Considering Different Perspectives of Parenting and their Associations with Depression Symptoms and Emotional Resilience in Treatment-Referred Youth

by

Kristy L. Boughton

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Decades of research have convincingly linked parenting experiences to mood psychopathology in youth, yet scant research has carefully considered child, parent, observational measures of parenting behaviours to better elucidate these complex patterns of risk. The current study investigates the relations among various perspectives of key parenting behaviours of responsiveness and psychological control (youth-report, parent-report, and observational) and their associations with youth depression and emotional resilience to better understand parenting context in relation to youth mental health and well-being. Participants were 42 treatment-referred early adolescents and their parent, both of whom completed several parenting behaviour assessments. Youth also completed measures of depression symptoms and emotional resilience. Results suggest that use of different informants and measures of parenting notably impact the association with youth functioning and thus, should not be used interchangeably. Further, parents whose self-reports were most discrepant from their observed responsiveness and psychological control had children with higher depression symptoms. Results underscore the importance of considering various perspectives of the parenting context in research and clinical contexts.
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Considering Different Perspectives of Parenting and their Associations with Depression Symptoms and Emotional Resilience in Treatment-Referred Youth

Current models of risk for internalizing difficulties in youth are complex and multifactorial implicating genetic, neurobiological, cognitive, and family context factors among others. Within these complex models, decades of research have convincingly linked parenting experiences (e.g., low levels of parental warmth) to mood psychopathology. Yet, the bulk of this research struggles with how to best identify potentially problematic parenting behaviours and child functioning (e.g., Who is the best reporter of child functioning or parent behaviour? How do different reports relate?). Understanding how parenting relates to internalizing difficulties is also important given that youth are most often referred to treatment by parents (Stanger & Lewis, 1993), who are also typically primary informants and involved in treatment (De Los Reyes & Kazdin, 2005, Stanger & Lewis, 1993). Although considerable research suggests that parenting context is an important risk factor for child internalizing difficulties in general, the field is plagued with methodological inconsistency and scant research has carefully considered child, parent and observational measures of key parenting behaviours to elucidate patterns of risk. The current study will investigate the relations among parent, youth, and observational measures of parenting and their association with child emotional functioning constructs (i.e., depression, emotional resilience) with the goal of better elucidating models of parenting risk for internalization difficulties in youth. This research on a treatment-referred sample of youth also aims to contribute to the clinical understanding of how to weigh various reports of parenting and how to best utilize these perspectives in assessment, formulation, and intervention with youth.
**Parenting and Youth Mood Difficulties**

Internalizing difficulties comprise many unobservable symptoms (e.g., sadness, loss of pleasure) and are often overlooked and more difficult to assess than comparatively more observable symptoms of distress or dysfunction (Stanger & Lewis, 1993; Verhulst & van der Ende, 1991). Mood disorders have a much earlier onset than once believed and early detection and treatment may considerably improve prognosis (e.g., Le & Boyd, 2006). To facilitate early identification and promotion of positive emotional development, understanding patterns of risk contributing to the development of these disorders is critical. Given the central role parents play throughout the process of referral, assessment, diagnosis and intervention, understanding the role of family context in the development and maintenance of, and resilience to mental health difficulties is a key consideration.

Many theoretical models have posited that parenting plays an important role in the development and maintenance of child psychopathology, and research has repeatedly supported associations between parenting and internalizing difficulties (e.g. Bayer, Sanson & Hemphill, 2006; Gray & Steinberg, 1999; Kovacs & Devlin, 1998; McLeod, Weisz, & Wood, 2007; McLeod, Wood, & Weisz, 2007) and resilience (e.g., Prevatt, 2003; Werner, 1993) in youth. Within this area of research, parental responsiveness and psychological control have been identified as key parenting behaviours of particular importance to child development. Parental responsiveness encompasses feelings of closeness, expressing warmth and acceptance toward the child and devoting attention to the child's needs (Bogenschneider & Pallock, 2008), while parental psychological control refers to harsh discipline, criticism, intrusive behaviour, excessive regulation of children’s activities, and a minimal level of granting of age-appropriate autonomy.
Parents who use psychological control tend to be demanding, hostile, and emotionally manipulative (Barber & Harmon, 2002).

Research suggests that parental rejection (i.e., low parental responsiveness) undermines child self-esteem, ability to regulate emotions and leads to feelings of helplessness and negative beliefs about the self, thus contributing to increased risk for depression (Gray & Steinberg, 1999; Marton & Maharaj, 1993; McLeod, Weisz, et al., 2007). Excessive parental involvement and promotion of overdependence on parents (i.e., parental psychological control) may reduce perceptions of mastery, self-efficacy, personal control and increase feelings of helplessness and symptoms of depression (Chorpita & Barlow, 1998; Weisz, Southam-Gerow, & McCarty, 2003; McLeod, Weisz, et al., 2007). Age-appropriate encouragement of autonomy and independence, on the other hand, may lead to reduced internalizing difficulties in children (Chorpita & Barlow, 1998; Gray & Steinberg, 1999; Wood, McLeod, Sigman, Hwang & Chu, 2003).

Embracing a positive psychological perspective, a related area of research supports a significant association between parenting, positive family relationships and child resilience. High levels of parental support, warmth and acceptance have been found to serve as protective factors for children at risk for internalizing difficulties (Brennan, Le Brocque & Hammen, 2003; Carbonell et al., 2002; Masten et al., 1999; Zimmerman, Ramirez-Valles, Zapert & Maton, 2000). Researchers have suggested that this, and other positive parenting behaviours (Prevatt, 2003), may both compensate for and/or protect against factors that may put children at elevated risk for negative developmental outcomes (Zimmerman et al., 2000). Though considerably less research has been conducted on the relation between specific parenting behaviours and resilience than has been done on negative child outcomes, factors such as low levels of maternal psychological control and emotional over-involvement (Brennan et al., 2003), availability of caregivers,
appropriate structure and rules (Werner & Smith, 1982; Wyman, Sandler, Wolchik & Nelson, 2000), conflict management, communication (Carbonell et al., 2002; Wyman et al., 2000), supervision, involvement (Wyman et al., 2000) and overall positive family relationships (Dumont & Provost, 1999) have been implicated.

Thus, low parental responsiveness and use of psychological control have been found to relate to a variety of negative outcomes in children, whereas positive parenting practices (i.e. responsiveness, warmth) have been linked to resilient development in youth. What is less clear is how various perspectives (e.g. child, parent, observer) on these parenting behaviours may be differentially associated with child outcomes and what implications this might have for theory about the development of mood disorders and for formulation and other forms of decision-making in clinical practice.

Assessing Parenting Behaviours

In the research connecting parenting behaviours to child outcomes, parenting is assessed either through parents’ report of their own behaviour (e.g., Prevatt, 2003), child report of their parent’s behaviour (Behnke, Plunkett, Sands & Bámaca-Colbert, 2011; Gray & Steinberg, 1999; Lau & Kwok, 2000), which are often retrospective (McLeod, Weisz, et al., 2007), observational methods (e.g., Ge, Lorenz, Conger, Elder, & Simons, 1994) or, less typically, a composite score combining more than one source (e.g., Bayer et al., 2006; Pettit, Laird, Dodge, Bates & Criss, 2001). Some argue that it is the child’s perspective and interpretation of parenting that should be the focus, having the greatest influence on child outcomes (e.g. Glasgow, Dornbusch, Troyer, Steinberg & Ritter, 1997; Schaefer, 1965) and some research suggests that child reports of parenting are more closely related to observational measures of parenting than are parents’ report of their own behaviour (Gonzales, Cauce, & Mason, 1996; Schwarz, Barton-Henry & Pruzinsky,
1985). Consistent with research that suggests individuals evidence a self-serving bias in which they over-estimate their abilities across a variety of domains (e.g., Baumeister, 1989), parents’ self-reports have been found to be positively biased compared to others’ ratings (Gaylord, Kitzmann, & Coleman, 2003; Schwarz et al., 1985). However, given that scant research has considered whether the perspectives of parents, children, or observers are uniquely related to child outcomes, conclusions regarding which perspective is of primary importance are elusive. Furthermore, given that research suggests low inter-rater agreement among family members in reporting parenting behaviours (Gerlsma, Snijders, van Duijn & Emmelkamp, 1997; Schwarz et al., 1985), various informant reports should not be used interchangeably to assess the relation between parenting and child outcomes. This calls into question whether general conclusions regarding the association between parenting and child outcomes can be made across studies utilizing different informants on parenting behaviour.

Some recent research suggests that different reports of parenting relate differentially to child outcomes. For example, in a community sample of 370 youth, parents’ and adolescents’ perceptions were related differently to academic outcomes and considering both sources of information separately was found to most powerfully predict academic performance (Pelegrina, Garcia-Linares and Casanova, 2003). Within the emotional functioning domain, the meta-analysis of 47 studies by McLeod, Wood and colleagues (2007) underscored that using reports of parenting from different informants strongly influences the relation between parenting and child anxiety. Results suggested that observer ratings of parenting demonstrated a significantly higher association with child anxiety than did child and parent ratings. Similarly, meta-analytic results across 45 studies evidenced that the magnitude of association between parenting and childhood depression was impacted by whether child, parent or observer ratings were used to assess
parenting (McLeod, Weisz, et al., 2007). However, in this study, child and parent ratings of parenting were found to be more significantly associated with child depression than were observer ratings. In another review article, the relation between parenting and child anxiety was examined across 21 studies in which parenting and anxiety ratings were not provided by the same informant (Wood et al., 2003). In this meta-analysis, child rating of accepting parenting was not reliably related to child anxiety. Results were inconclusive for child report of controlling parenting. When parents reported their own parental acceptance, studies found insignificant to small relationships between parenting and child anxiety. Again, there were insufficient data to draw conclusions regarding the relation between parent-reported parental control and child anxiety. Finally, when examining observational measures of parenting, both parental acceptance and control were associated with child anxiety. Though results are somewhat conflicting, these studies highlight that various perspectives of parenting may not be interchangeable in examining the association between parenting behaviours and youth functioning.

Though these meta-analyses highlight important methodological considerations for parenting and youth functioning research, the influence of different perspectives of parenting on youth functioning within the emotional functioning domain has yet to be examined within one research study. Despite the strengths of meta-analysis, the conclusions are drawn across diverse samples, with varying sampling procedures and across different measures of parenting and youth functioning. Thus, the current study will contribute significantly to this literature by examining the patterns of risk and resilience associated with various perspectives of parenting within one sample of treatment-referred youth.

Understanding the importance of various informant perspectives of parenting behaviour is further complicated by recent research suggesting that discrepant reports between parents and
children may not simply be error or bias in reporting (De Los Reyes et al., 2011). Each report may provide unique, reliable and valid insight (Achenbach, McConaughy & Howell, 1987; De Los Reyes et al., 2011; Ferdinand, van der Ende & Verhulst, 2004) and provide unique contributions relevant for clinical judgments (Verhulst & van der Ende, 1991). One such contribution may be related to parent awareness of their own behaviour. Baumeister (1989) suggests that a positive self-bias can contribute to healthy functioning, when that bias is at an optimal level. However, deviations from this optimal level can be associated with a variety of psychosocial risks and difficulties. Extending this work, it may be possible that parents who lack insight and are overly biased in their perceptions of their own parenting may lead to functioning difficulties in their children as well. It may be that parents who are low in positive or high in negative parenting characteristics and unaware of these problems (or overly biased) have a different impact on their child’s emotional functioning than similar parents who are aware and report such behaviour. To examine questions such as these, the current study will also seek to examine how parent’s awareness of their own behaviour influences child emotional functioning.

