alcoholism becomes a symptom of overall family dysfunction the resulting adverse situation exerts a negative effect upon the development of the COA. However, when the parental alcohol abuse is accompanied by more normative family functioning, the COA may have other sources of support to buffer those effects which are produced by the alcohol abuse.

The hypothesized pathway to COA dysfunction proposed by the general environmental mechanism hypothesis was tested in this study by examining the relationship between maternal drinking and adolescent internalizing symptoms, while considering the possible mediating effects of several other variables. The results indicate that the internalizing symptoms exhibited by the teens of alcoholics may result from high stress levels. This finding supports the general environmental mechanism hypothesis, and indicates that COA dysfunction may be attributable to environmental variables rather than maternal drinking. In particular, this finding supports our hypothesis that stress may represent a particular environmental mechanism, characteristic of alcoholic families, which negatively affects COAs. Since these teens report experiencing stress it appears that having a parent with a drinking problem may serve to increase environmental stress for the COAs.

Research on the effect familial stress has on adolescents has revealed that growing up in an

environment with daily and chronic stress is correlated with the development of depressive, anxious, and behavioral symptoms within adolescents (Compas, Orosan, & Grant, 1993; Banez & Compas, 1990; Compas, Howel, Phares, & Williams, 1989). Because the presence of stress is correlated with COA internalizing symptoms, the results of this study support those of previous stress research, and indicate that stress may be a consistent result of parental drinking. Therefore, family dysfunction and in particular, chronic stress, may contribute to COA deficits, rather than maternal alcohol abuse, and therefore represents an important area for future exploration.

Just as the presence of chronic stress may lead to internalizing symptoms, the presence of a positive support system may serve to buffer the effects of maternal drinking. As stated previously, the general environmental mechanism hypothesis not only offers an explanation for COA dysfunction, but also describes how elements within the family environment may buffer the negative effects of living with an alcoholic. Just as negative variables within the family may lead to dysfunction, the presence of positive social or psychological support may offset the negative effects generated by the drinking parent.

This hypothesis is supported by the finding that teens who have a problem drinking mother and report that their relationship with her contains more trust and better communication, suffer less internalizing symptoms. Thus, some adolescents appear to establish a positive relationship with their mother, even though she abuses alcohol. Furthermore, this relationship may act as a buffer by helping the teen to cope with the other negative effects of maternal drinking.

As before, these findings support past stress research that examined different family elements which help teenagers cope with stress. For example, Wyman et al. (1992) studied 135 young adolescent children exposed to a major life stressor in order to differentiate between the stress resilient ones and the stress affected ones. Those children who were stress resilient reported more positive relationships with their primary caregivers, stable family environments, and consistent family discipline practices. The researchers concluded that a main element of stress resiliency was the presence of a positive family environment. Similarly, another study found that children who experienced chronic

adversity fair better or recover more successfully when they had a positive relationship with a competent adult (Masten, Best, & Garmezy, 1990), again indicating that a strong relationship between children and parents may buffer the effects of an otherwise stressful environment.

Comparable results have been found in alcoholic families by Cavell et al. (1993) who examined the perceived attachment of COAs to their parents and found that a good parent-child relationship within an alcoholic family may serve to buffer the negative effects of an alcoholic member. The findings of the present study support past research by providing evidence that a positive caregiving relationship, even with the drinking parent, may serve to buffer the effects of parental drinking. However, although these results support previous research, they provide only weak evidence, indicating that a positive environment may serve only to reduce, but not eliminate, the negative effects of being a COA.

Thus far, the results of this study have revealed two seemingly conflicting trends between the functioning of the teens inside and outside of their families. Within the families, the teens report more trust and communication with the drinking mother while husbands report greater marital satisfaction, indicating that they both have a close relationship with the mother. However, outside of the families, the teens report peer alienation, in conjunction with stress and internalizing symptoms, indicating that the adolescents do not function well when they are apart from their family environment. In effect, a discrepancy exists between the reports of the quality of family environment and the level of the teens' personal and social functioning. An important aspect to consider when trying to decipher this picture is that peer alienation is a strong mediator between maternal drinking and internalizing symptoms. Thus, although the teens have a positive relationship with their mother, the presence of peer alienation seems to exert an even greater negative effect upon the teen's functioning.

Family systems theory offers a possible explanation for these contrasting results. This theory states that the family unit is the source of dysfunction because alcoholism becomes so intertwined with family operation that it can not be separated from the rest of family functioning (Wolin, Bennett, & Noonan, 1979). Steinglass (1976), a proponent of the family systems approach, proposed that

alcoholism may become enmeshed in family functioning and become an adaptive organizing mechanism for the family:

Alcohol, by dint of its profound behavioral, cultural, societal, and physical consequences, might assume such a central position in the life of some families as to become an organizing principle for interactional life....In such a system the presence or absence of alcohol becomes the single most important behavior. (p 106)

Thereby, the family systems approach suggests that drinking is supported within the family because it has adaptive consequences in the alcoholic's family relationships. The drinking behavior, while detrimental to an individual, may help to keep a dysfunctional family together by focusing the family's attention upon the alcohol abuse rather than on other existing problems. As a result, the alcohol abuse is maintained because it is reinforced, and supported, by the family. This approach can, in part, explain the conflicting results in this study; although the results do not reveal the underlying reasons for the mother's drinking, they do indicate that the mother is well liked by her husband and teen. It appears then, that according to the reports of the husband and teen, the mother's drinking does not affect her relationship with them, a finding which supports the family systems model.

