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# INSTRUMENTS TO MEASURE SOCIAL SUPPORT AND RELATED CONSTRUCTS IN PREGNANT ADOLESCENTS: A REVIEW

### **ABSTRACT**

This review examines some of the key issues related to measuring social support and identifies 28 instruments which have been used in research with pregnant adolescents. The major external and internal variables that affect social support for pregnant adolescents are defined. Relevant questions are offered to guide the researcher in the choice of a social support instrument, and the 28 social support instruments are described by author, availability, length and item type, psychometric properties, and selected references and notes. Although not an exhaustive list, these 28 instruments are representative of the broad spectrum of measurement tools available which were chosen because they have been used in a variety of social support research endeavors.

Social Support and Adolescent Pregnancy

Social support is comprised of a multidimensional collection of resources available to an individual through social ties to other individuals and groups (Lin, Simeone, Ensel, & Kuo, 1979; Norbeck, Lindsey, & Carrieti, 1981). Moreover, satisfaction with social support is influenced by personality factors such as self-esteem and a feeling of control over the environment (Sarason, Levine, Bashman, & Sarason, 1983).

Social support consists of two basic terms: (1) the perception that there is a sufficient number of available others to whom one can turn in times of need, and (2) a degree of satisfaction with the available support (Vaux, 1988). Perceived support refers to the quality of interpersonal relationships in one's network. Support from different sources, such as family or friends, may serve different functions and have different consequences for adjustment (Litwak & Szelenyi, 1969). Social support from a particular significant other is more helpful in meeting particular needs than generalized support from several others (Eckenrode & Gore, 1982; Wandersman & Wandersman, 1980; Weiss, 1969). For example, people usually have an intuitive sense of what comprises support and whom they regard as supporters or supportive, but the specific definition of social support depends on study design (Brown, 1986). Even though social support buffers the individual from stressful experiences, there is a lack of conceptual agreement on what social support is and

how it functions to protect health, or to buffer the effects of stressors (Norbeck et al., 1981; Vaux, 1988). As a result, social support has been measured differently from study to study.

Most researchers have assumed that support is uniformly positive in its effects on well-being. However, some research suggests that this may not be true. Interpersonal relationships within social networks depend on an implicit expectation of reciprocal exchanges. While reciprocation is intended to be supportive, it often is the antithesis (Eckenrode & Gore, 1982; Tilden, Nelson, & May, 1990; Wortman & Lehman, 1985). Others have expanded this theory by listing aspects of human relationships that include unwelcome advice, incurred obligation, and broken promises which add burdens to the relationship and may lead to conflict (Foa & Foa, 1980).

This review examines some of the key issues related to measuring social support, and identifies specific instruments which have been used in conducting research with pregnant adolescents. Issues concerning the major external and internal variables that affect social support for the pregnant adolescent are raised and relevant questions are presented to guide researchers in the choice of a social support instrument. Twenty-eight social support instruments are described by author, availability, length and item type, psychometric properties, and selected references and notes. Although not an exhaustive list, these instruments represent the broad spectrum of measurement tools available, and reflect those previously used in a variety of social support research endeavors.

External Variables that Affect Social Support for the Pregnant Adolescent

Adolescence is a time of rapid developmental change and stress, which is perceived differently by each individual and influenced by personal and demographic characteristics. Also, the psychological and physical response to stress and coping patterns may affect developmental outcomes (Matteson, 1975; Yeaworth et al., 1980). When life-change events occur for adolescents, more stress is added to this already tumultuous time. Evidence indicates that a positive response to such events is facilitated by a socially supportive environment. In the absence of this environment, the maintenance of personal and social functioning is difficult, although not all kinds of social support are perceived to be beneficial (Lowenthal & Haven, 1968; Thompson, 1986).

Since adolescents have little experience in dealing with stress, they attempt to cope by using their available social supports and by trying new behaviors. When they are successful, new confidence in their ability to cope is achieved. However, a lack of coping success causes loss of confidence, feelings of helplessness, and use of primitive psychological defense mechanisms (Carlson, Kaiser, Yeaworth, & Carlson, 1984; Coddington, 1979; Swiger, Quinlan, & Wexler, 1977; Yeaworth et al., 1980). Sexual activity is one way adolescents struggle with the stress of life-change events (Mathis, 1976). In the case of pregnancy, the adolescent is placed in the position of having to decide the outcome, which adds new stress (Mechanic, 1974).

