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Evaluating daily life stressors in children: Parent-child agreement

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Evaluating daily life stressors in children: Parent-child agreement

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University of Nevada, Las Vegas, 1993
Evaluating Daily Life Stressors in Children:

Parent-Child Agreement

by

Julie F. Beasley

A thesis submitted in partial fulfillment
of the requirements for the degree of

Master of Arts

in

Psychology

Department of Psychology
University of Nevada, Las Vegas
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ABSTRACT

Although a large amount of research has been reported regarding the effects of stressful life events (i.e., divorce, severe illness) on children, only a small amount has addressed the measurement of daily life stressors (i.e., school, home, social activities). More specifically, the issue of parent-child agreement on childhood daily life stressors has been relatively unexamined. The present study examined 98 child, adolescent, and parent reports of childhood daily stress. Results indicated that parents underreport daily stress for their children. Specifically, fathers report lower levels of child stress, while mothers overestimate negative affectivity. Finally, younger children reported more daily stress, especially stressful events, when compared to adolescent and parental reports. Gender, daily parental time spent with the child, and family environment had little effect on parent-child agreement. Results are discussed regarding implications for assessment and treatment of childhood stress.
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CHAPTER 1

INTRODUCTION

The study of stress has gained attention over the past thirty years. The popular media is replete with reports on stress and its effects on health, illness, adjustment, and well-being. Numerous articles, news reports, and programs focus on ways to recognize stress, situations that produce stress, and methods of reducing stress. In conjunction with this, researchers have linked stress with physical disorders like heart disease and ulcers and psychological symptoms such as depression and anxiety. Despite increased interest in the topic of stress, however, the majority of research in this area focuses on adults and not children and adolescents. Questions such as the ability of children and adolescents to recognize and report stress, what is stressful for them, and how stress affects their lives remain largely unanswered.

Before focusing on stress in children and adolescents, it is necessary to define types of events considered "stressful." Stress has been hypothesized to comprise both biological and psychological components. Trad and Greenblatt (1990) described stress as a "physical, emotional, or chemical factor that exerts significant pressure on a individual's ability to function adaptively" (p. 24). Each stressful event has a meaning of its own to an affected individual. Johnson (1986) preferred a general idea of stress to a specific one, because an agreed upon definition has not been reached.
Johnson suggested that the term "stress" or "stressors" refer to experiences that are aversive, psychologically threatening, or troubling with negative outcomes. Rutter (1988) stated that stress applies equally to a form of a stimulus (stressor), a force requiring change of adaptation (strain), or a mental state (distress). Thus, it seems that most people, including researchers who study stress, seem to know what is meant by "stress." When asked to define it, however, many different descriptions are used. For the purposes of this paper, the general definition by Johnson (1986) seems initially sufficient given the lack of consensus among researchers.

In addition, a distinction must also be made between major and everyday life events. Major life events are those that occur infrequently and are almost trauma-like. Daily life stressors reflect events that occur on a fairly regular basis. Thus, major distinctions between the major and daily life events reflect proximity and occurrence. Daily life stressors are more salient to a child, occur with greater frequency, and impact a child on a more regular basis than do major life events (Kanner, Feldman, Weinberger, & Ford, 1987). Also, daily hassles have been associated more strongly with negative affectivity than major life events, and predict psychological symptoms (e.g., depression, anxiety) in adults independent of major life events (Kanner, Coyne, Schaefer, & Lazarus, 1981). Specifically, stressful major life events for children and adolescents include: death of a parent, divorce, severe medical problems or long-term hospitalization, and school failure. On the other hand, events such as interacting with parents (e.g., doing chores, arguing with parents, talking with parents), relationships with peers (e.g., peer conflicts, peer pressures,
having friends), and everyday school activities (e.g., interacting with teachers, performing in class, completing homework) represent daily life stressors. Thus, the study of daily hassles is an important, independent step toward understanding stress as a factor in health and illness.

Because stress has been linked to long-term physical and emotional well-being, and because daily life stressors are more proximal and recurrent, the need to investigate how children and adolescents view daily life stressors seems an especially appropriate area of study. Developmentally, information about the impact of daily stress provides important knowledge with respect to how children and adolescents experience, react, and cope with stress across time. Such an understanding may provide ways to better manage stress and increase future health and well-being. In addition, evaluating daily stress in children may help clinicians develop more accurate treatment plans. Specifically, in covert internalizing problems like stress, poor parent-child communication leads to a variety of treatment targets, often resulting in inefficient treatment protocols. Thus, the recognition of daily stress and informant variance need to be closely examined.

The goal of this project was to assess daily life stressors in children and adolescents with a concentration on parent-child agreement in their recognition and report. Specifically, this paper reviews relevant research on childhood daily life stress, critiques this literature with a focus on how to improve future research, integrates current studies of parent-child agreement and how they relate to daily stressors, details the current experiment, and discusses implications for further study.
Daily Life Stressors

Although studies of daily life stressors in children and adolescents are few, the available research does provide a foundation for designing future studies. For example, Colton (1985) assessed major and daily life events experienced by children and investigated adult perceptions of childhood stress. Colton developed the Children's Own Perceptions and Experiences of Stressors (COPES) to assess stressful aspects of a child's environment (i.e., school, family, social, and internal). The COPES was designed to reflect children's perceptions of their experience with a stressor and the emotional impact the event had on them. The original COPES consisted of 126 items taken from existing inventories (both child and adult scales) and interviews with a group of children (fourth to eighth grades). These items were then administered to a group of children (n = 20, grades three to six) to choose 60 of the most reliable and valid items. The scale has seven categories including feelings of isolation/rejection, major life events (e.g., divorce of parents, abuse by parent), family disruptions, cognitive overload (e.g., too much homework, concentration problems), financial concerns, step-family issues, and serious school problems.

The COPES was then completed by 181 children in third through sixth grade classroom settings. Overall, children rated major life events as most stressful, followed closely by school problems and family disruptions. Children who were reportedly able to cope successfully with a stressor consistently rated it as less stressful than one beyond their control. Thus, major life events were rated as more stressful due to less control.
However, daily hassles accounted for more of the variance in the children's ratings. These included increased parent-child conflict, not getting approval from others, being ridiculed, teased, or ignored, conflict with friends, and being compared to peers.

Also, 35 professionals (psychologists, counselors, teachers, and administrators) completed the COPES to rate how upsetting they thought each item would be to most children. Overall, professionals' ratings were lower than the children's on all seven factors. Professional and child ratings agreed (i.e., how close professional's ratings matched the children's ratings) most often when the child had not actually experienced the stressor. However, agreement decreased when a child had actually experienced a stressful event and when he/she felt more control over the event. Also, professionals underestimated the severity of stressors for children, especially when experience was a factor. Thus, Colton suggested that adult ratings should not be used exclusively of children's perceptions in the study of childhood stress. These results also suggest that parent-child agreement may be an important component when assessing internalizing events like stress.

Another early scale was developed by Bobo, Gilchrist, Elmer, Snow, and Schinke (1986), who intended to address the impact of daily stressors in young adolescents. The authors designed the Adolescent Hassles Inventory (AHI), a 68-item scale that evaluates the frequency and severity of daily life stressors. A group of psychologists, social workers, and graduate level psychology students selected items from the Hassles Scale for adults (Kanner, et al., 1981) to obtain appropriate events for
adolescents. Additional items considered important by the group were added to the scale. Categories on the scale included punishment at school, peer conflict and pressures, worries about the future, parental conflicts, and money shortages.

The inventory was administered to 146 sixth grade students. The final Adolescent Hassles Inventory (API) consisted of 50 of the most psychometrically valid items from the original pool. The scale was administered twice across a one-week interval to assess test-retest reliability. The authors reported internal consistency (Cronbach's alpha) for the API as $r = .93$ and test-retest as $r = .84$. In addition, an interaction was found between daily stressors and satisfaction with peer group relationships, a component of emotional well being. As hassles were rated more severe, satisfaction with peer relations decreased. These results suggest that young adolescents understand the concept of daily hassles and are able to rate the severity of these events.

Bobo and her colleagues emphasized the need to focus on other aspects of emotional well being (i.e., anxiety, depression) before more definitive statements can be made. However, these authors raised the important concern that a significant interaction may exist between daily stressors and emotional well-being in adolescents. They suggested that researchers investigate how this interaction may later affect adult health, thus supporting a developmental perspective of daily life stress.

In addition, Compas, Davis, Forsythe, and Wagner (1987) developed the Adolescent Perceived Events Scale (APES) for persons aged 12 to 20 years.
The researchers first generated a broad sample of major and daily life events significant to adolescents. The authors recruited 658 adolescents to respond to open-ended questions regarding day-to-day and major life events that cause problems or bring pleasure to their lives. Daily hassles were described as events that irritate, annoy, upset, or cause problems or pressures. Daily pleasures are events that are happy, peaceful, or joyful. Major life events included both positive and negative events that significantly affected the individual’s health, relationships, or progress in school. The final APES scale contained three life events checklists of 164 items for younger adolescents (12 to 14 years), 202 items for middle adolescents (15 to 17 years), and 210 items for older adolescents (18 to 20 years). Within these checklists, 157 of the items were identical for the three scales.

Next, the investigators evaluated a new group of 95 adolescents, who were given the APES twice in a two week interval. Test-retest reliability for the total scale score ranged from .74 to .89. The authors then addressed concurrent validity, utilizing a somewhat unusual method. Thirty-four older adolescent roommates (age range of 18 to 20 years) completed two versions of the APES, one with respect to themselves and one with respect to their roommate. Also, a measure of closeness of the relationship was completed by the subjects and their roommates. Rate of agreement (82%) was calculated for the pairs, (i.e., the sum of reported occurrences and nonoccurrences of events). Further, the authors indicated that the APES was significantly positively correlated to behavior problems.