Although the maternal drinking in this study does not appear to affect family closeness, it may be influencing the teens in their social skills outside of the home. In the family systems model the dysfunction within alcoholic families exists in the family processes. This model postulates that the source of these alcoholic families' dysfunction lie in their patterns of interaction, which they have adopted in order to accept the alcohol abuse. Due to the family's organization around and closeness to the alcoholic, dysfunctional interactions may not be identified as such by family members. As a result, one way to identify the dysfunction within these families is to examine their patterns of interaction. For this study, the most obvious area of dysfunction exists within the teen. While the teen demonstrates an

ability to establish a close maternal relationship, they also demonstrate an apparent inability to establish positive peer relationships. These conflicting findings suggest that some aspect of the teen's interpersonal skills may be lacking. In order to untangle these conflicting findings it is necessary to review the existing literature on alcoholic family communication in order to establish a baseline to compare these results. Past research has consistently found that in alcoholic families the communication between family members tends to be more negative, especially when alcohol is involved, and that they exhibit less conviviality and good natured communication (Jacob & Krahn, 1988). Similarly, in problem solving tasks, distressed families (alcoholic and depressed families) are found to be less relaxed and less affable (Jacob, Krahn, & Leonard, 1991); further, while in a simulation game, alcoholic couples tend to display more extreme behavior, rigidity, and lack of communication when compared to controls (Kennedy, 1976).

While the aforementioned past research findings contradict the results of the present study, the variation appears to stem from the methodological differences that exist between the studies. The main difference is that while the present study relied upon subjective self-reports, all of the previous investigations depended upon objective reports to measure the communication in alcoholic families. Therefore, this study suggests that a discrepancy may exist between what members of an alcoholic family consider good communication, and what objective coders rate as good communication. Given that this difference exists, the basis of peer alienation may be explained by the teen's failure to learn appropriate communicative skills within the home. Although the teens apparently view their relationship with their mother as positive, this relationship also appears to be a detriment because the teens are not learning the proper interpersonal skills to maintain healthy peer relationships. As a result, these teens may have an idealized relationship with their mother because their social skills outside of the family do not match their positive relationship with their mother.

Several limitations of this study need to be addressed in future investigations of this topic. The first drawback exists in the quality of the CAGE, the scale used to measure parental drinking, because it

identifies problem drinkers and not alcoholics. More importantly though, the CAGE does not determine whether the alcohol problems reported by the adults is a current problem or one that was experienced in the past. As a result, this study only investigated problem drinkers who may not have currently been suffering from alcohol abuse. These issues can be addressed in future studies by using better diagnostic criteria for the identification of alcoholics. With a sample of participants clearly defined as alcoholics, conclusions could be drawn which would allow a more accurate picture of alcoholic families to develop. Secondly, because of the small sample size and the use of correlational models, the study lacked strong statistical power. By using a larger sample size in conjunction with a longitudinal approach, a more precise picture of alcoholic families could be obtained which would determine if stress is a true mediator between parental alcoholism and teen dysfunction. Furthermore, the scores on the anxiety, depressive, and internalizing scales reveal gender differences in the rate of depressive symptoms; girls scored significantly higher on the anxiety and depressive scales, and as a result, this study may not have accurately detected the problems being experienced by male COAs. Such areas as conduct problems and drug use could be examined in the future, in order to get a better picture of overall functioning for both boys and girls.

Finally, the last major methodological consideration of this study regards the cross-sectional nature of the data. As these data are cross-sectional, it is possible that adolescent and family problems may have been the cause of the maternal alcohol problems, or that a third variable not accounted for within this study caused both the adolescent dysfunction and maternal drinking. Thus, while the results support several causal models based upon prior research, the present study can not rule out other possible explanations.

For too long, studies have chosen to focus upon defining and cataloging the deficits of COAs, rather than studying the environments in which they live. However, a developing trend within the literature has been to examine the family environments of these children in an effort to determine whether the root of their dysfunction lies within the family processes. Many of these research efforts stem from

the family systems theory and the general environmental mechanism hypothesis, which both view the family unit, rather than the behavior of the alcoholic parent, as the root of dysfunction. The results of the present study support these hypotheses by demonstrating that maternal drinking is linked to adolescent functioning through mediating variables within the family environment. Therefore, these findings suggest that future research should focus attention upon the presence of risk and protective factors within the alcoholic families which might influence outcomes for COAs. Additionally, these results indicate that in order to obtain a clearer picture of functioning within alcoholic families, future studies should utilize both subjective and objective reports.