Pregnant teenagers whose social support involves some degrees of conflict have higher stress levels than those with unconflicted social support (Barrera, Sandler, & Ramsay, 1981). This concept is illustrated by Nuckolls, Cassel, and Kaplan (1972) in their study of 170 women. The women with high life stress and low psychological assets, including social support, had more early pregnancy complications than those with high life stress and high psychosocial resources (91% vs. 33%). However, the interpretation of the data is complicated because the social support factors are embedded in a composite variable (Nuckolls, Cassel, & Kaplan, 1972).

Developing and using social supports from significant others are the central coping strategies that help all new mothers adapt to the stress of mothering, but adolescent parents have additional multiple stressors due to family upset, unstable relationships, economic hardships, and physical health problems for

themselves and their babies (Barth & Schinke, 1983; Furstenberg, 1980; Russell, 1974). Also, the adolescent's willingness to participate, her role and responsiveness as a parent, and her overall adjustment influence her perception of the social support (Unger & Wandersman, 1985).

The results of these stressors adversely affect the adolescent mother's psychological well-being, both initially, and for years after the birth of the first child, as seen in several longitudinal studies. When original differences in the mother's education, age, parental socioeconomic status, and psychological well-being are taken into account, adolescent mothers have higher risks of psychological distress and lower feelings of self-esteem and personal efficacy, lower levels of educational achievement and income, a higher probability of divorce, and a greater number of children compared to women who become mothers at a later age or who never become mothers (Brown, Adams, & Kellam, 1981; Card & Wise, 1978; Moore et al., 1981; Marini, 1978; McLaughlin & Micklin, 1983). The psychological risk of adolescent childbearing does not diminish over time (Thompson, 1986). Adolescent mothers need the knowledge, material supports, child care, decision-making skills and emotional encouragement from family and friends to reduce the negative effects of adolescent parenting. Research suggests that such social support contributes positively to psychological well-being, eventual completion of formal education, work-career achievement, and marital stability (Furstenberg & Crawford, 1978; Gabarino, 1982; Wandersman & Wandersman, 1980; Zuckerman, Winsmore, & Alpert, 1979). Also, when social support is available, mothers are more responsible and affectionate toward their children (Collette, 1981; Crnic et al., 1983). Epstein (1980) found that adolescent parents with adequate coping skills attributed their success to someone who taught them to negotiate the various systems for information and services.

In general, when adequate positive family support is available for adolescent mothers, their chances of returning to school, entering the labor force, and finding employment improves, but the choice to live with families of origin does not ensure access to social support. Adolescent-parent conflict is found in many families, not just those of adolescent parents. Since there is no evidence that the personality of adolescent parents is different from that of nonparents, some degree of developmental conflict is likely to occur. A major goal of adolescent identity formation involves differentiation from parents and individuation without becoming disconnected. Achieving independence from parents is a normative task of adolescence that often underlies conflict and may contribute to the pregnancy. Thus, parental relationships are typically strained and may be particularly intense for adolescent parents because of developmental or personality aberrations that also contribute to the pregnancy (Blast, 1988; Furstenberg & Crawford, 1978).

Anecdotal reports suggest that several sources of interpersonal and personal conflict are common to adolescent parenthood and lead to distress. The adolescent who perceives positive affirmation from parents and peers is more likely to develop high self-esteem. Conversely, lack of perceived support and attention from significant others takes its toll by the formation of low self-esteem (Montemayor, Adams, & Gullotta, 1990). During adolescent development, the love of the omnipotent parent must be replaced by the love of the self. Yet, at the same time the adolescent wishes to remain connected to the parent, there is the desire to separate, differentiate, and establish clear self-boundaries (Josselson, 1980).

Family conflicts result for adolescent parents when the grandparents overpower the adolescent mother's role and eliminate her connection to peers and the community. Because the adolescent mothers often stay home with their own child, they are frequently expected to assume care of their siblings (McLaughlin, Wedemeyer, & Adelberg, 1981). Therefore, even though the adolescent's mother is the most important person in her decision-making process regarding prenatal care, returning to school, her living arrangements after delivery, and health care for her infant, it is possible for an adolescent mother to have too much family support (Zuckerman, Winsmore, & Alpert, 1979). However, mothers who live alone are less likely to receive help with child-rearing and are more distressed than those who live with family members (Kellam, Brown, & Enswinger, 1982; Wahler, 1980).