Compas and his colleagues (1987) suggested that the APES represented a reliable and valid measure of major and daily life stressors in adolescents. Moreover, they indicated that the inclusion of chronic daily stressors is more representative of adolescents' life experiences because many new items added to the APES by the adolescents reflected daily hassles. The results suggest that daily stressors are more pertinent to everyday functioning of adolescents than major life events and require further examination.

An extension of the study of daily uplifts and hassles to younger adolescents was conducted by Kanner, Feldman, Weinberger, and Ford (1987). Specifically, the investigators assessed how daily hassles and uplifts affect adaptational outcomes (coping abilities) for adolescents. The authors surveyed 232 sixth graders using a 50-item modified version of the Children's Hassles and Uplifts Scale by Kanner, Harrison, and Wertlieb (1985). Daily hassles included chores, sibling conflict, peer conflict, feeling bored, and parent conflict. Items like good grades, positive peer, parental and teacher evaluations, and performing well at games or sports were reflective of daily uplifts. The researchers also examined clinical and developmental variables including anxiety, depression, peer relationships, social competence, and general self-worth. Kanner et al. reported the internal consistency for the modified scale to be $r = .87$.

Kanner and his colleagues (1987) found that frequency of hassles increased with emotional distress and perceived interpersonal problems.
In addition, increased frequency of uplifts was associated with indicators of well-being and social adjustment. The authors suggested that an important link exists between adolescent uplifts and hassles and several areas of social-emotional functioning. Generally, hassles were highly correlated with anxiety, depression, and distress and moderately correlated with the absence of friendship support, social competence, and self-worth. Uplifts, however, were linked with positive adaptational outcomes and negatively associated with depression and distress. Kanner et al. (1987) suggested that a better understanding of adolescent stress requires an investigation of daily hassles and uplifts, because hassles and uplifts represent different dimensions in children’s lives. Finally, the authors concluded that the meaning and impact of hassles and uplifts may change from childhood to adulthood.

Following these investigations, a study of the validity of stress measures was conducted by Greene (1988). Specifically, Greene evaluated whether perceived events and experiences described by young adolescents as stressful actually parallel those in the corresponding literature on childhood stress. That is, are self-report scales and questionnaires accurately covering stressful events? Eighty-four fourth, fifth and sixth grade students (ages 9 to 11) were given the Stressful Events Questionnaire (SEQ). This scale consists of six open-ended items to assess: (a) types of events that students experience as stressful, (b) age when such events occur, (c) affective response to the events, and (d) amount of disruption associated with the events. Seven stressful categories were constructed based on the thematic content of events including personal loss (e.g., death
of a pet), school (e.g., exams, homework), peers (e.g., arguments with friends), self (e.g., illness, appearance), family (e.g., parental conflict), extracurricular (e.g., sports), and other.

Results indicated that students report events considered strains or hassles (e.g., school, peers, illness, grades) more frequently than major life events (e.g., divorce, death of a parent, family discord). Also, events that young adolescents perceive as stressful are strains and hassles they encounter on a daily basis. These findings contradict what researchers often focus on (i.e., major life events) regarding childhood stress. Greene's study makes an important contribution to childhood daily stress because it focuses on the agreement between what researchers indicate as stressful to children and what children actually report as aversive. The authors suggested that the use of self-reports in children seems an appropriate method to study childhood stress. Moreover, they agreed with Compas et al. (1987) and Kanner et al. (1987) in recognizing that daily life stressors have an important role in children's and adolescent's lives due to their salient and recurrent nature.

Following these assessment attempts with adolescents, Band and Weisz (1988) conducted a study designed to focus exclusively on everyday life events in children. Band and Weisz examined developmental differences in coping strategies for daily life stress by interviewing 73 children aged 6, 9 and 12 years. Children responded to six potential sources of everyday stress, including separation from a friend due to moving, getting a shot, having a parent or teacher mad at you, peer
conflict, getting a bad grade, and physical accidents resulting in injury. The authors reported interrater reliability for the interview as $r = .82$ to $.91$.

Children were found to engage in coping strategies when facing both major life events and everyday stressors. Moreover, the type of coping strategy used varied as a function of the stressor. Children as young as six years were aware of stressful situations in their lives and were able to describe coping strategies to deal with them. Younger children more often used primary coping strategies (e.g., improving their performance in school after a poor grade), whereas secondary coping strategies (e.g., thinking happy thoughts before visiting the dentist) were more prevalent in older children. However, all children reported efforts to cope more often than relinquishing control. Of special interest, children differentiated everyday from major life events on the basis of perceived control and coping strategy. That is, events seen as controllable were everyday events (i.e., school difficulties, peer conflict) and events seen as uncontrollable were major life events (i.e., medical procedures).

Additionally, Band and Weisz (1988) raised the concern about reliance on child self-reports. The authors indicated that coping strategies utilized by children were internal (i.e., cognitive) and not overtly observed by others. Thus, the challenge to researchers is to develop methods sensitive to the internal processes of children. Also important for researchers is the need for additional measures or informants (i.e., parent or teacher reports) when focusing on internalizing childhood events like stress.
More recently, Banez and Compas (1990) examined an association between stressful events and emotional/behavioral problems in older children (aged 9 to 11 years). The authors utilized self-reports of daily stressors in children as well as parents' own reports of daily hassles and psychological symptoms. The researchers also assessed child and parent reports of the child's emotional/behavioral problems. Banez and Compas (1990) hypothesized that children's emotional and behavioral problems are related to their own daily stressful events and to their parents' reported daily hassles and psychological symptoms. Seventy-five children and their parents completed surveys of daily stress, depression, and anxiety. Items representing daily stress included getting into a fight, being scolded, and losing a game. Parents completed measures of their own stress and psychological symptoms as well as their childrens' behavioral and emotional problems.

The results supported the hypothesis that children's daily stress, parents' daily hassles, and parents' psychological symptoms were related to children's emotional and behavioral problems (i.e., children's self-reports of daily hassles were significantly correlated with mothers' reports of their own daily stress and moderately correlated with fathers' reports of their own daily stress). However, although maternal and paternal reports of their children's emotional problems (i.e., depression, anxiety, stress) were correlated ($r = .66$), they were not as strongly related to children's self-reports of depressive or anxious symptoms. The authors concluded that daily stressors are related to emotional well-being for older children, a finding congruent with adolescent research. Further, due to a lack of
concordance between parent and child reports, the authors emphasized the need for both perspectives (parent and child) when assessing children's maladjustment.

Spirito, Stark, Grace, and Stamoulis (1991) also sought to explore common stressors and coping strategies employed by children. The Kidcope Checklist was designed to assess cognitive and behavioral coping strategies (e.g., social withdrawal, self-criticism, blaming others; Spirito et al., 1991). The Kidcope requires children to identify one problem they have experienced in the past month, then complete a checklist of coping strategies employed for the identified problem. Older children and young adolescents, aged 9 to 14 years (n = 676), were administered the Kidcope by their teachers. Spirito and his colleagues reported test-retest reliability for the scale for one-week (.13 to .80) and two-week intervals (.18 to .64). The authors' measure of test-retest reliability was based upon how often a child generated the same problem across time.

Four common stressors emerged from the study: (1) parental problems such as punishment and disagreement with parents over friends, clothing, and curfew; (2) problems with siblings such as fighting, pestering, and teasing; (3) school issues like poor grades, homework difficulties, and conflicts with teachers; and (4) peer problems such as fighting with, betrayal by, or exclusion from a group of friends. Although no age differences were found, the researchers reported a gender difference between boys and girls (aged 11 to 12). Boys reported more problems with parents and school, whereas girls reported more problems with siblings and friends.
The authors suggested that children consistently report problems reflected as daily hassles involving school, peers, and parents, whereas most research to date continues to focus on major life events. These researchers emphasized the need for established norms and reference points for normal children in the area of daily stress, and that gender differences found in the study need more investigation. Finally, Spirito et al. (1991) concluded that examining everyday stressors is important and needs to be separated from major life events since coping strategies vary according to the stressor encountered.

A developmental perspective of daily stress was undertaken by Kearney, Drabman, and Beasley (1993), who focused on daily life stressors across childhood and early adolescence. The researchers surveyed 575 children aged 7 to 13 years on a measure of daily life stress (i.e., the Daily Life Stressors Scale, DLSS). The DLSS is a 30-item instrument designed to assess children's ratings of potential everyday experiences. Each item is rated on a 0-4 scale of stressfulness, with higher scores indicating increased stress. The authors reported an overall test-retest reliability of .74. The researchers also surveyed 145 children (aged 6 to 17 years) in alternative settings (i.e., a juvenile detention center and a state home for abused and neglected children) to assess construct validity of the DLSS. The DLSS differentiated between children and adolescents in regular and alternative settings. Concurrent validity was assessed using a sample of 80 adolescents (aged 13 to 17 years) in a foster-care setting. As expected, the DLSS was positively correlated with depression, hopelessness, anxiety, and internal locus of control, and negatively correlated with self-concept.
In addition, a significant gender by age interaction was found. Males reported more daily stress than females when aged 7 to 11 years, whereas females reported more daily stress than males when aged 12 years or older. Scale items that indicated most daily stress for all children included: 1) "it is important for me to act the right way;" 2) "it is important for me to look nice;" 3) "I am tired in the afternoon;" 4) "it is important for me to play sports well;" and 5) "I have trouble going to sleep at night."

The authors suggested that this normative data is important for future studies of childhood stress. Moreover, the understanding of childhood stress is important for parents and professionals interested in childhood emotional and behavioral problems and development.

These studies on daily life stressors have provided a greater understanding of childhood stress. The early studies sought to develop assessment scales for daily life stressors in adolescents. Later studies strived to explore wider age ranges, clinical variables (e.g., psychological symptoms and well-being), and coping strategies. While these studies have set the groundwork for understanding childhood stress and raised important questions of assessment, gender differences, and coping abilities, more specific work is needed before definitive conclusions in this area can be made.

