

ABSTRACT

Title of thesis: CONFLICT AT HOME AND PROBLEMS WITH PEERS:
FAMILY-PEER LINKAGES AND THE ROLE OF
ADOLESCENT DEPRESSIVE SYMPTOMS AND GENDER

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Peer relationships have a significant impact on developmental outcomes throughout the lifespan. One variable that has been identified extensively as a contributor to peer outcomes is children's family environment. In the present investigation, I examine the relation between adolescents' family environment and peer relationships. Specifically, I study how family conflict, including both parent-child conflict and marital conflict, is linked to social acceptance and social behavior. I examine whether adolescents' depressive symptoms act as a mediator of the links between family conflict and social acceptance and behavior. Finally, I examine the moderating role of gender.

CONFLICT AT HOME AND PROBLEMS WITH PEERS: FAMILY-PEER
LINKAGES AND THE ROLE OF ADOLESCENT DEPRESSIVE SYMPTOMS AND
GENDER

by

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TABLE OF CONTENTS

Table of Contents.....	ii
List of Tables.....	iii
List of Figures.....	iv
Chapter I: Introduction.....	5
Family Conflict and Children’s Peer Relationships.....	5
Marital Conflict and Problematic Peer Relationships.....	6
Parent-Child Conflict and Problematic Peer Relationships.....	10
Explaining the Links between Family Conflict and Peer Relationships.....	11
The Mediating Role of Adolescent Psychological Adjustment.....	12
The Moderating Role of Gender.....	18
Chapter II: Method.....	25
Participants.....	25
Procedure.....	25
Measures.....	26
Issues Checklist.....	26
Conflict Task.....	26
Couple Conflicts and Problem Solving Strategies.....	29
Children’s Depression Inventory.....	30
Social Acceptance.....	31
Social Behavior.....	31
Chapter III: Results.....	32
Descriptive Statistics and Data Reduction.....	32
Study Aims and Principal Research Questions.....	34
Study Aim 1.....	34
Study Aim 2.....	36
Study Aim 3.....	39
Chapter IV: Discussion.....	54
Parent-Child Conflict and Adolescents’ Problematic Social Functioning.....	54
Marital Conflict and Adolescents’ Problematic Social Functioning.....	60
Model Comparisons: Predicting Family Conflict from Adolescents’ Social Acceptance.....	61
Limitations and Future Directions.....	62
Appendixes.....	66
A. Topics of Conflict Checklist.....	66
B. Conflict Task.....	67
C. Couple Conflicts and Problem Solving Strategies.....	95
D. Children’s Depression Inventory.....	100
E. Social Acceptance.....	103
F. Social Behavior.....	105
References.....	113

LIST OF TABLES

1.	Principal Study Aims, Hypotheses, and Research Questions Guiding the Proposed Study	23
2.	Intraclass Correlation Coefficients for Mother, Father, Adolescent with Mother, and Adolescent with Father Scales on the Conflict Observational Task	41
3.	Intercorrelations and Descriptive Statistics for Adolescent Gender and Family Conflict	42
4.	Intercorrelations and Descriptive Statistics for Adolescent Gender, Depressive Symptoms, Social Acceptance, and Social Behavior	43
5.	Intercorrelations and Descriptive Statistics for Adolescent Girls' Depressive Symptoms, Social Acceptance, and Social Behavior	44
6.	Intercorrelations and Descriptive Statistics for Adolescent Boys' Depressive Symptoms, Social Acceptance, and Social Behavior	45
7.	Factor Analysis of Couple Conflicts and Problem Solving Strategies	46
8.	Summary of Regression Analyses for the Prediction of Adolescents' Social Acceptance and Social Behavior from Parent-Child Conflict	47
9.	Summary of Regression Analyses for the Prediction of Adolescents' Social Acceptance and Social Behavior from Marital Conflict	48
10.	Regression Analysis Summary for the Prediction of Adolescents' Depressive Symptoms from Parent-Child and Marital Conflict	49
11.	Regressions Examining the Role of Adolescents' Depressive Symptoms as a Mediator of the Links Between Parent-Child Conflict and Adolescents' Social Acceptance	50
12.	Regressions Examining the Role of Adolescents' Depressive Symptoms as a Mediator of the Links Between Marital Conflict and Adolescents' Social Acceptance and Social Behavior	51
13.	Regression Analysis Summary for the Prediction of Adolescents' Depressive Symptoms from Adolescents' Social Acceptance and Social Behavior	52
14.	Regressions Examining the Role of Adolescents' Depressive Symptoms as a Mediator of the Links Between Adolescents' Social Acceptance and Family Conflict	53

LIST OF FIGURES

- | | | |
|----|---|---|
| 1. | Proposed Model for the Present Study | 4 |
| 2. | Alternative Model for the Present Study | 4 |

Conflict at Home and Problems with Peers: Family-Peer Linkages
and the Role of Adolescent Depressive Symptoms and Gender

Peer relationships have a significant impact on developmental outcomes throughout the lifespan (for reviews, see Hartup, 1989, and Rubin, Bukowski, & Parker, 2006). For instance, children with positive peer relationships engage in better problem-solving skills, display less disruptive behavior in the classroom, and perform better academically than children with problematic peer relationships (Newcomb, Bukowski, & Pattee, 1993). Children and adolescents with poor peer relationships, on the other hand, face a wide array of challenges, including cognitive impairments, emotion regulation difficulties (i.e., psychological maladjustment), and even health problems (Johnson, 1980; Newcomb et al., 1993; for a review, see Parker, Rubin, Erath, Wojslawowicz, & Buskirk, 2006). Additionally, adolescents involved in antisocial peer relationships are at greater risk for participation in criminal behavior and the development of psychopathology later in life (Dishion, Andrews, & Crosby, 1995; Lahey, Loeber, Burke, & Applegate, 2005; Hawkins, Catalano, & Miller, 1992). Because peer relationships have such widespread influence on both current and long-term functioning, researchers have attempted to understand why some adolescents have greater difficulty than others interacting with their peers.

One variable that has been identified extensively as a contributor to peer outcomes is children's family environment (e.g., Elicker, Englund, & Sroufe, 1992; Putallaz, Klein, Costanzo, & Hedges, 1994; for reviews, see Kerns, Contreras, & Neal-Barnett, 2000, and Parke & Ladd, 1992). For instance, research examining the parent-child relationship indicates that children who have warm and supportive parents are more

likely to have positive peer-related outcomes, including greater peer acceptance and reciprocal friendships (Brown, Mounts, Lamborn, & Steinberg, 1993; Kerns, Klepac, & Cole, 1996; Steinberg, Mounts, Lamborn, & Dornbusch, 1991). Conversely, negative family environments, characterized by hostile interactions and low parental involvement, have been linked to poor peer-related outcomes, such as peer rejection, social withdrawal, and participation in antisocial activities (Fletcher, Steinberg, & Williams-Wheeler, 2004; Pettit, Bates, Dodge, & Meece, 1999; Steinberg, 1987). Thus, knowing the characteristics of the family environment has important implications for understanding why some children and adolescents are better able to interact successfully with their peers.

In the present investigation, I examine the relation between adolescents' family environment and peer relationships. Specifically, I study how family conflict, including both parent-child conflict and marital conflict, is linked to social acceptance and social behavior. I examine whether adolescents' depressive symptoms act as a mediator of the links between family conflict and social acceptance and behavior. Finally, I examine the moderating role of gender. These connections are depicted in Figures 1 and 2.

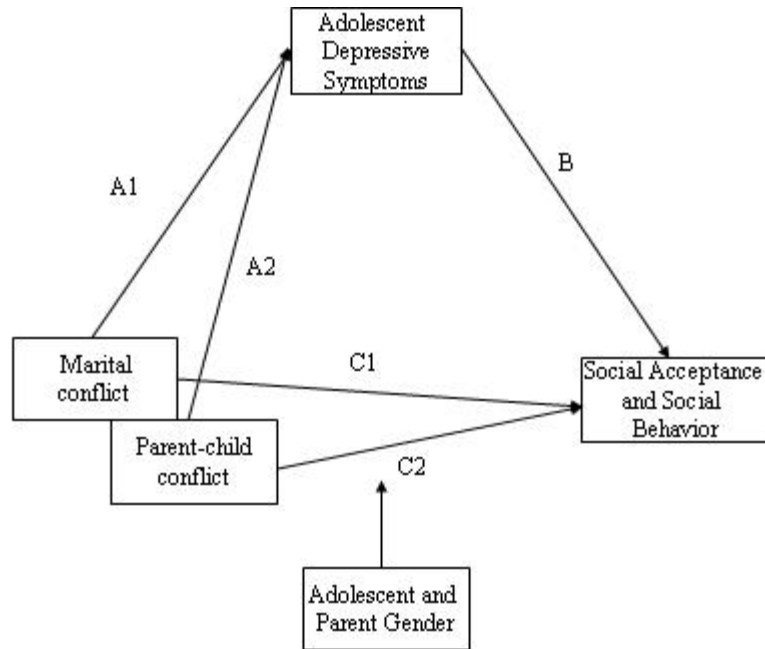


Figure 1. Proposed model for the present study.

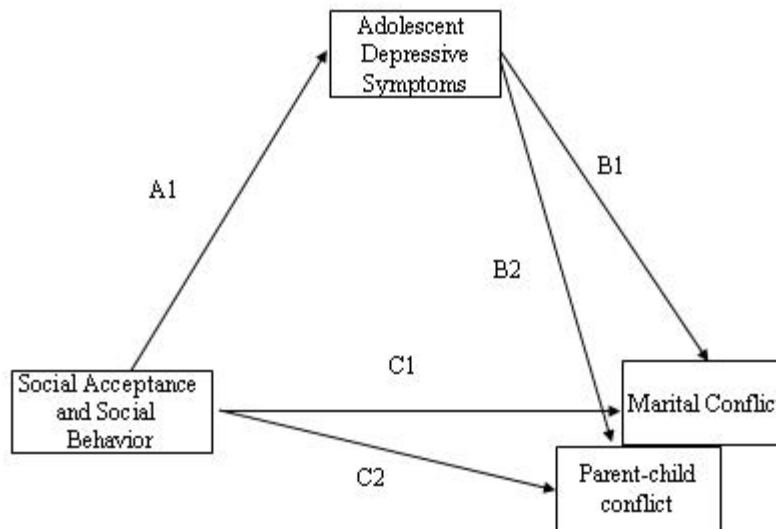


Figure 2. Alternate model for the present study.

I begin this proposal with an introduction, which contains a review of research regarding the link between family conflict and peer relationships. In particular, I highlight previous studies in which marital conflict and parent-child conflict have been linked to problematic peer relationships (Figure 1, paths C1 and C2). Next, I consider

potential mediating and moderating mechanisms. I examine the role of adolescents' depressive symptoms as a possible mechanism of transmission for the connection between family conflict and peer relationships by reviewing research that has identified a link between family conflict and adolescents' psychological maladjustment (Figure 1, paths A1 and A2), and I also discuss the link between adolescents' internalizing symptoms and problematic peer relationships (Figure 1, path B). Then, I present an alternate model for the interconnections among family conflict, adolescent depressive symptoms, and problematic peer relationships (Figure 2). Additionally, I discuss the moderating role of adolescent and parent gender for each of these connections, as well as for the entire mediational model (that is, I examine whether adolescent or parent gender moderates the mediational model, such that the mediation holds for one adolescent gender and not the other). The introduction concludes with a brief overview of the proposed study. Following the introduction, I present the method section. I end the proposal with a description of the data analysis plan and a list of study hypotheses.

Introduction

Family Conflict and Children's Peer Relationships

Although conflict in the family is one aspect of the family environment that is thought to relate to children's peer relationships, this link has received surprisingly little attention empirically. Different theoretical perspectives, including social learning theory and attachment theory, offer propositions about why family conflict *should* be linked to other relationship experiences, such as relationships with peers. For example, according to social learning theory, children coming from homes with high levels of conflict are likely to imitate similar conflict strategies when interacting with individuals outside the

family (Bandura, 1973; Dodge, Bates, & Pettit, 1990; Patterson, 1982). It may be, for instance, that children learn ineffective techniques for handling conflict and then use those behaviors when engaged in conflict with peers, ultimately leading to their low social acceptance. Attachment theory asserts that children develop schemas or internal working models based on their family experiences (Bowlby, 1973, 1969/1982; Sroufe, 1988), which guide their perceptions, interpretations, and participation in the social world. Following this proposition, children from high-conflict families might develop negative representations of others as hostile and argumentative, expect frequent conflict to resolve disagreements, and perceive rejection from the peer group, all of which would influence their behavior in social situations. Indeed, several studies have demonstrated links between family conflict and problematic peer relationships; I discuss these studies in the following sections.

Marital Conflict and Problematic Peer Relationships

Although researchers recognize the importance of marital conflict for children's adjustment broadly speaking (and psychological adjustment in particular; e.g., Grych, Raynor, & Fosco, 2004; Turner & Barrett, 1998), few studies have examined the impact of marital conflict *specifically* on children's peer relationships (see Parke et al., 2001, for a discussion). This deficit in our knowledge of the effects of marital conflict on children and adolescents is unfortunate, given the importance of social relationships throughout the lifespan and the increasing significance of peers in adolescence (Brown, 1990). Additional research on the link between marital conflict and children's peer relationships is necessary in order to better understand how family processes such as conflict shape children's functioning in the peer group.

The little research examining the link between marital conflict and problematic peer relationships has typically focused on younger children rather than on adolescents (Du Rocher Schudlich, Shamir, & Cummings, 2004; MacKinnon-Lewis & Lofquist, 1996). This research focus on younger children may reflect a belief that this link exists for younger children more so than for adolescents because children spend more time with their families, and thus have fewer opportunities for experiencing healthy relationships elsewhere. Existing research reveals a connection between high levels of marital discord and problems in the peer group, including disruptiveness, aggression, and decreased social competence (e.g., Emery & O’Leary, 1984; MacKinnon-Lewis & Lofquist, 1996; Stocker & Youngblade, 1999). I discuss four representative studies below.

In one study of boys in middle childhood, MacKinnon-Lewis and Lofquist (1996) found that boys whose parents reported frequent interparental conflict were more likely to be disliked by their peers nine months later. Similarly, Lindsey, Colwell, Frabutt, & MacKinnon-Lewis (2006) found that 8-year-old boys whose mothers reported high marital conflict had fewer mutual friendships than boys whose parents had low marital conflict. Stocker and Youngblade (1999) examined children ages 7 to 10 and found a link between mothers’ reports of marital conflict and children’s poor peer relations. Emery and O’Leary (1984) also found that mothers’ reports of marital conflict were linked to elementary school teachers’ reports of children’s problematic behavior. Despite these convergent findings, questions remain about the link between marital conflict and children’s peer relationships. MacKinnon-Lewis and Lofquist (1996) and Lindsey et al. (2006) examined peer relationships as a function of marital conflict only for boys. Additionally, Stocker and Youngblade (1999) relied on mothers’ reports for information

about both marital conflict and children's functioning with peers; such a methodological approach increases the possibility that a link between variables could be due to the use of the same methods or sources (e.g., using one reporter to assess multiple variables).

Marital conflict also has been linked to deficits in children's processing of social information related to peers. Du Rocher Schudlich et al. (2004) identified a link between marital conflict and children's abilities to process possible solutions for conflict with peers. In this study, researchers found that children from families with high marital conflict selected negative peer conflict strategies during a pretend play interaction compared to other children. Given that the ability to negotiate and manage conflict with peers is an essential tool for maintaining friendships (e.g., Azmitia & Montgomery, 1993; Bowker, Rubin, Burgess, Booth-LaForce, & Rose-Krasnor, 2006), Du Rocher Schudlich et al. (2004) suggest that children who select negative peer conflict strategies are at risk for problematic peer relationships.

It is surprising that studies of marital conflict and problematic peer relationships have focused almost exclusively on children, as adolescents could be equally affected by marital conflict (Goodman, Barfoot, Frye, & Belli, 1999; Long, Forehand, Fauber, & Brody, 1987). Even though adolescents spend the majority of their time alone or with peers (Larson & Richards, 1991), they rely on parents for support and guidance (Brown et al., 1993; Hazan & Zeifman, 1994; Markiewicz, Lawford, Doyle, & Haggart, 2006). Despite the focus on children, a few studies have identified links between marital conflict and adolescents' problematic relationships. In one study (Long et al., 1987), researchers found that adolescents who lived in homes with high marital conflict were rated by their teachers as less socially competent than other children. In addition, these adolescents

were identified as having greater conduct problems than adolescents with less conflictual parents. Similarly, Goodman et al. (1999) found that mothers' reports of marital conflict were linked to their adolescents' generation of negative social problem-solving solutions; that is, when asked to construct responses to a hypothetical problem with peers, adolescents whose parents engaged in high levels of marital conflict created poorer solutions to these problems than other adolescents. Thus, these findings indicate that adolescents are also affected by the presence of high levels of marital conflict in the home.

Despite the consistent finding that marital conflict is linked to children's and adolescents' problematic peer relationships, there remain ways in which this work can be extended. First, I extend research from earlier studies of adolescents and their families (Long et al., 1987; Stocker & Youngblade, 1999) by examining both mothers' and fathers' reports of marital conflict. Although fathers have been included in previous studies of the link between marital conflict and *children's* peer relationships, to my knowledge, no research on the link between marital conflict and *adolescents'* peer relationships has included fathers. The addition of fathers is an important extension because it provides a more complete representation of marital conflict through the use of both partners' perceptions, and it permits investigation of the effect of conflict involving fathers on adolescents' peer relationships. Second, no previous research on the link between marital conflict and adolescents' peer relationships has used peer reports of adolescents' acceptance, which I propose to use in the current study. Instead, all previous work has relied on mothers', teachers', or self- reports of peer relationships, all of whom have notable limitations as reporters of adolescents' peer relationships (Hartup, 1996).