Additional strain can arise from conflict between the adolescent father and the young mother's family. Although a family's initial anger usually declines by the time of the birth, the adolescent father may be the target of continued hostility and even exclusion from the parental role (Fine & Paper, 1982). The consequence of this animosity is often unfortunate since mothers who maintain contact with the father are more likely to receive child support payments (Furstenberg & Crawford, 1978). Also, loss of the male partner reduces the availability of other forms of personal, material, and emotional support which facilitates the overall adjustment and reestablishes the mother's self-esteem and identity independent of mothering. These findings suggest that a male partner and friends are particularly important influences on a young mother's adjustment to a maternal role (Mott & Maxwell, 1981; Thompson, 1986).

Besides the positive effects of social support on the adolescent mother, it contributes appreciably to the health of the child (Baldwin & Cain, 1980; Furstenberg & Crawford, 1978). Compared to offspring of nonadolescent mothers, children of adolescent mothers are more likely to have high rates of mortality, to be of low birth weight, to have lasting deficits in IQ and achievement, and to have poor psychological and social adaptation lasting as late as the third grade (Monkus & Bancalari, 1981; Kellam, Brown, & Enswinger, 1982). In addition, longitudinal studies show that children of adolescent mothers with constricted personal social supports are more vulnerable to abuse due to resistant or avoidant attachment (Salziner, Kaplan, & Artemyeff, 1983). The securely attached infant explores the environment and returns to a reliable base when events become too threatening (Ainsworth, 1979). This secure attachment is not automatic and depends on a reciprocal process of interaction between mother and infant. For children of isolated adolescent parents, the loss of informal resources is aggravated by their young parent's tendency to avoid seeking help from official voluntary and other agencies (Brown, Adams, & Kellam, 1981).

Internal Variables that Affect Social Support for the Pregnant Adolescent

Research has found that pregnant and parenting adolescents are at risk for loneliness, depression, and introspection. All three of these internalized variables affect the quality of social support interaction for the adolescent (Pine & Page, 1982).

First, the adolescent who displays signs of loneliness is more likely to be anxious, depressed, show an external locus of control, have higher levels of public self-consciousness and social anxiety, and manifest low levels of happiness and life-satisfaction. The adolescent with these characteristics is in a vulnerable social position, and often is deprived of a clear sense of belongingness, attachments, avenues of participation, and a socially affirmed role. The lonely adolescent experiences this social limbo most directly through the sense of emptiness, isolation, and boredom (Moore & Schultz, 1983).

Second, depression is an affliction experienced to some degree by everyone in dealing with life's problems. It is characteristically precipitated by an accumulation of stresses including loss of close interpersonal relationships and blows to the self-esteem (Collette, 1983). Depression commonly manifests itself in passivity, feelings of failure, a sense of helplessness, and powerlessness. It has been found that an adolescent mother's social environment may serve as a potent buffer between stress and depression (Cobb, 1976).

It has been documented that depression is especially problematic for women, the young, and those with low levels of education or low incomes (Collette, 1983). These risk factors converge in the pregnant adolescent population. As the stressors of interrupted and terminated education, high unemployment rates, low-level occupations, and poverty produce unfamiliar circumstances, the adolescent surrenders to depression (Barth, Schinke, & Maxwell, 1983; Belle, 1982; Card & Wise, 1978; Collette, 1983; Moore, 1978).

Further, introspectiveness is the tendency to devote attention to thoughts and feelings about the self. In adolescence, a dramatic shift toward self-analysis occurs in which the inner self becomes the object of observation and reflection in an effort to define self-concept exhibited across multiple social roles (Montemayor, Adams, & Gullotta, 1990). The adolescent's perception of the attitudes of significant others toward her self-concept profoundly impacts upon her overall self-esteem (Rosenberg, 1979). Introspectiveness is positively correlated with depression, anxiety, and physical symptoms associated with any problematic events or significantly altered relationships to the environment or other people (Hansell, Mechanic, & Brondolo, 1986; Mechanic, 1983). Researchers have speculated that adolescents may benefit more from interventions designed to increase participation in meaningful activities, distract attention from the self, and prevent the negative spiral into depressive moods, since being alone almost always is accompanied by negative affect and encourages self-attention, which in turn contributes to distress (Csikszentmihalyi & Larson, 1984; Hansell, Mechanic, & Brondodlo, 1986). Thus, it is important to study adolescent mothers' vulnerability to loneliness, depression, and introspectiveness, since these variables have negative implications not only for the mother's mental health, but for her ability to rear her children successfully (Collette, 1983).