Analysis and Critique of Daily Life Stressors Research

A recent review of major life event self-report inventories for adolescents by Williams and Uchiyama (1989) offers excellent criteria for evaluating research on daily life stress in children and adolescents. The authors indicated that an abundance of one-time studies (i.e., those lacking
follow-up) exist. In addition, issues of item content, reliability, validity, and appropriate informants need to be addressed. This section examines these points in detail with respect to the extant literature.

An initial criticism of previous work concerns the items used assessing stress. Item content is critiqued with respect to frequency, relevance, comprehensiveness, and age-appropriateness for children and adolescents. Items should occur with some type of frequency in the population under investigation (Williams & Uchiyama, 1989). For example, an item assessing daily hassles with a job is appropriate on an adult scale, but less so with adolescents and not at all with children. The most common approach to procuring representative item content is to generate a large number of items viewed as stressful to children and then administer the items to choose those most reliable and valid. The Children's Own Perceptions and Experiences of Stressors scale (COPES; Colton, 1985) and Adolescent Perceived Events Scale (APES; Compas et al, 1987) are examples. Of the nine studies reviewed, however, only four utilized this item-generated method in scale construction. Three described different methods for choosing items, and two used unstructured scales to generate items.

Even if items are chosen by the previous described method, item appropriateness is not guaranteed. For example, Band and Weisz (1988) categorized medical treatments, moving away from a friend, and physical accidents as "everyday" life stressors. However, these events usually do not occur on a daily or weekly basis. When examining items reported as daily hassles from other studies, school, parental, and peer issues represent
the most stressful and frequent events. Also, Banez and Compas used the Children's Activity Inventory (CAI; Banez & Compas, 1990) as a measure of stress although it is unclear whether the scale was originally designed for this purpose. In addition, some scales utilized few items to examine daily stress. For example, the Stressful Events Questionnaire (Greene, 1988) consists of six open-ended items. These included death of a pet and becoming ill, which are infrequent. Thus, item content is not always relevant, comprehensive, or appropriate for studying childhood stress, particularly when the focus is to distinguish daily and major life events.

Another psychometric concern is scale reliability. Williams and Uchiyama (1988) stated that many authors fail to report either test-retest reliability or internal consistency for their scales. Reliability information is crucial since child self-report is not often consistent. Moreover, most conclusions drawn from the studies are built upon the measures themselves. Of the nine studies reviewed, only one reported two types of reliability (Bobo et al., 1986, the Adolescent Hassles Inventory), four reported one type of reliability (e.g., the Adolescent Perceived Events Scale (APES) by Compas et al., 1987, the Children's Hassles and Uplifts Scale by Kanner et al, 1987, the Kidcope by Spirito et al., 1991, and the Daily Life Stressors Scale (DLSS) by Kearney et al., 1993), and four did not report any reliability information. Test-retest reliability was cited most frequently, followed by internal consistency and interrater reliability. Problems thus emerge when trying to assess the stability of these measures.

A third psychometric concern is scale validity. Williams and Uchiyama (1988) reported that validity data are reported even less
frequently than reliability data. Only three of the nine studies discussed here reported validity information. Kearney et al. (1993) gave the most comprehensive reporting of validity for the DLSS, providing evidence for concurrent and construct validity. In addition, Compas et al. (1987) reported concurrent validity for the APES and Colton (1985) reported on content validity for the Children’s Own Perceptions and Experience of Stressors (COPES). Scale validity is considered essential, and its absence makes unclear the measure’s sensitivity or specificity in assessing childhood stress.

A final concern raised by Williams and Uchiyama (1988) was the use of appropriate informants. The authors suggested that a youngster should be the primary source of information, with parents, teachers, and professionals acting as secondary sources. The need for child report is essential because much of a child’s life is beyond parental observation (e.g., school, extracurricular activities, and peer relationships). Consequently, Williams and Uchiyama (1988) recommended against using parents or teachers as the only source of information as is often the case in many psychological interviews and surveys. However, the authors suggested that parents and teachers can provide valuable information that may supplement a youngster’s response. Therefore, multiple sources of information are encouraged.

All nine of the childhood stress studies discussed here utilized the child as a primary source of information. In addition, two studies supplemented child reports with a secondary source. Colton (1985) surveyed adolescents and professionals to assess agreement regarding
what adolescents report as stressful. However, Colton found little agreement between adolescents and professionals. Banez and Compas (1990) indirectly used parents as a secondary source. The authors found that children's daily stress, parents' daily stress, and parents' psychological symptoms were related to children's emotional and behavioral problems. However, Banez and Compas (1990) did not have parents report on their child's daily stress.

The other seven studies focused only on child self-report. Whereas this information is important, parents and teachers can provide additional understanding to childhood stress as well as social validity. Although parent report alone is insufficient, it may supplement information or be used to check the validity of a child's self-report (Williams & Uchiyama, 1989). Thus, the use of multiple informants seems appropriate, particularly when the child is a primary source of information gathering.

Clearly, Williams and Uchiyama (1988) call attention to several important concerns that researchers in the field of childhood stress need to consider when designing their studies. Item content, reliability, validity, and appropriate informants are all important issues for measures of daily life stress. Overall, the studies discussed here addressed some of these issues, but much work remains.

Daily Life Stressors in Children: What Can We Do Next?

The question then becomes, where do researchers proceed? In addition to issues such as psychometrics and how daily stressors relate to clinical psychological variables, the issue of multiple informants (e.g., children and parents) seems especially salient because daily stress is often a
covert problem. Like other internalizing problems (e.g., anxiety and depression), the need for additional informants is particularly acute in the study of daily stressors (Ivens & Rehm, 1988; Klein, 1991). Specifically, the use of multiple informants increases the accuracy of assessing internalizing problems because self-report is not always useful, especially for young children. One crucial informant source is the child’s parents.

Parent-child agreement should be an important component of stress research for several reasons. First, many researchers often focus primarily on parent reports of childhood behavior problems, rather than the amount of agreement between parent and child reports of such problems (Hodges, Gordon, & Lennon, 1990; Klein, 1991). Second, when children are interviewed and their responses compared to parents reports, concordance is often only moderate (Hodges et al., 1990; Jensen, Traylor, Xenakis, & Davis, 1987). Related to this issue, Colton (1985) reported that professionals (i.e., psychologists, counselors, teachers) consistently underestimate the severity of stressors for children.

Finally, assessment agreement has important treatment implications. If parent-child agreement is low, then a treatment plan must cover a wider range of target behaviors. Such a conclusion is supported by other researchers. For example, children consistently report more anxiety, phobias, and substance abuse compared to parents, whereas parents tend to report more behavior and conduct problems than children (Hodges et al., 1990; Klein, 1991). Moreover, Earls, Smith, Reich, and Jung (1987) indicated that using only parent reports of consequences after a natural disaster (i.e., flood) severely underestimated the extent of the
resulting psychiatric problems among the children in the study. Therefore, parent-child agreement seems an important and helpful area of childhood stress that has been underinvestigated.

**Parent-Child Agreement**

The available research that focuses on parent-child agreement in the recognition and report of daily stress is limited. Thus, research on depression and anxiety (i.e., related internalizing problems) with respect to parent-child agreement will be used as a parallel for daily life stress. Most research in the area of parent-child concordance for depression and anxiety indicates that parents tend to report more conduct problems than affective symptoms for their children (Ivens & Rehm, 1988; Klein, 1991). In a review of clinical interviews with children and their parents, Hodges, Gordon, and Lennon (1990) reported that parent-child agreement is stronger for observable behaviors than subjective experiences (i.e., internalizing disorders). In addition, Ivens and Rehm (1988) suggested that parent-child agreement for reporting child depression is low, whereas mother-father agreement is moderately high. Such apparent lack of parent-child concordance for internalizing problems is interesting but additional research on contributing variables is necessary.

One recent study explored the importance of parent-child information regarding daily stress. Compas, Howell, Phares, Williams, and Ledoux (1989) investigated how child daily stressors, major life events, parents' own stressful events, and psychological symptoms interact. They recruited 211 adolescents (ages 10 to 14 years) and their parents for the project. The adolescents completed the Adolescent Perceived Events Scale
(APES; described earlier in this review by Compas et al., 1987) to assess stress. To assess behavior and emotional problems, the adolescents completed the Youth Self-Report of the Child Behavior Checklist. Parents completed the Life Experiences Survey for stress and the Symptom Checklist 90-Revised to assess their own psychological and somatic symptoms.

As expected, results indicated that daily stressors mediated a relationship between major life events and psychological symptoms. Daily life stressors were more salient than major life events and were more closely related to psychological symptoms. With respect to children's stressful events and parents' symptoms, boys' daily stressors were positively correlated to both mothers' and fathers' symptoms, whereas girls' daily stressors were positively correlated to mothers' symptoms only. These results suggest that parental symptoms may aggravate daily stressors reported by children. However, the researchers did not assess whether parents are aware of the stress that their children are reporting. Rather, the results focused on parental psychological symptoms and stress that affect the reporting of daily stress in children.

In a more recent study of stress and parent-child interactions, Rende and Plomin (1991) examined parent and child perceptions of the upsettingness (distress, anxiety, unhappiness of the event) of major life events. They used semi-structured interviews to assess 164 first grade children and their parents. Parent ratings were significantly higher than child ratings for four events (i.e., decrease in arguments with parents, outstanding personal achievement, change in peer acceptance, and loss of
job by parent) and the overall stress score. For individual major life events and overall stress, parents overestimated the importance reported by the child. These results make important contributions to childhood stress and parent-child agreement. The authors indicated that children and parents need to be used as multiple sources of information and the perceptions of each should be incorporated into research on stress.

However, this study employed only young children (aged 6 to 7 years), so generalizability to older children is unknown. Further, only major life events were examined, so it is unclear how daily life stressor ratings compare across children and their parents. One possibility is that daily stressors are more salient to the child and less to the parent, thus resulting in parental underestimation of daily stressors in children.