Finally, in the present study, I examine the presence of both parent-child conflict and marital conflict in families, which allows for the examination of additive or interactive effects of different aspects of family conflict on adolescents' peer relationships.

Parent-Child Conflict and Problematic Peer Relationships

Converging evidence indicates that greater parent-child conflict is associated with more negative peer outcomes. High levels of parent-child conflict have been linked with a variety of negative social outcomes, including aggression toward peers, decreased social competence, and involvement in deviant peer groups (Ingoldsby, Shaw, Winslow, Schonberg, Gilliom, & Criss, 2006; Maggs & Galambos, 1993; McCabe, Clark, & Barnett, 1999; Patterson, Forgatch, Yoerger, & Stoolmiller, 1998; Vuchinich, Bank, & Patterson, 1992). In addition, Paley, Conger, and Harold (2000) found that negative parent-adolescent interactions predicted teachers' and siblings' reports of adolescents' negative social behaviors and decreased social acceptance two years later. Similarly, Adams and Laursen (2007) found a connection between adolescents' reports of conflictual parent-child relationships and self-reported delinquency, lower school grades, and social withdrawal.

These studies report converging evidence regarding the link between parent-child conflict and problematic peer relationships. Much of this research, however, relies on *self-report data* (e.g., Adams & Laursen, 2007; Maggs & Galambos, 1993; McCabe et al., 1999), on conflict involving adolescents and only their *mothers* (e.g., Maggs & Galambos, 1993), or on parents' conflict with their adolescent *sons* only (e.g., Ingoldsby et al., 2006; Patterson et al., 1998; Vuchinich et al., 1992). To contribute to and extend

these findings, I propose to use multiple informants—including mothers, fathers, sons, and daughters—and methods to assess parent-child conflict.

Explaining the Links between Family Conflict and Peer Relationships

Research on the link between family conflict and problematic peer relationships has now moved toward gaining a better understanding of the mechanisms that might underlie the connection (Cummings & Davies, 2002). In particular, Cummings, Goeke-Morey, and Dukewich (2001) discuss the importance of designing studies that allow for the identification of mediators and moderators that more accurately explain the complex connections between family conflict and children's functioning. By taking a process- and context-oriented approach to the study of family conflict and peer relationships, researchers are able to identify more precise associations between family and peer systems.

Mediators, for instance, add meaningful information to the model by identifying mechanisms that contribute to the link between conflict and problematic peer relationships. Previous researchers have identified different mediating variables to explain the link between family conflict and negative peer relationships. For example, Stocker and Youngblade (1999) found that parental hostility mediated the link between marital conflict and problematic peer relationships. Other researchers (who examined adjustment outcomes more broadly) have proposed that children's cognitive appraisals of family conflict mediate the connection between conflict and adjustment (Grych & Fincham, 1990); that is, how children assign meaning to the conflict influences their coping responses and adjustment in the social world. Similarly, Davies and Cummings

(1994) determined that the experience of marital conflict affects children's sense of emotional security and subsequently influences their adjustment and social competence.

Moderating variables also have been noted as recommended additions to models in order to clarify the connections between family conflict and children's adjustment (Cummings et al., 2001). Children's age and gender are two moderating variables that have been shown to affect the connection between family conflict and adjustment (see Davies & Lindsay, 2001, for a review). To date, however, no study has examined adolescents' gender as a moderator of the mediational model including family conflict, adolescent depressive symptoms, and problematic peer relationships.

In the next two sections of this proposal, I describe empirical support for the links between family conflict and adolescent psychological adjustment, and between adolescent psychological adjustment and problematic peer relationships. In addition, I describe existing research that has examined the roles of adolescent and parent gender in the links between family conflict and adolescents' adjustment.

The Mediating Role of Adolescent Psychological Adjustment

One way in which family conflict may be linked to problematic peer relationships is through adolescents' experience of psychological maladjustment (Parke et al., 2001). For example, it may be that children and adolescents who are exposed to high levels of conflict in the family experience greater symptoms of depression. Because these symptoms could interfere with adolescents' abilities to manage peer relationships effectively, adolescents who experience family conflict might have negative peer interactions. Researchers have found consistent evidence for the link between high levels of family conflict and the presence of greater symptoms of psychological maladjustment

(Cole & McPherson, 1993; El-Sheikh & Elmore-Staton, 2004; Hops, Lewinsohn, Andrews, & Roberts, 1990; Sheeber, Davis, Leve, Hops, & Tildesley, 2007). A separate body of literature also exists that documents the connection between psychological maladjustment and peer rejection (Prinstein, Borelli, Cheah, Simon, & Aikens, 2005; Sweeting, Young, West, & Der, 2006). No study, however, has tested whether adolescents' depressive symptoms act as a mediator between family conflict and problematic peer relationships in adolescence, which I examine in this study.

On the other hand, the interconnections among family conflict, adolescent depressive symptoms, and problematic peer relationships may emerge in another way (see Figure 2). It could be that adolescents' poor peer relationships contribute to their depressive symptoms. These symptoms, in turn, could create a distressed or tense family atmosphere, thereby contributing to greater levels of marital or parent-child conflict. Thus, I also examine this alternate mediational model.

In the following sections, I provide empirical support for the links between marital conflict and adolescent psychological adjustment, between parent-child conflict and adolescent psychological adjustment, and between adolescent psychological adjustment and problematic peer relationships.

Marital Conflict and Adolescent Psychological Adjustment. A substantial body of literature supports the existence of a link between marital conflict and children's psychological adjustment difficulties (Figure 1, path A1; for reviews, see Cummings & Davies, 2002, and Grych & Fincham, 1990). In a number of studies, researchers have examined the concurrent link between marital conflict and adolescents' psychological adjustment problems, including internalizing and externalizing symptoms (e.g., Davies &

Cummings, 1998; Grych, Fincham, Jouriles, & McDonald, 2000; Grych et al., 2004; Kaczynski, Lindahl, Malik, & Laurenceau, 2006; Turner & Barrett, 1998). In addition to research demonstrating concurrent links, numerous studies provide longitudinal evidence for a connection between marital conflict and later adolescent psychological adjustment problems (e.g., Cummings, Schermerhorn, Davies, Goeke-Morey, & Cummings, 2006; Davies & Windle, 2001; Harold, Shelton, Goeke-Morey, & Cummings, 2004; Katz & Gottman, 1993). Using multiple informants and multiple methods to assess both conflict and psychological adjustment, these studies indicate that marital conflict negatively influences both current and future psychological adjustment for children and adolescents.

This strong, converging evidence led Cummings and Davies (2002) to recommend a new focus of research related to marital conflict and children's adjustment. One recommendation is to clarify the types of adjustment problems faced by children whose parents engage in frequent conflict, rather than examining symptomatology only. In the present study, I examine depressive symptoms and markers of problematic peer relationships (social acceptance and social behavior) as distinct indicators of adolescents' difficulties with social and emotional adjustment as a function of marital conflict. In addition, Cummings and Davies (2002) suggest identifying specific processes or mechanisms to better illustrate the connections between marital conflict and adjustment. In the present study, therefore, I examine depressive symptoms as a mechanism through which marital conflict is linked to problematic adjustment with peers.

Parent-Child Conflict and Adolescent Psychological Adjustment. Several studies offer support for the existence of a link between parent-child conflict and adolescent psychological adjustment problems (Figure 1, path A2; e.g., Cole & McPherson, 1993;

El-Sheikh & Elmore-Staton, 2004; Hops et al., 1990; Sheeber et al., 2007). For instance, Cole and McPherson (1993) found that mother, father, and adolescent reports of mother-adolescent and father-adolescent conflict significantly predicted adolescents' self-reported depressive symptoms. Similarly, Sheeber et al. (2007) found a link between parent and adolescent reports of parent-adolescent conflict and adolescent depressive symptomatology in a sample of clinically diagnosed and sub-clinical symptomatic adolescents. Other researchers have examined the link between parent-child conflict and adolescents' externalizing symptoms (El-Sheikh & Elmore-Staton, 2004). In this investigation, mother, father, and adolescent reports of parent-child conflict in early adolescence were linked to parental reports of adolescents' aggression. Hops et al. (1990) similarly found that adolescents' reports of conflict with parents were linked to their self-reported symptoms of conduct disorder, depression, and anxiety.

The link between parent-child conflict and psychological maladjustment also has been documented in a number of longitudinal studies (Allen, Insabella, Porter, Smith, Land, & Phillips, 2006; Hops et al., 1990; Sheeber, Hops, Alpert, Davis, & Andrews, 1997). In each of these studies, adolescents who had unsupportive and more conflictual parent-child relationships were more likely to report greater depressive symptomatology both concurrently and one year later. Moreover, Sheeber et al. (1997) tested the bidirectionality of the link by examining whether depression at the initial assessment predicted later parent-child conflict at the second assessment. In their sample, they found that the link existed only in the direction of initial parent-child conflict as a predictor for later internalizing symptoms. These results suggest that parent-child conflict contributes to the development of adolescent internalizing problems.

Adolescent Psychological Adjustment and Peer Relationships. Many researchers have investigated the link between psychological adjustment and problematic peer relationships (Figure 1, path B; e.g., MacKinnon-Lewis & Lofquist, 1996; Rudolph, Hammen, & Burge, 1994). Interestingly, the majority of this research has examined the impact of problematic peer relationships on concurrent and later psychological adjustment problems, including internalizing and externalizing symptoms (e.g., Ladd, 2006; Parker & Asher, 1987; Pederson, Vitaro, Barker, & Borge, 2007). Although these data have been interpreted as suggesting that problems peer relationships contribute to children's experience of significant emotional and psychological problems, it is also possible that internalizing and externalizing symptoms (e.g., depression, anxiety, aggression, and disruptive behaviors) also contribute to problems in the peer group. For example, it may be that children who display elevated depressive symptoms are viewed as less sociable and socially competent, leading to their subsequent negative interactions with peers.

Several studies have examined the directionality of the link between psychological adjustment and problematic peer relationships (Prinstein et al., 2005; Sweeting et al., 2006). Sweeting et al. (2006) examined the link between adolescent reports of their psychological adjustment and peer victimization and found that the directionality of depression and peer victimization was dependent on both age and gender. Specifically, when assessed at age 11 and then at age 13, the link between depressive symptoms and victimization reports was completely bidirectional—that is, it was equally likely for early depressive symptoms to lead to peer victimization as it was for early peer victimization to lead to depressive symptoms. For boys assessed at age 13

and then again at age 15, however, the link between early depressive symptoms and peer victimization existed only in the direction of early symptomatology predicting later victimization by peers.

Other studies provide additional support for the hypothesis that psychological maladjustment is linked to problematic peer relationships. For instance, Prinstein et al. (2005) found that adolescent girls' symptomatology predicted less stability in friendship quality. Similarly, Stice, Ragan, and Randall (2004) found that initial levels of adolescent girls' depressive symptoms predicted future decreases in peer support. These studies indicate that internalizing symptoms lead to adolescents' decreased functioning in the peer group, possibly because adolescents with depressive symptoms behave in ways that cause negative responses from their peers (e.g., depressed or anxious adolescents might seek excessive reassurance from their peers). Because peer rejection is a risk factor for later psychopathology, it is important to understand the antecedents that initiate the process of peer rejection. As argued by Sheeber et al. (2007), family relationships can be sources of stress for adolescents, and family stress can account for the development of depressive symptomatology. In this study, I examine a specific component of family relationships, conflict, as a possible contributor to adolescent's psychological maladjustment.

Despite several propositions about the role internalizing symptoms as a mechanism of transmission for the link between family conflict and adolescents' poor peer relationships (Crockenberg & Langrock, 2001; Parke et al., 2001), to date no study has examined this possibility. I extend current research on the link between family

conflict and problematic peer relationships by examining the mediating role of adolescents' depressive symptoms.

The Moderating Role of Adolescent and Parent Gender

An additional aspect of family-peer linkages that has received little empirical attention is the role of parent gender. Even with the growing interest in the role of fathers in children's development (Parke, 2000; Phares, 1996; Phares & Compas, 1992), many studies continue to include mothers only. Although examination of fathers in studies of children's development can be difficult because of time, cost, and other logistical hurdles (Phares, 1992), fathers are important to consider separately from mothers because they have distinct relationships with their children (Collins & Russell, 1991; Parke, 2000). In the proposed study, I plan to examine the moderating role of parent gender on the link between family conflict and adolescents' problematic peer relationships (Figure 1, paths C1 and C2).

Just as many researchers have neglected fathers in their examination of family-peer linkages, so too has the importance of adolescents' gender been ignored (e.g., with researchers examining only boys' or only girls' outcomes as a function of family conflict; Lindsey et al., 2006; MacKinnon-Lewis & Lofquist, 1996). Despite these gaps in the current literature, there are several reasons to expect that the connections among family conflict, adolescent depressive symptoms, and problematic peer relationships differ as a function of adolescent gender (see Rose & Rudolph, 2006, for a review of gender differences in peer relationships and responses to stress). Below, I describe the reasoning for the possible existence of moderated mediation, with adolescent and parent gender serving as moderators of the mediational model. In this study, I plan to examine the

moderating role of adolescent gender on the links between family conflict and adolescents' social acceptance and social behavior.

The proposed mediational model, in which adolescents' depressive symptoms mediate the link between family conflict and problematic peer relationships, assumes that each link in the model exists for all adolescents. Though it may be that family conflict creates psychological maladjustment for all adolescents, there are reasons to expect that these links (Figure 1, paths A1 and A2) might not exist equally for boys and girls. In fact, existing literature reveals gender differences in the extent to which family conflict is linked to adolescents' internalizing symptoms (see Davies & Lindsay, 2001, for a review). For instance, Davies and Windle (1997) found that compared to boys, girls experienced greater adjustment problems (i.e., internalizing symptoms) as a function of marital conflict. Moreover, significant gender differences exist in the extent to which adolescents experience depressive symptoms (Hankin, Abramson, Moffitt, Silva, McGee, & Angell, 1998; Prinstein et al., 2005; Wade, Cairney, & Pevalin, 2002), with girls' rates of depression approximately double that of boys' depression by late adolescence. Because girls are more likely to experience depressive symptoms, the link between family conflict and adolescents' symptoms might exist for girls more so than for boys. Adolescent boys are not immune from negative effects of family conflict, however. Jouriles, Bourg, and Farris (1991) found that adolescent boys who experienced high levels of family conflict were more likely to display greater externalizing problems compared to girls. Because I focus on depressive symptoms, I expect that adolescents' depressive symptoms will mediate the link between family conflict and problematic peer relationships for girls only.

In addition to adolescent gender as a possible moderator for the mediational model, it is possible that parent gender might act as a moderator, such that the mediation holds only for times when conflict with parents includes one parent and not the other. One reason for the existence of a parent gender interaction effect is that mothers and fathers have unique relationships with their children (see Grotevant, 1998, for a review). For example, whereas fathers have more distant and formal relationships with their children, mothers have warmer relationships with their children (Youniss & Smollar, 1985). Thus, the interconnections among family conflict and adolescents' social and emotional adjustment might vary as a function of parent gender.

In addition to the possible existence of parent gender or adolescent gender interactions on the link between family conflict and adolescents' social acceptance and behavior, it is possible that there exists a parent gender x adolescent gender interaction, such that the link between family conflict and problematic peer relationships exists for particular parent-adolescent dyads only. Several studies have identified different levels of conflict between mother-daughter, mother-son, father-daughter, and father-son dyads (Russell & Saebel, 1997), with girls engaging in greatest levels of both conflict and intimacy with their parents and with mothers in particular (Larson & Richards, 1994; Montemayor, 1983). Thus, it may be that adolescents' conflict with their mothers is linked to adolescents' depressive symptoms for girls only because conflict with mothers is a more prevalent stressor. On the other hand, Cole and McPherson (1993) found that compared to conflict with mothers, adolescent-father conflict was a better predictor of adolescents' psychological symptoms. Because no research has examined the roles of parent or adolescent gender as moderators for the proposed mediational model, I have no

specific hypotheses about the existence of a parent gender x adolescent gender interaction in the current study.

Overview of the Current Study

In the current study, I investigate the links of two aspects of family conflict, parent-child conflict and marital conflict, with problematic peer relationships in adolescence. In addition, I explore the role of adolescents' depressive symptoms as a mediator and parent and adolescent gender as moderators of these links. Data for this study come from a larger investigation of parent-child relationships and family-peer linkages in adolescence. Adolescents first completed various measures of family functioning, psychological adjustment, and peer relationships during the spring of their junior year in high school. Several months later, they participated in a laboratory session in which they engaged in a parent-child conflict task with their mothers and fathers separately. This observation, described in detail below, reveals the expression of both parent and adolescent behaviors and strategies used during discussions about topics of frequent disagreement.

This study has three principal aims, which are outlined with corresponding hypotheses and research questions in Table 1. The first aim is to explore the links between two aspects of family conflict, marital conflict and parent-child conflict, and adolescents' social acceptance and social behavior. I hypothesize that marital conflict and parent-child conflict will be linked to adolescents' social acceptance and social behavior. Two research questions related to this link will also be addressed. First, I investigate whether the link between family conflict and social acceptance and behavior is moderated by parent and/or adolescent gender. Second, I examine whether there are

any additive or interactive effects of marital and parent-child conflict on adolescents social functioning.

The second research aim is to explore the role of adolescents' depressive symptoms as a mediator of the links between family conflict and social acceptance and behavior. I hypothesize that adolescents' depressive symptoms will mediate the link between family conflict (marital conflict and parent-child conflict) and problematic social functioning. I address two research questions related to this study aim. First, I examine whether family conflict and adolescents' depressive symptoms predict adolescents' social acceptance and behavior. Second, I ask whether adolescents' social acceptance/behavior and depressive symptoms predict family conflict.

The third research aim is to examine the roles of parent and adolescent gender as moderators of the mediational models. I hypothesize that the mediational models will be moderated by adolescent gender, such that the models hold for girls and not boys. I address three research questions related to this study aim. First, I investigate whether parent gender moderates the mediational models. Second, I ask whether adolescent gender moderates the mediational models. Third, I examine whether a parent gender x adolescent gender interaction moderates the mediational models.