### **Research Considerations**

Based on the above description, one sees that there is no concise and universally accepted definition of social support. Thus, there may be debate over classification of instruments as those which primarily measure external versus internal variables.

Of the 28 social support instruments summarized in Table 1, 19 of them assess some degree of external social support variables for the pregnant adolescent. For example, the external variable instruments consider the perceived quality of relationships, number of life stressors, dimensions of friendships, degree of satisfaction experienced from social supports, and identification of people and type of support given. The internal variable instruments estimate characteristics of depression, personal attitudes, introspection, psychological distress, self-image, loneliness, and levels of anxiety.

All but four of the instruments use a Likert-type scale or dichotomous format with the number of items ranging approximately from 10 to 90. Other formats include fill-ins and Guttman scales.

From a review of the numerous social support instruments it is obvious that multidimensional social supports and coping responses invoke different outcomes and perceptions of support at various points in time. Since social supports are not uniformly positive, research theories and hypotheses should encompass the complexity of interpersonal relationships and reflect the differential effects of social supports (Thompson, 1986; Unger & Wandersman, 1985). From a researcher's standpoint, a solution might be to use a combination of qualitative and quantitative procedures to yield the most comprehensive social support data. In addition to expanding the multidimensional approach for the identification and description of social support in the adolescent population, the instrument review encourages research in the following areas: (1) longitudinal parental attachment, (2) effectiveness of supportive interventions, and (3) the relationship of social support and mental health.

First, longitudinal research beginning in childhood is suggested in order to address the issues of parental attachment related to well-being (Greenberg, Siegel, & Leitch, 1983). Even though adolescent parental attachment is highly correlated with perceived self-esteem and life satisfaction, the young mother's dependency on adults for norms or models of parenting, training, and preparation for child care inhibits the development of feelings of individual autonomy, an important task in adolescence. Thus, developmental needs of adolescents exacerbate difficulties associated with the transition to motherhood. Further research on communication, the stress-reducing and stress-producing qualities of family functioning, consequences of family involvement, and conflict resolution within families may determine not only the strong relationship

to well-being, but assist in predicting the adolescent's level of depression, anxiety, resentment, and alienation (Greenberg, Siegel, & Leitch, 1983; Perosa & Perosa, 1990; Thompson, 1986).

Second, social support is a buffering variable for stressful life events, although the kind, amount, and effect of support needed has not been researched extensively (Brands &c Weinert, 1981; Unger & Wandersman, 1985). Supportive interventions alone cannot overcome the problems faced by pregnant adolescents. However, research demonstrates that effectiveness of supportive interventions influences a wide range of important outcome variables for adolescent mothers such as birth weight, health care of babies, knowledge, education, and parenting behaviors (Unger & Wandersman, 1985).

Since research findings illustrate relationships between negative life change and indices of health status and adjustment, special attention should be paid to the development and application of appropriate stress management techniques for pregnant adolescents (Gad & Johnson, 1980). Community programs for adolescent mothers should provide alternative support sources to compensate for the lack of support from family members, provide caring and helpful individuals to convey information, listen to problems, and reduce their sense of isolation (Thompson, 1986; Unger &c Wandersman, 1985).

Third, in the area of mental health, more research is needed to strengthen the relationship between social supports and psychological distress. Current welfare assistance policy does not allow adolescent mothers living at home to receive full benefits in their own names, and also discourages infants' fathers from acknowledging paternity and providing support. Therefore, programs are needed to foster family involvement, expand school-aged programs and financial support, and provide better outreach for the adolescent mothers and their families (Barth, Schinke, & Maxwell, 1983). Such programs would be consistent with the psychological distress research which states that adolescent mothers with more education report a more favorable degree of overall well-being. Education offers the adolescent mother the opportunity to choose among more rewarding life-style alternatives. In general, women with less than a high school diploma have less job security, less financial security, less information on community medical resources, as well as fewer supports, all of which further weaken their coping ability. Therefore, it is not surprising that very young adolescent mothers report more distress (Thompson, 1986).