**Parenting and Youth Functioning in a Clinical Practice Context**

Understanding how reports of parenting behaviours from parents, children and observations may all contribute to the understanding youth psychopathology and resilience is important from a clinical practice perspective, as incorporating these varying perspectives is the recommended approach in the clinical assessment of children (De Los Reyes & Kazdin, 2005; De Los Reyes et al., 2011; Ferdinand et al., 2004; van de Looij-Jansen, Jansen, Jan de Wilde, Donker & Verhulst, 2011). Thus, clinicians must determine how to most effectively incorporate information available from all informants in a case formulation or intervention for a given client (Achenbach et al., 1987; Grills & Ollendick, 2003). Pelegrina et al. (2003) suggest that, at least
in research, this can be done in two ways. If the scores differ simply because of random error variance, the score can simply be averaged as the best predictor for a given outcome (Pelegrina et al., 2003). However, if scores differ systematically, and in ways that can each provide useful information in predicting an outcome, as is suggested above, rather than averaging the scores, information from separate sources should be considered separately (Pelegrina et al., 2003). The first approach seems consistent with the approach of much research aimed at predicting youth psychopathology when multiple informants are used, yet the second approach seems more consistent with what may be done in clinical practice. Research examining multiple informant perspectives concurrently is needed to inform clinical practice as to how the information may best be weighed in assessment of youth internalizing psychopathology and resilience.

Evaluating parenting is a necessary step in treatment planning (Berg-Nielsen, Vikan & Dahl, 2002). The family context is modifiable and given research suggesting the importance of family cohesion in promoting resilient development (Carbonell et al., 2002), family dynamics may be of central importance to intervention efforts. Specifically understanding which perspective of parenting most contributes to the expression of youth psychopathology and the development of emotional resilience may be useful for aiding clinicians in determining how to proceed with an effective treatment plan. It may be that addressing family members’ perceptions (accurate or inaccurate) of parenting behaviours may be as important to treatment and clinical outcomes as addressing specific parenting behaviours themselves.

**Current Study**

Understanding the relations between various measures of parenting has direct implications for research seeking to further elucidate models of youth risk and resilience. Traditionally, parenting has been considered of central importance to child developmental
outcomes and researchers need to know how methodological factors (i.e., how parenting is assessed) may influence this association. In addition, research has traditionally focused heavily on parent and youth report of parenting behaviours despite that fact that youth and parents each have unique and often disparate perspectives and interpretations of the parenting context. As such, research examining additional indicators of positive and negative parenting practices may be of particular importance for better elucidating the link between parenting and youth development. Thus, the present study seeks to examine how various perspectives (e.g., parent and child report, observational) of parental responsiveness and psychological control are interrelated, as well as how each parenting perspective relates to youth emotional functioning. Additionally, given research suggesting that youth perspective of parenting is not only of primary relevance to youth emotional functioning outcomes, but also more strongly associated with observational measures of parenting, I seek to examine whether parental awareness of their own behaviour influences the relationship between parenting behaviours and youth emotional functioning.

Hypotheses

The first set of hypotheses is based on the univariate relations among the parenting context variables. Based on the literature reviewed above, I hypothesized a low to moderate relation between parent and child reports of parental responsiveness and psychological control. I also hypothesized that youth report of parenting constructs would be more concordant with observational measures than would parent report of parenting constructs.

The second set of hypotheses related to how various perspectives of parenting behaviours are related to youth functioning variables in a bivariate context. I hypothesized that higher levels of responsive parenting behaviors and low levels of psychologically controlling parenting
behaviours would relate to positive youth functioning outcomes, as indicated by lower levels of depression and higher levels of resilience, and that this relationship would be particularly strong when parenting behaviours are considered from youth and observational perspectives. In contrast, I hypothesized that higher levels of psychological control and lower levels of responsiveness would be related to higher levels of depression and lower levels of resilience, again, especially when considering youth and observational perspectives.

Finally, I examined how parent’s awareness of their observed parenting behaviour predicted youth emotional functioning. Given research suggesting that highly biased views of one’s own behaviour may be associated with negative functioning outcomes (Baumeister, 1989), I sought to extend this work and hypothesized that when parents perceive their behaviours to be more positive and less negative than observational measures suggest, their children will report higher distress in the form of depression symptoms.

**Method**

**Participants**

Participants were youth, aged 9 – 14, identified as currently experiencing mental health difficulties and who were treatment referred in the sense that they had parents seeking mental health intervention for the child. These parents were recruited from an intake clinician at a community mental health clinic or via guidance staff at their elementary school to participate in a study on psychopathology in early adolescence. For participants referred from the mental health clinic, the intake worker gave parents information about the project and asked if they would like to be contacted by the research team to receive further information on participation. Names and contact information of interested parents were passed on to the research team for follow up. Parents known to be seeking intervention for their child’s emotional functioning at school were
informed about the project though school counseling, guidance or administrative staff via a brochure describing the study. The brochure contained contact information so that parents could pursue participation. Exclusionary criteria as shared on initial contact with all parents include diagnosis of a pervasive developmental disorder or severe learning disability.

Of the 57 youth whose families expressed interest in participating, 46 youth and their parent participated in the study. Four participants were excluded due to not meeting study criteria (1 developmental disability, 2 guardians who were not parental figures, 1 failed to participate in session 2 of the study). This left a final sample of 42 children (25 boys and 17 girls) and a parent (37 mothers and 5 fathers). Children ranged in age from 9 to 14 (\( M=11.62, \ SD = 1.29 \)). Consistent with the demographics in this community, the participants were mainly White (\( n = 39 \)), but also included Black or African Canadian (\( n = 1 \)), First Nations (\( n = 1 \)) and other (\( n = 1 \)) ethnicity. Nineteen parents in the study were married, 11 were separated, 11 were divorced and one was remarried. See Table 1 for information regarding diagnostic status of youth in the present sample. Nineteen percent of youth in the present study met DSM-IV criteria for a current depressive disorder or depressive episode, and 33% met criteria for a previous depressive disorder or depressive episode. Criteria for a current anxiety disorder was met in 29% of youth, and 26% for a past anxiety disorder. Twenty-one percent of youth met criteria for a past or current behaviour disorder (excluding ADHD). Thirty-one percent of youth met criteria for multiple diagnoses. Just over 20% of youth did not meet criteria for any past or current diagnosis.

Measures

Youth Mood

Depression symptoms. To assess the youth depression symptomology, youth completed the Child Depression Inventory (CDI; Kovacs, 1981). The CDI is a widely used, 27-item self-
report scale designed for youth aged 7 to 17 to assess behavioural, affective, and cognitive symptoms of depression in children over the preceding two weeks. Each item contains three statements scored on a three point scale (0 = absence of symptoms, 1 = mild symptom, 2 = definite symptom). The CDI evidences high internal consistency, test-retest reliability and construct validity (Lobovits & Handal, 1985; Saylor, Finch, Spirito & Bennett, 1984). The Cronbach’s alpha was .92 in the present sample.

**Diagnostic status.** Diagnostic status of youth was assessed using the Schedule for Affective Disorders and Schizophrenia for School Aged Children- Present and Lifetime (K-SADS-PL; Kaufman et al., 1997). The K-SADS-PL is a semi-structured diagnostic interview designed to assess current and past episodes of psychopathology in children and adolescents according to DSM-III-R and DSM-IV criteria (Kaufman et al., 1997). The K-SADS is a well-known reliable tool for establishing DSM-IV diagnoses (Kaufman et al., 1997). Interviewers were trained clinical psychology graduate students. Current diagnosis of a unipolar mood disorder was found to correlate with depression symptoms as measured by the CDI, $r = .42$, $p = .008$.

**Youth Emotional Resilience**

Youth reported their emotional resilience using The Resilience Scale (Wagnild & Young, 1993). This 25 item scale requires youth to rate items regarding how they cope with everyday challenges on a 7-point scale ranging from “disagree completely” to “agree completely”. The Resilience Scale has been found to have adequate internal consistency, concurrent validity, convergent and discriminant validity (Wagnild, 2009). The Cronbach’s alpha was .92 in the present sample.
Parental Responsiveness and Psychological Control

**Parent and youth report.** To assess parenting behaviours, subscales from the shortened version of the Child Report of Parent Behaviour Inventory (CRPBI; Schludermann & Schludermann, 1988) related to responsiveness (e.g., “My mother makes me feel better after talking over my worries with her”) and psychological control (e.g., “My father brings up past mistakes when he criticizes me”) were completed by both youth and parents. In this widely used measure, youth were asked to indicate the extent to which they agreed with 14 statements separately for both mother and father on a scale ranging from 1 (disagree) to 5 (agree). Parents rated the same 14 statements reworded to reflect how their behaviour toward their child. The CRPBI has demonstrated good reliability, internal consistency (Schludermann & Schludermann, 1970), convergent and discriminant validity (Fauber, Forehand, Thomas & Wiersen, 1990). In the present study the Cronbach's alphas for parent report on the responsiveness and psychological control subscales were both .76. For child report, the Cronbach's alphas for the responsiveness subscale were .87 for ratings of mothers and .91 for ratings of fathers. For the psychological control subscales, the Cronbach's alphas were .78 for ratings of mothers and .76 for ratings of fathers.

**Observational measures.** Parenting behaviours were coded during a Five Minute Speech Sample (FMSS; Magana, Goldstein, Karno & Miklowitz, 1986) provided by the parent, in which they were asked to speak about their child and the parent-child relationship while being audiotaped for an uninterrupted five-minute period. Speech samples were coded using the Family Affective Attitude Rating Scale (FAARS, Bullock, Schneiger & Dishion, 2005). Samples were coded for parental criticism, warmth and family climate using a global coding strategy in which 25 items were rated on a 9-point Likert scale ranging from 1 (not present) to 9 (multiple
examples). Undergraduate coders were trained according to the written training manual (Bullock et al., 2005). The FAARS evidences good reliability, internal consistency and construct validity (Pasalich, Dadds, Hawes & Brennan, 2011). Parental criticism is a facet of psychological control and psychologically controlling parents tend to manipulate children to adhere to parental standards through negative tactics that include harsh criticism (Barber, 1996; Bayer et al., 2006). Also, a key factor in the conceptualization of parental responsiveness is the expression of warmth toward the child (Bogenschneider & Pallock, 2008).

Parents and children also completed an interaction task in which the parent and youth are asked to discuss one to three agreed-upon conflicts of moderate intensity, as indicated on the Issues Checklist (IC, see below) for a 10 minute period. The parent-child interactions were video-taped and coded using aspects of the System for Coding Interactions in Parent-Child Dyads (SCIPD, Lindahl, 1996). Samples were coded for behavioural indicators of parental responsiveness (positive affect, emotional support, scaffolding) and psychological control (negative affect, withdrawal, rejection/invalidation, coercive control). Again, parental responsiveness was conceptualized as warm, supportive involvement and accepting behaviours that focus attention on the child's needs that promote closeness in the parent-child relationship (Bogenschneider & Pallock, 2008), whereas psychological control involves coercive control and emotional manipulation through behaviours such as withdrawal and rejection (Barber, 1996; Barber & Harmon, 2002). All behaviours were coded on a 5-point Likert scale ranging from 1 (very low) to 5 (high). Subscales within each parenting domain were averaged to create aggregate responsiveness and psychological control scores. Undergraduate coders were trained according to the written training manual (Lindahl, 1996).

**Parent-child conflict.** Parent and child reports of issues of contention within the child-
parent relationship were assessed using the Issues Checklist (IC; Jellinek, Patel & Froehle, 2002). The IC is questionnaire consisting of 44 areas of conflict commonly experienced between parents and youth. Each item requires the parent and youth to indicate whether this conflict has been discussed over the past 2 weeks and indicate on a Likert scale ranging from 1 (calm) to 5 (very angry) how hotly contested these conflicts are on average. The IC evidences good internal consistency and validity (Robin & Weiss, 1980).

**Procedure**

Prior to participation in the study, participating parents and children were given information about involvement. Written informed consent was obtained from a parent or guardian of the youth participating in the study and assent to participate was provided by the youth.

The study took place over two sessions. In the first session, parents completed a variety of measures including a brief background interview, FMSS, Resilience Scale, IC and Adolescent Symptom Inventory (Gadow & Sprafkin, 1998) with a clinical psychology graduate level research assistant. For the FMSS, parents were asked to speak about their child and the parent-child relationship while being audio-taped for a five-minute period as outlined by Bullock et al. (2005). In contrast to the procedure describe by Bullock et al. (2005), we elected to have parents speak uninterrupted without the experimenter present to aid parents in speaking freely and to eliminate variability due to different experimenters being present during the sample. This method of delivering the FMSS has been supported in other studies (e.g. Pasalich et al., 2011).