Table 1

Principal Study Aims, Hypotheses, and Research Questions Guiding the Proposed Study

Study Aim #1: To explore the links between family conflict and adolescents' social acceptance and behavior.

Hypotheses

- A) Marital conflict will be linked to adolescents' social acceptance and behavior.
- B) Parent-child conflict will be linked to adolescents' social acceptance and behavior.

Research Questions

- A) Is the link between family conflict and social acceptance and behavior moderated by parent and/or adolescent gender?
 - B) Are there additive or interactive effects of marital conflict and parent-child conflict on adolescents' social acceptance and behavior?
-

Study Aim #2: To explore the role of adolescents' depressive symptoms as a mediator of the links between family conflict and social acceptance and behavior.

Hypotheses

- A) Adolescents' depressive symptoms will mediate the link between marital conflict and social acceptance and behavior.
- B) Adolescents' depressive symptoms will mediate the link between parent-child conflict and social acceptance and behavior.

Research Questions

- A) Do family conflict and adolescents' depressive symptoms predict adolescents' social acceptance and behavior?
 - B) Do adolescents' social acceptance and behavior and depressive symptoms predict family conflict?
-

Study Aim #3: To examine the roles of parent and adolescent gender as moderators of the mediational models.

Hypotheses

- A) The mediational model, in which adolescents' depressive symptoms mediate the link between marital conflict and social acceptance and behavior, will be moderated by adolescent gender, such that the model holds for girls and not boys.
- B) The mediational model, in which adolescents' depressive symptoms mediate the link between parent-child conflict and social acceptance and behavior, will be moderated by adolescent gender, such that the model holds for girls and not boys.

Research Questions

- A) Does parent gender moderate the mediational models?
 - B) Does adolescent gender moderate the mediational models?
 - C) Does a parent gender x adolescent gender interaction moderate the mediational models?
-

Method

Participants

Participants in this study are drawn from a sample of 189 adolescents and their parents from the Washington, DC area who took part in a larger investigation about family-peer linkages. Adolescents (118 female) were recruited from 10 suburban public high schools. Data collection began during the spring of their junior year. Adolescents whose families met the study criteria (i.e., English speaking, married parents) were invited to participate in a follow-up laboratory session. The final sample size includes approximately 20% of the total high school sample (73% White/Caucasian, 14% Black/African American, 10% Asian, and 3% Hispanic). The majority of families (84%) reported an annual household income of at least \$61,000, and almost all parents reported having at least some college education (92% and 95% for mothers and fathers, respectively). In the present analyses, sample sizes vary due to missing data. Families were paid \$125 for their participation in the study.

Procedure

In the present study, adolescents participated in two data collection sessions. Adolescents first completed a packet of questionnaires at school during the spring of their junior year. Several months later, adolescents and their parents participated in a laboratory session that included an observation task in which parents engaged in separate conflict discussions with their adolescent (i.e., mother-adolescent and father-adolescent discussions). During this task, each parent-adolescent dyad was instructed to discuss up to three previously identified topics of frequent disagreement and try to resolve the problems for ten minutes.

Measures

Topics of conflict checklist. Adolescents and their parents completed the Topics of Conflict Checklist (see Appendix A), a measure designed for the larger study to assess adolescents' levels of disagreement with their parents on 19 topics that parents and teens frequently disagree about, such as "chores," "homework," and "talking back to parents." Participants rated their level of disagreement on each topic, with scores ranging from 1 ("*do not disagree*") to 5 ("*disagree much*"). Adolescents completed the checklist twice, once for adolescent-mother disagreements and once for adolescent-father disagreements. Both mothers and fathers independently completed the same checklist for their perceptions of their disagreement with their adolescent. Scores for individual perceptions of conflict were generated by adding the responses to each of the 19 questions (possible range = 19-95).

Conflict task. During the laboratory session, adolescents and their parents participated in an observational conflict task. A research assistant chose three topics for the discussion using reports on the topics of conflict checklist (described above), selecting topics that were rated by the parent and adolescent as high in disagreement. Parent-adolescent dyads were instructed to discuss the first discussion topic until they reached a resolution or mutually decided that they would be unable to resolve the disagreement. They were instructed to the second, and then third, topics, which they discussed until the topics were resolved or when the task had ended (after 10 minutes). Thus, some parent-child dyads discussed only one topic, and other dyads discussed all three topics during the task. The order of conflict discussions was counterbalanced so

that half of the adolescents participated in the task with their mothers first, and half engaged in the conflict discussion with their fathers first.

The task was coded to measure adolescent and parent behaviors during the discussion using the Conflict Task Coding System (Ziv, Cassidy, & Ramos-Marcuse, 2002; see Appendix B), which is based on an earlier coding system by Kobak, Cole, Ferenz-Gillies, Fleming, and Gamble (1993). The coding system is composed of four scales for the parent's behaviors, four corresponding scales for the adolescent's behaviors, and one dyadic scale to describe the dyad's level of *Open Communication* during the task; for the present study, I chose to use the *Hostility*, *Secure Base Use/Provision*, and *Open Communication* scales. This decision was made based on conceptual theory about the nature of the adolescent's attachment relationship with his or her parents. Because I predict that the emotional content of the interaction will be the aspect of conflict most likely to be related to adolescents' social relationships, I eliminated the *Avoidance* and *Assertiveness* scales from the present analyses.

Participants received a global score (ranging from 1-7) for each scale based on coders' overall impression of participants' behaviors during the task. The discussions were coded by six trained coders¹, and agreement was assessed continuously throughout the coding period. Coders were blind to all other adolescent and parent information. At least two coders coded a randomly selected 17% of mother-adolescent interactions (n = 32) and 16% of father-adolescent interactions (n = 31). Reliability scores for mother, father, adolescent with mother, and adolescent with father scales on the conflict observational task were calculated using intraclass correlation coefficients (ICCs). ICCs

¹ In an effort to minimize bias in coding scores, I was not involved in any part of the coding process.

for the remaining scales ranged from .76 to .84 (see Table 2 for a list of scales and corresponding ICCs).

The *Secure Base Use* scale measures adolescents' maintenance of "secure relatedness" during the discussion. Adolescents who receive high scores demonstrate a clear tendency to maintain the relationship, even when under the stress of discussing a disagreement. Verbal cues include asking for help to solve a problem or asking for care when upset. Adolescents who use their parents as a secure base also demonstrate nonverbal cues, including a positive and respectful tone, a relaxed orientation toward the parent, and a comfortable appearance during the discussion. Separate coders also watched parents' behavior to determine the amount of *Secure Base Provision* they provide for their adolescent. Parents who receive high scores on this scale engage in similar "secure relatedness" verbal and nonverbal behaviors, including an ability to help the adolescent feel understood and worthwhile. For both the *Secure Base Use* and the *Secure Base Provision* scales, parents and adolescents do not necessarily have to agree with each other to receive high scores, but they do need to demonstrate a clear use and provision of a secure base throughout the discussion.

The *Hostility* scale assesses the amount of hostile or rejecting behaviors exhibited by parents and adolescents. For this scale, high scores indicate high levels of hostility. Individuals who receive high scores on this scale might engage in sarcastic comments or smiles, dysfunctional anger, or aggressive posturing. Although anger itself may be expressed during the task, it does not contribute to score; rather, behaviors that indicate disgust or contempt toward the other person would indicate greater hostility.

Finally, the dyadic *Open Communication* scale measures the extent to which both the parent and adolescent collectively acknowledge the importance of the relationship, demonstrate comfort in discussing the conflict, and openly discuss the topic. Raters also examined the “special or cohesive quality” during the interaction, including episodes of shared-meaning or mind-reading that facilitates the discussion. High scores on this scale indicate that both partners engage in verbal and nonverbal cues signifying a comfortable discussion of conflict, with both partners able to demonstrate a valued importance of the relationship. Low scores, in contrast, indicate a remote or distant discussion of conflict, with little or no open communication about the disagreement. A low score reflects a lack of coherence and little acknowledgment of the partner’s thoughts and feelings.

Couple Conflicts and Problem Solving Strategies (CPS; Kerig, 1996). Mothers and fathers separately completed the CPS (see Appendix C), a 46-item self-report measure to assess the Frequency/Severity, Resolution, Cooperation, Avoidance/Capitulation, Verbal Aggression, and Physical Aggression properties of marital conflict. Conflict Frequency/Severity is measured by asking participants two questions about the frequency of major and minor disagreements. For the frequency of minor disagreements, choices range from 1 (*once a year or less*) to 6 (*just about every day*). For the frequency of major disagreements, choices range from 2 (*once a year or less*) to 12 (*just about every day*), resulting in possible scores ranging from 3-18. The remaining five scales use a 4-point Likert-type scale with choices ranging from 0 (*never*) to 3 (*often*). The *Resolution* scale contains 13 items that tap participants’ views of how well they are able to solve conflicts with their partner by examining their feelings following a disagreement. Sample items include “We feel closer to one another after the

disagreement than before,” and “We stay mad at one another for a long time” (reverse coded). The *Cooperation* scale uses 6 items to assess participants’ opinions about how likely their spouse is to work with them to resolve the conflict (e.g., “how often does your partner try to understand what you are really feeling?”). The *Avoidance/Capitulation* scale is a 9-item assessment of participants’ opinions about their spouse’s tendencies to “give in” or avoid discussion of conflict. Sample items include “My partner tries to ignore the problem or avoids talking about it” and “Changes the subject.” The *Verbal Aggression* scale taps participants’ view of their spouse’s use of harsh words during discussions of conflict using 9 items (e.g., “My spouse complains or bickers without really getting anywhere”). Finally, the *Physical Aggression* scale uses 7 items to assess participants’ views of their spouse’s physical abuse during conflict. Sample items include “My spouse throws objects, slams doors, and breaks things” and “My spouse threatens to hurt me.” Kerig (1996) demonstrated good test-retest reliability and validity.

Children’s Depression Inventory (CDI; Kovacs, 1985, 1992). This 27-item self-report measure was designed to assess symptoms of depression, including disturbed mood, vegetative states, self-evaluative thoughts, and interpersonal behaviors in children between the ages of 7 and 17 (see Appendix D). At the request of school administrators, the item related to suicidal ideation was dropped from the CDI, leaving 26 items ($\alpha = .85$). For each item, adolescents selected the sentence that best described them in the past two weeks from a cluster of three sentences. For example, participants can choose among the following statements: “I have fun in many things,” “I have fun in some things,” and “nothing is fun at all.” Each item was scored from 0 to 2 (possible total

scores of 0-52). Kovacs (1992) found good psychometric properties in a normative sample of children ages 7-16.

Social acceptance (Asher & Dodge, 1986). Scores for adolescents' social acceptance were generated using the following procedure. Classmates received randomly generated rosters (see Appendix E) with the names of 75 participating boys and girls. Classmates were asked to rate "How much do you like to be involved in activities with this person?" for each student on the list using a 5-point Likert-type scale, which ranged from 1 ("not at all") to 5 ("a lot"). Classmates also had the option of circling "I do not know this person," an option included in order to reduce measurement error. Adolescents' social acceptance scores are the mean of the ratings they received, which were standardized by school.

Social behavior (Parkhurst & Asher, 1992; Appendix F). Adolescents' social behaviors were assessed using a modified version of Parkhurst and Asher's (1992) social behavior method. Similar to the social acceptance procedure, classmates were given four lists of 75 randomly generated students' names and were asked to identify students based on the following statements: "This person is cooperative, helpful, and does nice things" (*Prosocial*), "This person starts fights, says mean things, and gets mad easily" (*Aggressive*), "This person breaks rules, does things you're not supposed to, and gets into trouble at school" (*Disruptive*), "This person is shy and hangs back" (*Shy*). Adolescents were instructed to select the appropriate response for each student on the roster, with choices of "yes," "no," and "I do not know this person."

Adolescents' social behavior scores were generated by dividing the number of possible nominations they could have received (i.e., the number of rosters their name

appeared on) by the total number of “yes” nominations they received from their peers for each dimension. Then, following the method outlined by Parkhurst and Asher (1992), scores were normalized using an arcsine square-root transformation.

Results

Results are presented in two sections. In the first section, I present descriptive statistics and data reduction information. In the second section, I present the results corresponding to the three study aims and related research questions. In this section, I present the results from regression analyses in which I examined whether (a) family conflict was linked to adolescents’ social acceptance/behavior, (b) adolescents’ internalizing symptoms mediated the links between family conflict and social acceptance/behavior, and (c) parent and/or adolescent gender moderated any of the mediational models. Tables for the results are presented following the results section.

Descriptive Statistics and Data Reduction

Descriptive statistics

Most of the family conflict variables were significantly intercorrelated (see Table 3). For instance, observed adolescent-parent conflict was correlated with individuals’ reports of conflict (r ’s ranging from .20 to .44). In addition, mothers’ and fathers’ reports of conflict with their adolescents were highly correlated $r(145) = .59, p < .001$, as were adolescents’ reports of conflict with their mothers and fathers $r(151) = .81, p < .001$. Mothers’ and fathers’ reports of marital conflict were also highly correlated $r(159) = .66, p < .001$.

Similarly, adolescents’ symptoms, social acceptance, and social behavior variables were correlated in expected ways (see Tables 4-6). For instance, adolescents’

social acceptance scores were highly correlated with peer reports of prosocial behavior, $r(178) = .68, p < .001$, and adolescents' prosocial behavior was negatively correlated with aggressive behavior $r(178) = -.78, p < .001$. Two adolescent gender differences were found for the social behaviors: girls were more prosocial than boys, $r(178) = -.18, p < .05$, and boys were more disruptive than girls, $r(178) = .28, p < .001$. These correlations are consistent with peer sociometric nomination scores from other samples (e.g., Cassidy & Asher, 1992).

Data Reduction

Data from the adolescent-parent observational task were combined by creating total scores for each dyad from the individual scales. All adolescent and mother scales were highly correlated, (r 's ranging from $-.42$ to $.81$, all p 's $< .001$). Similarly, adolescent and father scale scores were all highly correlated in expected ways (r 's ranging from $-.22$ to $.71$, all p 's $< .001$). Adolescent-mother and adolescent-father dyads each received a summary score that was created by totaling the scale scores for individuals' behaviors during the conflict task (secure base use/provision and open communication were reverse-scored). Thus, higher observed conflict scores indicated greater negative behaviors during the task.

Mothers' and fathers' scores on the Couple Conflicts and Problem-Solving Strategies questionnaire were examined using factor analysis. Scores for two of the seven scales (i.e., avoidance and resolution scales) were omitted from the factor analysis due to low internal consistency (reliability ranged from $.50$ to $.58$). The remaining scales (frequency/severity, cooperation, verbal aggression, physical aggression, and child involvement) were significantly intercorrelated (r 's for mothers' reports ranging from -

.31 to .69, and r 's for fathers' reports ranging from -.69 to .77, all p 's < .001). For instance, mothers' and fathers' reports of frequency of conflict were both correlated with reports of cooperation during conflict ($r = -.46$ and $r = -.56$, respectively). Results from the factor analysis yielded one factor for both mother and father reports of marital conflict, which explained 57 and 64 percent of the variance, respectively (see Table 7).

Study Aims and Principal Research Questions

Because controlling for familywise error reduces statistical power and is used inconsistently across the research literature (O'Keefe, 2003), I set a standard alpha level of $p = .05$ for the analyses presented below.

Study Aim 1: Links between Family Conflict and Adolescents' Social Acceptance and Social Behavior

I conducted the following regression analyses to test whether two aspects of family conflict, parent-child conflict and marital conflict, were linked to several indices of peer relationships, including social acceptance and social behavior. I included adolescent gender in all analyses; only significant gender interactions are reported. Results are presented below and are organized by the type of family conflict.

Adolescent-mother conflict. I used 15 regression analyses to examine links between adolescent-mother conflict and adolescents' social functioning; twelve of the fifteen regression analyses were significant (see Table 8). *Mothers'* reports of parent-child conflict were linked to adolescents' social acceptance, prosocial behavior, aggressive behavior, and disruptive behavior. Mothers' report of conflict was not linked to adolescents' shy behavior. Similarly, *adolescents'* report of conflict with mothers was linked to peer-reported social acceptance, prosocial behavior, aggressive behavior, and

disruptive behavior. The link between adolescent-reported conflict with mothers and adolescents' shy behavior was moderated by adolescent gender, such that the link existed for adolescent girls only. *Observed* adolescent-mother conflict was linked to adolescents' prosocial, aggressive, disruptive, and shy behavior, but was not linked to adolescents' social acceptance.

Adolescent-father conflict. Similarly, I examined links between adolescent-father conflict and adolescents' social functioning using 15 regression analyses; six of the fifteen regressions were significant (see Table 8). *Father*-reported parent-child conflict was linked to adolescents' prosocial behavior and aggressive behavior, but was not linked to adolescents' social acceptance or shy behavior. The link between father-reported parent-child conflict and adolescents' disruptive behavior was moderated by adolescent gender, such that the link existed for adolescent boys only. *Adolescents'* report of conflict with fathers, however, was not linked to any measure of social acceptance or social behavior. *Observed* adolescent-father conflict was linked to adolescents' prosocial behavior, aggressive behavior, and disruptive behavior, but was not linked to shy behavior or social acceptance.

Marital conflict. I computed 10 regression analyses to examine connections between marital conflict and adolescents' social functioning (5 for mother-reported marital conflict and 5 for father-reported marital conflict). Mothers' and fathers' reports of marital conflict were not linked to adolescents' social acceptance or social behavior (see Table 9).

Additive and interactive effects. In order to examine whether there were any additive or interactive effects of adolescent-mother and adolescent-father conflict on

adolescents' social acceptance and social behavior, I conducted hierarchical multiple regression analyses. No additive or interactive effects of adolescent-mother and adolescent-father conflict were found (all p 's > .05). I did not test for additive effects using marital conflict because the links between marital conflict and adolescents' social acceptance and social behavior were not significant. As was the case with adolescent-parent conflict, no interactive effects of marital conflict were found (all p 's > .05).