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Appendix A

Measure of Parental Drinking

-CAGE

CAGE

Introduction: These are some questions about your use of alcohol and other drugs. Please keep in mind that these questions, like all the others you have answered today, will be kept confidential. Your name is not attached to your answers, only a subject code is used to identify you. Please circle the answer to each question.

1. Have you **ever** used alcohol at all?

Yes No **(If NO, go to number 6)**

2. Have you ever felt the need to cut down on your drinking?

Yes No

3. Have you ever been annoyed by criticism of your drinking?

Yes No

4. Have you ever felt guilty about something you've done when you've been drinking?

Yes No

5. Have you ever had a morning eye-opener (a drink to get you going in the morning)?

Yes No

6. Have you **ever** used any drugs at all?

Yes No **(If NO, stop here)**

7. Have you ever felt the need to cut down on your drug use?

Yes No

8. Have you ever been annoyed by criticism of your drug use?

Yes No

9. Have you ever felt guilty about something you've done when you've been high on drugs?

Yes No

10. Have you ever taken drugs first thing in the morning to get going, or to treat withdrawal symptoms?

Yes No

Appendix B

Measures of the Family Environment

- Inventory of Parent and Peer Attachment for females (IPPAF).
- Inventory of Parent and Peer Attachment for males (IPPAM).
- Inventory of Parent and Peer Attachment for peers (IPPAP).
- Perceived Stress Scale (PSS).
- Marital Adjustment Scale (MAT).

IPPAF

This section asks about your feelings about your relationship with _____. Please read each of the following statements and put a circle around the response that best describes how you feel about _____.

	NEVER TRUE	SELDOM TRUE	SOMETIMES TRUE	OFTEN TRUE	ALMOST ALWAYS TRUE
1. She respects my feelings.	never	seldom	sometimes	often	almost always
2. I feel she is successful as a parent.	never	seldom	sometimes	often	almost always
3. I feel alone or apart when I am with her.	never	seldom	sometimes	often	almost always
4. I wish I had a different parent.	never	seldom	sometimes	often	almost always
5. I try to keep to myself when I am upset.	never	seldom	sometimes	often	almost always
6. She accepts me as I am.	never	seldom	sometimes	often	almost always
7. I have to rely on myself when I have a problem to solve.	never	seldom	sometimes	often	almost always
8. I like to get her point of view on things I'm concerned about.	never	seldom	sometimes	often	almost always
9. I feel it is no use letting my feelings show.	never	seldom	sometimes	often	almost always
10. She senses when I'm upset about something.	never	seldom	sometimes	often	almost always

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11. Talking over my problems with her makes me feel ashamed or foolish.	never	seldom	sometimes	often	almost always
12. She expects too much from me.	never	seldom	sometimes	often	almost always
13. I get upset easily when I'm with her.	never	seldom	sometimes	often	almost always
14. I get a lot more upset than she knows.	never	seldom	sometimes	often	almost always
15. When we discuss things, she considers my point of view.	never	seldom	sometimes	often	almost always
16. She trusts my judgement.	never	seldom	sometimes	often	almost always
17. She has her own problems, so I don't bother her with mine.	never	seldom	sometimes	often	almost always
18. She helps me to understand myself better.	never	seldom	sometimes	often	almost always
19. I tell her about my problems and troubles.	never	seldom	sometimes	often	almost always
20. I feel angry with her.	never	seldom	sometimes	often	almost always
21. I don't get much attention when I'm with her.	never	seldom	sometimes	often	almost always
22. She encourages me to talk about my difficulties.	never	seldom	sometimes	often	almost always
23. She understands me.	never	seldom	sometimes	often	almost always
24. I feel as if I don't know whom I can depend on these days.	never	seldom	sometimes	often	almost always

COA's Proximal Environment

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25. When I am angry about something, she tries to be understanding.	never	seldom	sometimes	often	almost always
26. I feel like what she doesn't know won't hurt her.	never	seldom	sometimes	often	almost always
27. I trust her.	never	seldom	sometimes	often	almost always
28. I feel as if she doesn't understand what I'm going through these days.	never	seldom	sometimes	often	almost always
29. I can count on her when I need to get something off my chest.	never	seldom	sometimes	often	almost always
30. I feel that no one understands me.	never	seldom	sometimes	often	almost always
31. If she knows something is bothering me, she asks me about it.	never	seldom	sometimes	often	almost always
32. I feel I need to be in touch with her more often.	never	seldom	sometimes	often	almost always

IPPAM

This section asks about your feelings about your relationship with _____. Please read each of the following statements and put a circle around the response that best describes how you feel about _____.