Better research on social support and knowledge about life-change events experienced by adolescents will supply the information needed by health care professionals who provide health guidance to pregnant and parenting adolescents and their families. Identification of major stressors, assessment of coping behaviors, and determination of the possible need for crisis intervention gives the health care professional an opportunity to develop the most appropriate intervention with the adolescent mother. This intervention may include enhancing the parenting adolescent's social support, thus easing her daily stress and the burden of child care (Carlson, Kaiser, Yeaworth, & Carlson, 1984).

Much research remains to be performed on the complex and changing social world of adolescence. Even though the frequency of social contact does not necessarily relate to the significance or quality of the interaction, there are additional dimensions to be addressed in the pregnant adolescent population related to advice, modeling, and intimacy provided by significant others (Blyth, Hill, & Thiel, 1982).

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## Table 1

Adolescent Life Change Event Questionnaire Assessment of Life event stressors	Yeaworth et al, 1980 University of Nebraska Medical Center College of Nursing Omaha, Nebraska	38 - 5 pt Likert
Beck Depression Inventory Self-rating instrument of depression	Psychological Corporation San Antonio, Texas	21 - 3 pt Likert
Center for Epidemiologic Studies of Depression (CES-D) Scale A measurement of symptoms characteristic of depression	Randloff, 1977  National Institute of Mental Health Division of Clinical Research Rockville, Maryland	20 - 3 pt Likert
Children's Depression Inventory A downward extension of Back Depression Inventory; measures depressed versus nondepressed children	Kovacs, 1980  Psychological Corporation San Antonio, Texas	27 - Likert
Family Adaptability and Cohesion Evaluation Scales	Olson et al, 1985	40
Survey 3rd edition (FACES II - research) (FACES III - clinical) A measurement of cohesion and adaptability in families.	Family Inventory Project University of Minnesota Social Science Center St Paul, Minnesota	
Fundamental Interpersonal Relationship Inventory - Behavior (FIRI-B) Measure expressed and wanted behavior interactions towards other people	Schutz, 1978  Consulting Psychologist Press Palo Alto, California	54 - Likert
Hopelessness Scale Designed to measure the extent of respondent's negative attitude or pessimism about the future	Beck, et al, 1974  Psychological Corporation San Antonio, Texas	20 - True/ False
Interpersonal Relationship Inventory A measure of dimensions of interpersonal relationships including:	Tilden et al., 1990  Oregon Health Science University Portland, Oregon	39 - 3 part Likert

social support,

reciprocity and conflict		
Introspectiveness Scale A measure of introspectiveness for adolescents and its association with aspects of adolescent development	Hansell et al., 1986  Institute for Health, Health Care Policy and Aging Research Rutgers University New Brunswick, New Jersey	16 - 5 part Likert
Inventory of Parent and Peer Attachments An assessment of the positive and negative effective/cognitive dimensions of adolescent relationships with their parents and close friends	Greenberg et al., 1983  Department of Psychology University of Washington Seattle, Washington	25 - 5 pt Likert
Langner 22 Item An instrument used to obtain an index of psychological distress	Langner, 1962 American Sociological Washington, DC	22 - True/ False
Life Experiences Survey Measures positive and negative impact of life stress experienced by adolescent in the past year	Sarason et al., 1978  Department of  Psychology  University of  Washington  Seattle, Washington	60 - 7 part Likert
Norbeck's Social Support Questionnaire A measurement of the multiple dimensions of social support	Norbeck et al., 1981  American Journal of Nursing New York, New York	20 - Fill-in and Likert
Pearlin Mastery Scale Assesses the subject's sense of control and responsibility for events	Pearlin & Schooler, 1978  Univ. of California Dept. of Human Development & Aging San Francisco, California	5 point Likert
Peer Social Support Designed to measure friendship dimensions that would not be subject to developmental effects	Hirsch & Rapkin, 1987  University of Chicago Press Journal Division Chicago, Illinois	12
Personal Resources Questionnaire Provides information about social networks and perceived levels of social support	Brandt & Weinert, 1981  Patricia Brandt, PhD School of Nursing University of Washington Seattle Washington	40 - 2 Part 6 point Likert