While parents completed these measures, youth completed a variety of computer based measures, including the CRPBI and Resilience Scale with an undergraduate level research assistant who was available to provide instructions and aid with the tasks, where needed.
Following the computer tasks, youth completed the IC and other non-computer based measures. Finally, the parent and youth were brought together to complete the parent-child interaction task. Parents and youth were provided with 3 three agreed upon conflicts of moderate intensity, as indicated on the IC. Parents and youth were instructed to each state their point of view regarding at least one of the areas of conflict and to try to come to a resolution during a 10 minute period. Parents and youth were reminded that conversations would be videotaped for later coding before the research assistant exited the room and no further instructions were provided. The total time for session 1 was approximately 90 minutes.

During the second session, youth completed the KSADS interview with a trained clinical psychology graduate level research assistant, followed by the CDI and the Multidimensional Anxiety Scale for Children (MASC; March, Parker, Sullivan, Stallings & Conners, 1997). The total time for session 2 was approximately 90 minutes.

Upon completion, each parent was compensated with $20 in cash and each youth received a $20 Cineplex movie pass. In addition, each family was mailed a clinical research summary and was given the opportunity to discuss the summary with the clinician overseeing the study should they have any questions.

Results

Descriptive Characteristics of Sample

Descriptive statistics are presented in Table 2. I first examined the effect of sex, age, and family status in relation to the parenting and youth functioning measures used in the study. Given the limited diversity in the present sample, ethnicity did not prove a particularly informative variable and thus was not examined here. Gender was not significantly related to any measures of interest (all p’s > .05). Child’s age was found to relate to parent report of their own
Responsiveness, $r = -0.33$, $p = 0.03$, with responsiveness lower for older compared to younger children. Family Structure was related to child reported parental psychological control $F(2, 39) = 4.40$, $p = 0.02$. Post-hoc comparisons using Tukey’s showed that child-reported parental psychological control was significantly higher for the divorced/remarried families ($M = 2.10, SD = 0.84$) than for the married families ($M = 1.49, SD = 0.50; p = 0.03$). Thus, child age and family structure was controlled for in subsequent analyses, where relevant.

**Relations Among Parent-report, Child-report and Observational Parenting Measures**

See Table 3 for correlations among measures of parenting. To address my first hypothesis, the correlations between youth and parent report of parental responsiveness and psychological control were examined. Parent and child report of parent responsiveness were significantly correlated, $r = 0.54$, $p < 0.001$, while parent and child report of parent psychological control were not ($p > 0.05$).

To address my next hypotheses, the correlations among youth, parent and observational measures of parental warmth and parental psychological control were examined to determine whether parent or youth report was more concordant with the observational measures. Child reported parental responsiveness and psychological control were each related to observed psychological control during the FMSS ($r = -0.42$, $p = 0.009$; $r = 0.46$, $p = 0.003$ respectively). Parents’ report of their own responsiveness was significantly related to observed psychological control during the FMSS, $r = -0.45$, $p = 0.004$, and parent report of their own psychological control was related to observed psychological control during the interaction task $r = 0.61$, $p < 0.001$. Surprisingly, no other significant correlations emerged among these measures of parenting.

Given that both parent- and child-reported parenting were significantly associated with observed psychological control characteristics in the speech sample, a linear regression was
conducted to determine whose report of parenting was most predictive of this observational measure. Observed psychological control was regressed on parent and child report of responsiveness and psychological control. The overall model was significant, $F(4, 34) = 6.08, \ p = .001$, and accounted for 42% of the variance in parental criticism as assessed by the FMSS. In this analysis, both parent report of responsiveness, $\beta = -.42, \ p = .01$, and child report of psychological control, $\beta = .41, \ p = .01$, emerged as unique predictors of observed parental criticism.

Parenting Context and Child Emotional Functioning

To address my next set of hypotheses regarding the association between various perspectives of parenting and youth emotional functioning, the bivariate relations among all perspectives of parenting with youth depression symptoms and emotional resilience were examined. See Table 4 for correlations. Youth reported depression symptoms as measured by the CDI were significantly related to child report of parental psychological control, $r = .49, \ p = .001$; and at a trend level with observed psychological control on the FMSS, $r = .32, \ p = .05$. Youth emotional resilience was significantly correlated with child report of parental responsiveness, $r = .65, \ p < .001$, and child report of parental psychological control, $r = -.33, \ p = .05$. No parent-reported measures of parenting were found to relate to youth emotional functioning variables (all $p$’s > .05).

Parent Awareness of Parenting Behaviour and Child Emotional Functioning

To examine the hypothesis that the association between parenting and youth emotional functioning may be a function of parent awareness of their own parenting behaviours, a series of hierarchical multiple regression analyses were conducted. In each analysis, I examined the interaction between one measure of parent perspective regarding their own parenting (i.e., parent
report of parental psychological control or parent report of parental responsiveness) and one behavioural measure of parenting (e.g., observed psychological control during the interaction task or FMSS) to determine whether observed parenting moderated the relationship between parent report of parenting and youth depression.

Prior to these analyses, all parent reported and observational measures of parenting were centered, as were control variables (Aiken & West, 1991). Interaction analyses were conducted, according to the steps outlined by Keith (2006), by entering the two centered variables of interest (i.e., parent report and observational measure) into the first block of the regression equation, then creating a cross-product between the two variables of interest and determining whether the addition of this cross-product into the regression equation resulted in a statistically significant increase in variance accounted for in the dependent variable (i.e., youth depression symptoms). All parent report X observed behaviour analyses are reported in Table 5 (only the statistically significant models are described in the text).

In the first model, parent report of parental responsiveness and observed psychological control during the interaction task were entered into the first block of the regression to predict CDI scores. Because youth age was found to relate to parent report of responsiveness, this variable was entered into the first step of the regression as a control. Overall this model did not significantly predict CDI scores, \( p > .05 \). Addition of the product term of parent reported responsiveness X observed psychological control in the second block of the regression equation resulted in a significant change in variance accounted for in CDI scores, \( \Delta R^2 = .21, \Delta F(1, 24) = 8.98, p = .006 \), and this product term emerged as the only significant predictor of youth depression symptoms in the model, \( b = 20.25, t(24) = 3.00, p = .006 \). The overall model was also significant, \( R^2 = .43, F(4, 24) = 4.47, p = .008 \).
To probe the nature of the interaction, the effect of parent reported parental responsiveness on CDI scores was examined for low (1 SD below the mean) and high (1 SD above the mean) levels of observed psychological control (see Aiken & West, 1991). First, CDI was entered as the dependent variable. In the first block of the regression equation, the standardized age and parent reported responsiveness variables were entered along with the newly calculated “low” psychological control variable. The product term of parent reported responsiveness and low psychological control were entered into the second block. In this equation, parent reported responsiveness was a significant predictor of youth depression scores at low levels of observed psychological control, $\beta = -10.93$, $p = .002$. Next, CDI was entered as the dependent variable. In the first block of the regression equation, the standardized age and parent reported responsiveness variables were entered along with the newly calculated “high” psychological control variable. The product term of parent reported responsiveness and high psychological control were entered into the second block. In this equation, parent reported responsiveness was a significant predictor of youth depression scores at high levels of observed psychological control but in the reverse direction, $\beta = 9.57$, $p = .05$. This interaction is displayed in Figure 1. When observed levels of psychological control during the interaction task were high, but parents reported high levels of responsiveness, children evidenced significantly higher levels of distress in the form of depression symptoms than when parents reported lower levels of responsiveness. When observed levels of psychological control during the interaction task were low, children reported higher levels of depression symptoms when parents self reported low levels of responsiveness.

In the second statistically significant model, parent report of parental psychological control and observed parental psychological control in the FMSS were entered into the first
block of the regression to predict CDI scores. Overall this model did not significantly predict CDI scores $p > .05$. Addition of the product term of parent reported psychological control and observed psychological control in the FMSS in the second block of the regression equation resulted in a significant change in variance accounted for in CDI scores, $\Delta R^2 = .11$, $\Delta F(1, 33) = 4.80$, $p = .04$, and this product term emerged as a unique predictor of youth depression symptoms in the model $b = -2.99$, $t(33) = -2.19$, $p = .04$, as did observed psychological control alone, $b = 2.56$, $t(33) = 2.34$, $p = .03$. The overall model was also significant, $R^2 = .25$, $F(3, 33) = 3.59$, $p = .02$.

To probe the nature of the interaction, the effect of parent reported psychological control on CDI scores was examined for low (1 SD below the mean) and high (1 SD above the mean) levels of observed psychological control in the FMSS. First, CDI was entered as the dependent variable. In the first block of the regression equation, parent reported psychological control was entered along with the newly calculated “low” observed psychological control variable. The product term of parent reported psychological control and observed psychological control in the FMSS were entered into the second block. In this equation, parent reported psychological control was not a unique predictor of youth depression scores at low levels of observed psychological control, $p > .05$. Next, CDI was entered as the dependent variable. In the first block of the regression equation, parent reported psychological control was entered along with the newly calculated “high” observed psychological control variable. The product term of parent reported psychological control and high observed psychological control were entered into the second block. In this equation, parent reported psychological control was a unique significant predictor of youth depression scores at high levels of observed psychological control, $\beta = -5.067$, $p = .05$. This interaction is displayed in Figure 2. When observed levels of psychological control in the
form of expressed criticism were low, there was no significant difference in youth reported
depression symptoms for parents reporting high versus low levels of psychological control.
When observed levels of criticism were high, children reported significantly higher levels of
depression when parents reported low levels of psychological control.

**Discussion**

The central objective of this study was to examine how various perspectives of parental
responsiveness and psychological control interrelate and predict youth emotional functioning.
First, I examined the concordance among youth and parent report of parental warmth and
psychological control. Partially consistent with hypotheses, parent and child reports of parental
responsiveness were significantly correlated; however, inconsistent with hypotheses, parent and
child reports of parental psychological control were not. These findings are in contrast to some
previous research suggesting that parents and children are more concordant in their report of
negative versus positive parenting practices (e.g. Gaylord et al., 2003), though consistent with
other research regarding a lack of agreement on behaviours relating to psychological control (e.g.,
love withdrawal, Krevans & Gibbs, 1996).

It is possible that children perceived the participating parent to be quite responsive, given
that participating parents were generally the parent actively seeking treatment for their child, and
additionally, were generally eager to participate in the research as a step toward further
understanding their child’s difficulty. It is possible that patterns of results may have differed for
non-participating parents, or families who declined participation altogether. Additionally, it may
be the parents in the present study showed less of a positive bias regarding their own parenting as
a result of emotional and/or behavioural difficulties of their children (e.g., as a result of
experience in family counselling, parenting support groups, or guilt/responsibility they may
place on themselves because of their child’s concerning behaviour). In terms of the lack of agreement regarding psychological control, it may be that responsiveness related behaviours are more discrete and observable (i.e., expressing concern, smiling at child), whereas psychologically controlling behaviours are more covert or subtle (i.e., love withdrawal, guilt induction), which is consistent with previous research demonstrating lower parent-child agreement regarding covert parenting behaviours (e.g., Krevans & Gibbs, 1996). Additionally, relative to responsive parenting behaviours, psychologically controlling behaviours are likely to occur less frequently (e.g., under times of stress), which may be particularly true for participating parents who are concerned and actively seeking treatment for their child.