A related study on the influences of stress and adolescent functioning was completed by Forehand, Wierson, McCombs-Thomas, Armistead, Kempton, and Neighbors (1991). The researchers surveyed 231 adolescents (ages 11 to 15 years), their mothers, and their social studies teachers on cumulative family stressors (divorce, interparental discord, maternal depression), adolescent functioning (externalizing and internalizing problems, grade point average), and perceptions of parent-adolescent relationships.

The authors reported that as the number of stressors increased, adolescent functioning deteriorated (i.e., increased parent-child conflict, increased behavior problems, decreased grade point average). Also, boys reacted differently than girls to family stressors, displaying more externalizing behavior problems. The results also suggested that
adolescent perceptions of the parent-adolescent relationship were related to adolescent functioning. Adolescent functioning was higher for adolescents who had positive perceptions of their relationship with their parent. Thus, one concern for parents and professionals is the cumulative effect of multiple stressors, because functioning decreases as the number of stressors increases.

Again, Forehand and his colleagues focused only on major and not daily life stressors. The previous studies have just begun to explore the area of childhood stress and parent-child agreement. Daily life stressors have been linked, independent of major life events, to functioning (i.e., behavior problems) in children. They are more salient and recurrent than major life events, and they have important developmental and clinical implications (Banez & Compas, 1990; Greene, 1988; Kanner et. al, 1987; Spirito et. al, 1991). Thus, it seems appropriate to focus research on everyday life events. In addition, parent-child agreement may provide additional information about daily stressors to generate a better understanding of how stress is viewed and experienced by children. Stress, like other internalizing problems, requires multiple informants to gather the most comprehensive amount of information (Hodges et al., 1990; Ivens & Rehm, 1988). Moreover, additional variables such as socioeconomic status, amount of time spent with the child, single-parent versus dual-parent families, and family environment have not been widely explored by researchers in the area of parent-child agreement for depression, anxiety, or stress.
The Current Study

The purpose of the current project was to address issues thought to be related to daily life stressors in children, independent of major life events, using a psychometrically sound measure of daily stress (i.e., the Daily Life Stressors Scale). A focus on parent-child agreement is an integral component of this research. Specifically, it was hypothesized that: (1) parents and children will disagree when reporting daily life stressors, with the expectation that parents will underestimate their children's daily stress. Such an expectation is based on similar studies for anxiety and depression. Age and gender differences will be explored, although no specific parent-child agreement patterns are indicated by the relevant anxiety and depression research; (2) mothers and fathers will have good agreement, as apparent also from research on childhood anxiety and depression; (3) parents who spend more time in one-on-one conversation with their children about the child's daily activities will have better parent-child agreement. This hypothesis reflects the aspect of "quality time" spent with the child, and also that dual-parent families probably spend more time with their children than single-parent families. A national survey in 1986 indicated that employed mothers averaged about 11 minutes and fathers about 8 minutes per weekday on quality time activities (i.e., reading, conversing, and playing with the child), while mothers who stay at home average about 30 minutes per week day in these activities (Myers, 1992); and (4) healthy families (i.e., healthy levels of expressiveness, cohesion, independence, conflict and control) will have lower daily stress scores, as reported by the child. Healthy family
environments are positively correlated with expressiveness, independence, and cohesion which seems to reflect better communication channels (Moos & Moos, 1986). Thus, families with more positive family environments were expected to have higher levels of parent-child agreement.
CHAPTER 2

METHOD

Subjects and settings

Participants were 98 children and adolescents (56 males, mean age, 12.15 years, standard deviation, 3.77 years, range, 6 - 17 years; 42 females, mean age, 11.60 years, standard deviation, 3.05 years, range 6 - 17 years) and their parents. Families were recruited from two settings in southern Nevada: (1) a local swim club program, and (2) students participating in the University of Nevada, Las Vegas psychology department subject pool. Subject pool students could participate with their own children or, if they did not have children, recruit a family they knew to participate. Subject pool students received extra-credit for their participation in the project. Families were considered eligible for the study if they had at least one child between the age of 6 to 17 years and one parent available to complete the dependent measures. Of the 120 families contacted, 98 returned completed materials. Approval for using human subjects was granted on February 8, 1993 by the Social Behavioral Subcommittee of the Institutional Review Board for the University of Nevada, Las Vegas.

The majority of families consisted of both natural parents (60%) whereas those with step-parents (14%), single parents (24%), and other types (e.g., adoptive, non-traditional, 2%) comprised the remainder. Median income level was $30,000 to $39,999, ranging from $0 to over
$100,000 per year. Family size ranged from one (33%) to four children (5%) (mean, 1.95 children, standard deviation, 0.84 children). Child ethnicity was 81% Caucasian, 11% Hispanic, 4% African-American, 2% Native American, and 2% other. Single parents worked an average of 32.3 hours (standard deviation 17.8 hours) outside the home, whereas dual parent mothers worked 23.2 hours (standard deviation 17.0 hours) and dual parent fathers worked 43.2 hours (standard deviation 14.0 hours) outside the home. Over four-fifths (86%) of mothers reported spending 16 to 60 minutes per day in one-on-one conversation about daily activities with their children, whereas 78% of fathers reported spending 0 to 30 minutes per day doing so. Finally, the sample of children (i.e., 6 - 11 years) and adolescents (i.e., 12 - 17 years) matched established norms for level of daily life stress (Kearney et al., 1993). That is, males reported more daily stress than females when aged 7 to 11 years, whereas females reported more daily stress than males when aged 12 years or older.

Procedure

Dependent measures

Child and parent versions of the Daily Life Stressors Scale (DLSS) (Kearney et al., 1993) were used to measure daily life stress in children as well as parent-child agreement (see appendix A). The DLSS is a 30-item scale designed to assess the severity of stressful life events and negative affectivity for a typical weekday encountered by children and adolescents aged 6 to 17 years. Items reflect potential difficulties and negative affectivity related to home, school, social situations, and academic and sporting activities. Examples of items representing negative affectivity
include: "It is hard for me to go to school," "I am tense or nervous when I have to answer a question in class," "It is hard for me to do my homework," and "I have trouble going to sleep at night." Actual stressful event items include: "Bigger children try to pick on me or push me around," "Teachers pick on me," and "I get into trouble at home at night." Subjects rate each item on a 0 to 4 scale, with zero being "not at all stressful" and 4 being "very much stressful." Thus, higher scores indicate more daily stress (total DLSS scores range 0 to 120). Suggested clinical cutoff scores on the DLSS are 53 for male children, 48 for female children, 46 for male adolescents, and 56 for female adolescents. When no demographic information is available, a score of 50 is recommended as a critical stress score.

The DLSS-child version has an overall test-retest reliability of .74, with one question at .16 and most questions between .49 and .71. The DLSS has distinguished clinical and nonclinical groups of children and adolescents, with children in clinical settings (i.e., juvenile detention center, center of abused and neglected children and adolescents) reporting significantly more daily stress than children in non-clinical settings (i.e., regular school). Thus, preliminary construct validity has been established. The concurrent validity of the DLSS also has been demonstrated using other internalizing child scale measures. DLSS scores have been positively correlated with depression, hopelessness, anxiety, and internal locus of control, and negatively correlated with self-esteem (Kearney, et al., 1993). The DLSS requires 5 to 10 minutes to complete.
The Daily Life Stressors Scale - Parent Ratings of Children's Stress (DLSS-P1) is a modification of the DLSS designed to obtain parent ratings of their children's daily stressfulness levels (see appendix B). Examples of converted items include: DLSS - it is hard for me to go to school, DLSS-P1 - it is hard for my child to go to school; DLSS - I am tired in the afternoon, DLSS-P1 - my child is tired in the afternoon; DLSS - I feel tense or nervous at the dinner table, DLSS-P1 - my child feels tense or nervous at the dinner table. Completion of the Daily Life Stressors Scale- Parent Ratings of Children's Stress version requires about 10 minutes.

For a more accurate picture of parent-child agreement, a second DLSS parent scale was utilized. The Daily Life Stressors Scale - Parent Predictions of Children's Answers (DLSS-P2) contains identical items from the DLSS child scale, with instructions for parents to answer the items as they think their child will answer the same items. Thus, both parent ratings of child daily stress and parent predictions of child answers were solicited.

The Family Environment Scale (FES; Moos & Moos, 1986) is a 90-item true-false survey to assess the social climate of types of family systems. The FES contains ten subscales: cohesion (i.e., degree of commitment and support provided by family members); expressiveness (i.e., encouragement of open expression of feelings); conflict (i.e., amount of openly expressed anger, aggression, and conflict); independence (i.e., assertiveness, self-sufficiency, and independent decision making); achievement-orientation (i.e., amount of competitive framework for school and work activities); intellectual-cultural orientation (i.e., interest
in political, social, and intellectual activities); active-recreational orientation (i.e., participation in social and recreational activities); moral-religious emphasis (i.e., emphasis on ethical and religious issues and values); organization (i.e., importance of clear organization and responsibilities); and control (i.e., uses of set rules and regulations for family interactions). Healthy family environments are defined by Moos and Moos (1986) as higher levels (i.e., higher FES scores) of cohesion, expressiveness, independence and lower levels (i.e., lower FES scores) of conflict and control. Basic cutoff standard scores (i.e., cohesion and/or expressiveness scores greater than 60 and conflict scores less than 60) provided by the FES manual were used to define a healthy family. The FES was administered to parents and requires approximately 15 minutes to complete.

Instructions to parents, consent forms, and demographic information were also administered (see appendix C). Instructions detailed eligibility for the study and directions for completing and returning the materials. Consent was obtained from the parents. Demographic questions solicited information on age, gender, socioeconomic level, ethnicity, occupation, and degree of parental contact with the child.