	NEVER TRUE	SELDOM TRUE	SOMETIMES TRUE	OFTEN TRUE	ALMOST ALWAYS TRUE
1. He respects my feelings.	never	seldom	sometimes	often	almost always
2. I feel he is successful as a parent.	never	seldom	sometimes	often	almost always
3. I feel alone or apart when I am with him.	never	seldom	sometimes	often	almost always
4. I wish I had a different parent.	never	seldom	sometimes	often	almost always
5. I try to keep to myself when I am upset.	never	seldom	sometimes	often	almost always
6. He accepts me as I am.	never	seldom	sometimes	often	almost always
7. I have to rely on myself when I have a problem to solve.	never	seldom	sometimes	often	almost always
8. I like to get his point of view on things I'm concerned about.	never	seldom	sometimes	often	almost always
9. I feel it is no use letting my feelings show.	never	seldom	sometimes	often	almost always
10. He senses when I'm upset about something.	never	seldom	sometimes	often	almost always
11. Talking over my problems with him makes me feel ashamed or foolish.	never	seldom	sometimes	often	almost always

12. He expects too much from me.	never	seldom	sometimes	often	almost always
13. I get upset easily when I'm with him.	never	seldom	sometimes	often	almost always
14. I get a lot more upset than he knows.	never	seldom	sometimes	often	almost always
15. When we discuss things, he considers my point of view.	never	seldom	sometimes	often	almost always
16. He trusts my judgement.	never	seldom	sometimes	often	almost always
17. He has his own problems, so I don't bother him with mine.	never	seldom	sometimes	often	almost always
18. He helps me to understand myself better.	never	seldom	sometimes	often	almost always
19. I tell him about my problems and troubles.	never	seldom	sometimes	often	almost always
20. I feel angry with him.	never	seldom	sometimes	often	almost always
21. I don't get much attention when I'm with him.	never	seldom	sometimes	often	almost always
22. He encourages me to talk about my difficulties.	never	seldom	sometimes	often	almost always
23. He understands me.	never	seldom	sometimes	often	almost always
24. I feel as if I don't know whom I can depend on these days.	never	seldom	sometimes	often	almost always

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25. When I am angry about something, he tries to be understanding.	never	seldom	sometimes	often	almost always
26. I feel like what he doesn't know won't hurt him.	never	seldom	sometimes	often	almost always
27. I trust him.	never	seldom	sometimes	often	almost always
28. I feel as if he doesn't understand what I'm going through these days.	never	seldom	sometimes	often	almost always
29. I can count on him when I need to get something off my chest.	never	seldom	sometimes	often	almost always
30. I feel that no one understands me.	never	seldom	sometimes	often	almost always
31. If he knows something is bothering me, he asks me about it.	never	seldom	sometimes	often	almost always
32. I feel I need to be in touch with him more often.	never	seldom	sometimes	often	almost always

IPPAP

This section asks about your feelings about your relationship with your close friends. Please read each of the following statements and put a circle around the response that best describes how you feel about your close friends.

	NEVER TRUE	SELDOM TRUE	SOMETIMES TRUE	OFTEN TRUE	ALMOST ALWAYS TRUE
1. I like to get my friend's point of view on things I'm concerned about.	never	seldom	sometimes	often	almost always
2. My friends can tell when I'm upset about something.	never	seldom	sometimes	often	almost always
3. When we discuss things, my friends care about my point of view.	never	seldom	sometimes	often	almost always
4. Talking over my problems with my friends makes me feel ashamed or foolish.	never	seldom	sometimes	often	almost always
5. I wish I had different friends.	never	seldom	sometimes	often	almost always
6. My friends understand me.	never	seldom	sometimes	often	almost always
7. My friends help me to talk about my difficulties.	never	seldom	sometimes	often	almost always
8. My friends accept me as I am.	never	seldom	sometimes	often	almost always
9. I feel the need to be in touch with my friends more often.	never	seldom	sometimes	often	almost always
10. My friends don't understand what I'm going through these days.	never	seldom	sometimes	often	almost always

11. I feel alone or apart when I'm with my friends.	never	seldom	sometimes	often	almost always
12. My friends listen to what I have to say.	never	seldom	sometimes	often	almost always
13. I feel my friends are good friends.	never	seldom	sometimes	often	almost always
14. My friends are fairly easy to talk to.	never	seldom	sometimes	often	almost always
15. When I am angry about something, my friends try to be understanding.	never	seldom	sometimes	often	almost always
16. My friends help me to understand myself better.	never	seldom	sometimes	often	almost always
17. My friends care about how I am.	never	seldom	sometimes	often	almost always
18. I feel angry with my friends.	never	seldom	sometimes	often	almost always
19. I can count on my friends when I need to get something off my chest.	never	seldom	sometimes	often	almost always
20. I trust my friends.	never	seldom	sometimes	often	almost always
21. My friends respect my feelings.	never	seldom	sometimes	often	almost always
22. I get upset a lot more than my friends know about.	never	seldom	sometimes	often	almost always

23. It seems as if my friends are irritated with me for no reason.	never	seldom	sometimes	often	almost always
24. I can tell my friends about my problems and troubles.	never	seldom	sometimes	often	almost always
25. If my friends know something is bothering me, they ask me about it.	never	seldom	sometimes	often	almost always

PSS

These questions ask you about your feelings and thoughts during the last month. In each case, you will be asked to indicate *how often* you felt or thought a certain way. Although some of the questions are similar, there are differences between them and you should treat each one as a separate question. The best approach is to answer each question fairly quickly. That is, don't try to count up the number of times you felt a particular way, but rather indicate the alternative that seems like a reasonable estimate. For each question circle the number that corresponds with your answer.