Regarding the interrelations of parent, child and observational measures of parental responsiveness and psychological control, contrary to the hypothesis that youth report would be most concordant with observational measures across both responsiveness and psychological control constructs, only parent reported psychological control was associated with psychologically controlling behaviours observed during the interaction task. Regarding relations of child and parent report with the FMSS, both child report (parental responsiveness and psychological control) and parent report (responsiveness only) predicted observed psychological control in the form of expressed criticism on the FMSS. In a multivariate context, both parent reported responsiveness and child reported parental psychological control emerged as unique predictors of observed psychological control during the speech sample. Thus, contrary to hypotheses, children are not by default the most “accurate” reporters if accuracy is gauged by concordance with observational measures. Interestingly, in contrast to some previous research, parent report of their own parenting behaviours were in fact significantly related to observational measures of parenting. Again, in this treatment-referred sample, parents may be less positively
biased regarding their parenting than in a low risk sample or perhaps because of a high level of motivation to seek treatment for their child, they may be more honest in their reporting of current issues within the family context. Taken together, results highlight that various perspectives of parenting may be capturing different facets of parenting behaviours that have unique predictive power and part of this richness will be lost by using parenting measures interchangeably in both research and clinical contexts.

It was hypothesized that higher levels of responsive parenting and lower levels of psychologically controlling parenting behaviours would relate to positive youth functioning outcomes, and the reverse to negative youth functioning, particularly when youth or observational measures of parenting were considered. Consistent with previous research, and partially consistent with hypotheses, when it comes to predicting youth emotional functioning, the youth’s report of parenting versus the parent or observational report is most revealing. The child’s perspective on parenting behaviours, rather than the specific parenting behaviour itself may be most relevant for understanding youth emotional functioning. This is not surprising given that the child’s views on self, relationships and the world, loom large in the vulnerability to depression in most models of the illness (e.g., Abela & Hankin, 2008). Alternatively, from a methodological perspective, shared method variance with parenting measures, depression symptoms, emotional resilience all based on youth report might falsely inflate these relations. Methodological limitations aside for the moment, the present results continue to support that parenting measures based on various informant perspectives should not be used interchangeably, particularly in regards to the association between parenting and youth functioning outcomes. Given this lack of overlap, it is not surprising that previous meta-analyses have found that the association between parenting and various emotional functioning outcomes varies considerably.
as a function of informant. A strength of the current study is that a rich sample of parenting context from multiple perspectives was examined revealing that, each perspective (youth, parent and observer) is likely capturing something unique about youth emotional functioning.

Although across the sample, parent reports of responsiveness and psychological control were unrelated to child emotional functioning, it may be that parents’ report of parenting behaviour is a better predictor of youth functioning in some families versus others. Parent awareness and accuracy regarding their own parenting behaviours was hypothesized to be one such important variable to consider in this regard. Thus, observed parenting behaviours were examined as potential moderators between reported parenting behaviour and child emotional functioning. Results suggested that parents who reported high responsive or low psychological control but who were observed to exhibit higher levels of psychologically controlling behaviours during a parent-child conflict resolution task or high levels of criticism during the speech sample had children who reported higher levels of depression symptoms compared to parents whose self-reports were more consistent with their observed behaviour. When parents actively engage in negative parenting behaviours, such as psychological control, a lack of insight into these behaviours appears to be key in predicting depression symptoms in youth.

Parent insight into their own parenting may influence youth outcomes in a variety of ways. First, parents who are aware of their negative parenting behaviours may be more likely to also exhibit reparative behaviours following instances of negative parenting, which may mitigate damage. In contrast, parents unaware of their negative parenting would be unlikely to try to repair relationships or make attempts to learn or engage in more positive parenting practices or to decrease their negative parenting practices. This failure to exhibit reparative behaviours to better meet the child’s needs may increase the child’s risk for poor functioning outcomes (e.g., Lyons-
Parents who are positively biased in their views of their parenting may be especially likely to place blame on their child for issues, difficulties or conflicts within the parent-child relationship, rather than acknowledge the contribution of their own behaviour. Furthermore, research suggests that overly biased views of the self may be associated with pathological personality traits (McAllister, Baker, Mannes, Stewart & Sutherland, 2002), which may negatively impact the development of a positive parent-child relationship and contribute to negative outcomes in children. Finally, parents who present self-views that are notably discrepant with their actual behaviours may be highly confusing to children. Such parents may be difficult for children to understand and their behaviour difficult to organize, particularly when parents actively engage in psychologically controlling behaviours. Further research examining factors associated with their discrepancy that may be particularly relevant to youth depression (e.g., whether parents experience concern in regards to negative parenting practices, or make attempts to decrease or repair instances of negative parenting) would be beneficial in clarifying the link between parenting and youth depression.

Limitations of the present study require note. First, the present sample size is limited which may have influenced power to detect significant patterns. Also note that sample size was even smaller for analyses including the interaction task, as this measure was a later addition to the study protocol. Despite these limitations, this sample provides a rich glimpse of parenting and child emotional functioning in a high risk sample of treatment-referred youth and their families. Research using a larger, more diverse sample will allow for more comprehensive analyses examining how age, sex, ethnicity and family structure may moderate some of the relationships explored here.
Use of a treatment referred sample is a strength of the current study, as these youth are already noted to be experiencing mental health or behavioural difficulties, though it is possible that use of this type of sample may have also restricted the range of youth emotional functioning variables, as well as parenting variables. Use of a broader sample incorporating participants from community settings will be important for understanding the relations between parenting and emotional functioning in more typically developing youth. In addition, age was found to relate to parenting behaviours in the present sample, such that parents self reported lower levels of responsiveness toward older versus younger children. Though age was controlled in all relevant analyses, limiting the impact on our results, further consideration of whether associations between youth functioning and parenting change across time may be warranted. Additionally, only one parent, who was also concerned and seeking treatment for their child, participated in the present study. It is possible that the observed associations may have differed significantly if parenting measures were collected for non-participating parents. Yet, in real-world treatment settings it is often this very same referring parent that clinicians solicit information from to help form a case formulation and treatment plan. Finally, the majority of parent participants in the present study were mothers. It is possible that the association between parenting and youth outcomes may have differ for mothers versus fathers (e.g., Mallers, Charles, Neupert & Almeida, 2010).

In conclusion, the present study highlights the problematic issue of using various measures of parenting interchangeably in research seeking to elucidate the patterns of risk and resilience between parenting and youth emotional functioning. The currently study also suggests that parent awareness or insight into their own parenting behaviours may be key considerations when considering the impact of parenting on youth. Thus, from a clinical perspective, it would
appear that examining the meaning and interpretation of parenting from the perspective of various family members is likely to be more valuable in assessment and treatment of youth than consideration of specific parenting behaviours themselves. It would appear that the gold-standard informant regarding parenting remains illusive, and that various perspectives capture distinct aspects of the parenting context, which may be related to child emotional functioning in complex ways.
References


Table 1

Diagnostic Status of Youth as Determined by the Schedule for Affective Disorders and Schizophrenia for School Aged Children- Present and Lifetime (K-SADS-PL; Kaufman et al., 1997)

<table>
<thead>
<tr>
<th>Diagnosis</th>
<th>Past Episode or Diagnosis</th>
<th>Probable Past Diagnosis</th>
<th>Current Episode or Diagnosis</th>
<th>Probable Current Diagnosis</th>
<th>In Partial Remission</th>
</tr>
</thead>
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<td></td>
<td>N</td>
<td>N</td>
<td>N</td>
<td>N</td>
<td>N</td>
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<td><strong>Depressive Disorders</strong></td>
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<td></td>
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<td></td>
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<td>3</td>
<td>5</td>
<td>1</td>
<td>4</td>
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<td>1</td>
<td>4</td>
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<td></td>
</tr>
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<td>2</td>
<td>1</td>
<td>1</td>
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<td></td>
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<td></td>
<td>2</td>
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<td>1</td>
<td>2</td>
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<td>2</td>
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<tr>
<td>Social Phobia</td>
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<td>1</td>
<td>4</td>
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<td>Generalized Anxiety Disorder</td>
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<td>3</td>
<td>5</td>
<td>5</td>
<td>1</td>
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<td>4</td>
<td>2</td>
<td>4</td>
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<td>Post Traumatic Stress Disorder</td>
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<td>2</td>
<td>1</td>
<td>3</td>
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<tr>
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<td>1</td>
<td>1</td>
<td></td>
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<tr>
<td>No Diagnosis</td>
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<td></td>
<td></td>
<td>10</td>
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Note: 13 youth met criteria for multiple diagnoses
Table 2

Means and Standard Deviations for Parent, Child and Indirect/Observational Ratings of Parenting and Youth Emotional Functioning Measures

<table>
<thead>
<tr>
<th></th>
<th>Total Sample</th>
</tr>
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<tbody>
<tr>
<td></td>
<td>n = 42</td>
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<tr>
<td></td>
<td>M</td>
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<tr>
<td><strong>Child Report</strong></td>
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<tr>
<td>Parental Responsiveness</td>
<td>4.13</td>
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<tr>
<td>Parental Psychological Control</td>
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</tr>
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<td><strong>Parent Report</strong></td>
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<tr>
<td>Responsiveness</td>
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</tr>
<tr>
<td>Psychological Control</td>
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</tr>
<tr>
<td><strong>Indirect/Observational Measures</strong></td>
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<tr>
<td>Five Minute Speech Sample</td>
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<tr>
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</tr>
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<td>Warmth</td>
<td>4.97</td>
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<td>Interaction Task</td>
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<tr>
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<td>Negative Parenting</td>
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<td><strong>Youth Emotional Functioning</strong></td>
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<td>CDI</td>
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<tr>
<td>Emotional Resilience</td>
<td>118.15</td>
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Table 3

Correlations Between Measures of Parenting Behaviours

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<tr>
<th></th>
<th>Youth Report</th>
<th>Parent Report</th>
<th>FMSS</th>
<th>Interaction Task</th>
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</thead>
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<td>Responsiveness</td>
<td>Psychological Control</td>
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<td>Psychological Control</td>
</tr>
<tr>
<td>Youth Report</td>
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<td>.54***</td>
<td>-.04</td>
<td>-.01</td>
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<tr>
<td></td>
<td>-.06</td>
<td>.003</td>
<td>-.03</td>
<td>-.01</td>
</tr>
<tr>
<td>Parent Report</td>
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<td>-.45**</td>
<td>-.03</td>
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<tr>
<td></td>
<td>-.04</td>
<td>-.15</td>
<td>-.33</td>
<td>.62***</td>
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<tr>
<td>FMSS</td>
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<td>.30</td>
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<td>-.06</td>
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<tr>
<td>Interaction Task</td>
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<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>Negative Parenting</td>
<td></td>
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</table>

* p < .05
** p < .01
*** p < .001
Table 4

Correlations Among Perspectives of Parenting Behaviours and Youth Emotional Functioning Outcomes

<table>
<thead>
<tr>
<th>Parenting Behaviours</th>
<th>Youth Functioning</th>
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<tbody>
<tr>
<td></td>
<td>CDI</td>
</tr>
<tr>
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<td>Parental Psychological Control</td>
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<td>Parental Responsiveness</td>
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<td></td>
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<td>Criticism</td>
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</tr>
<tr>
<td>Warmth</td>
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Note:
* p < .05
** p < .01
*** p < .001
Table 5

Results of moderated hierarchical regression analysis: Effects of parental report, observational measures and products on youth depression.

<table>
<thead>
<tr>
<th>DV</th>
<th>IV</th>
<th>$\Delta R^2$</th>
<th>$\Sigma R^2$</th>
<th>$p(F)^c$</th>
<th>$\beta^d$</th>
<th>$p(t)^e$</th>
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<td>CDI</td>
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<td>.20</td>
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<tr>
<td></td>
<td>FMSS: Criticism</td>
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<td>.01</td>
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<tr>
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<td>FMSS: Warmth</td>
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<tr>
<td></td>
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<td>.04</td>
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<td></td>
<td>FMSS: Warmth</td>
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<td></td>
<td>Product</td>
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<tr>
<td>CDI</td>
<td>Parent: Control</td>
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<td></td>
<td>Interaction: Control</td>
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<td>Product</td>
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<tr>
<td>CDI</td>
<td>Parent: Control</td>
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<td>Interaction: Responsive</td>
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<td>Product</td>
<td>.05</td>
<td>.07</td>
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<td>-.26</td>
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*Note*: All variables standardized except for product. Product was formed from the two preceding (standardized) variables. $^a$Change in $R^2$. $^b$Cumulative $R^2$. $^c$Probability of $F$ for $R^2$. $^d$Standardized regression coefficient in final equation. $^e$Probability of $t$ for $b$. 
Figure 1: Interaction Analysis: Parent self-reported responsiveness X observed behavioural indicators of psychological control during parent-child interaction task.
Figure 2: Interaction Analysis: Parent self-reported psychological control X psychological control in the form of expressed criticism during the five minute speech sample.
Appendix A: Child Depression Inventory

Kids sometimes have different feelings and ideas. This form lists the feelings and ideas in groups. From each group of three sentences, 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 recently.