Administration

The instructions, consent form, demographic information, and dependent measures were enclosed in a packet and distributed to parents. Parents were requested to choose one child on which to complete the survey. If both parents were present in the home, then both completed a
separate DLSS-P1 and DLSS-P2 for the child. Parents were requested to complete the demographic information and the FES together. Also, each parent and child was directed to complete the DLSS or DLSS-P1 and DLSS-P2 separately, with no discussion of answers until the surveys were returned. For younger children (6 to 8 years), parents could help read the DLSS survey to the child only after they had completed their DLSS-P1 and DLSS-P2. The entire packet was estimated to take children approximately 15 minutes to complete, while parental surveys were estimated to require approximately 30 to 45 minutes to complete.

Upon completion, parents sealed all materials in an envelope and returned them to the person (i.e., examiner, subject pool volunteer, or coach) who originally distributed the packet. All packets were coded numerically to ensure the confidentiality of the participants.

Data analyses

Only completed packets were used for data analysis. A packet was considered complete if it contained consent, demographic information, child DLSS, and at least one parent DLSS-P1 and DLSS-P2. Descriptive statistics (i.e., means, standard deviations, and ranges) were performed initially. To test hypothesis one and two (i.e., that parents and children will disagree on the degree of daily stress, with parents underestimating the stress in their child’s life; and that mothers and fathers will have good agreement), dependent t-tests were utilized. Correlations were also completed to examine the strength of agreement between parents and their children. In addition, DLSS items were divided into those that reflect negative affectivity (16 items) and stressful events (14 items).
Again, dependent t-tests and correlations were conducted using the two subscales. Age and gender differences for parent-child agreement were explored using analysis of variance (ANOVA). Tukey post hoc analyses were utilized to determine where differences occurred.

Hypothesis three, i.e., that parents who spend more time in one-on-one conversation with their child will have better parent-child agreement, was tested using non-parametric Mann Whitney U tests for independent samples. To test the first part of hypothesis four (i.e., that healthy families have less daily stress as reported by the child), families were separated based on FES standard scores (i.e., cohesion and/or expressiveness scores greater than 60 and conflict scores less than 60) and an independent t-test was utilized to determine any differences. The second part of hypothesis four (i.e., that healthy families will have higher levels of parent-child agreement) was tested using a regression analysis to predict parent-child agreement based on family environment. Cohesion, expressiveness, and conflict were used as predictors in the regression analyses.
CHAPTER 3

RESULTS

The analyses were completed utilizing both DLSS parent scales, the DLSS parent ratings of children's stress and the DLSS parent predictions of children's answers. Thus, two result sections are used to describe each parent scale separately. In addition, result summaries begin with total DLSS scores and finish with subscale items that represent negative affectivity or stressful events. Please note that all of the analyses indicated in the following tables reflect child/parent sample size equal 64, child/mother sample size equal 93, and child/father sample size equal 69. Standard deviations are in parentheses and * indicates \( p < .05 \) and ** \( p < .01 \).

Part I: Parent ratings of children's stress (DLSS-P1)

Hypothesis 1: Parent-child agreement

This section focuses on parent ratings of their child's actual daily stress. Total mean DLSS scores, mean DLSS negative affectivity subscale scores, and mean DLSS stressful event subscale scores are presented in Table 1. Overall, parents' (i.e., mother and father from the same family) combined DLSS-P1 scores were significantly lower than their child's answers (\( t (63) = 2.32, \ p < .05; r = .59, \ p < .001 \)). Mother's DLSS-P1 scores were somewhat, but not significantly lower than their child's answers. However, fathers' DLSS-P1 scores were significantly lower than their child's answers (\( t (68) = 2.10, \ p < .05; r = .53, \ p < .001 \)).
Subscale scores

Across negative affectivity items, parent and child scores did not differ significantly. However, across stressful event items, parent scores were significantly lower than their child’s scores ($t(63) = 2.80, p < .01; r = .63, p < .001$). Mother’s scores tended to be lower, but not significantly

Mean Parent and Child Stress Ratings

<table>
<thead>
<tr>
<th>Mean total DLSS and DLSS-P1 scores</th>
<th>Child</th>
<th>Parent</th>
<th>Child</th>
<th>Mother</th>
<th>Child</th>
<th>Father</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>32.53</td>
<td>29.34*</td>
<td>32.46</td>
<td>30.59</td>
<td>32.39</td>
<td>29.33*</td>
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<td></td>
<td>(13.34)</td>
<td>(10.43)</td>
<td>(13.19)</td>
<td>(11.62)</td>
<td>(12.95)</td>
<td>(11.97)</td>
</tr>
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</table>

<table>
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<tr>
<th>Mean negative affectivity subscale scores</th>
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<th>Child</th>
<th>Mother</th>
<th>Child</th>
<th>Father</th>
</tr>
</thead>
<tbody>
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<td></td>
<td>13.38</td>
<td>12.15</td>
<td>13.65</td>
<td>12.66</td>
<td>13.41</td>
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<td></td>
<td>(7.91)</td>
<td>(7.25)</td>
<td>(8.48)</td>
<td>(8.36)</td>
<td>(7.82)</td>
<td>(7.79)</td>
</tr>
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</table>

<table>
<thead>
<tr>
<th>Mean stressful events subscale scores</th>
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<th>Child</th>
<th>Mother</th>
<th>Child</th>
<th>Father</th>
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</thead>
<tbody>
<tr>
<td></td>
<td>19.16</td>
<td>17.19**</td>
<td>18.82</td>
<td>17.94</td>
<td>18.99</td>
<td>16.92*</td>
</tr>
<tr>
<td></td>
<td>(7.26)</td>
<td>(4.77)</td>
<td>(6.73)</td>
<td>(5.21)</td>
<td>(7.05)</td>
<td>(5.71)</td>
</tr>
</tbody>
</table>

Table 1 Mean Parent Ratings of Their Children’s Stress
lower than their child’s scores. However, fathers had significantly lower scores than their children for stressful events scores ($t(68) = 2.66, p < .05; r = .51, p < .001$). Thus, parents reported lower levels of childhood daily stress than their children, particularly for stressful events and paternal responses.

Hypothesis 1: Parent-child agreement: Gender and age effects

More specifically, mother and father DLSS-P1 scores were compared across gender and age (i.e., 6-11 and 12-17 years) groups. Analyses of variance were employed. No significant gender differences were found.

With respect to age, however, there was a significant interaction for parents and children by age ($F(4,60) = 5.11, p < .01$; see Table 2). Post hoc Tukey analyses indicated younger children had significantly higher total DLSS scores than adolescents and parent scores (HSD,05 = 5.22). With respect to mothers, there was no significant age effect for agreement. Conversely, there was a significant father-child by age interaction ($F(4, 65) = 5.41, p < .05$). Again, Tukey post hoc analyses revealed younger children had higher total DLSS scores than adolescents and father’s scores (HSD,05 = 5.32; see Table 2).

Subscale scores

For negative affectivity items, mother and father subscale scores were not significantly different from their children’s subscale scores across any gender or age group. However, for stressful event items, age was a factor ($F(4,60) = 5.60, p < .05$). Parents significantly underreported their children’s but not their adolescent’s stressful event scores (HSD,05 = 2.55; see Table 3). This effect was due largely to fathers’ ratings of youngsters’
### Mean Parent, Father, and Child Stress Ratings

<table>
<thead>
<tr>
<th>Child DLSS Score</th>
<th>Parent DLSS-P1 Score</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Child</td>
</tr>
<tr>
<td></td>
<td>35.82*</td>
</tr>
<tr>
<td></td>
<td>(13.86)</td>
</tr>
</tbody>
</table>

|                  | Child                | Adolescent |
|                  | 29.55                | 29.27      |
|                  | (8.81)               | (11.87)    |

<table>
<thead>
<tr>
<th>Child DLSS Score</th>
<th>Father DLSS-P1 Score</th>
</tr>
</thead>
<tbody>
<tr>
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<td>Child</td>
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<td></td>
<td>35.30*</td>
</tr>
<tr>
<td></td>
<td>(13.50)</td>
</tr>
</tbody>
</table>

|                  | Child                | Adolescent |
|                  | 28.94                | 29.73      |
|                  | (12.20)              | (11.45)    |

Table 2 Mean Parent and Father Ratings of Children's Stress: Age Effects.

### Mean Parent, Father, and Child Ratings of Stressful Events

<table>
<thead>
<tr>
<th>DLSS</th>
<th>DLSS-P1</th>
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</thead>
<tbody>
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<td>child stressful events</td>
<td>parent stressful events</td>
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<tr>
<td>Child</td>
<td>Adolescent</td>
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<tr>
<td>21.40*</td>
<td>16.82</td>
</tr>
<tr>
<td>(6.69)</td>
<td>(6.82)</td>
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</table>

<table>
<thead>
<tr>
<th>DLSS</th>
<th>DLSS-P1</th>
</tr>
</thead>
<tbody>
<tr>
<td>child stressful events</td>
<td>father stressful events</td>
</tr>
<tr>
<td>Child</td>
<td>Adolescent</td>
</tr>
<tr>
<td>20.94*</td>
<td>16.74</td>
</tr>
<tr>
<td>(6.54)</td>
<td>(6.74)</td>
</tr>
</tbody>
</table>

Table 3 Mean Parent and Father Ratings of Children's Stressful Events: Age Effects.
stressful events, which were significantly lower for children but not adolescents ($F (4, 65) = 4.57, p < .05$; see Table 3). Overall, parents reported lower levels of childhood daily stress when compared to their children’s actual daily stress. This effect was due to stressful events rather than negative affectivity, particularly for fathers. Moreover, this effect is most evident in younger children (age 6 - 11 years).

**Hypothesis 2: Mother-father agreement**

Secondly, mother-father agreement was tested. Mean total DLSS-P1 scores, mean DLSS-P1 negative affectivity subscale scores, and mean DLSS-P1 stressful events subscale scores for mothers and fathers from the same family are presented in Table 4. For total DLSS scores, mothers and fathers from the same family had good agreement ($t (63) = .49$, $p > .05$; $r = .63$, $p < .001$). In addition, mother-father agreement was moderate for negative affectivity ($t (63) = .14$, $p > .05$; $r = .69$, $p < .001$) and stressful event items ($t (63) = 1.00$, $p > .05$; $r = .47$, $p < .001$).