Seattle, Washington

Revised UCLA Loneliness Scale Prediction of self-labeled loneliness with measures of social relationships	Russell et al., 1980  American Psychological Assoc. Washington, DC	4
Reynolds Adolescent Depression Scale Measures symptomatology in adolescents	Psychological Assessment Resources, Inc. Odessa, Florida	30 4 part Likert
Rosenberg Self-Esteem Scale A list of statements dealing with your general feelings about yourself.	Rosenberg, 1965  Society and the adolescent Self-image Princeton Press, Inc. Princeton, NJ	10 - Guttman
Self-Perception Profile for Adolescents Assessment of perceptions of the themselves in domain of scholastic and athletic competence, social acceptance, physical acceptance, behavior, conduct and self worth	Harter, 1986  Susan Harter, PhD  Department of  Psychology  University of Denver  University Park  Denver, Colorado	45 - contrast statements
Self-Rating Depression Scale A measurement of quantitative symptoms of depression	Zung, 1965  American Medical Association Chicago, Illinois	20 - 4 part Likert
Social Desirability Scale A measure of individual differences in social- desirability response	Crowne & Marlow, 1964a  Greenwood Publishing Group Westport, Connecticut	33 - True & False
Social Relations Questionnaire A three part questionnaire that provides a description of an adolescent's social world	Blyth et al., 1982  Director of Research Institute Minneapolis, Minnesota	Fill-in
Social Support Questionnaire Measure perceived number and satisfaction in social supports	Sarason et al., 1983  Irwin G. Sarason, PhD  Department of  Psychology  University of  Washington  Seattle, Washington	6 items
Social Skills Inventory,	Riggio et al., 1987	90 - 6 scales

@ 2 levels:

Research Ed.

Assessment of basic Consulting communication skills Psychologists Press, Inc. Palo Alto, California State-Trait Spielberger et 20 - 4 part Anxiety Inventory al., 1970 Likert Measurement of state and trait of anxiety Consulting levels Psychologists Press, Inc. Palo Alto, California Structural Family Perosa et al., 1981 105 - 4 part Interaction Scale Likert A measurement of Linda Perosa, PhD mother-child and Dept. of Counselor father-child interactions Education Tower Hall along the overprotection Canisius College and neglect dimensions Buffalo, New York Support Behaviors Brown, 1986 45 - 5 part Inventory Likert Measure degree of Marie A. Brown, PhD satisfaction experienced School of Nursing from each support University of person's behavior Washington Seattle, Washington Support Inventory Barth & 12-Fill-in Identification of people Schinke, 1984 and type of support given Richard Barth, PhD University of California Berkely, California ADDITIONAL RFITA-INSTRUMENT BILITY[\*] CITATIONS Adolescent Life Change .83 T-R Carlson et al., 1984 Yeaworth et al., 1992 Event Questionnaire Assessment of Life ANALYSIS[\*\*] event stressors 1,2,5,7 Beck Depression .93 IC Beth & Schinke, 1983 Inventory Self-rating instrument of depression Center for Epidemiologic .58 T-R Collette, 1983 Studies of Depression .85-.90 IC Radloff & Locke, 1986 (CES-D) Scale Weissman et al., 1977 A measurement of symptoms ANALYSIS[\*\*] Comstock et al., 1976 Hawkins et al., 1989; characteristic of 1,2,6 1992 depression McDermott, 1987 McDermott et al., 1987; 1989; 1990

Children's
Depression Inventory
A downward extension of
Back Depression
Inventory; measures

ANALYSIS[\*\*] 4,6 Saylor et al., 1984 Strauss et al., 1984 Helsel & Matson, 1984 depressed versus nondepressed children