In the last month, how often have you...	<u>Never</u>	<u>Almost Never</u>	<u>Some- times</u>	<u>Fairly Often</u>	<u>Very Often</u>
1. Been upset because of something that happened unexpectedly?	0	1	2	3	4
2. Felt that you were unable to control important things in your life?	0	1	2	3	4
3. Felt nervous and "stressed"?	0	1	2	3	4
4. Dealt successfully with irritating life hassles?	0	1	2	3	4
5. Felt that you were effectively coping with important changes that were occurring in your life?	0	1	2	3	4
6. Felt confident about your ability to handle your personal problems?	0	1	2	3	4
7. Felt that things were going your way?	0	1	2	3	4
8. Found that you could not cope with all the things that you had to do?	0	1	2	3	4

COA's Proximal Environment

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In the last month, how often have you ...	<u>Never</u>	<u>Almost Never</u>	<u>Some- times</u>	<u>Fairly Often</u>	<u>Very Often</u>
9. Been able to control irritations in your life?	0	1	2	3	4
10. Felt that you were on top of things?	0	1	2	3	4
11. Been angered because of things that happened that were outside of your control?	0	1	2	3	4
12. Found yourself thinking about things that you have to accomplish?	0	1	2	3	4
13. Been able to control the way you spend your time?	0	1	2	3	4
14. Felt difficulties were piling up so high that you could not overcome them?	0	1	2	3	4

MAT

All the questions can be answered by circling the letter corresponding to the appropriate answer. Please answer all of the items by giving the answers that best fit your marriage/current relationship at the present time. If you cannot give the exact answer to a question, answer the best that you can.

1. Are you currently involved in a serious romantic relationship?
 Yes (if "Yes", continue with Question 2)
 No (if "No", stop here)
2. Are you currently married?
 Yes (if "Yes", continue with Question 3)
 No (if "No", go to Question 5)
3. Have you ever wished that you had not married your current spouse?
 - a. Frequently
 - b. Occasionally
 - c. Rarely
4. Thinking about your current spouse, if you had your life to live over again, would you:
 - a. Marry the same person
 - b. Marry a different person
 - c. Not marry at all
5. How many outside activities do you and your partner engage in together?
 - a. All of them
 - b. Some of them
 - c. Few of them
 - d. None of them
6. In leisure time, which do you prefer?
 - a. Both partners stay at home
 - b. Both to be on the go
 - c. One to be on the go and other stay home
7. Do you and your partner generally talk things over together?
 - a. Never
 - b. Now and then
 - c. Almost always
 - d. Always

8. How often do you kiss your partner?
- Every day
 - Now and then
 - Almost never
9. Check any of the following items which you think have caused *serious* difficulties in your marriage.
- Partner's attempt to control my spending money
 - Other difficulties over money
 - Religious differences
 - Different amusement interests
 - Lack of mutual friends
 - Constant bickering
 - Interference of in-laws
 - Lack of mutual affection (no longer in love)
 - Unsatisfying sexual relations
 - Selfishness and lack of cooperation
 - Adultery
 - Desire to have children
 - Sterility of husband or wife
 - Venereal diseases
 - Mate paid attention to (became familiar with) another person
 - Desertion
 - Nonsupport (financial)
 - Drunkenness
 - Gambling
 - Ill health
 - Mate sent to jail
 - Other reasons
10. How many things satisfy you most about your marriage/current relationship?
- Nothing
 - One thing
 - Two things
 - Three or more things
11. When disagreements arise they generally result in:
- My partner giving in
 - Me giving in
 - Neither giving in
 - Agreement by mutual give and take

12. How often have you left your partner or has your partner left you at least overnight because of conflict?

- a. No times
- b. One or more times

13. How frequently do you and your partner get on each other's nerves around the house?

- a. Never
- b. Occasionally
- c. Frequently
- d. Almost always
- e. Always

14. What are your feelings on sexual relations between you and your partner?

- a. Very enjoyable
- b. Enjoyable
- c. Tolerable
- d. Unpleasant
- e. Very unpleasant

15. What are your partner's feelings on sexual relations with you?

- a. Very enjoyable
- b. Enjoyable
- c. Tolerable
- d. Unpleasant
- e. Very unpleasant

16. On the scale line below circle the number which best describes the degree of happiness, everything considered, of your marriage/current relationship. The middle point, "happy" represents the degree of happiness which most people get from their relationship, and the scale gradually ranges on one side to those few who experience extreme joy in their relationship and on the other to those few who are very unhappy in their relationship.

0 1 2 3 4 5 6

Very
Unhappy

Happy

Perfectly
Happy

Appendix C

Measures of Adolescent Functioning

- Weinberger Adjustment Inventory (WAI).
- Beck Depression Inventory (BDI).
- Youth Self Report (YSR).

WAI

Part I. The purpose of these questions is to understand what you are **usually** like or what you have usually felt, not just during the past few weeks, but over the **past year** or more.

Please read each sentence carefully and circle the number that best describes you. For each sentence, decide whether it is **false** or mostly false for you, **somewhat false** (more false than true), **somewhat true** (more true than false), or **true** or mostly true for you. If you can't really say whether it is more true or more false for you, choose **not sure**.