**Hypothesis 3: Time spent with the child**

Time spent with the child was divided into low (i.e., less than 30 minutes per day) and high time (i.e., more than 30 minutes per day) spent in one-on-one conversation about daily activities with children. From rankings of low versus high time spent with the child, no differences in parent-child agreement were found. Moreover, when parents spending less than 15 minutes per day ($n = 37$) were compared to parents spending more than 45 minutes per day ($n = 30$) in one-on-one conversation with their children, no differences in parent-child agreement were found. Similarly, no differences in parent-child agreement were found between
dual- and single-parent families. Thus, the hypothesis that parents who report spending more time with children have better parent-child agreement was not supported.

**Mother and Father Agreement**

<table>
<thead>
<tr>
<th>DLSS-P1 Score</th>
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<th>Father</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Mean</td>
<td>sd</td>
</tr>
<tr>
<td>Total score</td>
<td>29.64</td>
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</tr>
<tr>
<td>Negative affectivity subscale score</td>
<td>12.09</td>
<td>(7.98)</td>
</tr>
<tr>
<td>Stressful events subscale score</td>
<td>17.55</td>
<td>(5.44)</td>
</tr>
</tbody>
</table>

Table 4 Mean Parent Ratings of Children’s Stress: Mother and Father Agreement

**Hypothesis 4: Family environment**

Although families defined as healthy (i.e., higher levels of cohesion and/or expressiveness and lower levels of conflict) had slightly lower childhood daily stress scores (mean DLSS score = 31.44, sd = 12.85) than less healthy families (mean DLSS score = 32.81, sd = 11.90), the differences were not significant.

The regression analysis to predict parent-child agreement (i.e., parents rating their children’s stress) by family expressiveness, cohesion, and conflict indicated that these factors accounted for only 5% of the variance ($R^2 = .049, p < .05$). Family cohesion and conflict did not account
for any substantial additional variance in predicting parent-child agreement.

Therefore, the hypothesis that healthy families would have less reported child daily stress was not supported. In addition, family environment (cohesion, expressiveness, or conflict) did not predict parent-child agreement.

**Part II: Parent predictions of children's answers (DLSS-P2)**

The DLSS-P2 requires parents to answer Daily Life Stressors Scale items as they think their child will answer the same scale items.

**Hypothesis 1: Parent-child agreement**

Total mean DLSS scores, mean DLSS subjective negative affectivity subscale scores, and mean DLSS stressful events subscale scores are presented in Table 5. Overall, parents' (i.e., mothers and fathers from the same family) combined DLSS-P2 scores were moderately similar to their child's scores ($t (63) = .57, p > .05; r = .60, p < .001$). However, mothers' predictions were significantly higher than their child's actual scores ($t (92) = 2.02, p < .05; r = .64, p < .001$), whereas father's predictions did not significantly differ from their child's scores ($t (69) = .14, p > .05; r = .46, p < .001$).

**Subscale scores**

With respect to negative affectivity items, parents' subscale scores did not significantly differ from their child's scores ($t (63) = 1.24, p > .05; r = .54, p < .001$). However, mothers significantly overpredicted negative affectivity when compared to their child ($t (92) = 2.05, p < .05; r = .64, p < .001$), whereas fathers did not ($t (68) = .89, p > .05; r = .46, p < .001$). When
predicting stressful events, parents' answers did not significantly differ from their child's answers ($t(63) = .38, p > .05; r = .61, p < .001$). This

Mean Parent Predictions of Their Children's Answers

<table>
<thead>
<tr>
<th>Mean total DLSS and DLSS-P1 scores</th>
<th>Child</th>
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<th>Father</th>
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<td></td>
<td>32.53</td>
<td>33.35</td>
<td>32.46</td>
<td>34.92*</td>
<td>32.39</td>
<td>32.62</td>
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<tr>
<th>Mean negative affectivity subscale scores</th>
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<th>Child</th>
<th>Mother</th>
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<th>Father</th>
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<td></td>
<td>(7.91 )</td>
<td>(7.69)</td>
<td>(8.49)</td>
<td>(9.01)</td>
<td>(7.82)</td>
<td>(8.82)</td>
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</table>

<table>
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<th>Mean stressful events subscale scores</th>
<th>Child</th>
<th>Parent</th>
<th>Child</th>
<th>Mother</th>
<th>Child</th>
<th>Father</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>19.16</td>
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<td>18.82</td>
<td>19.69</td>
<td>18.99</td>
<td>18.38</td>
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<tr>
<td></td>
<td>(7.26 )</td>
<td>(6.25)</td>
<td>(6.73)</td>
<td>(7.21)</td>
<td>(7.05)</td>
<td>(7.58)</td>
</tr>
</tbody>
</table>

Table 5 Mean Parent Predictions of Their Children's Answers

applied to both mothers ($t(92) = 1.34, p > .05; r = .60, p < .001$) and fathers ($t(68) = .64, p > .05; r = .41, p < .001$). Thus, parents together predict well their child's answers for overall daily stress, negative affectivity, and stressful
events. However, mothers tended to overestimate their child's perceived level of negative affectivity.

**Hypothesis 1: Parent-child agreement: Age and gender effects**

No significant age or gender effects were found with respect to comparisons of DLSS-P2 and DLSS scores. These results also applied across negative affectivity and stressful events subscale scores.

**Hypothesis 2: Mother-father agreement**

Mean total DLSS-P2 scores, mean DLSS-P2 negative affectivity subscale scores, and mean DLSS-P2 stressful events subscale scores for mothers and fathers from the same family are presented in Table 6. Agreement for total DLSS-P2 scores between mothers' and fathers' predictions was similar ($t (63) = .78, p > .05; r = .52, p < .001$). Similar agreement also applied across items representing negative affectivity ($t (63) = .43, p > .05; r = .62, p < .001$) and stressful events ($t (63) = .83, p > .05; r = .42, p < .01$). Thus, hypothesis 2 was supported, that is, mothers and fathers from the same family had good agreement on the DLSS-P2.

**Hypothesis 3: Time spend with the child**

No significant parent-child agreement differences were found between parents who spent less time (i.e., less than 30 minutes per day) versus those who spent more time (i.e., more than 31 minutes per day) with their children in one-on-one conversation regarding their child's daily activities. Similarly, no parent-child agreement differences were found comparing dual- and single-parent families.
Mother and Father Agreement

<table>
<thead>
<tr>
<th>DLSS-P1 Score</th>
<th>Mother</th>
<th>Father</th>
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<tbody>
<tr>
<td></td>
<td>Mean</td>
<td>sd</td>
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<tr>
<td>Total score</td>
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<td>(13.63)</td>
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<tr>
<td>Negative affectivity subscale</td>
<td>14.73</td>
<td>(8.19)</td>
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<tr>
<td>Stressful events subscale</td>
<td>19.28</td>
<td>(7.43)</td>
</tr>
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</table>

Table 6 Mean Parent Predictions of Children's Answers: Mother and Father Agreement

Hypothesis 4: Family environment

The regression analysis to predict parent-child agreement (i.e., when parents are predicting their children's answers) using family expressiveness, cohesion, and conflict as predictors was not significant. Therefore, family environment was not a predictor of parent-child agreement when parents were predicting their child's answers.
CHAPTER 4

DISCUSSION

This study is one of the first to examine parent-child agreement in the recognition and report of daily life stress in children and adolescents. The first hypothesis, i.e., that parents and their children would disagree in reporting of childhood daily stress, was supported. Parents (i.e., both mother and father from the same family) tended to report less childhood daily stress than their children reported. This difference was most evident for stressful event items in particular, and fathers' responses in general. Further, younger children (i.e., aged 6-11 years) reported higher daily stress (especially from stressful events) compared to adolescent (i.e., aged 12-17 years) and parent reports. A child's gender did not contribute to any differences found. In contrast, when parents were asked to predict their child's answers, parent-child agreement improved. However, mothers overestimated their child's daily stress, particularly with respect to negative affectivity. Gender and age did not factor into these results.

The second hypothesis, i.e., that mothers and fathers from the same family would have good agreement, was confirmed. Mothers and fathers agreed better when rating their child's actual stress compared to predicting their child's answers. Across stressful event and negative affectivity items and both parent scales, mother-father agreement was moderate. The third hypothesis, i.e., the more time spent per day with a child would increase
parent-child agreement, was not supported. This included both parent ratings and predictions.

Fourth, it was hypothesized that healthy families would have less child daily stress and that levels of family cohesion, expressiveness, and conflict would predict parent-child agreement. Although families with higher levels of family cohesion and expressiveness and lower levels of conflict had slightly lower childhood daily stress than less healthy families, the differences were not significant. Finally, the hypothesis that a positive family environment (i.e., high cohesion, high expressiveness, and low conflict) would predict parent-child agreement was not supported. This also included both parent ratings and predictions.

The following discussion will address three areas of concern. First, the results will be integrated with previous research findings with respect to daily stress in children and adolescents. Second, the present study will be evaluated for its assessment and treatment implications. Finally, limitations of this study and areas for future research will be examined.

First, this study supports the idea that daily life stress is an important area of concern for children and adolescents. For this project, 52% of the children and adolescents had DLSS scores greater than 30, with 15% of the children and adolescents scoring in the clinical range (i.e., DLSS greater than 50). Hence, children and adolescents in this study reported many daily events and activities as stressful. These findings are in accordance with previous reported work on childhood daily stress. Because chronic daily stressors are reported more frequently than major stressors by adolescents (Compas et al., 1987), the inclusion of daily
stressors is necessary for a comprehensive view of childhood stress. Greene (1988) indicated that what adolescents perceive as stressful are those strains and hassles encountered on a daily basis. These include daily activities regarding interactions with siblings and parents, events at school, relationships with peers, and academic performance. Further, as previously indicated by Band and Weisz (1988), children as young as 6 years are able to report daily activities as stressful. Consequently, daily life stress seems to be an integral component of childhood stress.