Study Aim 2: Adolescents' Internalizing and Global Symptoms as Mediators of the Links between Family Conflict and Social Acceptance and Behavior

I conducted mediational analyses in order to examine whether adolescents' depressive symptoms mediated the link between family conflict and social acceptance and social behavior. When an indicator of family conflict (i.e., parent-child conflict or marital conflict) was significantly linked to an indicator of peer relationship quality (i.e., social behavior or social acceptance), I tested for mediation using Baron and Kenny's (1986) method, which requires the following three criteria: (a) a significant link exists between family conflict and adolescents' depressive symptoms, (b) a significant link exists between adolescents' depressive symptoms and the indicator of peer relationship quality after controlling for the effect of family conflict, and (c) the link between family conflict and the indicator of peer relationship quality is eliminated after controlling for the effects of adolescents' depressive symptoms. When family conflict was not significantly linked to an indicator of peer relationship quality, I tested for mediation using Kenny, Kashy, and Bolger's (1998) update of Baron and Kenny's (1986) method for establishing mediation. According to Kenny et al. (1998), tests for mediation are valid even when a predictor variable is not linked to an outcome variable; such an

examination is appropriate for instances when one might expect only a distal association between predictor and outcome variables.

In the remainder of this section, I present analyses for the examination of adolescent-reported depressive symptoms as a mediator of the links between parent-reported family conflict and adolescents' peer-reported social acceptance and behavior. First, I present the links between family conflict and adolescents' depressive symptoms (paths A1 and A2 for the test of mediation; see Figure 1). Next, I present the significant mediational analyses, which are organized by the type of family conflict in the analysis. Finally, I present the mediational analyses for the alternate conceptual model (see Figure 2).

Links between family conflict and adolescents' depressive symptoms. Both mothers' and fathers' reports of both parent-child and marital conflict were linked to adolescents' depressive symptoms (see Table 10). Neither observed adolescent-mother nor observed adolescent-father conflict was linked to adolescents' depressive symptoms; thus, all further analyses include *reports* of conflict (and not *observations* of conflict) as the predictor variables. In order to minimize inflated results from shared method variance, I excluded adolescents' reports of parent-child conflict.

Adolescents' depressive symptoms as a mediator of the links between parent-child conflict and adolescents' social acceptance and behavior. I conducted 10 mediational analyses (5 with adolescent-mother conflict and 5 with adolescent-father conflict) to examine whether adolescents' depressive symptoms mediated the links between parent-child conflict and the 5 indices of adolescents' social functioning. Adolescents' depressive symptoms mediated the links between both mothers' and fathers' reports of

parent-child conflict and adolescents' social acceptance (see Table 11). I conducted two Sobel tests to determine whether depressive symptoms fully or partially mediated each of these links; in both cases, depressive symptoms fully mediated the links between parent-child conflict and adolescents' social acceptance ($z = -1.85, p < .05$ for adolescent-mother conflict and $z = -1.64, p = .05$ for adolescent-father conflict). The remaining eight mediational analyses, in which adolescents' depressive symptoms were examined as a mediator for the links between parent-child conflict and adolescents' social behaviors, were not significant.

Adolescents' depressive symptoms as a mediator of the links between marital conflict and adolescents' social acceptance and social behavior. Similarly, I conducted 10 mediational analyses (5 with maternal reports of marital conflict and 5 with paternal reports of marital conflict) to assess whether adolescents' depressive symptoms mediated the links between marital conflict and the 5 indices of adolescents' social functioning. As was the case with the parent-child conflict mediational analyses, adolescents' depressive symptoms mediated the links between mothers' and fathers' reports of marital conflict and adolescents' social acceptance (see Table 12). Sobel tests revealed that depressive symptoms fully mediated both models ($z = -2.22, p < .05$ for mother-reported marital conflict and $z = -1.75, p < .05$ for father-reported marital conflict). In addition, adolescents' depressive symptoms mediated the links between mother-reported marital conflict and two social behaviors, including adolescents' prosocial and disruptive behaviors. Sobel tests confirmed that adolescents' depressive symptoms fully mediated the connections between mother-reported (but not father-reported) marital conflict and adolescents' prosocial behavior and disruptive behavior ($z = -2.02, p < .05$ for prosocial

behavior and $z = 1.73, p < .05$ for disruptive behavior). The six remaining mediational analyses were not significant.

Alternate conceptual model. Finally, I tested an alternate conceptual model (see Figure 2). As described earlier, it could be that adolescents' negative peer experiences lead to various forms of symptomatology, and these increased symptoms contribute to greater levels of family conflict. Thus, I tested an alternate model where peer experiences and adolescents' depressive symptoms predicted family conflict.

I used only adolescents' social acceptance as the predictor variable for this alternate model and did not use adolescents' social behaviors because the latter were not linked to their depressive symptoms (see Table 13). Adolescents' depressive symptoms mediated the link between social acceptance and mothers' and fathers' reports of parent-child conflict (see Table 14). Sobel tests revealed that adolescents' depressive symptoms fully mediated both links ($z = -1.97, p < .05$ for adolescent-mother conflict and $z = -1.89, p < .05$ for adolescent-father conflict). In addition, adolescents' depressive symptoms fully mediated the links between social acceptance and mothers' and fathers' reports of marital conflict (Sobel tests: $z = -2.17, p < .05$ for mother-reported marital conflict and $z = -1.79, p < .05$ for father-reported marital conflict).

Study Aim 3: Adolescent Gender as a Moderator of the Mediational Models

The first step in establishing moderated mediation was to determine whether any links between family conflict and adolescents' depressive symptoms were moderated by gender. Gender did not moderate any of the links between family conflict and

adolescents' depressive symptoms (all p 's > .05)². Thus, no moderated mediation existed for this sample.

² I conducted regression analyses to determine whether any links between adolescents' depressive symptoms and social acceptance/behavior were moderated by gender. No gender differences were found (all p 's > .05).

Table 2

Intraclass Correlation Coefficients for Mother, Father, Adolescent with Mother, and Adolescent with Father Scales on the Conflict Observational Task

Scale	Intraclass Correlation Coefficient
Secure Base Use/Provision	
Mother	.76
Father	.83
Adolescent with Mother	.83
Adolescent with Father	.79
Hostility	
Mother	.83
Father	.84
Adolescent with Mother	.82
Adolescent with Father	.81

Table 3

Intercorrelations and Descriptive Statistics for Adolescent Gender and Family Conflict

<i>Variable</i>	<i>M</i>	<i>SD</i>	1	2	3	4	5	6	7	8	9
1. Adolescent Gender	-	-	-	-.01	.03	-.10	-.06	-.04	.12	-.14*	-.14*
2. Maternal Report of Parent-Child Conflict	34.90	9.77	-		.59***	.55***	.44***	.44***	.26**	.14	.23**
3. Paternal Report of Parent-Child Conflict	35.03	11.12			-	.47***	.49***	.34***	.35***	.16*	.35***
4. Adolescent Report of Adolescent-Mother Conflict	36.26	10.16				-	.81***	.38***	.20**	.07	.21**
5. Adolescent Report of Adolescent-Father Conflict	32.44	9.98					-	.27***	.23**	.06	.11
6. Observed Adolescent-Mother Conflict	9.68	4.48						-	.47***	.11	.17*
7. Observed Adolescent-Father Conflict	9.59	3.98							-	.05	.11
8. Maternal Report of Marital Conflict	7.69	11.81								-	.66***
9. Paternal Report of Marital Conflict	7.75	12.37									-

Note. *N*'s range from 141 to 181 as a function of missing data. Adolescent gender coded as 1 = *female* and 2 = *male*. * $p < .05$. ** $p <$

.01. *** $p < .001$.

Table 4

Intercorrelations and Descriptive Statistics for Adolescent Gender, Depressive Symptoms, Social Acceptance, and Social Behavior

<i>Variable</i>	<i>M</i>	<i>SD</i>	1	2	3	4	5	6	7
1. Adolescent Gender	-	-	-	-.12	.00	-.18*	.13	.28***	-.05
2. Adolescent Depressive Symptoms	9.80	6.32		-	-.21**	-.11	.080	.12	.03
3. Adolescent Social Acceptance	-	-			-	.68***	-.49***	-.18*	-.20**
4. Adolescent Prosocial Behavior	-	-				-	-.78***	-.56***	.19*
5. Adolescent Aggressive Behavior	-	-					-	.61***	-.46***
6. Adolescent Disruptive Behavior	-	-						-	-.54***
7. Adolescent Shy Behavior	-	-							-

Note. *N*'s range from 173 to 178 as a function of missing data. Adolescent gender coded as 1 = *female* and 2 = *male*. * $p < .05$. ** $p < .01$. *** $p < .001$.

Table 5

Intercorrelations and Descriptive Statistics for Adolescent Girls' Depressive Symptoms, Social Acceptance, and Social Behavior

<i>Variable</i>	<i>M</i>	<i>SD</i>	1	2	3	4	5	6
1. Adolescent Depressive Symptoms	10.39	6.51	-	-.17*	-.14	.14	.23**	-.044
2. Adolescent Social Acceptance	-	-	-	-	.69***	-.48***	-.23**	-.14
3. Adolescent Prosocial Behavior	-	-	-	-	-	-.77***	-.56***	.30**
4. Adolescent Aggressive Behavior	-	-	-	-	-	-	.63***	-.55***
5. Adolescent Disruptive Behavior	-	-	-	-	-	-	-	-.60***
6. Adolescent Shy Behavior	-	-	-	-	-	-	-	-

Note. *N*'s range from 109 to 112 as a function of missing data. * $p < .05$. ** $p < .01$. *** $p < .001$.

Table 6

Intercorrelations and Descriptive Statistics for Adolescent Boys' Depressive Symptoms, Social Acceptance, and Social Behavior

<i>Variable</i>	<i>M</i>	<i>SD</i>	1	2	3	4	5	6
1. Adolescent Depressive Symptoms	8.81	5.89	-	-.30**	-.14	-.011	-.058	.14
2. Adolescent Social Acceptance	-	-	-	-	.71***	-.52***	-.15	-.30**
3. Adolescent Prosocial Behavior	-	-	-	-	-	-.77***	-.52***	-.04
4. Adolescent Aggressive Behavior	-	-	-	-	-	-	.58***	-.28*
5. Adolescent Disruptive Behavior	-	-	-	-	-	-	-	-.49***
6. Adolescent Shy Behavior	-	-	-	-	-	-	-	-

Note. *N*'s range from 64 to 66 as a function of missing data. * $p < .05$. ** $p < .01$. *** $p < .001$.

Table 7

Factor Analysis of Couple Conflicts and Problem Solving Strategies

Scale	<u>Maternal Report</u>	<u>Paternal Report</u>
	Loadings for Factor 1	Loadings for Factor 1
Frequency/Severity	.75	.79
Cooperation	-.72	-.78
Verbal Aggression	.88	.91
Physical Aggression	.62	.63
Child Involvement	.80	.86
Factor statistics		
Eigenvalue	2.86	3.19
Variance Explained (%)	57	64

Note. The one-factor solutions were selected on the basis of a cutoff criterion of eigenvalues greater than or equal to 1.

Table 8

*Summary of Regression Analyses for the Prediction of Adolescents' Social Acceptance
and Social Behavior from Parent-Child Conflict*

Mother-Child Conflict	<i>B</i>	β	<i>sr</i> ²	Father-Child Conflict	<i>B</i>	β	<i>sr</i> ²
<u>Maternal Report</u>				<u>Paternal Report</u>			
Social Acceptance	-.02	-.14*	.02	Social Acceptance	-.01	-.08	.01
Prosocial Behavior	-.01	-.29***	.08	Prosocial Behavior	.00	-.22**	.05
Aggressive Behavior	.01	.24**	.06	Aggressive Behavior	.00	.17*	.03
Disruptive Behavior	.01	.26***	.07	Disruptive Behavior	.00	-.31 ^b	.01
Shy Behavior	.00	-.12	.02	Shy Behavior	.00	-.08	.01
<u>Adolescent Report</u>				<u>Adolescent Report</u>			
Social Acceptance	-.02	-.21**	.04	Social Acceptance	-.01	-.12	.01
Prosocial Behavior	.00	-.20**	.04	Prosocial Behavior	.00	-.10	.01
Aggressive Behavior	.00	.22***	.05	Aggressive Behavior	.00	.10	.01
Disruptive Behavior	.01	.22**	.05	Disruptive Behavior	.00	.09	.01
Shy Behavior	-.01	-.17 ^a	.03	Shy Behavior	.00	-.09	.01
<u>Observed</u>				<u>Observed</u>			
Social Acceptance	.02	.11	.01	Social Acceptance	.01	.03	.00
Prosocial Behavior	.01	-.13*	.02	Prosocial Behavior	.01	-.14*	.02
Aggressive Behavior	.01	.14*	.02	Aggressive Behavior	.01	.13*	.02
Disruptive Behavior	.01	.13*	.02	Disruptive Behavior	.01	.22**	.05
Shy Behavior	-.01	-.16*	.03	Shy Behavior	-.01	-.12	.01

Note. ^aThe link between adolescents' reports of adolescent-mother conflict and their shy behavior was moderated by adolescent gender, such that the link existed for girls only.

^bThe link between fathers' report of adolescent-father conflict and adolescents' disruptive behavior was moderated by adolescent gender, such that the link existed for boys only.

* $p < .05$. ** $p < .01$. *** $p < .001$.

Table 9

Summary of Regression Analyses for the Prediction of Adolescents' Social Acceptance and Social Behavior from Marital Conflict

<u>Maternal Report</u>	<i>B</i>	β	<i>sr</i> ²	<u>Paternal Report</u>	<i>B</i>	β	<i>sr</i> ²
Social Acceptance	.01	-.08	.00	Social Acceptance	.00	.08	.00
Prosocial Behavior	.00	.07	.00	Prosocial Behavior	.00	.01	.00
Aggressive Behavior	.00	-.04	.00	Aggressive Behavior	.00	.08	.01
Disruptive Behavior	.00	-.06	.00	Disruptive Behavior	.00	.04	.00
Shy Behavior	.00	.04	.00	Shy Behavior	.00	-.04	.00

Table 10
*Regression Analysis Summary for the Prediction of Adolescents' Depressive Symptoms
 from Parent-Child and Marital Conflict*

Variable	<i>B</i>	β	sr^2
Maternal Report of Parent-Child Conflict	.16	.24**	.06
Paternal Report of Parent-Child Conflict	.12	.21**	.05
Observed Adolescent-Mother Conflict	.15	.11	.01
Observed Adolescent-Father Conflict	.06	.04	.00
Maternal Report of Marital Conflict	.14	.26***	.07
Paternal Report of Marital Conflict	.11	.22**	.05

Note. ** $p < .01$. *** $p = <.001$.

Table 11

Regressions Examining the Role of Adolescents' Depressive Symptoms as a Mediator of the Links Between Parent-Child Conflict and Adolescents' Social Acceptance

Regression	β	R^2	ΔR^2
Regression 1: Social Acceptance			
Step 1: Maternal Report of Parent-Child Conflict	-.16	.03*	
Step 2: Maternal Report of Parent-Child Conflict	-.10		
Adolescents' Depressive Symptoms	-.21**	.07**	.04**
Regression 2: Social Acceptance			
Step 1: Paternal Report of Parent-Child Conflict	-.08	.01	
Step 2: Paternal Report of Parent-Child Conflict	-.04		
Adolescents' Depressive Symptoms	-.19*	.04*	.03*

Note. * $p < .05$. ** $p < .01$.

Table 12

Regressions Examining the Role of Adolescents' Depressive Symptoms as a Mediator of the Links Between Marital Conflict and Adolescents' Social Acceptance/Behavior

Regression	β	R^2	ΔR^2
<u>Regression 1: Social Acceptance</u>			
Step 1: Maternal Report of Marital Conflict	.06	.00	
Step 2: Maternal Report of Marital Conflict	.12		
Adolescents' Depressive Symptoms	-.23**	.05**	.05**
<u>Regression 2: Social Acceptance</u>			
Step 1: Paternal Report of Marital Conflict	-.03	.00	
Step 2: Paternal Report of Marital Conflict	.01		
Adolescents' Depressive Symptoms	-.18*	.03*	.03*
<u>Regression 3: Prosocial Behavior</u>			
Step 1: Maternal Report of Marital Conflict	.07	.01	
Step 2: Maternal Report of Marital Conflict	.11		
Adolescents' Depressive Symptoms	-.15*	.03*	.02*
<u>Regression 4: Prosocial Behavior</u>			
Step 1: Paternal Report of Marital Conflict	.00	.00	
Step 2: Paternal Report of Marital Conflict	.00		
Adolescents' Depressive Symptoms	.00	.01	.01
<u>Regression 5: Disruptive Behavior</u>			
Step 1: Maternal Report of Marital Conflict	-.05	.00	
Step 2: Maternal Report of Marital Conflict	-.09		
Adolescents' Depressive Symptoms	-.17*	.03*	.03*
<u>Regression 6: Disruptive Behavior</u>			
Step 1: Paternal Report of Marital Conflict	.00	.00	
Step 2: Paternal Report of Marital Conflict	.00		
Adolescents' Depressive Symptoms	.01	.01	.01

Note. * $p < .05$. ** $p < .01$.

Table 13

Regression Analysis Summary for the Prediction of Adolescents' Depressive Symptoms from Adolescents' Social Acceptance and Social Behavior

Variable	<i>B</i>	B	<i>sr</i> ²
Social Acceptance	-1.22	-.21**	.04
Prosocial Behavior	-3.70	-.11	.01
Aggressive Behavior	2.29	.08	.01
Disruptive Behavior	2.90	.12	.01
Shy Behavior	.57	.03	.00

Note. ** $p < .01$.