Example: If a sentence read: "I spend a lot of time reading", and you read some but not that much, you would circle a 2 for somewhat false.

	False	Somewhat False	Not Sure	Somewhat True	True
1. I usually think of myself as a happy person.	1	2	3	4	5
2. There have been times when I said I would do one thing but did something else.	1	2	3	4	5
3. I really don't like myself very much.	1	2	3	4	5
4. I can remember a time when I was so angry at someone that I felt like hurting him or her.	1	2	3	4	5
5. Once in a while, I don't do something that someone asked me to do.	1	2	3	4	5
6. There have been times when I didn't let people know about something I did wrong.	1	2	3	4	5

	False	Somewhat False	Not Sure	Somewhat True	True
7. I'm not very sure of myself.	1	2	3	4	5
8. I never act like I know more about something than I really do.	1	2	3	4	5
9. I am answering these questions truthfully.	1	2	3	4	5
10. Once in a while, I say bad things about people that I would not say in front of them.	1	2	3	4	5
11. People who get me angry better watch out.	1	2	3	4	5
12. I have done some things that weren't right and felt sorry about it later.	1	2	3	4	5
13. I worry too much about things that aren't important.	1	2	3	4	5
14. Once in a while, I break a promise that I've made.	1	2	3	4	5
15. I'm the kind of person who has a lot of fun.	1	2	3	4	5
16. There have been times when I did not finish something because I spent too much time "goofing off".	1	2	3	4	5

	1	2	3	4	5
	False	Somewhat False	Not Sure	Somewhat True	True
17. I am never unkind to people I don't like.	1	2	3	4	5
18. Everyone makes mistakes at least once in a while.	1	2	3	4	5
19. I often feel sad or unhappy.	1	2	3	4	5
20. Once in a while, I say things that are not completely true.	1	2	3	4	5
21. I usually feel I'm the kind of person I want to be.	1	2	3	4	5

(Continued on next page)

Part II. The purpose of these questions is to understand *how often* you think, feel, or act a certain way. Again, we want to know what is usual for you, even if it hasn't happened in the past couple of days or last few weeks. After you read each sentence, decide whether it is **almost never** or never true, **not often** true, **sometimes** true, **often** true, or **almost always** true for you and then circle the number which corresponds to your answer.

	Almost Never True	Not Often True	Sometimes True	Often True	Almost Always True
22. I do things without giving them enough thought.	1	2	3	4	5
23. When I have the chance, I take things I want that don't really belong to me.	1	2	3	4	5
24. If someone tries to hurt me, I make sure I get even with them.	1	2	3	4	5
25. I feel nervous or afraid that things won't work out the way I would like them to.	1	2	3	4	5
26. I become "wild and crazy" and do things that other people might not like.	1	2	3	4	5
27. I feel lonely.	1	2	3	4	5
28. Before I do something, I think about how it will affect the people around me.	1	2	3	4	5
29. I will cheat on something if I know no one will find out.	1	2	3	4	5
	Almost Never True	Not Often True	Sometimes True	Often True	Almost Always True

30.	When I'm doing something for fun (for example, partying, acting silly), I tend to get carried away and go to far.	1	2	3	4	5
31.	I do things that I know really aren't right.	1	2	3	4	5
32.	I get into such a bad mood that I just feel like sitting around and doing nothing.	1	2	3	4	5
33.	I lose my temper and "let people have it" when I'm angry.	1	2	3	4	5
34.	In recent years, I have felt more nervous or worried about things than I have needed to.	1	2	3	4	5
35.	I feel very happy.	1	2	3	4	5
36.	I think about other people's feelings before I do something they might not like.	1	2	3	4	5
37.	I make sure that doing what I want will not cause problems for other people.	1	2	3	4	5

BDI

This questionnaire consists of some groups of statements. After reading each group of statements carefully, circle the number (0, 1, 2 or 3) next to the one statement in each group which **best** describes the way you have been feeling the **past week, including today**. If several statements within a group seem to apply equally well, circle each one. **Be sure to read all the statements in each group before making your choice.**

- 1** 0 I do not feel sad.
1 I feel sad.
2 I am sad all the time and I can't snap out of it.
3 I am so sad or unhappy that I can't stand it.
- 2** 0 I am not particularly discouraged about the future.
1 I feel discouraged about the future.
2 I feel I have nothing to look forward to.
3 I feel that the future is hopeless and that things cannot improve.
- 3** 0 I do not feel like a failure.
1 I feel I have failed more than the average person.
2 As I look back on my life, all I can see is a lot of failures.
3 I feel I am a complete failure as a person.
- 4** 0 I get as much satisfaction out of things as I used to.
1 I don't enjoy things the way I used to.
2 I don't get real satisfaction out of anything anymore.
3 I am dissatisfied or bored with everything.
- 5** 0 I don't feel particularly guilty.
1 I feel guilty a good part of the time.
2 I feel quite guilty most of the time.
3 I feel guilty all of the time.
- 6** 0 I don't feel I am being punished.
1 I feel I may be punished.
2 I expect to be punished.
3 I feel I am being punished.
- 7** 0 I don't feel disappointed in myself.
1 I am disappointed in myself.
2 I am disgusted with myself.
3 I hate myself.
- 8** 0 I don't feel I am any worse than anybody else.