More specifically, the current results indicate that daily stress in children seems to be underreported by parents. Poor parent-child agreement was expected because stress is less overt and parent-child agreement is traditionally low for covert internalizing problems (Ivens & Rehms, 1988; Klein, 1991). Interestingly, however, parents underreported their children and adolescent’s daily stress, but were better at predicting what their children would say. These results parallel earlier findings that professionals (e.g., psychologists, counselors, and teachers) underestimate child stress, especially when a child has actually experienced the stressor (Colton, 1985). In the present study, fathers reported lower childhood daily stress, more specifically stressful events, whereas mothers overestimated daily stress, especially for negative affectivity. This paternal underreporting parallels Ivens and Rehm’s (1988) report that the lowest concordance for rating childhood depression was between children and fathers. Still, the stressful event items that mothers and fathers underestimated was surprising. Parent-child agreement is usually highest
for overt behaviors like events rather than for feelings like negative affectivity (Hodges, et al., 1990; Klein, 1991).

The results indicate that mothers differ from fathers somewhat on the types of items they report as stressful for their children. In contrast to fathers, mothers significantly overpredicted their children's daily stress, especially for items representing negative affectivity. This result fits with previous findings that mothers tend to report more depressive symptoms for their children than fathers or the children themselves (Ivens & Rehm, 1988). Moreover, these results support the assertion by Hodges and her colleagues (1990) that parent-child concordance is highest for conduct/behavioral symptoms, moderate for affective symptoms, and lowest for anxiety symptoms. Thus, these results may indicate that the more covert the symptom is, the less likely parents and children agree as to its presence.

The current results also indicate that age was a factor in parent-child agreement for childhood daily stress reports. Differences in parent-child agreement occurred when examining children (i.e., aged 6-11 years) and adolescents (i.e., aged 12-17 years). Parents had better agreement with adolescents than younger children, especially for stressful events. This disagreement may occur because younger children are not yet able to cope with stressful daily events and view them as more problematic, thus resulting in higher DLSS stressful event scores. Band and Weisz (1988) indicated that young children utilize only primary coping (i.e., an action or behavior by the child to change the situation) strategies, whereas the use of secondary coping (i.e., understanding or cognitively appraising the
event) strategies steadily increases with age. Thus, younger children may focus only on events until they are developmentally able to appraise the event. This may translate into higher stressful events scores for younger children, with negative affectivity scores tending to increase with age. This developmental difference in reporting daily stress seems to affect parent-child agreement. It seems that as a child ages, cognitive development allows the child to simultaneously appraise daily events and report negative affectivity, so the evaluation of daily life stress results in better parent-child agreement across time.

It seems evident that the assessment of daily stress is not completely comparable with other internalizing problems because, although parents and children disagree on daily stress, the items of disagreement tend to represent stressful events rather than negative affectivity (i.e., anxiety and depression where much parent-child agreement typically occurs). Instead, an assessment of daily stress may need consider idiosyncratic differences from traditional internalizing problems of childhood. The first assessment implication surrounds the age of the child. It seems that parents and adolescents likely have better agreement than parents and children. When evaluating stress in youngsters, parent ratings and predictions will likely differ depending on the child's age. Thus, some special acknowledgment should be considered. Because differences in agreement occur in actual stressful events more so than negative affectivity, parents may comprehend the concept of "stress" better than anxiety and depression. Thus, if a clinical problem is perceived as "stress" related then clinicians and researchers need to concentrate more on
agreement for events rather than negative affectivity, especially when dealing with younger children.

A second assessment consideration is that parents seem to moderate one another's answers to result in somewhat better agreement compared to mother or father reports alone. Thus, researchers and clinicians are encouraged to include both parents as sources of information. If only one parent is utilized, an assessment outcome may be skewed (i.e., lower stressful events scores when fathers respond or higher negative affectivity scores when mothers respond). It is noteworthy that while fathers may provide additional and unique information about children's maladjustment not provided by mothers or other informants, their reports are seldom obtained in clinical child research (Banez & Compas, 1990). Indeed, much research focuses only on mother-child interactions (Forehand et al., 1991; Hodges, et al., 1990; Klein, 1991; Rende & Plomin, 1991). This may be due to difficulties in recruiting fathers to participate in research or a general dismissal of fathers as passive and withdrawn.

In the current study, 86% of the available fathers completed their questionnaires, whereas 100% of mothers did so. Although this is a fairly good return rate for fathers (e.g., a study of parent-child relations by East (1991) comprised a 56% participation rate for fathers), it still did not account all fathers in the sample. As a result, this study may have a more accurate picture of mothers than fathers. The sample of fathers that completed the questionnaires were possibly skewed toward those who were more interested and involved with their children. However, of the packets distributed to families, 20% were unreturned (by either parent).
Thus, this could possibly reflect poor interest for both parents. This return rate may also reflect problems with using a college student sampling pool to recruit families, because these students may have failed to return the packets. Therefore, the preceding conclusion regarding the representativeness of fathers and mothers should be viewed with caution.

A third important concern for the assessment of daily stress in children is the inclusion of items measuring actual stressful events and negative affectivity. Daily stress seems to include overt (i.e., events/behaviors) and covert (i.e., negative affectivity/feelings) components. The inclusion of both areas will result in a more comprehensive understanding of daily stress then either alone. This is most apparent because fathers tended to underestimate stressful events, whereas mother tended to overpredict negative affectivity. In addition, younger children rate stressful events higher than adolescents.

A final concern involves the instructions under which parent information is solicited. Overall, when father’s predict their child’s answers, they have good agreement with their children across stressful events and negative affectivity. Mothers, however, have good agreement with their children across stressful events and negative affectivity when providing actual ratings. Researchers and clinicians are thus encouraged to obtain parent ratings of stress and parent predictions of children’s answers (e.g., parents complete both DLSS-P1 and P2 forms). How the question is phrased seems almost as important as what the question is asking.
The parent-child agreement findings from this study also have implications for treatment development. First, using items representing both negative affectivity and stressful events helps researchers and clinicians determine specific target areas for treatment. Children often have very specific (i.e., I have trouble going to sleep at night - an event) or diffuse stress-related complaints (i.e., I feel tense or nervous when I walk into class - negative affectivity). The inclusion of both items would seem to aid a clinician in determining appropriate targets for treatment. For example, for trouble going to sleep, a specific behavioral treatment like graduated extinction may be used to focus on overt behavior. Conversely, relaxation training may be more appropriate if the primary problem is general anxiety or tension. Either or both areas of stress may need to be addressed by researchers and clinicians.

A second treatment issue involves the identity of the source for reporting treatment effectiveness, i.e., mother, father, child, or some combination of these. Because fathers underreport events and mothers overestimate negative affectivity, both parents will likely need to report on treatment outcomes. Children, of course, should also be included in this process. For example, if an overt behavior like crying or screaming in the morning before school is being recorded by daily logs, fathers may tend to underestimate these events possibly due to their absence. On the other hand, if daily logs are being kept on child depression and anxiety, mothers may overestimate such negative affectivity. Thus, it is recommended that both parents complete the log together, independent of the target behavior, in addition to obtaining the child's reports.
Findings from evaluating the third hypothesis, i.e., that time spent with the child in one-on-one conversation about daily activities did not significantly affect parent-child agreement, is striking. Parents who spent more than 45 minutes per day no more agreed with their children than parents who spent less than 15 minutes per day. Because this was an unexpected finding, a further examination of this variable is recommended. Perhaps children need to be assessed for their perceptions of parental time spent as well as the parent-child relationship. For example, a direct measure of how much time parents spend talking about school, peers, homework, sporting events, and family issues could be obtained from the child and the parent. Perhaps each member of the family could rate the other on time spent with another member (e.g., mother rates how much time she and the father spends with the child; father rates how much time he and the mother spends with the child; child rates how much time the mother and the father spends with him or her). Additional and more specific research is recommended regarding this variable and the assessment of childhood stress.

Finally, it was expected that more positive family environments would promote better communication, thus resulting in good parent-child agreement. Healthy families did have somewhat lower reported child daily stress than less healthy families, but the differences were not significant. Possibly, levels of child daily stress are independent of family environment. However, because previous research does suggest that child functioning is affected by family environment, different measures of family functioning may need to be examined (e.g., parental stress and
discord). For example, Forehand and his colleagues (1991) indicated that as the number of family stressors increases (i.e., divorce, parental discord, maternal depression), adolescent functioning (i.e., behavior problems, depression, school performance) decreases. Moreover, children’s stress has been positively correlated with parental psychological symptoms (Compas et al., 1989). Wierson and Forehand (1992) found that marital conflict, marital status, and maternal depression were significant predictors of early adolescent (i.e., 11 - 12 years) functioning (i.e., school performance, social competence, mother-adolescent conflict). Further, when multiple informants were used (i.e., adolescent, mother, and teacher), internalizing problems of adolescents were found to be related to family environment (Long, Forehand, & Wierson, 1992). The lack of differences in family environment in the current study thus may be due to the inclusion of only one measure of family environment and the exclusion of measures of parental stress and children’s perceptions of family environment. A more comprehensive assessment of family environment is therefore recommended.

Limitations of the present study must also be acknowledged. First, the sampling procedures were limited. Families were recruited from a university setting and a local swim club program. A more representative community sample was unavailable due to local school district restrictions on research. A larger sample of families may have strengthened the parent-child agreement conclusions. Comparisons for age and gender were conducted with somewhat small samples (e.g., males, aged 6-11 years, 28, females, aged 6-11 years, 23; males, aged 12-17, 26, females, aged 12-17
years, 21), so stronger age and gender differences may emerge with larger sample sizes. Also, a larger sample of single-parent families (present \( n = 24 \)) would have provided a better comparison of single- versus dual-parent families with respect to parent-child agreement. In addition to larger sample sizes, a more representative family sample is needed to allow generalizability to a wider population. The present sample contained predominately middle class, intact Caucasian families, limiting generalizability to other types of families. Moreover, limitations regarding the assessment of parental time spent with the child and family environment have been previously noted.