Table 14

Regressions Examining the Role of Adolescents' Depressive Symptoms as a Mediator of the Links Between Adolescents' Social Acceptance and Family Conflict

Regression	β	R^2	ΔR^2
Regression 1: Maternal Report of Parent-Child Conflict			
Step 1: Adolescents' Social Acceptance	-.16	.03	
Step 2: Adolescents' Social Acceptance	-.10		
Adolescents' Depressive Symptoms	.24**	.08**	.05**
Regression 2: Paternal Report of Parent-Child Conflict			
Step 1: Adolescents' Social Acceptance	-.08	.01	
Step 2: Adolescents' Social Acceptance	-.04		
Adolescents' Depressive Symptoms	.23**	.06**	.05**
Regression 3: Maternal Report of Marital Conflict			
Step 1: Adolescents' Social Acceptance	.06	.00	
Step 2: Adolescents' Social Acceptance	.12		
Adolescents' Depressive Symptoms	.28***	.08***	.07***
Regression 4: Paternal Report of Marital Conflict			
Step 1: Adolescents' Social Acceptance	-.03	.00	
Step 2: Adolescents' Social Acceptance	.01		
Adolescents' Depressive Symptoms	.19*	.04*	.04*

Note. * $p < .05$. ** $p < .01$. *** $p < .001$.

Discussion

The purpose of the present study was to investigate links between family conflict and adolescents' social acceptance and social behavior. In addition, this study allowed for the examination of whether adolescents' depressive symptoms mediated the links between family conflict and adolescents' social acceptance and social behavior, and whether these links and mechanisms differ as a function of adolescent or parent gender. This investigation advances current research on links between family conflict and peer relationships in several ways. First, this study is the first to explore within the same study the links between both marital and parent-child conflict and adolescents' peer acceptance and social behavior. Second, previous research has largely ignored the role of fathers when investigating links between family conflict and adolescents' peer relationships. This is the first study to examine how both self-reported and observed adolescent-father conflict is linked to adolescents' social relationships. Third, adolescents' depressive symptoms were examined for the first time as a possible mediator of the links between family conflict and peer relationships. Finally, the present study advances current research by examining the roles of parent and adolescent gender, allowing for the identification of how conflict in particular dyads (e.g., father-daughter or mother-son) is linked to adolescents' social acceptance and behavior.

Parent-Child Conflict and Adolescents' Problematic Social Functioning

The present investigation examined links between parent-child conflict and adolescents' social functioning using 30 regression analyses; 18 of the 30 analyses were statistically significant in showing a connection between parent-child conflict and adolescents' social acceptance and behavior. A strong pattern emerged for links between

adolescent-mother conflict and adolescents' social acceptance and behavior: Adolescent-mother conflict (assessed by mothers' and adolescents' reports) was linked to adolescents' decreased social acceptance and prosocial behavior, and increased aggressive and disruptive behavior. Observed adolescent-mother conflict was similarly linked to adolescents' prosocial, aggressive, and disruptive behavior. Only adolescents' shy behavior was not reliably predicted from reports of adolescent-mother conflict. These findings are consistent with previous research that has identified a connection between adolescent-mother conflict and adolescents' aggressive and disruptive behaviors (Ingoldsby et al., 2006; McCabe et al., 1999; Patterson et al., 1998; Vuchinich et al., 1992). It may be that adolescents learn negative patterns of behavior during interactions with their mothers, and these behaviors are then used when interacting with peers (e.g., hostile behavior). Similarly, it is possible that adolescents who frequently argue with their mothers use negative internal representations, developed over years of conflictual interactions with their mothers, to guide their behavior in the peer group.

Similarly, links emerged between adolescent-father conflict and adolescents' social functioning. Both father-reported conflict and observed conflict were linked to adolescents' decreased prosocial behavior and increased aggressive and disruptive behavior. Moreover, as was the case with adolescent-mother conflict, adolescent-father conflict was not linked to adolescents' shy behavior. Unlike adolescent-mother conflict, however, father-reported conflict and observed adolescent-father conflict were not linked to adolescents' social acceptance. The lack of a connection between adolescent-father conflict and adolescents' social acceptance is surprising in light of the significant intercorrelations among adolescents' social acceptance and social behaviors. The

connections between observed adolescent-father conflict behavior and peer-observed social behavior highlight the consistency of adolescents' interactions across contexts. Future research with observations of adolescent-father dyads and peers may provide additional information about why significant links existed between adolescent-father conflict and social behavior but not social acceptance.

In contrast to *fathers'* report and *observed* adolescent-father conflict, it is striking that *adolescents'* report of conflict with their fathers was not linked to their social behavior or their social acceptance, despite the significant correlation between adolescents' and fathers' reports of conflict, $r(159) = .49, p < .001$. It may be that adolescents and fathers reported about qualitatively different aspects of adolescent-father conflict; the aspect of conflict on which adolescents focused was not linked to adolescents' social outcomes in this sample. These discrepant reports not only highlight the importance of multiple assessments and methods for examining adolescent-father conflict (see De Los Reyes & Kazdin, 2005, for a review), but also raise questions about the ways in which adolescents perceive conflict with their fathers. Further examination of adolescents' perceptions of conflict may shed light on why adolescents' reports of adolescent-father conflict were not linked to adolescents' social behaviors.

The pattern of findings discussed above suggests that different methodologies used to assess conflict (i.e., self-reports and observations) may lead to different conclusions about the links between conflict and adolescents' peer relationships. For both adolescent-mother and adolescent-father dyads, observed conflict provided consistent information about adolescents' prosocial, aggressive, and disruptive social behaviors. Yet on the other hand, observed conflict did not predict adolescents' social acceptance. As previous

research has shown, some children are socially accepted despite the presence of negative social behaviors (e.g., aggression; Coie & Dodge, 1998). It may be that adolescents with high levels of adolescent-parent conflict display negative social behaviors without losing social acceptance. Self-reports of conflict, however, at least in relation to adolescent-mother conflict, were related to adolescents' social acceptance.

Certain family-peer links were nonexistent, regardless of the methodologies used to assess conflict. Specifically, adolescents' shy behavior was not linked to parent-child conflict. One possible reason for this lack of connection is that peers may be unreliable reporters of adolescents' shy behavior, resulting in shy nomination scores that do not reflect adolescents' actual shy behavior. In childhood, shy behavior has clear behavioral markers that are readily noted in peer settings (Rubin, Burgess, Kennedy, & Stewart, 2003), but shyness in adolescence may be a heterogeneous construct that is difficult for peers to accurately report. For instance, some adolescents may receive nominations for shyness because they are quiet in large group settings, such as the cafeteria, whereas other adolescents may receive nominations for fearful and unnecessarily timid behavior that they display conspicuously throughout the day. Additional research on peer-reported shyness in adolescence is necessary for determining whether peers are valid reporters of shy behavior. A second possible explanation for the lack of connection between parent-child conflict and shyness is that adolescents' shy behavior might reflect a dispositional quality about the individual that is independent of the presence of adolescent-parent conflict. By following children prospectively through adolescence, researchers can separate the temperamental and environmental influences of adolescents' shy behavior.

The present study also revealed that no additive or interactive effects existed in relation to adolescent-mother and adolescent-father conflict. Although it could have been the case that having conflict with two parents would be linked to worse outcomes compared to having conflict with only one parent, analyses revealed that either adolescent-mother or adolescent-father conflict alone was linked to adolescents' aggressive, disruptive, and prosocial behaviors. In the present sample, it may be that adolescent-mother and adolescent-father conflict explain overlapping variance in adolescents' social acceptance and social behavior, and indeed, mothers' report of conflict with their adolescents was correlated with fathers' report of conflict with their adolescents $r(141) = .59, p < .001$. The majority of previous research has examined conflict with only mothers or only fathers, so it will be important in future research studies of adolescent-mother and adolescent-father conflict to examine potential additive effects of parent-child conflict on adolescents' peer relationships.

Finally, it is interesting to note almost all of the links between parent-child conflict and adolescents' social acceptance and social behavior existed equally for adolescent boys and girls. Even though mothers and fathers have unique relationships with their sons and daughters (see Grotevant, 1998, for a review), the present study did not identify differential outcomes for particular dyads as a function of parent-child conflict. As noted earlier, previous research that has investigated the links between parent-child conflict and children's peer relationships often has examined only boys or only girls (e.g., Ingoldsby et al., 2006; Lindsey et al., 2006; MacKinnon-Lewis & Lofquist, 1996; Patterson et al., 1998), making it difficult to generalize across adolescent gender about the connections between adolescent-parent conflict and peer relationships.

In studies where outcomes of parent-child conflict were examined for both adolescent boys and girls (Paley et al., 2000), few gender differences were reported. Additional research is necessary to compare the effects of adolescent-parent conflict for specific adolescent-parent dyads.

The mediating role of adolescents' depressive symptoms. As expected, the present study identified a link between adolescent-parent conflict and adolescents' depressive symptoms, a robust finding that is supported by a large body of research (e.g., Cole & McPherson, 1993; Sheeber et al., 2007; see Figure 1, path A2). Moreover, the finding that adolescents' depressive symptoms were linked to their social acceptance is consistent with previous research (Prinstein et al., 2005; Sweeting et al., 2006). This study extends research from these previous studies by showing that adolescents' depressive symptoms mediated the links between both adolescent-mother and adolescent-father conflict and adolescents' social acceptance. According to Parke and colleagues (Parke & O'Neil, 1999), children learn affective management skills through experiences with their parents, and these emotion regulation skills are necessary for social competence in the peer group. In the present sample, it may be that adolescents' decreased social acceptance reflects their inability to manage negative emotions (i.e., depressive symptoms) experienced during interactions with their parents. In contrast, adolescents' depressive symptoms did not mediate the links between parent-child conflict and adolescents' social behaviors. It may be that another mechanism, such as adolescents' cognitive appraisals or social learning of conflict behaviors, better explains the links between parent-child conflict and adolescents' social behaviors (Grych & Fincham, 1990; Dodge et al., 1990).

Marital Conflict and Adolescents' Problematic Social Functioning

This study also adds to current research on links between marital conflict and adolescents' peer relationships. To date, only a handful of studies have investigated adolescents' peer outcomes as a function of marital conflict (e.g., Goodman et al., 1999; Long et al., 1987). Contrary to previous findings with both adolescents and children, results from the present study revealed no *direct* links between mothers' and fathers' reports of marital conflict and adolescents' peer relationships. Because the majority of studies examining links between marital conflict and peer relationships have focused on children (Du Rocher Schudlich et al., 2004; Emery & O'Leary, 1984; MacKinnon-Lewis & Lofquist, 1996), future work should continue to examine the links between marital conflict and adolescents' peer relationships.

Several factors could account for the lack of a direct connection between marital conflict and adolescents' social acceptance and social behavior. First, it could be that compared to children, adolescents witness less marital conflict because they spend more time outside the family (Larson & Richards, 1991). Second, it is possible that the present study revealed no direct links between marital conflict and peer relationships as a result of the methods used to assess marital conflict. Parents' reports of marital conflict likely reflect both conflicts witnessed by the whole family and private conflicts between parents alone; perhaps parents' reports, although more comprehensive than other reporters, are less useful when examining the connection between marital conflict and adolescents' social functioning because adolescents might be influenced by only the marital conflict they witness. Discrepancies between parent and adolescent reports of marital conflict would be especially likely to occur if parents discussed disagreements in private and

thoroughly resolved the issue without involving adolescents or other family members. When examining connections between marital conflict and peer relationships, researchers may need to consider additional methods of assessment for conflict (e.g., observations or adolescent reports). For instance, observations of marital conflict would allow for the examination of whether certain conflict strategies in the marriage are mirrored in adolescents' peer relationships. Additional research on the link between marital conflict and peer relationships studying families with a wider range of marital conflict and using multiple methods is warranted.

The mediating role of adolescents' depressive symptoms. In contrast to the lack of direct links, adolescents' depressive symptoms mediated four out of ten indirect links between both mothers' and fathers' reports of marital conflict and adolescents' social acceptance, and between mothers' reports of marital conflict and adolescents' prosocial and disruptive behavior. These findings are supported by a large body of literature that has linked marital conflict to adolescents' psychological maladjustment (Davies & Cummings, 1998; Grych et al., 2004). Rather than directly affecting adolescents' peer relationships, perhaps marital conflict acts as a subtle dampening of adolescents' mood, which in turn negatively affects their interactions in the peer group. Even though marital conflict appeared to be unrelated to adolescents' social acceptance and social behavior, these mediational analyses indicate that adolescents living in homes with greater levels of marital conflict are not immune from the negative effects of conflict.

Model Comparisons: Predicting Family Conflict from Adolescents' Social Acceptance

One benefit of this study's cross-sectional design was the ability to examine whether the interconnections among family conflict, adolescents' depressive symptoms,

and peer-reported social acceptance and behavior support a different conceptual model (that is, whether social acceptance and adolescents' depressive symptoms could predict conflict in the family; see Figure 2). All four mediational analyses indicated that adolescents' depressive symptoms fully mediated the links between adolescents' social acceptance and family conflict (assessed using mother and father reported marital and parent-child conflict). The disadvantage of cross-sectional investigations, of course, is the inability to make causal claims about the interconnections among the variables, rendering it impossible to decide which model is a better depiction of family-peer linkages in adolescence. Regardless, these findings raise interesting conceptual questions about family-peer linkages. For instance, is it the case that family problems predict problems at school with peers, or is it more likely that problems in the peer group predict how much conflict occurs at home? It is possible that transactional processes exist, such that problems in any given social world (family or peer) would necessitate trouble in the other. Longitudinal research is critical for identifying the causal pathways for the connections among family conflict, adolescents' depressive symptoms, and peer relationships in adolescence.

Limitations and Future Directions

Even though the present findings offer new insight into the links between family conflict and peer relationships in adolescence, this work can be extended in several important ways. As noted earlier, the sample for the current study included middle-class, intact families. It may be that the links between conflict and peer relationships might differ in families with more variability in socioeconomic status, marital status, and stress. In addition, other components of the marital relationship, such as happiness with one's

spouse and general satisfaction with current conflict strategies, may provide better information about the nature of conflict in the relationship.

Similarly, because this study was conducted using a community sample, many adolescents reported low to moderate depressive symptoms. Future research should incorporate samples of families and adolescents with a wider range of psychological functioning. In the present sample, only 15% of the adolescents were 1 standard deviation above the mean, indicating that almost all adolescents had low depressive symptoms. Future research examining adolescents with significant levels of depressive symptoms may yield different connections among conflict, symptoms, and problematic peer relationships. In addition, examination of other forms of psychological maladjustment may prove to be useful for understanding the links between family conflict and adolescents' peer relationships. For instance, externalizing or anxious symptoms might mediate the links between family conflict and adolescents' aggressiveness; indeed, previous research has shown that highly anxious adolescent girls are more likely to seek excessive reassurance from peers, a behavior that decreases the quality of the peer interactions over time (Stice et al., 2004).

As noted earlier, the current study incorporates the use of a cross-sectional design, and no statements of causality can be made from the present findings. Future work should address family-peer linkages using longitudinal, prospective designs. By examining connections among conflict, adolescents' psychological symptoms, and peer relationships over time, future work will be able to study the temporal order of effects. A longitudinal study would permit the investigation of (a) whether family conflict leads to problematic peer relationships (the primary conceptual model; see Figure 1), (b) whether

problematic peer relationships lead to family conflict (the alternate conceptual model; see Figure 2), or (c) whether a transactional model best explains the connections between family conflict and peer relationships, where problems in either the family or peer domain affect the other domain.

Similarly, longitudinal work will help clarify the role of depressive symptoms regarding the links between family conflict and problems in the peer group. It should be noted that adolescents' depressive symptoms were examined only as a mediator of the links between family conflict and adolescents' social functioning, but it is possible that adolescents' depressive symptoms contributed to the development of both family conflict and problematic peer relationships. Longitudinal research using a sample with greater variance in symptoms would shed light on connections among family conflict, symptoms, and problematic peer relationships.

Another limitation of this study is the large number of regression analyses used to test the hypotheses. Future work using structural equation modeling may circumvent the need to conduct such a large number of regressions by identifying latent variables. I chose not to reduce the number of conflict variables (i.e., I did not use structural equation modeling or factor analysis to reduce the assessments of conflict) because I did not want to lose the ability to examine specific adolescent-parent dyad differences. Although factor scores from a factor analysis would reduce the number of analyses, the use of factor scores would also restrict the ability to test whether dyad-specific links exist between parent-child conflict and adolescents' social acceptance and social behavior.

In the present study, self-reported adolescent-parent conflict consisted of a total frequency of conflict for a variety of everyday sources of disagreement between parents

and adolescents. Future examinations of adolescent-parent conflict should address differences between adolescent-parent dyads who express a large number of minor conflicts versus dyads who have low conflict except for a few major issues; these two examples of dyads could receive comparable conflict scores but might be affected by conflict differently. By examining differences in the total frequency and intensity of conflicts, researchers will be able to examine whether adolescents who have many conflicts with parents are at greater risk for problematic peer relationships, or if the presence of a serious conflict in the adolescent-parent relationship is a more pressing risk for problems with peers.

Future work should address factors that might serve as buffers from the negative effects of family conflict on adolescent adjustment. Previous research has shown that the presence of even one friend confers numerous advantages for adolescents, including reduced psychological maladjustment (e.g., Hodges, Boivin, Vitaro, & Bukowski, 1999). Thus, it may be that the presence of a high quality friend buffers adolescents from the negative effects of conflict in the home. In addition, the quality of adolescents' sibling relationships could provide additional insight into protective and risk factors for adolescents' psychological and social adjustment.

Finally, future examinations of family conflict and peer linkages should use a larger sample size, which would permit investigation of whether dual risk factors in the peer group are linked to worse relationships in the family. For instance, low socially accepted *and* disruptive or aggressive adolescents might engage in greater levels of adolescent-parent conflict, or they might witness a greater level of marital conflict at home. In the present sample, dual risk adolescents accounted for less than 10% of the sample size,

precluding any examination of whether multiple risks in the peer group are related to worse outcomes in the family.