Item 1
- I am sad once in a while
- I am sad many times
- I am sad all the time

Item 2
- Nothing will ever work out for me
- I am not sure if things will work out for me
- Things will work out for me O.K.

Item 3
- I do most things O.K.
- I do many things wrong
- I do everything wrong

Item 4
- I have fun in many things
- I have fun in some things
- Nothing is fun at all

Item 5
- I am bad all the time
- I am bad many times
- I am bad once in a while

Item 6
- I think about bad things happening to me once in a while
☐ I worry that bad things will happen to me
☐ I am sure that terrible things will happen to me

Item 7

☐ I hate myself
☐ I do not like myself
☐ I like myself

Item 8

☐ All bad things are my fault
☐ Many bad things are my fault
☐ Bad things are not usually my fault

Item 9

☐ I feel like crying every day
☐ I feel like crying many days
☐ I feel like crying once in a while

Item 10

☐ Things bother me all the time
☐ Things bother me many times
☐ Things bother me once in a while

Item 11

☐ I like being with people
☐ I do not like being with people many times
☐ I do not want to be with people at all

Item 12

☐ I cannot make up my mind about things
☐ It is hard to make up my mind about things
☐ I make up my mind about things easily

Item 13

☐ I look O.K.
☐ There are some bad things about my looks
☐ I look ugly

Item 14

☐ I have to push myself all the time to do my schoolwork
☐ I have to push myself many times to do my schoolwork
☐ Doing schoolwork is not a big problem

Item 15

☐ I have trouble sleeping every night
☐ I have trouble sleeping many nights
☐ I sleep pretty well

Item 16

☐ I am tired once in a while
☐ I am tired many days
☐ I am tired all the time

Item 17

☐ Most days I do not feel like eating
☐ Many days I do not feel like eating
☐ I eat pretty well

Item 18

☐ I do not worry about aches and pains
☐ I worry about aches and pains many times
☐ I worry about aches and pains all the time

Item 19

☐ I do not feel alone
☐ I feel alone many times
☐ I feel alone all the time

Item 20

☐ I never have fun at school
I have fun at school only once in a while
I have fun at school many times

Item 21

I have plenty of friends
I have some friends but I wish I had more
I do not have any friends

Item 22

My schoolwork is alright
My schoolwork is not as good as before
I do very badly in subjects I used to be good in

Item 23

I can never be as good as other kids
I can be as good as other kids if I want to
I am just as good as other kids

Item 24

Nobody really loves me
I am not sure if anybody loves me
I am sure that somebody loves me

Item 25

I usually do what I am told
I do not do what I am told most times
I never do what I am told

Item 26

I get along with people
I get into fights many times
I get into fights all the time
Appendix B: The Resilience Scale

Please read the following statements. To the right of each you will find seven numbers, ranging from "1" (Strongly Disagree) on the left to "7" (Strongly Agree) on the right. Choose the number which best indicates your feelings about that statement. For example, if you strongly disagree with a statement, choose "1". If you are neutral, circle "4", and if you strongly agree, circle "7", etc.

<table>
<thead>
<tr>
<th>Statement</th>
<th>1</th>
<th>2</th>
<th>3</th>
<th>4</th>
<th>5</th>
<th>6</th>
<th>7</th>
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<tbody>
<tr>
<td>When I make plans, I follow through with them.</td>
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<td>I usually manage one way or another.</td>
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<td>I am able to depend on myself more than anyone else.</td>
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<td>Keeping interested in things is important to me.</td>
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<td>I can be on my own if I have to.</td>
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<td>I feel proud that I have accomplished things in life.</td>
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<td>I usually take things in stride.</td>
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<td>I am friends with myself.</td>
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<td>I feel that I can handle many things at a time.</td>
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<td>I am determined.</td>
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<td>I seldom wonder what the point of it all is.</td>
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<td>I take things one day at a time.</td>
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<td>I can get through difficult times because I’ve experienced difficulty before.</td>
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<td>I have self-discipline.</td>
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<td>I keep interested in things.</td>
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<td>I can usually find something to laugh about.</td>
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<td>My belief in myself gets me through hard times.</td>
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<td>In an emergency, I’m someone people can generally rely on.</td>
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<td>I can usually look at a situation in a number of ways.</td>
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<tr>
<td>Statement</td>
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<td>Sometimes I make myself do things whether I want to or not.</td>
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<td>My life has meaning.</td>
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<td>I do not dwell on things that I can’t do anything about.</td>
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<td>When I’m in a difficult situation, I can usually find my way out of it.</td>
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<td>I have enough energy to do what I have to do.</td>
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<td>It’s okay if there are people who don’t like me.</td>
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Appendix C: Child Report of Parent Behaviour Inventory

Instructions. The following statements deal with the way in which your father/mother behaves towards you. Indicate to which degree you agree with these statements by encircling one of the numbers.

<table>
<thead>
<tr>
<th>1</th>
<th>2</th>
<th>3</th>
<th>4</th>
<th>5</th>
</tr>
</thead>
<tbody>
<tr>
<td>Disagree</td>
<td></td>
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<td></td>
<td>Agree</td>
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</tbody>
</table>

- My father makes me feel better after talking over my worries with him
- My father is always trying to change how I feel or think about things
- My father smiles at me often
- My father changes the subject whenever I have something to say
- My father is able to make me feel better when I am upset
- My father often interrupts me
- My father cheers me up when I am sad
- My father blames me for other family members' problems
- My father gives me a lot of care and attention
- My father brings up past mistakes when he criticizes me
- My father believes in showing his love for me
- My father is less friendly with me if I do not see things his way
- My father will avoid looking at me when I have disappointed him
- If I have hurt feelings, my father stops talking to me until I please him again
- My mother makes me feel better after talking over my worries with her
- My mother is always trying to change how I feel or think about things
- My mother smiles at me often
- My mother changes the subject whenever I have something to say
- My mother is able to make me feel better when I am upset
- My mother often interrupts me
- My mother cheers me up when I am sad
- My mother blames me for other family members' problems
- My mother gives me a lot of care and attention
- My mother brings up past mistakes when she criticizes me
- My mother believes in showing her love for me
- My mother is less friendly with me if I do not see things her way
- My mother will avoid looking at me when I have disappointed her
- If I have hurt feelings, my mother stops talking to me until I please her again
Appendix D: The Family Affective Attitude Rating Scale

A. CRITICISM
Criticism ratings are based on the entire speech sample and represent both the content and general tenor of the respondent’s FMSS.

1. Critical regarding behavior of target person.
Rates descriptions of the behavior of the target person. A behavior must be observable and measurable to qualify. Statements must also include a value judgment by the respondent to be coded as a concrete, unambiguous example (e.g. “I can’t stand that”, “I’m really disappointed”, “it’s a big problem”). Statements without value judgments are rated as ‘weak examples’ with one exception. If the respondent lists 3 or more critical behaviors in sequence, the statements in their entirety are considered one concrete example (e.g. “Joe is lazy, stubborn, and insensitive”). This is commonly referred to as overembellishment.

Examples of Critical Remarks – Critical description + Judgment
• “She leaves her books all over the house and I’m tired of cleaning up after her”.
• “He smokes pot and it drives me crazy”.
• “She drives like a maniac, and I’m betting that she gets a ticket one of these days”.
• “Cory is such a slob. He drops his towels everywhere and never picks up his dishes”.
(Overembellishment)

Example of Weak Critical Remarks – Critical description only
• “He makes bad choices”.
• “She gives up easily and never finishes her math homework.”
• “He’s always procrastinating.”
If in doubt, do not code a statement as a clear example of a critical remark.

2. Critical of traits or personality of target person.
Rates descriptions of the traits (characteristics/attributes) and/or personality of the target person. Statements do not need to include a value judgment in order to be considered a concrete example.

Concrete Examples – Critical attribute statement only
• “He’s so selfish”.
• “Alice is very bossy and thinks that everyone should do as she asks”.
• “Fred is really disruptive”.
• “She’s lazy”.
• “He’s a procrastinator.”

Weak Examples – Marginally negative descriptions
• “He makes bad choices”.
• “She gives up easily”.

3. Negative relationship with target person including signs of anger, resentment and/or contempt.
Rates reports of a negative relationship with the target person, including feelings of anger, resentment, hostility, contempt, active avoidance of, and/or a desire to do harm to the target individual. Critical statements in and of themselves do not indicate a negative
relationship. To be rated as having a negative relationship (i.e. > 5), the speech sample must have at least one unambiguous statement that directly refers to the respondent and target person not getting along. Statement must include a reference to the dyadic relationship between the respondent and the target person to be coded as a concrete example.

**Concrete Examples**
- “Paul and I avoid each other”.
- “I don’t get along with Susie. We fight all the time.”
- “We rarely talk. When we do, we get into a fight”.
- “Sometimes I just feel like hitting him”.

**Weak Examples**
- “She is embarrassed by me and I’m tired of being disrespected in front of her friends”.
- “I’ve given up on him. I can’t wait until he moves out”.

4. Negative humor/sarcasm regarding target person.
Rates statements that include both critical tone and content. Provides a negative description of the target person and their behavior, traits, or personality, or a negative prediction of future events. Sarcastic statements must include pronounced sarcastic tone.
- “Once a druggie, always a druggie”.
- “I hope that he teaches his wife better than he treats me (snicker)”.
- “He thinks that he is going to law school but the only place he is going to get a diploma is from a Cracker Jack box”.

5. Assumes or attributes negative intentions of the target person.
Rates attributions of negative, hostile or self-serving intentions on the part of the target person. A behavioral component is not necessary. These items can be double coded with the traits or personality items. Ratings are based on “intentionality” – an intent to engage in a behavior that will directly impact one or more people. Statement must involve a social context or repercussion. Sometimes it can be difficult to parse out the relational component of a negative attribution. The statement “He chews on his nails and it irritates me”, is an example of a criticism because it is not assumed that the target person is willfully trying to influence another person. The statement “He chews on his nails to get my attention” includes not only a description of a negative behavior but also a social consequence that respondent believes the target person is trying to elicit.

**Concrete Examples – Attribute + Intention**
- “She picks on her little sister because she’s jealous of her”.
- “He just uses people and tosses them away when he is done”.
- “Frank expects the world to wait on him like he is someone special”.
- “He does that just to make me mad”. FAARS Coding Manual 10
- “He’s an instigator” and “She’s manipulative” are rated as concrete examples as it is implied that these behaviors are intended to influence other people.

**Weak Examples – Attribute only**
- “He doesn’t treat his friends very well”.
- “Melinda doesn’t seem to ‘get it’ when it comes to helping out around the house”.

6. Reports of conflict with/anger or hostility toward target person.
Rates reports of antagonism, antipathy, and/or a real or imagined desire to harm the target person. Can be double coded with relationship items. To be considered a concrete example, statements must include a behavioral reference to fighting, hostility, real or implied aggression and/or anger.

**Concrete Examples – Statement involves unambiguous behavior or emotion**
- “We are always fighting”.
- “I can’t stand being with him”.
- “Sometimes I just want to shake her and tell her to grow up”.
- “I get so angry when he disrespects me.” (Notice this is not just “he disrespects me”, it accompanied by a statement of a related negative emotion.)

**Weak Examples – Statement is of moderate intensity.**
- “Sasha drives me nuts”.
- “Sometimes I just can’t take his sarcasm”.

**B. WARMTH**
Warmth ratings are based on the entire speech sample and represent the content and general tenor of the respondent’s FMSS.