nondepressed children		
Family Adaptability and Cohesion Evaluation Scales	.68 IC .80 T-R	Helsel & Matson, 1984 Perosa & Perosa, 1990
Survey 3rd edition (FACES II - research) (FACES III - clinical) A measurement of cohesion and adaptability in families.	ANALYSIS[**] 5,10	
Fundamental Interpersonal Relationship Inventory - Behavior (FIRI-B) Measure expressed and wanted behavior interactions towards other people	.7182 T-R	
Hopelessness Scale Designed to measure the extent of respondent's negative attitude or pessimism about the future	Intercorre- lations for subscales .3976	
Interpersonal Relationship Inventory A measure of dimensions of interpersonal relationships including: social support, reciprocity and conflict	.8392 IC .8191 T-R ANALYSIS[**] 1,3,5,6,11	
Inrospectiveness Scale A measure of introspectiveness for adolescents and its association with aspects of adolescent development	.8490 IC .6062 T-R ANALYSIS[**]	Mechanic, 1983 Hansell & Mechanic, 1985 Mechanic & Hansell, 1987
Inventory of Parent and Peer Attachments An assessment of the positive and negative effective/cognitive dimensions of adolescent relationships with their parents and close friends	.5177 IC .7989 T-R ANALYSIS[**] 1,5,11	Armsden & Greenberg, 1987 Cotterell, 1992 Papini et al., 1991
Langner 22 Item An instrument used to obtain an index of psychological distress	.82 IC  ANALYSIS[**] 9	Thompson, 1986
Life Experiences Survey Measures positive and negative impact of life	.1988 T-R ANALYSIS[**]	Gad & Johnson, 1980

stress experienced by adolescent in the past year Norbeck's Social Support ANALYSIS[\*\*] Questionnaire A measurement of the multiple dimensions of social support Barth & Schinke, 1983 .71-.81 IC Pearlin Mastery Scale Barth et al., 1983 Assesses the subject's sense of control and Unger & Wandersman, responsibility for events 1985 .68 IC Peer Social Support Designed to measure friendship dimensions ANALYSIS[\*\*] that would not be subject to developmental effects Personal Resources .85-.93 IC Weinert, 1987 Questionnaire .72-.81 T-R Provides information about social networks and ANALYSIS[\*\*] perceived levels of social support Revised UCLA .75 IC Barth et al., 1983 Loneliness Scale Moore & Schultz, 1983 Prediction of self-labeled loneliness with measures of social relationships Reynolds Adolescent .90-.96 IC Davis, 1990 Depression Scale .80 T-R Measures symptomatology in adolescents ANALYSIS[\*\*] Rosenberg Self-Esteem .71 IC Barth et al., 1983 Scale .85 T-R Hensley & A list of statements Roberts, 1976 Moore & Schultz, 1983 dealing with your general feelings about yourself. ANALYSIS[\*\*] Self-Perception Profile for Adolescents Assessment of perceptions of the themselves in domain of scholastic and athletic competence, social acceptance, physical acceptance, behavior, conduct and

Self-Rating Moore & Schultz, 1983
Depression Scale

A measurement of ANALYSIS[\*\*] quantitative symptoms 6

of depression

self worth

Social Desirability Scale .88 IC Crowne & A measure of individual Marlow, 1964b differences in social-.88 T-R Reynolds, 1982 desirability response ANALYSIS[\*\*] Social Relations Blyth & Questionnaire Foster-Clark, 1987 A three part ANALYSIS[\*\*] questionnaire that provides a description 4,8 of an adolescent's social world .94-.97 IC Social Support Sarason et al., 1987 Questionnaire .90-.97 T-R Measure perceived number and satisfaction in social supports Social Skills Inventory, .62-.87 IC Riggio & Research Ed. Sotoodeh, 1989 Assessment of basic .81-.96 T-R Riggio et al., 1990 communication skills ANALYSIS[\*\*] 1,5 State-Trait .83-.92 IC Barth & Schinke, 1983 Barth et al., 1983 Anxiety Inventory Measurement of state Riggio et al., 1990 and trait of anxiety Moore & Schultz, 1983 levels .50-.70 IC Structural Family Interaction Scale A measurement of ANALYSIS[\*\*] mother-child and father-child interactions along the overprotection and neglect dimensions Support Behaviors .83-.96 IC Inventory ANALYSIS[\*\*] Measure degree of satisfaction experienced 6,12 from each support person's behavior Support Inventory Identification of people ANALYSIS[\*\*] and type of support given [\*] IC = internal consistency; T-R = test/request [\*\*] TYPE OF ANALYSIS USED

- 1 ANOVA
- 2 t-test
- 3 Box's M test
- 4 Chi-square
- 5 Correlations
- 6 Factor analysis
- 7 Fisher's Exact test 8 Multiple regression

- 9 Least-square regression equations
- 10 MANOVA
- 11 Polynomial regression
- 12 Multiple discriminant analysis

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