Appendix A

Topics of Conflict Checklist

Below is a list of things that sometimes get talked about at home. Please rate how much *you and your child disagree* on this topic. We are also interested in knowing whether or not you and your child have talked about these topics in the past four weeks. Please circle **yes** for topics that *you and your child have talked about at all* during the past four weeks.

Topic	Do Not Disagree		Disagree Moderately		Disagree Much	
1. Telephone Calls	1	2	3	4	5	Yes
2. Times for going to bed or waking up	1	2	3	4	5	Yes
3. Doing homework	1	2	3	4	5	Yes
4. Helping out around the house (putting things away, chores, etc.)	1	2	3	4	5	Yes
5. Using the television or computer	1	2	3	4	5	Yes
6. Appearance (clothing, hair, etc.)	1	2	3	4	5	Yes
7. Fighting with brothers/sisters	1	2	3	4	5	Yes
8. Money (allowance, jobs, spending, etc.)	1	2	3	4	5	Yes
9. Going places without parents (shopping, movies, concerts, etc.)	1	2	3	4	5	Yes
10. Alcohol or drug use	1	2	3	4	5	Yes
11. Dating	1	2	3	4	5	Yes
12. Friends	1	2	3	4	5	Yes
13. Being on time	1	2	3	4	5	Yes
14. Problems at school (grades, etc.)	1	2	3	4	5	Yes
15. Respecting privacy	1	2	3	4	5	Yes
16. Lying	1	2	3	4	5	Yes
17. Talking back to parents	1	2	3	4	5	Yes
18. Time spent with family	1	2	3	4	5	Yes
19. Smoking	1	2	3	4	5	Yes

Appendix B

THE PARENT CONFLICT TASK SCALES**General Description**

The conflict task scales include 5 (7-point) scales on which various behaviors of the parent are coded. There are 4 parent scales, and a dyadic scale. For each scale, the parent, or dyad receives a score ranging from 1 to 7. The scales are identified below, and then defined in detail on the pages that follow. Since the teen and parents are being coded separately, there are two separate coding manuals. Coders will be asked to learn to code both the teen and parent. As such, coders must be thoroughly familiar with the two manuals.

The parent scales are:

1. Avoidance of Discussing Disagreement.
2. Maintaining Secure Relatedness/Secure Base provision.
3. Autonomous Assertiveness and Clarity of Position.
4. Hostility.

The dyadic scale is:

Open Communication

Omitted Discussion of issue is not a scale, but it is applicable when the dyad spends less than 1 minute discussing a topic.

This coding system drew on the work of Kobak et al. (1993) and Crowell et al. (2002).
Authors: Yair Ziv, Jude Cassidy, and Fatima Ramos-Marcuse
Draft date: October 25, 2002

General procedure

1. There are three possible areas of conflict that the teen and the parent may discuss; but they don't necessarily have to discuss all three. You are to score each conflict separately for all 5 scales using a 7-point rating, or the omitted discussion category using a 0-1 scoring. You are to code only the parent and the dyadic scale. Note the number of conflict topics discussed by each dyad. Record the time (start, end and total time) the dyad spent discussing each issue. In addition, at the end of coding all topics discussed, give a global score for each of the scales. This score is not an average of your other scores, but rather a general overall score for the entire interaction focusing on the person you are assigned to code.

2. Watch each videotaped interaction twice – first to get a general sense of the interaction (watch the entire interaction without stopping the tape), then again focusing mainly on the parent and code all scales, including the open communication scale. You may, however, need to watch each interaction more than twice if you feel you missed something. Start watching and timing immediately after the research assistant leaves the dyad, unless the dyad start talking about something that is not relevant to the task. In this case, start the clock as soon as the dyad begins discussing relevant material.

3. The second time you watch the tape, stop the tape at least every 1 minute or more often as needed to give yourself a chance to take more detailed notes about what you just saw, as well as to flag each scale with some kind of notation denoting evidence or lack of evidence of behaviors fitting of a particular scale. For instance, “(+ = high evidence of behaviors), or (- = low or no evidence of behaviors), or (-/+ = medium evidence of behaviors weighed slightly more on the negative side; +/- = medium evidence of behaviors weighed slightly more on the positive side).” The minute-by-minute notes section of the coding sheet is a good place for you to take notes, but feel free to use additional paper if needed. [If you take notes on an additional sheet of paper, please attach this note sheet to the coding sheet.] Taking notes will help you to remember things that happened during the interaction when you are making your final scores later.

4. Please remember to write your initials and the participant's ID number at the top of each scoring sheet. Write the date the original interaction took place at the top of the scoring sheet, and specify by circling whether parent is a mother or father. Provide a description of the parent (e.g., African-American, short black hair).

5. If the dyad clearly indicates that they have finished with the conflict task discussion (e.g., by saying that they are ending it or by ending it in another way) before the 10-min period is over, please consider the discussion as being over, and indicate on your coding sheet the number of minutes of tape you watched before you stopped coding. However, be careful not to stop watching too early. Many dyads may go off-task for a minute or two, then return to the task. In order to stop watching the tape, the dyad must clearly end the discussion, and you must be completely certain that the dyad is not going to return to the task. You will need to watch the entire interaction once in order to determine whether or not the dyad returns to the task.

Note: Some dyads have slightly longer interactions than 10 minutes, be sure to code the entire interaction, if it is relevant.

6. Coders must have the original checklist ratings (i.e., ratings from the Issues of Disagreement Checklist in which the dyad rated the conflicts) in hand when coding as these ratings are taken into account in the scales. Put the rating the parent provided for each issue on your coding sheet. Also, write the name of the discussion topic on the coding sheet. You will have access to a print out with the original checklist ratings.

Note: To keep things simple, original checklist ratings refer to the checklist ratings provided by the teen and parent and scores are those that you will be giving on the appropriate scales.

7. If the dyad discusses an issue for less than 1 minute, you will have two coding choices: (1) because of insufficient information, do not score the issue using the teen and parent scales. Instead, choose the "omitted discussion of issue" for the respective issue. Score it a zero if the parent originally rated that issue a 2 or less, and then talked about it for less than 1 minute. Score it a one if the parent rated a 3 or more, but again they talked about it

for less than 1 minute. In addition, if the parent originally rated the topic high, but made an attempt at getting the teen to talk about the topic, the parent should get a zero. There needs to be evidence that parent is evading discussion of topic for the parent to receive a score of 1. When the “omitted discussion of issue” is selected, place a N/A (not-applicable) in the other scales boxes. Please take care in watching the entire taped interaction because sometimes dyads may skip a topic (e.g., talk about it for less than a minute) but return to it again later in the interaction.

(2) Code the interaction according to the usual scales only if you feel that there is sufficient information to code. After coding this interaction, however, bring it to consensus meeting.

8. There may be instances when it is not clear whether or not the dyad’s discussion is on the specific topic identified as “the problem”, but what is obvious is that the dyad is discussing an area or areas of conflict. In these instances do not consider veering away from the topic as a way of avoiding discussion.

9. Because of the complicated nature of this coding project, whenever a coder is unsure about a particular score, the coder is encouraged to bring that up for discussion at consensus meetings. All questions are appropriate.

PARENT SCALES

1. MAINTAINING SECURE RELATEDNESS /SECURE BASE PROVISION

The purpose of this scale is to rate the extent to which a parent's non-verbal and verbal behaviors convey a sense of serving as a secure base for the teen. Provision a secure base means that the parent conveys to the teen that even though there is conflict, there is no threat to a basic acceptance or to the relationship. This means that the parent is allowing teen to explore negative, conflictual thoughts and feelings and still have the relationship as an underlying base of support. It also means that the parent does not do anything in anger or frustration to threaten the teen's belief in an underlying availability and acceptance. In other words, the parent stays bigger, stronger, wiser and kind than the teen throughout the interaction.

Evidence of maintaining secure relatedness/secure base provision may be demonstrated in the following examples.

- The coder gets a clear indication that the parent has a genuine interest in the child. Although the parent may also be adamant (insistent) about his/her position, he/she presents his/her position in a caring and respectful way.
- A high score reflects behavior that indicates the parent is actively listening to the teen in a supportive way (or trying hard to do so with an unresponsive teen). The teen's statements are listened to attentively and registered.
- The parent may not accept the teen's statements; nonetheless, the parent displays a general acceptance for the teen (not agreeing with the teen's statements does not lower the scores for maintaining relatedness/secure base provision).
- The parent demonstrates the ability to facilitate the teen to hold on to a sense of basic worthiness.
- In addition, the parent may help the teen feel understood (e.g., "I know you don't like to take out the garbage. But I must ask you to do it anyway

because we live as a family, and you must take on some family related tasks that you don't necessarily like to do").

- Furthermore, the parent fosters teen to feel good about herself/himself. The parent does not retaliate for teen's assertion, aggression or hostility.
- Parents who receive a high score may also make statements that indicate positive shared-meaning. That is, a parent may bring up an example that illustrates special meaning for the dyad. The rater might not understand this meaning, but it is obvious that the two sides share a special understanding of it.
- The coder gets a clear sense that the parent shows awareness of and correctly recognizes the teen's distress, needs, or concerns. The parent shows a willingness and ability to be a good listener and encourages the teen to express his/her thoughts and feelings; and a willingness to be cooperative in the discussion with the teen, but the parent does not necessarily give up the rule. The parent lets teen know that he/she understands that "the rule" upsets him/her (e.g., "I know that it upsets you," "I know you don't think this is fair," "I know you don't like to take out the garbage," "I know you do more than your brothers and sisters.")

Also, this scale should be thought of on a more global level as for instance, the parent may have an issue that is a conflict for the dyad and in this case relatedness would be demonstrated by the parent's ability to allow the teen to freely express what is on his/her mind in regard to the problem and to accept the validity (if not the content) of the teen's statements.

To score above 3 in this scale, the individual must go beyond "courtroom listening." Courtroom listening is attending to what the other says with the goal of arguing back effectively, not with the goal of being supportive in an emotionally meaningful way. Reluctantly conceding a point does not count as supporting the teen. The parent who receives a high score does not shame the teen during the course of the discussion.

Non-Verbal Cues

Behaviors by parent may include:

Maintains high level of eye contact

Face is expressive in response to what teen is saying (e.g., nods, smiles, makes eyebrow movements).

Body is relaxed and open (without arms akimbo or fidgeting)

Body (head, shoulders and trunk) is oriented toward teen

Torso is leaning toward teen

Relaxed arms, hands, and movements accompany supportive statements

Expressive voice (e.g. variations in rhythm and intonation) accompanies supportive statements

Refrains from abruptly interrupting teen while teen is speaking.

Verbal Cues or Statements that Convey Support for Teen

Expresses warmth, concern, or sympathy toward teen

Acknowledges what teen is saying or trying to say

May incorporate teen's ideas into constructive suggestions, statements, or inquiries

Allows teen to express his/her views

May compliment teen

May display positive mind-reading (i.e. attributes thoughts, feelings or motives that

facilitates teen's expressing his or her views or reasons)

Minimizes or disagrees with teen's self-deprecating statements

May ask questions or makes statements that encourage the teen to voice his or her views and reasons.

May display attunement toward what teen is saying

May use language that indicates like-mindedness (e.g., discussion that leaves the coder thinking that this dyad has had numerous such discussions and that differences of opinion do not disrupt positive relatedness)

Note: Asking a general question such as "Well, what do you want to say about this topic?" or saying "This is a problem because you don't pay any attention to what we tell

you” does not usually convey much interest or support. Context and tone of voice should be considered in determining whether a question in particular conveys support for the teen to express his or her views.

7. Parent is Very Supportive of Teen and Consistently Maintains a Very High Level of Secure Relatedness/Secure Base Provision

The parent consistently displays non-verbal cues that indicate supportive listening: The face is expressive and the body is relaxed and oriented toward the teen when the teen is speaking. The parent indicates continuing attention by sustaining eye contact and/or nodding or saying mm-hm, yes, OK, or similar utterances. The parent demonstrates a high level of empathic listening (e.g., the parent seems able to place himself/herself in the same shoes as the teen). The parent shows a high awareness of and correctly recognizes the teen’s distress, needs, or concerns. The parent encourages the teen to express his/her thoughts and feelings, and demonstrates a willingness to be cooperative in the discussion with the teen.

The parent displays a general sense of supportiveness toward the teen by providing allowing the teen to speak his/her mind freely about differences of opinion. For instance, in discussing an issue involving “Times for going to bed” a parent told the teen that she was concerned that the teen is not getting enough sleep and as a result may become sick or grades may suffer. In response, a teen told the parent that he is getting used to dealing with less sleep and so far things are working out well. The parent then responds by saying, “Yes, I know you are not one to get sick and your grades are good. Part of me is concerned that perhaps your grades could even be better and I want to be sure you don’t run yourself down.”

In addition, the parent makes statements that support the teen (e.g., positive or neutral mind-reading; complimenting; minimizing teen’s self-deprecating statements; or expressing sincere sympathy). Parents who receive this high score are likely to make statements that indicate positive shared-meaning.

6. Parent is Very Supportive of Teen and Consistently Maintains a High Level Secure Relatedness/Secure Base Provision

Parents who receive this score display the same set of verbal and non-verbal cues described for a score of 7 but of slightly lower quality or with less frequency.

5. Parent is Mostly Supportive of Teen and Consistently Maintains a Good Level of Secure Relatedness/Secure Base Provision

Parents who receive this score display less verbal and non-verbal cues described for a score of 6 and these cues are generally of lower quality than those for a score of 6. For instance, the parent consistently displays non-verbal cues that indicate supportive listening: The face is expressive and the body is relaxed and oriented toward the teen when the teen is speaking, and the parent indicates continuing attention by sustaining eye contact and/or nodding or saying mm-hm, yes, OK, or similar utterances. This parent might be less open to the emotional needs of the teen and may show a tendency to provide more instrumental type of caregiving as compared to the emotional type of caregiving characterizing parents who receive scores of 6 or 7 (i.e., A parent who provides instrumental caregiving might say to a teen, “what exactly caused you to do poorly in school in your sophomore year?” or “I think what you need to do is to keep in mind that your little sister is only twelve.” A parent who provides emotional caregiving might say to a teen, “You sound concerned about your performance in your sophomore year” or “It sounds like it annoys you that your little sister wants to be just like you.”

4. Parent is Generally Supportive of Teen and Maintains Some Level of Secure Relatedness/Secure Base Provision

Parents who receive this score display much less verbal and non-verbal cues described for scores of 5 or above and these cues are of lower quality than those for higher scores. The rater get a sense that this parent is sensitive to the teen’s needs in some ways, but insensitive in others. That is, the parent show some definite signs of support toward the teen, but also some sign of not accepting or understanding the teen’s emotional or even instrumental needs.

OR

The parent is attentive to teen’s statements but rarely shows any signs of support or understanding of teen’s needs.

3. Parent is Generally Attentive to Teen but Seldom Shows Any Signs of Support or Understanding of Teen's Needs

2. Parent is Sometimes Attentive to Teen but does Not Show Any Signs of Support or Understanding of Teen's Needs

1. Parent is Never Attentive Toward Teen in a Supportive Way

2. HOSTILITY

This scale is designed to assess the extent to which a parent responds in a hostile/rejecting manner to his or her child. To receive a high score, the parent would typically display persistent and intense hostile affect, anger, or frustration toward the teen (e.g., lack of eye contact paired with frowns, irritated or belligerent tone of voice). The parent's body posture is tense and oriented away from the teen. The parent exhibits negative facial expressions (e.g., frowning, sighing, clenched teeth, rolls eyes). The parent frequently criticizes and/or demonstrates frustration with the teen (e.g., tunes child out, interrupts teen frequently, refuses to listen to teen's perspective). The parent may also make sarcastic remarks, may display sarcastic smiles, may become obstinate and/or show annoyance with teen. The parent tries to make teen feel shame for his/her opinions/position. If the parent displays the above behaviors in considerable amount throughout the discussion, he/she should receive a high score. Take note, however, that the parent may display very active and energetic communications or become angry, but these behaviors serve to define positions or reasons and express those without either insulting the teen or making the teen feel rejected (e.g., in addressing a problem with chores around the house, a parent might say, "I would like you to pitch in around the house because, frankly, I'm tired of being the guy who always takes out the trash, loads the dishwasher, and folds the laundry."). This type of behavior by the parent would not be regarded as hostile or rejecting. REMEMBER THAT ANGER ITSELF IS NOT HOSTILITY. Although in another similar example the parent's behavior would be viewed as hostile, where a parent shouts, "I would like you to pitch in around here, for

that matter (arms flailing), I'm tired of being the guy who always takes out the trash, loads the dishwasher, folds the laundry and takes care of all crap.”). These two examples serve to illustrate the subtleties that would lead a coder to code behavior by the parent either as hostile or non-hostile.

Intense Non-Verbal Cues:

Shows aggressive posturing (e.g., fists clenched)

Raises voice in dysfunctional anger

Speaks with furious tone of voice

Bursts out of the room

Makes hostile or threatening physical gestures (e.g., punches one fist into the palm of the other hand or points the third finger up in a rude gesture)

Purposefully throws something on the floor or at the teen

Less Intense Non-Verbal Cues:

Has critical or accusatory tone of voice

Displays tension or negative affect in facial expressions (e.g., eyes tightly shut, disgust)

Speaks with negative tone of voice (e.g., irritated, impatient, or cold)

Rolling of the eyes

Shows tension in body positions

Uses negative breathing patterns (e.g. sighing in exasperation)

Verbal Cues:

Insults or denigrates teen's comments or ideas

Uses sarcasm

Attributes negative feelings, attitudes, beliefs or motives to teen

Blames teen for creating the problem or blowing it out of proportion

Threatens teen with emotional or physical harm

Makes empty threats (e.g., “This issue cannot be resolved. I think the only way to deal with issue is to get rid of the internet”)

Verbally attacks teen

Uses insults

Uses persistent criticism and belittling of teen (e.g., disrespectful)

Tries to make teen feel badly about himself/herself, shames teen

Note: One verbal or non-verbal behavior displayed over and over counts each time it is displayed.

7. Very Intense and Persistent Hostility

The parent shows a persistent and high level of hostility toward teen throughout the discussion of topic. The parent frequently displays verbal and/or non-verbal behaviors from mostly the intense list above.

6. Intense and Persistent Hostility

The parent shows a slightly lower level of hostility toward teen than the 7. The parent displays verbal and/or non-verbal behaviors from the intense list above.

5. Marked Hostility or Persistent Negative Affect toward Teen

Persistent but less intense level. The parent may display behaviors from the intense and less intense lists above.

4. Definite Instances of Hostility that can be Either Isolated or Persistent but of less Intensity.

The parent shows isolated but clear verbal or nonverbal indicators of hostility.

The parent may also show persistent low-key, covert verbal hostility.

3. Slight Hostility.

The parent may show either persistent or isolated verbal and non-verbal forms of hostility, but of a lesser degree than described for a score of 4 .

2. Very Slight Hostility.

This parent may show verbal or non-verbal cues that convey a very slight level of hostility of a lesser degree than for a score of 3. The parent may show only some underlying tension or negative affect expressed usually only in a non-verbal way.

1. No Signs of Hostility.

The parent shows neither negative affect toward the teen nor underlying tension.

DYADIC SCALE

OPEN COMMUNICATION

Description

This is a rating of the extent to which both discussion partners (parent and teen) freely and comfortably acknowledge (perhaps only nonverbally) the importance of their relationship, show relative comfort with discussing the conflict, and openly and fluidly discuss the subject. This is a rating of the extent to which both the parent and the teen appear to be secure in their relationship in that they both show an acceptance of the other's thoughts and feelings, and they appear to feel comfortable disclosing their own thoughts and feelings. Open communication is a rating of the extent to which the dyad's conversation is fluid, accepting, comfortable, and balanced. It also means that the dyad does not necessarily have to agree with each other's position, but the dyad's interaction lacks hostility. This is also a rating of the extent to which the rater is able to sense a "special or cohesive quality" in the interaction of the observed dyad. This special quality may be indicated by the appearance of private shared meaning between the members of the dyad – the sense that the members of the dyad understand one another [in that they don't have to explicitly state everything, or they can sometimes finish one another's sentences (although not in an intrusive or evasive manner)]. Overall, the dyad is experienced as having mature, open, fluid conversations. The dyad is rated on a scale ranging from 7 (highly open) to 1 (not-open at all).

7. Highly open communication.

This dyad has fully open communication. Both discussion partners (parent and teen) freely and comfortably acknowledge the importance of their relationship and show a high level of ease in discussing the subject of conflict and they discuss their disagreements in a fluid manner. Overall, both parent and teen appear to be secure in their relationship as each person shows acceptance for the other's thoughts and feelings and each appears comfortable disclosing their own thoughts and feelings. Their conversation is fluid, warm, comfortable, and balanced. When watching this dyad, the

viewer senses a “special dyadic quality” possibly unique to the parent-child relationship. For example, this dyad shows evidence of possessing privately shared meaning that may not be clearly understood by the observer, but it is clear that it is completely understood by both members of the dyad. In addition, the observer senses that this dyad has a “silent understanding” of one another (e.g., the teen and the parent can understand each other without explicitly stating everything, they are able to sometimes finish each other’s sentences). It is also clear that this dyad has experienced many such open and fluid conversations in the past. Overall, a dyad who receives a “7” rating participates in a full, rich conversation in which both partners to a certain extent freely express emotion and comfortably share thoughts and feelings. A dyad that freely expressed negative emotion (e.g., anger) about the topic could still receive a high score for open communication. For instance, a dyad might express dissatisfaction with behavior on the part of one person or both persons (e.g., a parent might say, “I am so tired of taking out the garbage that every time I do it, I get angry,” and the teen might respond with, “I’m sorry you get angry about that, but it makes me mad that you automatically expect me to do that job every week without you reminding me.”). But, a dyad that expressed contempt that would involve perhaps shaming one or both individuals would not be rated as having highly open communication.

Note: Dyads who are highly open may also have occasional silent periods (perhaps when they are thinking about something, etc.); however, both members of the dyad must be completely comfortable, natural, and at ease in the silent periods, and they must appear willing to openly re-engage in conversation.

4. Moderately/inconsistently open communication.

This dyad is in some ways open in their communication, but there is also some clear indication of a less open style of communication. A score of four will typically be given in one of the following conditions: (1) when both partners are moderately open in their communication, (2) when one partner seems more open than the other, e.g., encouraging the other to participate in the discussion openly, but having only moderate success in this task, and (3) when the discussion is inconsistently open (e.g. the dyad starts by being open and highly communicative but gradually become less and less open,

perhaps because the dyad might want to look their best for the camera but are unaccustomed to maintaining open communication; the dyad's non-open communication gradually "leaks" out, leaving the observer with a sense of inconsistency). All of these conditions result in a discussion that is open in some ways, but limited in others. After watching this dyad, the observer might feel that this dyad is secure in their relationship in some ways, but insecure in others. The "special dyadic quality" is generally missing. A dyad may receive this score when the observer senses some positive and open elements in their discussion, but cannot give this dyad a "clean bill of health".

1. Non-open communication.

This dyad is clearly not open in their communication. The partners seem to be remote from one another. There are almost no indications that the members of this dyad are positively related. The discussion may sound very formal or evasive, and the observer might get the feeling that he/she is watching two complete strangers. The partners are obviously unaccustomed to discussing the topics they've been asked to discuss. The conversation is choppy, stunted, and incoherent. There is a clear lack of communication between the dyad, not allowing any kind of meaningful dialogue between the parent and the teen on any of the discussion issues. Both parent and teen are clearly insecure in their relationship in that they both do not accept the other's thoughts and feelings and would not disclose their own thoughts and feelings. These partners seem to be cold and rigid and are evidently uncomfortable in this dyadic setting. They may discuss issues at a very superficial level. Non-open dyads may consistently interrupt one another in a closed, cutting-off manner that is not an eager expansion of what the other is saying, or they may consistently talk at the same time so that neither member of the dyad is really listening to the other.

Parent Coding Sheet

Rater initials: _____

Original discussion date: _____

Participant's ID#: _____

The Teen is Boy Girl

Description of Parent: _____ Circle one: Mother

Father

Open Communication Score: _____

Discussion Topic #1: _____

Scores

Avoidance	Secure Base Provision	Autonomous Assertiveness	Hostility	Omission

Start time: _____

Teen's Rating: _____ Parent's Rating: _____

Minute-by-Minute Notes

(Issues of Disagreement Checklist)

Min		Avoid	SecB	Asrt.	Host.
1					
2					
3					
4					
5					
6					
7					
8					
9					
10					

Stop time: _____

Total time: _____

Global Scores

Avoidance	Secure Base Provision	Autonomous Assertiveness	Hostility	Omission

Open Communication Score: _____

Notes:

THE TEEN CONFLICT TASK SCALES

General Description

The conflict task scales include 5 (7-point) scales on which various behaviors of the teen are coded. There are 4 teen scales, and 1 dyadic scale. For each scale, the teen, or dyad receives a score ranging from 1 to 7. The scales are identified below, and then defined in detail on the pages that follow. Since the teen and parents are being coded separately, there are two separate coding manuals. Coders will be asked to learn to code both the teen and parent. As such, coders must be thoroughly familiar with the two manuals.

The teen scales are:

1. Avoidance of Discussing Disagreement.
2. Maintaining Secure Relatedness/Secure Base Use
3. Autonomous Assertiveness and Clarity of Position.
4. Hostility.

The dyadic scale is:

Open Communication

Omitted Discussion of issue is not a scale, but it is applicable when the dyad spends less than 1 minute discussing a topic.

This coding system drew on the work of Kobak et al. (1993) and Crowell et al. (2002). Yair Ziv, Jude Cassidy, and Fatima Ramos-Marcuse

Draft date: October 25, 2002

TEEN SCALES

1. MAINTAINING SECURE RELATEDNESS/SECURE BASE USE

This scale measures the teen's maintenance of secure relatedness and use of the parent as a secure base. How does this happen within an adolescent-parent conflict situation? The teen who receives a high score shows a clear wish to maintain the relationship even under the stress of conflict (presumably so that the relationship is not damaged and therefore is available when needed for support in times of trouble). The teen shows evidence of using the parent as a secure base to explore and discuss the emotionally powerful conflictual topic. The teen is clear and direct in stating his/her position and concerns, yet does this in a positive, respectful way that shows an underlying caring for the parent and a desire to maintain the relationship. There is a sense that the child uses the parent as a resource (secure base) in tackling the problems under discussion. Other aspects of secure base use are more rarely seen in an adolescent-teen conflict task, but may be present. One of these is seeking care from the parent. In this case, this would be a request for help rather than a demand or insistence on a position (Can you help me talk to Dad so that I can get the car sometimes?) Another secure base behavior is deriving comfort from the parent. Thus, if the teen and parent resolve the conflict, the teen seems comforted. In particular, if the parent offers any comfort, the teen, even if not agreeing with the parent, is not hostile, sarcastic, or rejecting of this attempt to comfort. If, however, these behaviors are not seen, the teen's score is not lowered. The desire to maintain secure relatedness in the face of conflict is the core of this scale, and is described in detail below.

Positive relatedness is evident when the teen is willing or open to discussing a topic and finding a shared solution to the conflict. Although the teen may be adamant about his/her position, he/she goes about it in a respectful way. A high score reflects the teen's ability to listen to the parent and willingness to understand (but not necessarily agree with) his/her point of view. That is, the teen demonstrates the ability to maintain the channels of communication with the parent and to negotiate and potentially reach a solution.

This is also a rating about the teen's ability to engage in a conversation that is obviously based on private shared meaning between the teen and parent likely as a result of the history of a child-parent relationship. Evidence of this might include instances when the teen gives you the sense that s/he understands the parent and in return the teen feels understood or at least accepted by the parent. This evidence may be in a form of a statement (e.g., the teen finished the other's sentences, but not in an intrusive way) or may be more subtle (e.g., non-verbal cues, such as eye-contact and shaking of head).

Teens who receive high scores demonstrate a comfort level with the parent, as if he/she were able to argue a differing position while knowing the parent has a high regard for his/her thoughts and feelings. In other words, the coder will get the sense that the teen knows that he/she is being understood or accepted by the parent, and no matter what the disagreement is about, the teen is not made to feel badly or shamed during the interaction.

To receive a high score, a teen does not necessarily need to connect with the parent in a gregarious manner. In fact, a teen may connect with a parent in a shy kind of way. However, there needs to be evidence of a definite positive connection between the teen and the parent. A low score on this scale represents the teen's inability to make a positive effort to maintain relatedness to the parent.

A high score does not necessarily mean that a solution was achieved, but, a teen who receives a high score on this scale is determined to keep the disagreement at a level that would not disrupt his or her positive relatedness to the parent.

Non-Verbal Cues (All apply for this scale primarily when the parent is speaking or the teen is waiting for the parent to speak.)

Is attentive and responsive to parent (high level of eye contact)

Body is relaxed and oriented toward the parent

Expressive voice (e.g. variations in rhythm and intonation) accompanies supportive statements

Indicates continuing attention by nodding or saying "mm-hm," "yes," "OK," or other similar utterances.

Teen appears comfortable with the interaction

Teen smiles at parent when parents talks

Verbal Cues or Statements that convey relatedness to parent

Expresses warmth toward parent

Does not interrupt parent rudely

May incorporate parent's ideas into constructive suggestions, statements, or inquiries

Positive mind-reading (i.e. attributes thoughts, feelings or motives that facilitates parent's expressing his or her views or reasons)

May accept the parent's mind-reading

May state that he/she values parent's views regarding the issue (but may not agree).

If necessary, demonstrates the ability to disagree with the parent in a respectful way

7. Teen Displays the Highest Effort Toward Maintaining Secure Relatedness with the Parent

The teen consistently shows effort in maintaining relatedness throughout the discussion with parent. The teen's affect is generally warm (even when discussing matters that are clearly in dispute with the parent). For instance a teen may say, "I know you're concerned about me. I know you care, but I've adapted to getting less hours of sleep and still managing to do what I need to do." The teen does not have to verbally state that maintaining a positive relationship with the parent is more important than getting his/her own way in their disagreement but his/her behavior suggests a wish to keep the relationship balanced. This teen is tactful in discussing varying opinions with a parent, even if the parent's position angers the teen. The teen consistently displays non-verbal cues that indicate attentive listening: the face is expressive and the body is relaxed and oriented toward the parent when the parent is speaking, and the teen indicates continuing attention by maintaining eye contact and/or nodding or saying "mm-hm", "yes", "OK", or similar utterances.

6. Teen Displays High Effort Toward Maintaining Secure Relatedness with the Parent.

The teen shows a great deal of effort in maintaining relatedness throughout the discussion

with parent. The teen who receives this score displays the same set of verbal and non-verbal cues described for a score of 7 but a little less frequently or of lower quality.

5. Teen Displays a Fair Amount of Effort Toward Maintaining Secure Relatedness with Parent.

The teen displays a fair amount of effort in maintaining relatedness throughout the discussion with parent. To score a 5 this teen displays the same set of verbal and non-verbal cues described for a score of 6 but with less frequency and lower quality. The teen who receives a score of 5 may display a connection with the parent in a shyly pleased way. The teen indicates continuing attention by sustaining eye contact and/or nodding or saying mm-hm, yes, OK, or similar utterances.

4. The Teen Makes some Effort Toward Maintaining Secure Relatedness With Parent.

This teen is clearly related to the parent in some ways, but there also some clear difficulties in his/her ability to connect with the parent. The teen may make some effort to maintain relatedness in the discussion with the parent. He/she may display non-verbal cues that indicate attentive listening. This score might also be assigned when the teen start the discussion in what seems like a very high level of relatedness but as the discussion progresses this high quality of relatedness is not sustained.

3. The Teen Makes some Effort Toward Maintaining Secure Relatedness with Parent.

2. Teen Shows Little Effort Toward Maintaining Secure Relatedness With Parent.

1. The Teen Does Not Show Any Signs of Positive Relatedness.

2. HOSTILITY

This scale is designed to assess the extent to which a teen responds in a hostile/rejecting manner to his or her parent. For a high score, the teen typically displays hostile affect, anger, or frustration (e.g., lack of eye contact paired with frowns, irritated or belligerent tone of voice, withdrawal). The teen's body posture is tense and oriented away from the parent, and the teen exhibits negative facial expressions (e.g., frowning, sighing, clenched teeth, rolls eyes). The teen frequently criticizes the parent and/or demonstrates frustration with the parent (e.g., tunes parent out, interrupts parent frequently, becomes disrespectful, refuses to listen to parent's perspective, blames parent for the problem). The teen may also make sarcastic remarks toward the parent, may display sarcastic smiles, may become uncooperative and/or show considerable annoyance toward the parent. When the teen turns the discussion into a scenario of personal attacks on the parent, then consider that as hostility toward the parent. If the teen displays the above behaviors in considerable amount throughout the discussion, he/she should receive a high score. Take note, however, that the teen may display very active and energetic communications that might make him/her look angry (and in some cases, be angry) but serve to define positions or reasons and express those without either insulting the parent or making the parent feel rejected. This type of behavior by the teen would not be regarded as hostile or rejecting. REMEMBER THAT ANGER ITSELF IS NOT HOSTILITY. A teen may feel comfortable enough to freely disagree with the parent and even become angry with the parent because he/she knows that the parent will not treat him/her badly or in a shaming way. The teen gives the rater the idea that he/she is understood and accepted by the parent even though they have differing opinions about the issue of disagreement.

The following examples are used to illustrate the nuances (such as personal, derogating attacks) that will lead you to either score behavior as either hostile or non-hostile. An example of hostile behavior by the teen may include: "Look, you're not an authority on not talking back to others because you constantly bark back at mom (yelling at parent). You (sarcastic smile) be a good example and then I'll think about changing my tune. How's that for compromising my position?" This example may also serve to illustrate a non-hostile exchange in the following way: "You can't really tell me not to

talk back to others because you constantly shout at mom (matter of fact tone of voice).
When you become a good example I'll also change my tone".

Another example of non-hostile behavior by the teen could be: "It makes me mad that you always come to Danny's rescue when we're fighting. I know he's younger than me, but, can you please just let us duke it out without you intervening?" Again, this example can serve to illustrate a hostile exchange. "Why do you always stupidly come to Danny's rescue when we're fighting? I know he's little, but bug off and let us duke it out without you meddling". Another example of non hostile anger would be: "you know mom, it really annoys me that you always on my case about how messy my room is, even when I think about it now, I'm getting angry". The same exchange can occur in a hostile manner: "you know mom, you're such a bitch when you constantly bug me about my messy room, god, even now, when I think of it, god, you're an annoyance."

Intense Non-Verbal Cues:

- Shows aggressive posturing (e.g., fists clenched)
- Bursts out of room
- Furious tone of voice
- Raises voice in dysfunctional anger
- Makes hostile or threatening physical gestures (e.g., punches one fist into the palm of the other hand or points the third finger up in a rude gesture)
- Purposefully throws something on the floor or at the parent

Less Intense Non-Verbal Cues:

- Displays tension or negative affect in facial expressions (e.g., eyes tightly shut, disgust, rolling of the eyes)
- Has critical or accusatory tone of voice
- Speaks with negative tone of voice (e.g. irritated, impatient, or cold)
- Uses negative breathing patterns (e.g. sighing in exasperation)
- Shows tension in body positions

Verbal Cues:

Insults or denigrates parent's comments or ideas

Uses sarcasm

Attributes negative feelings, attitudes, beliefs or motives to parent

Blames parent for creating the problem or blowing it out of proportion

Verbally attacks parent

Uses insults or threatens parent

Uses persistent criticism and belittling of parent (e.g., disrespectful)

Note: The same verbal or non-verbal behavior displayed over and over counts each time it is displayed.

7. Very Intense and Persistent Hostility

The teen shows a persistent and high level of hostility toward parent throughout the discussion of topic. The teen frequently displays verbal and/or non-verbal behaviors from the intense list above. The following provides an example where a teen might insult parent several times, "Those are your stupid rules....," and "You are a pathetic, control freak....," and "those are idiot lies that you're saying..." But note, however, that the following similar language would not be considered hostile: "I don't like those rules....," and "I think that you can be controlling," and "I don't agree with what you're saying..."

6. Intense and Persistent Hostility

The teen shows a slightly lower level of hostility toward parent than the 7. The teen may display verbal and/or non-verbal behaviors most of which come from the intense list above.

5. Marked Hostility or Persistent Negative Affect toward Parent

Persistent but less intense level. The teen may display behaviors from the intense and less intense lists above.

4. Definite Instances of Hostility that can be Either Isolated or Persistent but of less Intensity.

The teen shows isolated but clear verbal or nonverbal indicators of hostility from the less intense list above. The teen may also show persistent low-key, covert verbal hostility.

3. Slight Hostility.

The teen may show either persistent or isolated verbal or non-verbal forms of hostility from the less intense list above, but of a lesser degree than described for a score of 4 .

2. Very Slight Hostility.

This teen may show verbal or non-verbal cues that convey a very slight level of hostility of a lesser degree than for a score of 3. The teen may show only some underlying tension or negative affect expressed usually only in a non-verbal way.

1. No Signs of Hostility.

The teen shows neither negative affect toward the parent nor underlying tension.

Teen Coding Sheet

Rater initials: _____ Original discussion date: _____

Participant's ID#: _____ Circle one: Mother Father

Description of Teen: _____ Teen is Boy Girl

Open Communication score: _____

Discussion Topic #1: _____

Scores

Avoidance	Secure Base Use	Autonomous Assertiveness	Hostility	Omission

Start time: _____ Teen's Rating: _____ Parent's Rating: _____
 Minute-by-Minute Notes (Issues of Disagreement Checklist)

M		Avd.	SecB	Asrt.	Host.
1					
2					
3					
4					
5					
6					
7					
8					
9					
10					

Stop time: _____ Total time: _____

Appendix C

Couple Conflicts and Problem-Solving Strategies

All couples have conflicts from time to time, and there are many ways that partners can try to handle disagreements when they arise. Please tell us about yours **DURING THE LAST YEAR.**

1. How often do you and your partner have *minor* disagreements (e.g., “spats,” getting on each other’s nerves)? Please place a check mark (✓) inside the box that corresponds to what is true for you.

- Once a year or less
- Every 4-6 months
- Every 2-3 months
- Once or twice a month
- Once or twice a week
- Just about every day

2. How often do you and your partner have *major* disagreements (e.g., big fights, “blow ups”)?

- Once a year or less
- Every 4-6 months
- Every 2-3 months
- Once or twice a month
- Once or twice a week
- Just about every day

What strategies does your partner use when you have disagreements with each other? Using the four point scale below, show how often **YOUR PARTNER** uses each strategy on the right side. Remember the first response that comes to mind is probably the best one.

		My Partner			
		Never	Rarely	Sometimes	Often
1.	Talk it out with me	0	1	2	3
2.	Express thoughts and feelings openly	0	1	2	3
3.	Listen to my point of view	0	1	2	3
4.	Try to understand what I am really feeling	0	1	2	3
5.	Try to reason with me	0	1	2	3
6.	Try to find a solution that meets both of our needs equally	0	1	2	3
7.	Compromise, meet me halfway, "split the difference"	0	1	2	3
8.	Try to smooth things over	0	1	2	3
9.	Give in to my viewpoint to escape argument	0	1	2	3
10.	Accept the blame, apologize	0	1	2	3
11.	"Put up with," humor, indulge me	0	1	2	3
12.	Try to ignore problem, avoid talking about it	0	1	2	3
13.	Change the subject	0	1	2	3
14.	Storm out of the house	0	1	2	3
15.	Sulk, refuse to talk, give the "silent treatment"	0	1	2	3
16.	Complain, bicker without really getting anywhere	0	1	2	3

17.	Become angry with child when really angry with me	0	1	2	3
18.	Argue in front of the child(ren)	0	1	2	3
19.	Involve the child(ren) in our argument	0	1	2	3
20.	Argue when the child(ren) might be able to overhear	0	1	2	3
21.	Confide in child(ren) about problems with me	0	1	2	3
22.	Insist on own point of view	0	1	2	3
23.	Try to convince me of own way of thinking	0	1	2	3
24.	Raise voice, yell, shout	0	1	2	3
25.	Interrupt/don't listen to me	0	1	2	3
26.	Be sarcastic	0	1	2	3
27.	Make accusations	0	1	2	3
28.	Name-calling, cursing, insulting	0	1	2	3
29.	Say or do something to hurt my feelings	0	1	2	3
30.	Threaten to end relationship	0	1	2	3
31.	Withdraw love or affection	0	1	2	3
32.	Throw objects, slam doors, break things	0	1	2	3
33.	Throw something at me	0	1	2	3
34.	Threaten to hurt me	0	1	2	3
35.	Push, pull, shove, grab, handle me roughly	0	1	2	3
36.	Slap me	0	1	2	3
37.	Strike, kick, bite me	0	1	2	3

38. Beat me severely	0	1	2	3
39. Harm self	0	1	2	3
40. Others: (specify) _____	0	1	2	3
41. _____ _____	0	1	2	3

For each statement, please circle the rating that best describes the outcomes of your disagreements:

		Never	Rarely	Sometimes	Usually
1.	We feel that we've resolved it, or come to an understanding.	0	1	2	3
2.	We feel closer to one another than before the fight.	0	1	2	3
3.	We have fun making up with one another.	0	1	2	3
4.	We don't resolve the issue, but "agree to disagree."	0	1	2	3
5.	We each give in a little bit to the other.	0	1	2	3
6.	We feel worse about one another than before the fight.	0	1	2	3
7.	We feel like talking about it was a big waste of time.	0	1	2	3
8.	We don't resolve the issue; we continue to hold grudges.	0	1	2	3
9.	We end up feeling angry and annoyed with one another.	0	1	2	3
10.	The whole family ends up feeling upset.	0	1	2	3
11.	We stay mad at one another for a long time.	0	1	2	3
12.	We don't speak to one another for a while.	0	1	2	3
13.	We break up with each other for a time.	0	1	2	3

14. How satisfied are you with the strategies that you have for resolving your conflicts?

- Very satisfied
 Works OK most of the time
 Works but sometimes could be better
 Mostly dissatisfied
 Extremely dissatisfied

15. Overall, how happy are you with this relationship?

- Extremely unhappy
 Fairly unhappy
 A little unhappy
 A little happy
 Fairly happy
 Extremely happy
 Perfect

Appendix D

CD Inventory

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

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

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

1.
 1. I am sad once in awhile.
 2. I am sad many times.
 3. I am sad all the time.

2.
 1. Nothing will work out for me OK.
 2. I am not sure if things will work out for me.
 3. Things will work out for me OK.

3.
 1. I do most things OK.
 2. I do many things wrong.
 3. I do everything wrong.

4.
 1. I have fun in many things.
 2. I have fun in some things.
 3. Nothing is fun at all.

5.
 1. I am bad all the time.
 2. I am bad many times.
 3. I am bad once in a while.

6.
 1. I think about bad things happening to me once in a while.
 2. I think that bad things will happen to me.
 3. I am sure that terrible things will happen to me.

7.
 1. I hate myself.
 2. I do not like myself.
 3. I like myself.

8.
 1. All bad things are my fault.
 2. Many bad things are my fault.
 3. Bad things are usually not my fault.

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

9.
 1. I feel like crying everyday.
 2. I feel like crying many days.
 3. I feel like crying once in a while.

10.
 1. Things bother me all the time.
 2. Things bother me many times.
 3. Things bother me once in a while.

11.
 1. I like being with people.
 2. I do not like being with people many times.
 3. I do not want to be with people.

12.
 1. I can not make up my mind about things.
 2. It's hard to make up my mind about things.
 3. I make up my mind about things easily.

13.
 1. I look OK.
 2. There are some bad things about my looks.
 3. I look ugly.

14.
 1. I have to push myself all the time to do my schoolwork.
 2. I have to push myself many times to do my schoolwork.
 3. Doing schoolwork is not a big problem.

15.
 1. I have trouble sleeping every night.
 2. I have trouble sleeping many nights.
 3. I sleep very well.

16.
 1. I am tired once in a while.
 2. I am tired many days.
 3. I am tired all the time.

17.
 1. Most days I do not feel like eating.
 2. Many days I do not feel like eating.
 3. I eat pretty well.

18.
 1. I do not worry about aches and pains.
 2. I worry about aches and pains many times.
 3. I worry about aches and pains all the time.

19.
 1. I do not feel alone.
 2. I feel alone many times.

3. I feel alone all the time.

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

20. 1. I never have fun at school.
2. I have fun at school once in a while.
3. I have fun at school many times.
21. 1. I have plenty of friends.
2. I have some friends but I wish I had more.
3. I do not have many friends.
22. 1. My schoolwork is alright.
2. My schoolwork is not as good as before.
3. I do very badly in subjects I used to be good in.
23. 1. I can never be as good as other kids.
2. I can be as good as other kids if I want to.
3. I am just as good as other kids.
24. 1. Nobody really loves me.
2. I am not sure if anybody loves me.
3. I am sure that somebody loves me.
25. 1. I usually do what I am told.
2. I do not do what I am told most of the time.
3. I never do what I am told.
26. 1. I get along with people.
2. I get into fights many times.
3. I get into fights all the time.

Appendix E

How much do you like to be in activities with this person?

(Please circle one number for each person.)

Circle DK if you don't know the person.)

		Not at all		Sort of		A lot	I don't know this person
1.	Name	1	2	3	4	5	DK
2.	Name	1	2	3	4	5	DK
3.	Name	1	2	3	4	5	DK
4.	Name	1	2	3	4	5	DK
5.	Name	1	2	3	4	5	DK
6.	Name	1	2	3	4	5	DK
7.	Name	1	2	3	4	5	DK
8.	Name	1	2	3	4	5	DK
9.	Name	1	2	3	4	5	DK
10.	Name	1	2	3	4	5	DK
11.	Name	1	2	3	4	5	DK
12.	Name	1	2	3	4	5	DK
13.	Name	1	2	3	4	5	DK
14.	Name	1	2	3	4	5	DK
15.	Name	1	2	3	4	5	DK
16.	Name	1	2	3	4	5	DK
17.	Name	1	2	3	4	5	DK
18.	Name	1	2	3	4	5	DK
19.	Name	1	2	3	4	5	DK
20.	Name	1	2	3	4	5	DK
21.	Name	1	2	3	4	5	DK
22.	Name	1	2	3	4	5	DK
23.	Name	1	2	3	4	5	DK
24.	Name	1	2	3	4	5	DK
25.	Name	1	2	3	4	5	DK
26.	Name	1	2	3	4	5	DK
27.	Name	1	2	3	4	5	DK
28.	Name	1	2	3	4	5	DK
29.	Name	1	2	3	4	5	DK
30.	Name	1	2	3	4	5	DK
31.	Name	1	2	3	4	5	DK
32.	Name	1	2	3	4	5	DK
33.	Name	1	2	3	4	5	DK
34.	Name	1	2	3	4	5	DK
35.	Name	1	2	3	4	5	DK
36.	Name	1	2	3	4	5	DK
37.	Name	1	2	3	4	5	DK

38.	Name	1	2	3	4	5	DK
39.	Name	1	2	3	4	5	DK
40.	Name	1	2	3	4	5	DK
41.	Name	1	2	3	4	5	DK
42.	Name	1	2	3	4	5	DK
43.	Name	1	2	3	4	5	DK
44.	Name	1	2	3	4	5	DK
45.	Name	1	2	3	4	5	DK
46.	Name	1	2	3	4	5	DK
47.	Name	1	2	3	4	5	DK
48.	Name	1	2	3	4	5	DK
49.	Name	1	2	3	4	5	DK
50.	Name	1	2	3	4	5	DK
51.	Name	1	2	3	4	5	DK
52.	Name	1	2	3	4	5	DK
53.	Name	1	2	3	4	5	DK
54.	Name	1	2	3	4	5	DK
55.	Name	1	2	3	4	5	DK
56.	Name	1	2	3	4	5	DK
57.	Name	1	2	3	4	5	DK
58.	Name	1	2	3	4	5	DK
59.	Name	1	2	3	4	5	DK
60.	Name	1	2	3	4	5	DK
61.	Name	1	2	3	4	5	DK
62.	Name	1	2	3	4	5	DK
63.	Name	1	2	3	4	5	DK
64.	Name	1	2	3	4	5	DK
65.	Name	1	2	3	4	5	DK
66.	Name	1	2	3	4	5	DK
67.	Name	1	2	3	4	5	DK
68.	Name	1	2	3	4	5	DK
69.	Name	1	2	3	4	5	DK
70.	Name	1	2	3	4	5	DK
71.	Name	1	2	3	4	5	DK
72.	Name	1	2	3	4	5	DK
73.	Name	1	2	3	4	5	DK
74.	Name	1	2	3	4	5	DK
75.	Name	1	2	3	4	5	DK

Appendix F

This person is cooperative, helpful, and does nice things.

(Please circle 1 for Yes, 2 for No.

Circle DK if you don't know the person.)

		Yes	No	I don't know this person
1.	Name	1	2	DK
2.	Name	1	2	DK
3.	Name	1	2	DK
4.	Name	1	2	DK
5.	Name	1	2	DK
6.	Name	1	2	DK
7.	Name	1	2	DK
8.	Name	1	2	DK
9.	Name	1	2	DK
10.	Name	1	2	DK
11.	Name	1	2	DK
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13.	Name	1	2	DK
14.	Name	1	2	DK
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16.	Name	1	2	DK
17.	Name	1	2	DK
18.	Name	1	2	DK
19.	Name	1	2	DK
20.	Name	1	2	DK
21.	Name	1	2	DK
22.	Name	1	2	DK
23.	Name	1	2	DK
24.	Name	1	2	DK
25.	Name	1	2	DK
26.	Name	1	2	DK
27.	Name	1	2	DK
28.	Name	1	2	DK
29.	Name	1	2	DK
30.	Name	1	2	DK
31.	Name	1	2	DK
32.	Name	1	2	DK
33.	Name	1	2	DK
34.	Name	1	2	DK
35.	Name	1	2	DK
36.	Name	1	2	DK

37.	Name	1	2	DK
38.	Name	1	2	DK
39.	Name	1	2	DK
40.	Name	1	2	DK
41.	Name	1	2	DK
42.	Name	1	2	DK
43.	Name	1	2	DK
44.	Name	1	2	DK
45.	Name	1	2	DK
46.	Name	1	2	DK
47.	Name	1	2	DK
48.	Name	1	2	DK
49.	Name	1	2	DK
50.	Name	1	2	DK
51.	Name	1	2	DK
52.	Name	1	2	DK
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66.	Name	1	2	DK
67.	Name	1	2	DK
68.	Name	1	2	DK
69.	Name	1	2	DK
70.	Name	1	2	DK
71.	Name	1	2	DK
72.	Name	1	2	DK
73.	Name	1	2	DK
74.	Name	1	2	DK
75.	Name	1	2	DK

This person starts arguments or fights, says mean things, and gets mad easily.

(Please circle 1 for Yes, 2 for No.

Circle DK if you don't know the person.)

		Yes	No	I don't know this person
1.	Name	1	2	DK
2.	Name	1	2	DK
3.	Name	1	2	DK
4.	Name	1	2	DK
5.	Name	1	2	DK
6.	Name	1	2	DK
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12.	Name	1	2	DK
13.	Name	1	2	DK
14.	Name	1	2	DK
15.	Name	1	2	DK
16.	Name	1	2	DK
17.	Name	1	2	DK
18.	Name	1	2	DK
19.	Name	1	2	DK
20.	Name	1	2	DK
21.	Name	1	2	DK
22.	Name	1	2	DK
23.	Name	1	2	DK
24.	Name	1	2	DK
25.	Name	1	2	DK
26.	Name	1	2	DK
27.	Name	1	2	DK
28.	Name	1	2	DK
29.	Name	1	2	DK
30.	Name	1	2	DK
31.	Name	1	2	DK
32.	Name	1	2	DK
33.	Name	1	2	DK
34.	Name	1	2	DK
35.	Name	1	2	DK
36.	Name	1	2	DK
37.	Name	1	2	DK
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39.	Name	1	2	DK
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43.	Name	1	2	DK
44.	Name	1	2	DK
45.	Name	1	2	DK
46.	Name	1	2	DK
47.	Name	1	2	DK
48.	Name	1	2	DK
49.	Name	1	2	DK
50.	Name	1	2	DK
51.	Name	1	2	DK
52.	Name	1	2	DK
53.	Name	1	2	DK
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69.	Name	1	2	DK
70.	Name	1	2	DK
71.	Name	1	2	DK
72.	Name	1	2	DK
73.	Name	1	2	DK
74.	Name	1	2	DK
75.	Name	1	2	DK

This person breaks the rules, does things you're not supposed to, and gets into trouble at school.

(Please circle 1 for Yes, 2 for No.

Circle DK if you don't know the person.)

		Yes	No	I don't know this person
1.	Name	1	2	DK
2.	Name	1	2	DK
3.	Name	1	2	DK
4.	Name	1	2	DK
5.	Name	1	2	DK
6.	Name	1	2	DK
7.	Name	1	2	DK
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This person is shy and hangs back.
 (Please circle 1 for Yes, 2 for No.
 Circle DK if you don't know the person.)

		Yes	No	I don't know this person
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