- 1 I am critical of myself for my weaknesses or mistakes.
2 I blame myself all the time for my faults.
3 I blame myself for everything bad that happens.
- 9** 0 I don't have any thoughts of killing myself.
1 I have thoughts of killing myself, but I would not carry them out.
2 I would like to kill myself.
3 I would kill myself if I had the chance.
- 10** 0 I don't cry any more than usual.
1 I cry more now than I used to.
2 I cry all the time now.
3 I used to be able to cry, but now I can't cry even though I want to.
- 11** 0 I am no more irritated now than I ever am.
1 I get annoyed or irritated more easily than I used to.
2 I feel irritated all the time now.
3 I don't get irritated at all by the things that used to irritate me.
- 12** 0 I have not lost interest in other people.
1 I am less interested in other people than I used to be.
2 I have lost most of my interest in other people.
3 I have lost all of my interest in other people.
- 13** 0 I make decisions about as well as I ever could.
1 I put off making decisions more than I used to.
2 I have greater difficulty in making decisions than before.
3 I can't make decisions at all anymore.
- 14** 0 I don't feel I look any worse than I used to.
1 I am worried that I am looking old or unattractive.
2 I feel that there are permanent changes in my appearance that make me look unattractive.
3 I believe that I look ugly.
- 15** 0 I can work about as well as before.
1 It takes an extra effort to get started at doing something.
2 I have to push myself very hard to do anything.
3 I can't do any work at all.
- 16** 0 I can sleep as well as usual.
1 I don't sleep as well as I used to.
2 I wake up 1-2 hours earlier than usual and find it hard to get back to sleep.
3 I wake up several hours earlier than I used to and cannot get back to sleep.
- 17** 0 I don't get more tired than usual.
1 I get tired more easily than I used to.

- 2 I get tired from doing almost anything.
- 3 I am too tired to do anything.

- 18** 0 My appetite is no worse than usual.
- 1 My appetite is not as good as it used to be.
 - 2 My appetite is much worse now.
 - 3 I have no appetite at all anymore.

- 19** 0 I haven't lost much weight, if any, lately.
- 1 I have lost more than 5 pounds lately.
 - 2 I have lost more than 10 pounds lately.
 - 3 I have lost more than 15 pounds lately.

I am purposely trying to lose weight by eating less. Yes___ No___

- 20** 0 I am no more worried about my health than usual.
- 1 I am worried about physical problems such as aches and pains; or upset stomach; or constipation.
 - 2 I am very worried about physical problems and it's hard to think of much else.
 - 3 I am so worried about physical problems that I cannot think about anything else.

- 21** 0 I have not noticed any recent change in my interest in sex.
- 1 I am less interested in sex than I used to be.
 - 2 I am much less interested in sex now.
 - 3 I have lost interest in sex completely.

YSR

Below is a list of items that describe young people. For each item that describes you **now** or **within the past 6 months**, please circle the **2** if the item is **very true** or **often true** of you. Circle the **1** if the item is **somewhat** or **sometimes true** of you. If the item is **not true** of you, circle the **0**.

0 = Not True 1 = Somewhat or Sometimes True 2 = Very True or Often True

- | | | | |
|----------|----------|----------|--|
| 0 | 1 | 2 | 1. I act too young for my age |
| 0 | 1 | 2 | 2. I have an allergy (describe): |
| 0 | 1 | 2 | 3. I argue a lot |
| 0 | 1 | 2 | 4. I have asthma |
| 0 | 1 | 2 | 5. I act like the opposite sex |
| 0 | 1 | 2 | 6. I like animals |
| 0 | 1 | 2 | 7. I brag |
| 0 | 1 | 2 | 8. I have trouble concentrating or paying attention |
| 0 | 1 | 2 | 9. I can't get my mind off certain thoughts (describe): |
| 0 | 1 | 2 | 10. I have trouble sitting still |
| 0 | 1 | 2 | 11. I'm too dependent on adults |
| 0 | 1 | 2 | 12. I feel lonely |
| 0 | 1 | 2 | 13. I feel confused or in a fog |
| 0 | 1 | 2 | 14. I cry a lot |
| 0 | 1 | 2 | 15. I am pretty honest |
| 0 | 1 | 2 | 16. I am mean to others |
| 0 | 1 | 2 | 17. I daydream a lot |
| 0 | 1 | 2 | 18. I deliberately try to hurt or kill myself |
| 0 | 1 | 2 | 19. I try to get a lot of attention |
| 0 | 1 | 2 | 20. I destroy my own things |
| 0 | 1 | 2 | 21. I destroy things belonging to others |
| 0 | 1 | 2 | 22. I disobey my parents |
| 0 | 1 | 2 | 23. I disobey at school |
| 0 | 1 | 2 | 24. I don't eat as well as I should |
| 0 | 1 | 2 | 25. I don't get along with other kids |
| 0 | 1 | 2 | 26. I don't feel guilty after doing something I shouldn't |
| 0 | 1 | 2 | 27. I am jealous of others |
| 0 | 1 | 2 | 28. I am willing to help others when they need help |
| 0 | 1 | 2 | 29. I am afraid of certain animals, situations, or places, other than school (describe): |
| 0 | 1 | 2 | 30. I am afraid of going to school |