Despite its limitations, this project is one of the first to explore parent-child agreement in the report of daily stress in children. Evaluating daily life stressors has important implications for studying the psychological well-being of children and adolescents. However, because youngsters are often assessed and treated within a familial setting, the issue of parent-child agreement may extend our knowledge of how children view and react to events and activities they encounter on a daily basis. In addition, broader concerns regarding informant variance and its effect on differential treatment effectiveness may be addressed concurrently.
APPENDIX A

DAILY LIFE STRESSORS SCALE - CHILD

AGE: _____  GRADE: _____  GENDER: BOY  or  GIRL  DATE: ____________

PLEASE ANSWER THE FOLLOWING QUESTIONS ON A 0 - 4 SCALE WHERE:
0 = not at all
1 = a little
2 = some
3 = a lot
4 = very much

1. It is hard for me to get up in the morning _________________________________
2. My parents yell at me in the morning ____________________________________
3. It is hard for me to go to school ________________________________________
4. I feel tense or nervous when I walk into class ____________________________
5. It is hard for me to talk to my friends about important personal things ___
6. It is hard for me to talk to other people at school _________________________
7. My classmates tease me _________________________________________________
8. Bigger children try to pick on me or push me around ______________________
9. It is important to be a member of the “in” group __________________________
10. I feel uncomfortable at lunchtime _______________________________________
11. I am tired in the afternoon _____________________________________________
12. I am tense or nervous when I have to answer a question in class ___________
13. It is hard for me to stay in my seat at school _____________________________
14. My teacher makes me feel uncomfortable ________________________________
15. Teachers pick on me ____________________________________________________
16. It is hard for me to do well in school ____________________________________
17. It is important for me to act the right way ______________________________
18. It is important for me to be a good fighter ______________________________
19. It is important for me to look nice _______________________________________
20. My feelings get hurt and I often want to cry ______________________________
21. It is hard for me to come home from school ______________________________
22. When adults watch me play sports, they yell at me _______________________
23. I get into trouble at home at night ______________________________________
24. I feel tense or nervous at the dinner table _______________________________
25. It is hard for me to do my homework ____________________________________
26. It is important for me to play sports well ________________________________
27. I am often sick _______________________________________________________ 
28. It is hard for me to go out with my friends ________________________________
29. It is hard for me to get ready for bed ____________________________________
30. I have trouble going to sleep at night ____________________________________
APPENDIX B

DAILY LIFE STRESSORS SCALE - PARENT

PARENT: MOTHER/STEP-MOTHER/OTHER: _________ DATE: _____

(Check one) FATHER/STEP-FATHER/OTHER: _________

PLEASE ANSWER THE FOLLOWING QUESTIONS ON A 0 - 4 SCALE WHERE:
0 = not at all
1 = a little
2 = some
3 = a lot
4 = very much

1. It is hard for my child to get up in the morning
2. My child feels tense or nervous when yelled at in the morning
3. It is hard for my child to go to school
4. My child feels tense or nervous when entering a classroom
5. It is hard for my child to talk to friends about important personal things

6. It is hard for my child to talk to other people at school
7. My child is teased by classmates
8. Bigger children try to pick on or push my child around
9. It is important to my child to be a member of the “in” group
10. My child feels uncomfortable at lunchtime

11. My child is tired in the afternoon
12. My child is tense or nervous when answering a question in class
13. It is hard for my child to stay seated at school
14. The teacher makes my child feel uncomfortable
15. Teachers pick on my child and make him/her uncomfortable

16. It is hard for my child to do well in school
17. It is important to my child to act the right way
18. It is important to my child to be a good fighter
19. It is important to my child to look nice
20. My child’s feelings get hurt and he/she often cries

21. It is hard for my child to come home from school
22. When adults watch my child play sports, they yell at him/her
23. My child gets into trouble at home at night
24. My child feels tense or nervous at the dinner table
25. It is hard for my child to do homework

26. It is important to my child to play sports well
27. My child is often sick
28. It is hard for my child to go out with friends
29. It is hard for my child to get ready for bed
30. My child has trouble going to sleep at night
APPENDIX C

DEMOGRAPHIC INFORMATION

CHILD INFORMATION

Age of Child:_________ Gender: boy or girl Date of Birth:_________
Grade:_________
Ethnic background of child:

______African American ______Asian ______Caucasian ______Hispanic
______Native American ______Other

PARENT INFORMATION

How many total children are living with the family? 1 2 3 4 5 6 7+
What type of family describes your family?

______Natural mother/natural father ______Single mother
______Single father ______Natural mother/stepfather
______Natural father/stepmother ______Grandparents
______Guardian ______ Other:__________________

If married, how long?(years and months):__________________
If single or guardian, how long?(years and months):________

Ethnic background of parent:

Mother:

______African American ______Asian ______Caucasian ______Hispanic
______Native American ______Other

Father:

______African American ______Asian ______Caucasian ______Hispanic
______Native American ______Other

Total family Income per year:

______0 - $9,999 ______$10,000 - $19,999 ______$20,000 - $29,999
______$30,000 - $39,999 ______$40,000 - $49,999 ______$50,000 - $59,999
______$60,000 - $69,999 ______$70,000 - $79,999 ______$80,000 - $89,999
______$90,000 - $99,999 ______Over $100,000

Single parent: How many hours do you work outside the home?________
Dual parent: Mother, how many hours do you work outside the home?_______
Father, how many hours do you work outside the home?________

How much time do you estimate you spend in one-on-one conversation
with your child on an average daily basis?

Mother/Stepmother/Female Guardian

______0 - 15 minutes ______16 - 30 minutes ______31 - 45 minutes
______46 - 60 minutes ______More (specify ______)

Father/Stepfather/Male Guardian

______0 - 15 minutes ______16 - 30 minutes ______31 - 45 minutes
______46 - 60 minutes ______More (specify ______)
Appendix C

CONSENT FOR RESEARCH PARTICIPATION
UNIVERSITY OF NEVADA, LAS VEGAS

Title of Study: Daily Life Stressors in Children

You and your child are being asked to participate in a study of daily life stressors in children. We hope to examine the role of parent-child agreement in the reporting of daily life stressors in children. If you agree to participate, you will be asked to complete a packet of questionnaires on daily stress, family environment, and demographic information.

The questionnaires are of a personal nature. Be assured that the information you and your child report will not be associated with you or your child’s identity in any way. The purpose of the study is to investigate the information in the context of entire groups of families. The data from your completed packet will be coded so you and your child’s name will never be used. Once you and your child complete the packet information, you will be requested to seal the packet and return it to the experimenter from whom you received the packet. Packet information is completely confidential.

You and your child’s participation in this study is voluntary and you are free to withdraw your consent and discontinue participation at any time during the course of the study. If, during the project (or after it has been completed), you have questions regarding the procedures, surveys, or contents, please feel free to contact the experimenter. The study is being conducted at the University of Nevada, Las Vegas. All questions and concerns may be directed to the examiner, Julie Beasley, graduate student in psychology at the University of Nevada, Las Vegas (737-7931). You may also contact the faculty member responsible for the project at the UNLV Department of Psychology office (739-3305) and speak with Dr. Christopher Kearney.

YOUR SIGNATURE BELOW INDICATES THAT YOU AND YOUR CHILD HAVE DECIDED TO VOLUNTEER AS RESEARCH SUBJECTS AND THAT YOU HAVE READ THE INFORMATION PROVIDED ABOVE

Date  Signature of participating parents

Date  Signature of investigator
APPENDIX C

INSTRUCTIONS

Dear Parents:

We are interested in obtaining information on childhood stress. This packet contains 1) Instructions, 2) a Consent Form, 3) Demographic Information Sheet, 4) the Family Environment Scale, 5) Daily Life Stressors Scale - Parent Version, and 6) Daily Life Stressors Scale - Child Version. Please read and follow these step-by-step instructions as you and your child complete this packet.

Step 1 Parents, to be eligible for this research project, you need to be currently married for at least three months or currently single (i.e., divorced, guardian etc.) for at least three months. If not, please return your packet to the examiner or person you received it from, if so, please continue. Thank you.

Step 2 Parents, please read the enclosed consent form (2). Your signature indicates that you and your child are volunteering to complete the surveys. Please ensure that your child is comfortable with participating in this project. If you or your child do not wish to participate, please return your packet to the examiner or person you received it from.

Step 3 Parents, please complete the Demographic Information Sheet (3) and the Family Environment Scale (4) first. If married, please complete these surveys together.

Step 4 Next, complete the Daily Life Stressors Scale - Parent Version (5). Please do not share answers or elicit information from your child regarding this scale. If you are married, please complete these forms separately and do not share answers with your spouse until the packets have been returned.

Step 5 After step 1 - 4 have been completed, please have your child or adolescent who received the packet complete the Daily Life Stressors Scale - Child Version (6). If you received the packet, please choose one child from your family, aged 6 to 17 years, to complete the survey. If your child needs assistance in reading the scale, please assist him/her only after you have completed your surveys. Also, please try not to influence your child's responses to the survey. Allow him/her to choose whatever answer they wish.

Step 6 When all surveys have been completed, please seal the surveys and the consent form in the original envelope and return them to the examiner or person you received the packet from. All packets are coded as to ensure the confidentiality of the participants. At no time will you or your child's name be associated with the information you provide.

Please feel free to direct any questions concerning this packet or this project to the examiner, Julie Beasley, graduate student in psychology at the University of Nevada, Las Vegas (737-7931). You may also inquire about the results of this study to the examiner after May 1, 1993. Or, you may contact the faculty member responsible for the project at the UNLV Department of Psychology office (895-3305) and speak with Dr. Christopher Kearney. Your prompt attention to this project is greatly appreciated. In advance, thank you for your time and participation in this research project.

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BIBLIOGRAPHY