7. Generally positive regarding behavior of target person.
Rates descriptions of the positive behavior of the target person. A behavior must be observable and measurable to qualify. Statements must also include a value judgment to be coded as concrete, unambiguous examples (e.g. “I really like that, “I’m really happy”, “It’s really great”). Statements without value judgments are viewed as descriptive and are rated as ‘weak examples’. For strings of consecutive non-redundant positive remarks, each behavioral description is rated independently.

**Concrete Examples – Description + Social Impact**
- “Celine does a great job of looking after her little sister, and I really appreciate that”.
- “She is a very hard worker. I am so proud of her”.
- “Despite his past mistakes, Harry is making a real effort to fulfill his commitments. I admire that”.
- “Fabio is kind, understanding, and a really good person” (Would be rated as 3 concrete examples).

**Weak Examples – Description only**
- “She always helps with the dishes”.
- “He does his homework without any prompting”.
- “She excels at hockey and football”. (Note: “She’s a great hockey player”, would be counted as a trait of the target person and not a behavior)

8. Generally positive regarding traits or personality of target person.
Rates descriptions of positive traits (characteristics/attributes) and/or personality of the target person. Statements do not require a value judgment to be considered a concrete example.

**Concrete Examples – Description of a positive attribute**
- “She puts others first, particularly when it comes to her family”. (Note: this would be double coded as a positive intention.)
• “She is a really good student and her teachers all like her.” (“her teachers all like her” is NOT coded as it references the impression of someone other than the respondent.)

Weak Examples - Marginally positive descriptions
• “She’s pretty helpful around the house”.  
• “Ernest is honest about his whereabouts most of the time”.

9. Reports positive relationship with target person.
Rates reports of a positive relationship with the target person. Collective evidence from the entire speech sample must be more positive than negative. There must be no ambiguity regarding the status of the relationship when coding 1 or more clear examples that reference this relationship. Statements often include reports of successful communication, shared activities, respect, positive affect, and friendship with the target person. Descriptions of respondent-target shared activities provide evidence for a positive relationship. Relationship statements are frequently double coded with other Warmth items.

Concrete Examples -
• “I talk with her every day on the phone. I really miss her since she left for college”.  
• “Patty and I have always had a great relationship”.  
• “He and I talk about everything. There’s no topic that we can’t discuss”.  
• “Jack’s a good kid. We like to go to the movies together and then grab a bit to eat”.  
(The target is named in the previous statement so coders know “we” in the next sentence refers to the target and respondent.)

Weak Examples
• “We get along well”.  
• “I help her with her homework most days before supper”.

10. Assumes or attributes positive intentions of the target person.
Rates statements attesting to the good, altruistic intentions of the target person toward others. A behavioral example is not necessary. These items can be double coded with the traits or personality items. Ratings are based on “intentionality” – an intent to engage in a behavior that will directly impact one or more people. Statements must involve a social context or repercussion. Sometimes it can be difficult to parse out the relational component of a positive attribution. The statement “She does all of her homework without being asked”, is not an example of a positive attribution because it is not assumed that the target person is willfully trying to influence another person. The statement “She does all of her homework right away so she can help me prepare dinner, which I really appreciate” includes not only a description of a positive behavior but also a social consequence that respondent believes that the target person is trying to elicit.

Concrete Examples – Description + social impact
• “Peggy takes care of everyone. She’d rather care for others than herself”. (Note: this would be double coded as both a positive behavior and positive intention).  
• “I know that he keeps the house tidy because he is trying to make my life easier”.  
• “She would give you the coat off of her back. Sandy is like that”.  
• “She gets good grades to please us” not just “She gets good grades”, which would be rated as a positive behavior).
Weak Examples – Description only
• “She’s a sweetheart”.
• “Arthur is very helpful”.

11. Reports of engaging in shared activities with the target person.
Rates reports of shared activities with the target person and/or other family activities in which the target person participates. “Activities” must include observable, measurable behaviors. It must be explicitly stated that the activity includes the target person. These references can precede or follow a description of the activity and do not need to be in the same sentence. Shared activities may be double coded in the family shared activity or relationship items.
• “We go to church together every weekend”.
• “Each Tuesday Jack and I have pizza night together”.
• “Sarah and I like to go clothes shopping all the time. Even though we don’t always agree on what to buy, we still have fun”.
• “He’s my best friend. We do everything together”. (e.g. would also be coded as a concrete example of a positive relationship statement).

12. Statements of love/caring toward target person.
Statements in this category are rated as present if the respondent makes clear, unambiguous statements of love and caring regarding the target person. Concrete examples must contain a clear statement like, “I love Susie”. Be careful not to misinterpret statements regarding positive attributes as statements of love/caring. “She’s a special person” refers to an attribute. “I care about her because she’s a special person” is an example of a ‘caring’ statement.
Concrete Example – Statements of Love
• “I love Jack”.
Weak Examples – Statements of Caring
• “I care about her a lot”.
• “I care about her because she’s a special person”.
• “Julia is my best friend”.
Appendix E: System for Coding Interactions in Parent-Child Dyads

PARENT: NEGATIVE AFFECT

This code assesses the overall level of negative affect (e.g., frustration, anxiety, tension, and conflict) expressed by the parent through tone of voice, facial expressions, and body language during the task. The negative affect does not necessarily have to be directed toward the child, although it can be. Sad or depressed affect are also part of negative affect. Consider what the parent says and does as well as how the parent expresses him/herself. In other words, parents may express tension or conflict either through verbalizations (e.g., loud sighs, or statements such as, "No. You aren't doing it right"), body language (e.g., rolling eyes, tension in arms, face, forceful physical contact such as grabbing, or body language that conveys depression, disinterest, or boredom), or emotional tone (e.g., sounding flat, irritated, or impatient). Signs of tension or frustration include putting down the task, negative voice tone, negative facial expressions, and impatience. Other signs of negativity include the following: scolding, chastising, critical comments, or otherwise putting child down.

The lower end of the scale is characterized by an absence of negative affect behaviors. This does not mean that the parent is necessarily expressing positive affect. In fact, a parent who expresses little affect at all (i.e. unemotional, flat affect) will score low on both the positive and negative affect scales. The higher end of the scale, the parent shows frustration, anxiety, tenseness, or anger. This may be expressed by behaviors such as rolling eyes, heavy sighs, tense body posture, negative tone of voice, etc.

1 - Very Low. The parent shows no negative affect.

2 - Low. The parent generally does not demonstrate negativity. There are a few moments of tension, frustration, disinterest, and/or anger. These difficulties tend to be mild in intensity and to be resolved readily.

3 - Moderate. The parent demonstrates some negativity. Negativity is not characteristic but is present in mild to moderate intensity, on several occasions. Some occurrences of negativity may be somewhat difficult to resolve.

4 - Moderately High. Negative affect, although not pervasive, is of a moderate to intense nature. When negativity is present, it is relatively easy to identify (e.g., even when the parent does not look angry, there is hostility present in his/her tone of voice or body posture). In this code, there is not always a clear instance of the parent raising a voice or putting the child down, but there may be an undercurrent of tension in the parent’s behavior.

5 - High. Negative affect, such as tension, anger, or irritation, is present in the parent’s behavior throughout much of the interaction (more than half of the time). Negative affect is of a fairly intense nature, such that it is clear, obvious, and easy to identify. The parent may raise his/her voice and demonstrate hostility, anger, frustration, annoyance, irritation, anxiety, or hurt/sad affect. There is a clear undercurrent of tension in the parent’s behavior.
PARENT: POSITIVE AFFECT

This code reflects the overall positive emotional tone expressed by the parent. Positive affect can be expressed in different ways. It may manifest as an upbeat and energetic tone in the interaction; alternatively, it can be expressed by parental expression of warmth. For example, a parent may express fondness, respect, interest, and warmth toward the child. This code captures the feeling associated with what a parent says, as well as the content of what is said. Positivity is assessed by tone of voice, facial expression, and body language. Tone of voice can be happy, excited, upbeat, interested, respectful, empathic, warm, or satisfied. Facial expressions include smiling, laughing, interest, relaxed, or a warm expression. Specific positive or warm behaviors include looking at the child, hugs, and pats.

1 - Very Low. The parent shows no positive affect. The parent’s overall tone in the interaction is flat or negative.

2 - Low. The parent is at times positive, though positivity is infrequent and of low intensity. There may be flashes of clear warmth from the parent to the child, or brief moments when the parent clearly "connects" with the child. However, these moments do not occur more than once or twice in the interaction and do not characterize the parent in the interaction. The overall tone of the parent is likely to be flat or somewhat mixed, though not necessarily overtly negative.

3 - Moderate. The parent demonstrates some positivity. That is, the overall tone of the parent is neutral to slightly positive. Even though there are blocks of time when the parent is neutral, there are also several instances during which the parent clearly "connects" with the child and is genuinely warm and/or happy with the child.

4 - Moderately High. Positive affect is clearly present at least half the time. There are clear moments of both calmness/respectfulness as well as warmth, enthusiasm, and affection. There are times when it appears that the parent and child are enjoying each other's company. Even if those moments of enjoyment are not obvious, there is a general sense that the parent and child tend to get along well with each other.

5 - High. Positive affect, such as warmth, laughter, affection, smiles, and enthusiasm, is present throughout most, if not all, of the parent’s behavior during the interaction. Positive affect is of a fairly intense nature, such that it is clear, obvious, and easy to identify. There is a clear sense that the parent enjoys the child’s company. Moments of disagreement or disrespect are rare and, if occur, are very quickly resolved.
PARENT CODE: WITHDRAWAL

This code assesses the degree to which a parent withdraws or disengages him/herself from the interaction or avoids the interaction. The parent may seem to pull him/herself away from the child. The parent may seem to be detached, backed off, or shut down, physically or emotionally (in other words, through body language, tone of voice, and/or attitude). In this code, tone of voice refers to when a parent sounds flat, bored, disinterested, tired, or distracted when speaking. A withdrawn attitude is more displayed, in addition to body language, in what the parent says. A parent may display a withdrawn attitude by saying things like, "You go ahead and play, I don't feel like it," "You figure it out," "Do whatever you want," or "Why don't you do that, I'll be over here." A parent also may withdraw by ignoring the child, avoiding eye contact, turning body away, changing body position to create more distance, crossing arms, fidgeting with hair, glasses, nails, etc., or becoming indifferent, nonchalant, disinterested, or unresponsive.

Note: Be sure not to code parents who seem to be somewhat shy, reserved, or quiet as withdrawn, unless they are clearly uninvolved or removed to some degree.

1 - Very Low. The parent is not withdrawn from the interaction. The parent remains actively engaged, interested, and involved throughout the course of the interaction (e.g., by speaking, listening, or involving him/herself in the child's activities). The parent does not disengage, retreat, shut down, or distance him/herself from the child or the task in the interaction.

2 - Low. The parent is minimally withdrawn from the interaction. The parent for the most part is involved, but there may be moments when he/she briefly ignores the child, or disengages or shuts down during the interaction (e.g., he/she loses eye contact for a little while, looks away for a bit, fidgets for a few moments, involves him/herself in something other than what the child is doing). When a parent disengages or ignores the child, however, after a short time he/she resumes active involvement. In this code, this rating can be given if the parent is generally involved, but at times has a bit of indifference in tone when speaking or ignores the child on occasion.

3 - Moderate. There are one or two instances when the parent seems somewhat withdrawn or disengaged, but this is clearly less than half the time. The parent for the most part is involved, but there are definite parts of the interaction in which the parent seems detached, disinterested, or avoidant. That is, the parent is for the most part an active participant, but when withdrawn, appears as if he/she may be listening but is not otherwise involved. That is, it may be unclear as to whether or not he/she is listening, but he/she is not obviously ignoring what the child is saying.

When attempts are made to re-engage the parent, the parent generally responds appropriately (e.g., answers a question, laughs at a joke, or responds to a touch).

4 - Moderately High. For about half the time, the parent is actively withdrawn or disengaged in at least one of the three ways mentioned above (either in body language, tone, or attitude). Again, it may be difficult to determine how closely the parent is attending to the child or paying attention to the child's activities, but there are clear ways in which the parent is uninvolved and/or ignoring the child. When attempts are made to re-engage the parent, the parent generally responds appropriately, but there are likely to be one or two times in which the parent is unresponsive or responds inappropriately (e.g., does not answer or answers a question dully or indifferently, does not laugh at a joke or ignores it, or ignores a touch).
5 - High. For at least half the time, the parent is actively withdrawn or disengaged in at least two of the three ways mentioned above (body language, tone, or attitude). When attempts are made to re-engage the parent, the parent often may not respond or respond inappropriately (e.g., not answer questions or delay an answer to a question and answer dully or indifferently, ignore a joke, or ignore or brush off a touch).

PARENT: EMOTIONAL SUPPORT

This code assesses several positive aspects of the parent-child relationship, including emotional support, affective attunement or sensitivity, and positive affect directed at the child by the parent. Emotional support refers to the parent's ability to 1) recognize and 2) meet the child's emotional needs and provide comfort or reassurance. This can be done verbally or through actions. This code assesses how sensitive, or attuned, the parent is to the child's emotional state, needs, and perspective, and how well s/he modifies his/her behavior accordingly when needed. Emotional support/attentive can be displayed either verbally (I can tell this is really frustrating) or nonverbally (e.g., facial expression, tone of voice).

A parent who is emotionally supportive is one who is able to encourage and support children's efforts, reinforce children's positive behaviors, and respond in a helpful or nurturing way when the child expresses or seems to be feeling upset, distressed, or frustrated. The parent may say things like, "Keep trying, you're doing a good job," "Nice work!" "I like the way you have put that together," or, "I know this is a tough problem, hang in there," or, "I know you don't want to stop playing, but we can play later together." When a parent is affectively attuned, the parent is able to "read" the child's verbal and/or nonverbal signals of emotions. Whether the child's emotions are positive or negative, an emotionally supportive parent is able to tailor his or her comments, behavior, and emotional expression to fit the child's best interests, always helping the child to regulate emotions and feel as good as the child can, given the situation. For example, an attuned parent may soften his/her voice, lean over and touch the child, or otherwise modify his/her behavior to indicate awareness of the child's affective state.

A parent who is not emotionally supportive with his/her child can be identified when there is a mismatch between the child's needs and the parent's behavior. In other words, the parent may seem oblivious to or unaware or ignoring of the child's needs, efforts, accomplishments, or requests for help, or the parent may seem to stumble or become disorganized when the child is upset. For example, a parent may be extremely affectionate with his/her child when the child is withdrawn, oppositional, or needy of structure, or the parent may say things like, "Oh really, this isn't that bad, don't react so strongly." If the parent does not change his/her behavior to meet the child's needs, that parent is not emotionally supportive of the child. Similarly, an unsupportive parent is one who may remain aloof, cool, disconnected, or critical of the child when the child clearly exhibits signs of distress or otherwise needing attention.

1 - Very Low. The parent expresses little to no emotional support, or no attunement to the child's feelings. The parent does not provide emotional support, even if the child shows some distress, nor does the parent praise the child appropriately. The parent does not openly validate the child's ideas or feelings and may at times seem disinterested or bored in their interactions with the child. Very little or no sensitivity to the child's emotional state, needs, or perspective is shown. For example, the parent may be very concerned with reaching an end goal, regardless of the child's feelings and needs. The parent may be demanding when the child needs validation and understanding, indicating little sensitivity. In other words, there is not a good fit or match between the child's emotional state and the parent's behavior.
2 - Low. The parent expresses some support or attunement toward the child, but it is minimal in terms of its quantity and quality (e.g., the moments of emotional support/affectionate attunement are fleeting and sometimes not obviously sincere). The parent is not characteristically supportive, though he/she may show brief acknowledgement of the child's efforts or emotions. The parent may miss obvious occasions to show support or sensitivity or provide comfort and reassurance to the child. The parent may show some signs of being aware of the child's emotional needs but has some difficulty modifying his or her own behavior to meet the child's needs. For example, there may be times when the parent is somewhat hapless, trying to meet the child's needs or be sensitive and supportive, but those attempts are typically off-base and ineffective. In other words, the parent, though trying at times, cannot seem to figure out how to help the child or meet the child's needs.

3 - Moderate. The parent expresses a moderate amount of emotional support and/or affective attunement toward the child, which is clearly genuine and present about half the time during the interaction. On rare occasions, the parent may miss an opportunity to show support and sensitivity to the child or provide the child with comfort. The parent may be inconsistent: he/she is generally "tuned in" but not always (e.g., the parent sometimes is too directive, detached, abrupt, passive, or otherwise "out of sync").

4 - Moderately High. The parent generally expresses emotional support and affective attunement toward the child. The parent generally values and shows support for the child's efforts and feelings. The parent is usually competent at reading child's emotional signals and responds supportively most of the time. The parent is usually warm and caring when responding, but on rare occasion these qualities seem a little lacking. On no more than one occasion will the parent "miss the mark" in trying to be attuned to the child's emotional state.

5 - High. The parent expresses emotional support and affective attunement virtually throughout the interaction. There is an underlying sense of comfort, affection, and connection between the parent and the child. The parent is very aware of the child's emotional needs and finds effective ways of providing support. The parent is competent at reading the child's emotional signals and provides emotional support if the child becomes upset. The parent rarely or never misses times to provide support or show respect or affection. The parent consistently shows value and support for the child's feelings and/or efforts, even if not in complete agreement with the child. The parent seems to be very much enjoying interacting with the child. The parent smiles, laughs, or otherwise maintains a positive outlook toward the child.

**PARENT CODE: REJECTION & INVALIDATION**

This code assesses the overall level of rejection and/or invalidation expressed by the parent through tone of voice, facial expressions, and body language during the task. At the lowest end of the scale, the parent is not rejecting or invalidating of the child. With higher scores, the parent may be either rejecting or invalidating, or both. Consider what the parent says and does as well as how the parent expresses him/herself. In other words, parents may express rejection or invalidation of the child either through verbalizations (e.g., What is the matter with you? You just don't know how to behave. If you wanted to, you would listen), body language (e.g., rolling eyes, making dismissing gestures toward the child, turning away) or emotional tone (e.g., sounding impatient, angry, disappointed, disgusted, dismissing). Other signs of rejection and invalidation include the following: insensitivity, scolding, chastising, criticizing, or otherwise putting the child down. Rejection/invalidation may be expressed by using a very cold and/or distant tone of voice, as well. When discussing a problem, the parent may criticize the child's character, rather than focusing only on the child's behavior.
This code also assesses the extent to which the parent invalidates the child's emotions, emotional needs, and/or opinions. Invalidation involves minimizing the importance of, disregarding, denying, or dismissing the child's feelings, needs, and opinions. It may involve ignoring the child's emotional state when the child is visibly upset.

1 - Very Low. The parent does not reject or invalidate the child (e.g., criticize, dismiss, deny, ignore, put down, scold, or display insensitivity, coldness, hostility). The parent does not invalidate the child's feelings, emotional needs, or opinions (e.g., does not in any way indicate to the child that his/her negative feelings, needs, or ideas are inappropriate, silly, annoying, or not worthwhile). The parent is patient with the child, and although he/she may show only passive acceptance of the child's emotions, the parent does not openly devalue or dismiss the child's feelings or opinions.

2 - Low. The parent may briefly reject or invalidate the child (e.g., criticize, dismiss, deny, ignore, put down, scold, or display insensitivity or anger) once or twice during the interaction. The parent displays moments of annoyance, irritation, or dismissal, etc., but is able to regain composure quickly. The parent will rarely devalue, criticize, brush aside, or otherwise invalidate the child's experience. Only rarely does the parent seem at all rejecting or invalidating by for instance saying things like, "Stop pouting, pay attention!" but in a relatively gentle tone of voice, or disciplining the child with a slightly annoyed tone of voice.

3 - Moderate. There are occasional moments in which the parent appears to be somewhat rejecting or invalidating. The parental insensitivity, dismissal, scolding, anger, or criticism are obvious on several occasions but never reach moderate or high levels of intensity. In other words, rejection or invalidation on the part of the parent is noticeable but not extreme. The parent may come across as occasionally rejecting or critical (e.g., once or twice disciplining the child or criticizing the child with some tension in tone, above and beyond seeming slightly annoyed).

4 - Moderately High. There are several occasions in the interaction in which the parent appears to be rejecting or invalidating (e.g., more than twice disciplining the child, scolding or criticizing the child with some hostility or tension in tone, above and beyond seeming slightly annoyed, and/or dismissing or ignoring the child). The parent may invalidate or be insensitive to the child's feelings, emotional needs, or opinions several times, such that there is observable tension in the parent.

5 - High. The parent shows a moderate to high level of rejection and invalidation of the child. The parent may several times invalidate or be insensitive to the child's feelings, emotional needs, or efforts. The parent may often dismiss, brush aside, or otherwise invalidate the child's experience. The parent may come across as moderately or highly rejecting or critical (e.g., "Don't be a baby," "You shouldn't be frustrated," or disciplining/criticizing the child with a hostile, angry, or cold tone).

PARENT: SCAFFOLDING – MOTIVATIONAL & TECHNICAL SUPPORT

This code assesses the level of motivational and technical support offered by the parent. Scaffolding is the ability to provide support while at the same time fostering growth. Motivational support refers to the parent's ability to encourage child's participation and to keep child on task in a way that feels supportive. Technical support is the ability of the parent to offer instruction, guidance, and feedback regarding the construction of the model.
1 - **Very Low.** The parent makes little to no effort to engage the child in the task. Parent does not try to redirect the child's attention back to the task if the child stops working on the task. Efforts that the parent might make to encourage motivation do not seem supportive. The parent essentially lets the child figure out the task on his/her own. The parent rarely offer hints, tips, or attempts to structure the task.

2 - **Low.** The parent engages child in task, but is only moderately enthusiastic about the task and only occasionally makes an effort to maintain child's engagement in task. Parent will usually try to redirect child to task when necessary, but is not always successful. Parent may "make" the child do it, rather than trying to provide motivation to do the task. Parent offers some instructions, but they are few in number and/or are vague and difficult to follow. They may be above child's cognitive level. Parent does not break the task into constituent parts or steps very effectively. Parent does not describe a step-by-step procedure or explain the relationship between the work in progress and the end goal. Technical assistance does not in general seem very supportive.

3 - **Moderate.** The parent engages child in task and is moderately invested in child completing the task. Parent tries to keep child on task, but parent's efforts are not completely successful in securing child's motivation. Parent is moderately committed to the task, but may not try to keep child on task during the entire interaction. Parent may provide a great deal of "motivation," but occasionally feels supportive. Parent frequently, but not quite often enough, gives instructions that are clear, appropriate, and helpful. Parent sometimes offers a step-by-step procedure, but may leave some gaps. Instructions are generally clear, although can be occasionally confusing. Instructions are usually appropriate for child's cognitive level and frequently feel supportive.

4 - **Moderately High.** The parent engages child in task and is fairly consistent about providing encouragement and support to keep working. Parent is more invested in child completing the task than the average parent, and furthermore, the motivation provided by the parent frequently feels supportive. Parent will miss occasional opportunities to provide support. Parent gives clear instructions, but would be more effective if instructions given more often or if they included a bit more detail. Parent helps child in a "step-by-step" fashion at least some of the time. Parent usually feels supportive.

5 - **High.** The parent is able to successfully engage the child in the task. The parent provides encouragement (if necessary) to maintain child's engagement in task (e.g., Keep going! Let's see how quickly you can work). Parent attempts to refocus child on task if necessary. Parent is able to keep child on task, even when child shows signs of resistance. Motivation feels very supportive. Parent does not miss many opportunities to provide motivation. The parent communicates/describes the end goal to be achieved and/or makes comparisons between the end goal and the work in progress. The parent highlights critical features of the model. The parent simplifies the task by breaking the task down into smaller, sequential steps. Parent's instructions are precise (e.g., put the blue wheel on the orange stick; turn the left knob to the right). Instructions are appropriate for child's cognitive level and feel supportive.
PARENT CODE: COERCIVE CONTROL

This code assesses the degree to which the parent is domineering, or asserts power in an effort to maintain the "upper hand" in the interaction. Coercive behaviors rely on shaming, embarrassing, manipulating, or undermining the child, in order to get the child to do the parent’s bidding. Coercive behaviors include browbeating the child, repetitive, harsh commands, demands for response without allowing adequate opportunity to respond, and statements that put the child in a position of not being able to do anything right (e.g., when a parent repeats over and over again how they want the task to be done). Negative behaviors on the part of the parent NOT clearly related to efforts to achieve power or put the child in a "one down" position should NOT be coded as Coercive. Rather, those behaviors are more likely to be covered by the codes of Negative Affect or Rejection & Invalidation.

A parent may shame or embarrass the child through put-downs or blaming statements by saying things like, "You never pay attention, otherwise you would be able to do this." Manipulation in this code refers to parental behaviors such as pouting in order to get the child to comply, complaining that the child does not listen to the parent, or setting up questions so that there is only one right answer (and the right answer is to agree with the parent). The parent may also command the child to feel or think a certain way, such as, "You should respect me!" or, "I'm telling you, you need to do it this way." Undermining in this code refers to condescending parental behaviors such as saying things like, "I know what is right," or saying in a bullying or superior tone, "I make the rules, you follow them."

In this code, when a parent asks the child questions, the questions may be phrased in a leading or shaming way (or it may appear that the child feels shamed, embarrassed, or uncomfortable when responding). The child's responses may be interrupted, or the parent may respond to his/her own questions, without waiting for a response from the child. One may get the sense that, in either subtle or obvious ways, the parent is bullying the child somewhat. These behaviors on the part of the parent seem to stem from a need in the parent to feel more powerful in the task.

Coerciveness may be given for nonverbal physically aggressive behavior as well as verbal behavior. For example, the parent may grasp the child's shoulders to make the child look at the parent, or restrain the child from getting out of his/her chair, turning away, etc.

1 - Very Low. The parent does not appear to be coercive. At no time does it appear that the parent is trying to bully, shame, embarrass, manipulate, or undermine the child.

2 - Low. The parent appears to be minimally coercive; that is, it happens only once in the interaction and/or is very subtle in nature (e.g., the parent repeatedly questions or commands a child for a short period of time).
3 - **Moderate.** There are a few instances in which the parent appears to be coercive, forceful, or bullying of the child. Again, these instances are relatively subtle, but there are clear, brief moments where the parent appears to be using coercive tactics to control the child.

4 - **Moderately High.** Parental coerciveness appears occasionally throughout the interaction. The parent appears to make several attempts to control or maintain the upper hand in the interaction.

5 - **High.** The parent appears to be coercive, forceful, or bullying of the child about half the time (or more) or the parent displays one or two examples of extremely coercive behavior (e.g., the parent uses physical force with the child; aggressively shames the child; or says something like, "You can't be so stupid you don't understand me"). Some instances of coerciveness are quite obvious.
Appendix F: Issues Checklist

Circle “yes” for topics you have discussed with your parents/son or daughter during the last 4 weeks, and “no” for topics that have not come up. For each issue answered “yes,” circle a number between 1 (calm) and 5 (angry) to answer the question, “How did you feel when you discussed this topic?”

<table>
<thead>
<tr>
<th>Have You Discussed?</th>
<th>How Did You Feel When You Discussed This Topic?</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Calm</td>
</tr>
<tr>
<td>1. Telephone calls</td>
<td>yes</td>
</tr>
<tr>
<td>2. Bedtime</td>
<td>yes</td>
</tr>
<tr>
<td>3. Cleaning bedroom</td>
<td>yes</td>
</tr>
<tr>
<td>4. Doing homework</td>
<td>yes</td>
</tr>
<tr>
<td>5. Putting away clothes</td>
<td>yes</td>
</tr>
<tr>
<td>6. Using the television</td>
<td>yes</td>
</tr>
<tr>
<td>7. Cleanliness (washing, showers, brushing teeth)</td>
<td>yes</td>
</tr>
<tr>
<td>8. Which clothes to wear</td>
<td>yes</td>
</tr>
<tr>
<td>9. How neat clothes look</td>
<td>yes</td>
</tr>
<tr>
<td>10. Making too much noise at home</td>
<td>yes</td>
</tr>
<tr>
<td>11. Table manners</td>
<td>yes</td>
</tr>
<tr>
<td>12. Fighting with brothers and sisters</td>
<td>yes</td>
</tr>
<tr>
<td>13. Cursing</td>
<td>yes</td>
</tr>
<tr>
<td>14. How money is spent</td>
<td>yes</td>
</tr>
<tr>
<td>15. Picking books or movies</td>
<td>yes</td>
</tr>
<tr>
<td>16. Allowance</td>
<td>yes</td>
</tr>
<tr>
<td>17. Going places without parents (shopping, movies, etc.)</td>
<td>yes</td>
</tr>
<tr>
<td>18. Playing stereo or radio too loudly</td>
<td>yes</td>
</tr>
<tr>
<td>19. Turning off lights in house</td>
<td>yes</td>
</tr>
<tr>
<td>20. Using drugs</td>
<td>yes</td>
</tr>
<tr>
<td>21. Taking care of records, games, bikes, pets, and other things</td>
<td>yes</td>
</tr>
<tr>
<td>22. Drinking beer or other alcoholic beverages</td>
<td>yes</td>
</tr>
<tr>
<td>23. Buying records, games, toys, and other things</td>
<td>yes</td>
</tr>
<tr>
<td>24. Going on dates</td>
<td>yes</td>
</tr>
<tr>
<td>25. Who friends should be</td>
<td>yes</td>
</tr>
<tr>
<td>26. Selecting new clothes</td>
<td>yes</td>
</tr>
<tr>
<td>27. Sex</td>
<td>yes</td>
</tr>
<tr>
<td></td>
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<td>---</td>
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</tr>
<tr>
<td>28. Coming home on time</td>
<td>yes</td>
</tr>
<tr>
<td>29. Getting to school on time</td>
<td>yes</td>
</tr>
<tr>
<td>30. Getting low grades in school</td>
<td>yes</td>
</tr>
<tr>
<td>31. Getting in trouble at school</td>
<td>yes</td>
</tr>
<tr>
<td>32. Lying</td>
<td>yes</td>
</tr>
<tr>
<td>33. Helping out around the house</td>
<td>yes</td>
</tr>
<tr>
<td>34. Talking back to parents</td>
<td>yes</td>
</tr>
<tr>
<td>35. Getting up in the morning</td>
<td>yes</td>
</tr>
<tr>
<td>36. Bothering parents when they want to be left alone</td>
<td>yes</td>
</tr>
<tr>
<td>37. Bothering adolescent when he/she wants to be left alone</td>
<td>yes</td>
</tr>
<tr>
<td>38. Putting feet on furniture</td>
<td>yes</td>
</tr>
<tr>
<td>39. Messing up the house</td>
<td>yes</td>
</tr>
<tr>
<td>40. What time to have meals</td>
<td>yes</td>
</tr>
<tr>
<td>41. How to spend free time</td>
<td>yes</td>
</tr>
<tr>
<td>42. Smoking/spit tobacco</td>
<td>yes</td>
</tr>
<tr>
<td>43. Earning money away from the house</td>
<td>yes</td>
</tr>
<tr>
<td>44. What adolescent eats</td>
<td>yes</td>
</tr>
</tbody>
</table>
Appendix G: Consent Form

UNIVERSITY
OF
GUELPH
COLLEGE OF SOCIAL AND APPLIED HUMAN SCIENCES
Department of Psychology
Parent/ Legal Guardian Information and Consent Form
Building Healthy Minds
Dr. Margaret Lumley
Department of Psychology
voice:(519) 824-4120 ext. 56798 e-mail:mlumley@uoguelph.ca
fax:(519) 837-8629

Introduction: As many as 25% of youth in Ontario have significant emotional problems. The “BUILDING HEALTHY MINDS” project examines how children’s thinking affects their mood and behaviour. Dr. Margaret Lumley, from the University of Guelph, aims to learn more about how to promote emotional resiliency in children to improve their wellbeing. In this research study, children with emotional difficulties and their parents will complete measures of emotional and behavioural problems, family relationships, and children’s thinking. We hope to identify factors associated with emotional problems such as depression as well as factors that improve children’s emotional functioning. Our goal is to reduce the suffering associated with emotional problems by learning more about what kind of thinking puts children at risk and how children’s thinking and relationships might help them overcome their difficulties.

Procedure: Parents and children will be involved in the research study that will take 3 hours of their time over two sessions. All sessions will take place at Trellis Mental Health and Developmental Services. Parents will be asked to provide information about the family and their child in an interview and by completing measures of their child’s emotions and behaviours. Children will be asked to complete measures of problems as well as strengths, including questions about thinking, (e.g., “I am a good friend”), emotional wellbeing (e.g., “How happy do you feel?”), disruptive or externalizing behaviour (e.g., “How often do you steal, swear or get into fights”; “How often do you do what you are told?”). Measures will be completed on the computer and in an interview. With consent, interviews will be audiotaped. We additionally request your consent to contact you in the future to invite your child’s participation in a follow-up component of the project.

There are no known physical or social risks of participating in this research. Questions about children’s thinking and wellbeing might upset some children; however, we believe this risk is minimal given the child-friendly approach of our research team and the measures that we use. In our experience, young people have enjoyed participating in similar projects; however, participating in this study may not directly benefit your child. Children will be offered a Cineplex movie passes for participating. Parents will be offered $20.00. Following your child’s participation, we will provide you with a clinical research summary of these results that you may choose to share with your child’s mental health worker or family physician. You should know that the services that your child receives at the clinic are in no way related to whether or not they participate in
this study. If you do decide that you and your child would like to participate, you are free to change your mind and withdraw from the study at any time. If a child withdraws, all data associated with that child and their parent/guardian will be destroyed.

**Confidentiality:** We will be collecting identifying information on your child, but such information will not be attached to the other measures completed. All information provided is strictly confidential and will be used for research purposes. You and your child’s information from the study will be stored indefinitely for future analysis. Questionnaire data and consent forms will be kept in a locked filing cabinet in Dr. Lumley’s laboratory, while electronic files will be stored indefinitely on Dr. Lumley’s lab computers. There are exceptions to confidentiality. If we learn that any child may be in danger we need to report this to child protection services. If we believe that your child is in danger of harming himself or herself we will need to put a safety plan in place which may involve telling other mental health professionals. In the event that your child reports significant distress, we will follow-up to contact you as a parent/guardian to discuss what further resources may assist the youth. With your consent, we will also share this information with your child’s mental health worker. If, subpoenaed, we may have to provide information from you and your child’s participation in this research.

This project has been reviewed and received ethics clearance by the Research Ethics Board of the University of Guelph and by Trellis. If you have any questions or concerns regarding your family’s rights or treatment as participant(s) in the project, you may contact Sandy Auld in the Research Ethics Board at the University of Guelph at 519-824-4120 ext. 56606 (reb@uoguelph.ca), or Dr. Margaret Lumley, whose contact information is listed above.

**PART A: PARENT’S CONSENT:**

☐ I (the parent/guardian) consent to my child’s participating in the “Building Healthy Minds Project”

☐ I (the parent/guardian) consent to participate in the “Building Healthy Minds Project”

☐ I (the parent/guardian) consent to my child and my interviews being audiotaped. I understand that this is for coding purposes and that the tapes will be identified by number only and stored indefinitely in a locked cabinet in Dr. Lumley’s research laboratory.

☐ I (the parent/guardian) consent to University researchers contacting us to invite participation in the follow-up.

Signature of Parent __________________________ Date ______________________

Address
______________________________________________________________

______________________________________________________________

Telephone Number
______________________________________________________________
PART B: Youth CONSENT FOR THEIR PARTICIPATION:

☐ I consent to participate in the “Building Healthy Minds Project”
☐ I consent to my interview being audiotaped to be reviewed later.

Signature of Youth