- 0 1 2 31. I am afraid I might think or do something bad
 0 1 2 32. I feel that I have to be perfect
 0 1 2 33. I feel that no one loves me
 0 1 2 34. I feel that others are out to get me
 0 1 2 35. I feel worthless or inferior
 0 1 2 36. I accidentally get hurt a lot
 0 1 2 37. I get in many fights
 0 1 2 38. I get teased a lot

0 = Not True 1 = Somewhat or Sometimes True 2 = Very True or Often True

- 0 1 2 39. I hang around with kids who get in trouble
 0 1 2 40. I hear sounds or voices that other people think aren't there (describe):
- 0 1 2 41. I act without stopping to think
 0 1 2 42. I would rather be alone than with others
 0 1 2 43. I lie or cheat
 0 1 2 44. I bite my fingernails
 0 1 2 45. I am nervous or tense
 0 1 2 46. Parts of my body twitch or make nervous movements (describe):
- 0 1 2 47. I have nightmares
 0 1 2 48. I am not liked by other kids
 0 1 2 49. I can do certain things better than most kids
 0 1 2 50. I am too fearful or anxious
 0 1 2 51. I feel dizzy
 0 1 2 52. I feel too guilty
 0 1 2 53. I eat too much
 0 1 2 54. I feel overtired
 0 1 2 55. I am overweight
 56. Physical problems without known medical cause:
 0 1 2 A. Aches or pains (**not** headaches)
 0 1 2 B. Headaches
 0 1 2 C. Nausea, feel sick
 0 1 2 D. Problems with eyes (describe):
 0 1 2 E. Rashes or other skin problems
 0 1 2 F. Stomachaches or cramps
 0 1 2 G. Vomiting, throwing up
 0 1 2 H. Other (describe):
- 0 1 2 57. I physically attack people
 0 1 2 58. I pick my skin or other parts of my body (describe):

- 0 1 2 59. I can be pretty friendly
 0 1 2 60. I like to try new things
 0 1 2 61. My school work is poor
 0 1 2 62. I am poorly coordinated or clumsy
 0 1 2 63. I would rather be with older kids than with kids my own age
 0 1 2 64. I would rather be with younger kids than with kids my own age
 0 1 2 65. I refuse to talk
 0 1 2 66. I repeat certain actions over & over (describe):
 0 1 2 67. I run away from home
 0 1 2 68. I scream a lot
 0 1 2 69. I am secretive or keep things to myself
 0 1 2 70. I see things that other people think aren't there (describe):
- 0 1 2 71. I am self-conscious or easily embarrassed
 0 1 2 72. I set fires
 0 1 2 73. I can work well with my hands
 0 1 2 74. I show off or clown
 0 1 2 75. I am shy

0 = Not True 1 = Somewhat or Sometimes True 2 = Very True or Often True

- 0 1 2 76. I sleep less than most kids
 0 1 2 77. I sleep more than most kids during day and/or night (describe):
- 0 1 2 78. I have a good imagination
 0 1 2 79. I have a speech problem (describe):
- 0 1 2 80. I stand up for my rights
 0 1 2 81. I steal at home
 0 1 2 82. I steal from places other than home
 0 1 2 83. I store up things I don't need (describe):
- 0 1 2 84. I do things other people think are strange
 0 1 2 85. I have thoughts that other people would think are strange (describe):
- 0 1 2 86. I am stubborn
 0 1 2 87. My moods or feelings change suddenly
 0 1 2 88. I enjoy being with other people
 0 1 2 89. I am suspicious
 0 1 3 90. I swear or use dirty language
 0 1 2 91. I think about killing myself
 0 1 2 92. I like to make others laugh
 0 1 2 93. I talk too much
 0 1 2 94. I tease others a lot
 0 1 2 95. I have a hot temper

- 0 1 2 96. I think about sex too much
0 1 2 97. I threaten to hurt people
0 1 2 98. I like to help others
0 1 2 99. I am too concerned about being neat and clean
0 1 2 100. I have trouble sleeping (describe):
- 0 1 2 101. I cut classes or skip school
0 1 2 102. I don't have much energy
0 1 2 103. I am unhappy, sad or depressed
0 1 2 104. I am louder than other kids
0 1 2 105. I use alcohol or drugs for nonmedical purposes (describe):
- 0 1 2 106. I try to be fair to others
0 1 2 107. I enjoy a good joke
0 1 2 108. I like to take life easy
0 1 2 109. I try to help other people when I can
0 1 2 110. I wish I were of the opposite sex
0 1 2 111. I keep from getting involved with others
0 1 2 112. I worry a lot

Please write down anything else that describes your feelings, behavior or interests: