

MULTI-INFORMANT ASSESSMENTS OF ADOLESCENT'S FEARS OF NEGATIVE AND
POSITIVE EVALUATION: HOW WELL DO THEY PREDICT BEHAVIOR WITHIN
INTERACTIONS WITH UNFAMILIAR PEERS?

by

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Social anxiety disorder (SAD) is defined by an intense and distressing fear and avoidance of social situations with unfamiliar individuals, particularly those situations that provide the opportunity to be scrutinized (American Psychiatric Association, 2013). Social anxiety is common amongst adults in the United States, as the lifetime prevalence is 12.1% and the 12-month prevalence is 7.1% (Ruscio et al., 2008; Kessler et al., 2012). Understanding SAD is imperative due to the relatively large prevalence rates of this disorder. It is especially important to understand SAD in adolescence. SAD is one of the most prevalent adolescent and childhood disorders (Kashdan & Herbert, 2001), and the 12-month prevalence rates of social anxiety among children and adolescence are comparable to rates seen among adults (Kessler et al., 2012). In fact, SAD's median age of onset is approximately 13 years and the prevalence of this disorder spikes during adolescence (Bandelow & Michaelis, 2015; Kessler et al., 2005). Unfamiliarity and uncertainty are key components of social anxiety, especially among adolescents, when interactions occur between unfamiliar peers. Novel social environments such as the formation of romantic attachments and close peer bonds not only often involve contact with unfamiliar peers, but also uncertain social outcomes (Caouette & Guyer, 2014). Thus, a key aim of research on evidence-based assessments for social anxiety should involve assessing how these concerns manifest among adolescents, particularly when interacting with unfamiliar peers.

A core feature of social anxiety involves displaying distressing fears that individuals in one's social environment are evaluating their performance in social settings, such as delivering a speech to an audience or having a one-on-one conversation with someone. This feature typically manifests in one of two ways, namely fears of negative evaluation (FNE) and fears of positive evaluation (FPE; Rapee & Heimberg, 1997; Clark, 2005; Weeks, Heimberg, & Rodebaugh, 2008). Individuals with SAD are more likely to interpret social interaction partners as critical of

their performance within social situations, and thus they anticipate that those with whom they interact will evaluate them negatively (Leary, Kowalski, & Campbell, 1988). Individuals who experience FNE often experience fears regarding being negatively perceived by others.

Individuals who experience FPE often experience fears regarding negative backlash from peers after receiving praise.

Research on FPE draws, in part, from evolutionary models of social anxiety, which hold that anxiety arises from attempting to fit within a group, and at the same time apprehension or avoidance from challenging the leader of the group (Weeks, Heimberg, & Rodebaugh, 2008). Thus, FNE and FPE can be seen as complementary constructs designed to explain how individuals who experience social anxiety react to various kinds of evaluative scenarios (Weeks & Howell, 2012). These core features are most commonly assessed using the Fear of Positive Evaluation Scale (FPES; Weeks et al., 2008) and the Brief Fear of Negative Evaluation Scale (BFNE; Leary, 1983). The psychometric evidence supporting these measures primarily comes from their use with adults, and the evidence largely finds that these measures assess distinct constructs that are both correlated with social anxiety (Weeks, Jakatdar, & Heimberg, 2010; Weeks & Howell, 2012; Rodebaugh, Weeks, Gordon, Langer, & Heimberg, 2012). For example, scores from the FPES display a stronger correlation with measures of concerns of social reprisal due to positive impression than scores from the BFNE. Both of these measures also relate to internalizing symptoms, particularly among individuals who display relatively high scores on both the FPES and BFNE, relative to high scores on either one alone (Lipton, Weeks, & De Los Reyes, 2016).

Current research provides adequate insight into measuring and assessing evaluative concerns among adults. Importantly, as evaluative concerns often manifest within performance-

based scenarios, much of our understanding of the psychometric properties of the FPES and BFNE relate to how adults experience these concerns within developmentally appropriate evaluative contexts, such as work scenarios. Thus, the need for understanding the psychometric properties of these instruments when administered to adolescents comes, in part, from the idea that the social scenarios where adolescents experience these concerns may vary greatly from those most experienced by adults. As such, in recent work researchers have tested the psychometric properties of the FPES and BFNE among adolescents, using best practices in evidence-based assessments within this developmental period (Karp et al., 2018).

Overall, several investigations find that both adolescent self-reports and parent reports on these measures display acceptable levels of internal consistency and relate to established measures of anxiety and related concerns (e.g., safety behaviors; Karp et al., 2018; Lipton, et al., 2014; Szollos et al., 2019). Yet, this psychometric work has been based exclusively on testing scores from the FPES and BFNE in relation to scores from self-report and parent report surveys on other measures. We know little about whether scores from these measures relate to actual performance in situations germane to displays of adolescent social anxiety, namely interactions with unfamiliar peers. Research testing these relations may inform use of these measures within the context of psychosocial treatments, which often rely on exposing adolescents to these very kinds of situations during treatment sessions (Alfano & Beidel, 2011; Raggi et al., 2018).

Purpose and Hypothesis

The purpose of this paper is to fill the gaps in research on fears of evaluation among adolescents. This study tests links between multi-informant reports on the FPES and BFNE and adolescents' behavior within interactions with unfamiliar peers: a common concern among adolescents experiencing social anxiety and thus a core target of treatments for adolescent social

anxiety (e.g., Cannon et al., 2020; Glenn et al., 2019; Hofmann et al., 1999). Within a mixed clinical/community sample of adolescents in which I gathered BFNE and FPES reports from both adolescents and parents, I examined scores from these measures to independent observers' ratings of adolescent social anxiety and social skills displayed within the Unfamiliar Peer Paradigm (Cannon et al., 2020), an innovative suite of social interaction tasks designed to assess how adolescents react to in-vivo social interactions with unfamiliar peers. Prior work indicates that the FPES and BFNE related to measures of anxiety and related constructs at the bivariate level (Karp et al., 2018). We hypothesize that both adolescents' self-reports and parents' reports about their adolescent on the FPES and BFNE will demonstrate criterion-related validity in relation to independent observers' ratings of social anxiety and social skills displayed within interactions with unfamiliar peers. Further, previous research suggests that the FPES and BFNE may differ in the degree to which they display evidence of *incremental validity*, such that they contribute unique data, relative to each other (Karp et al., 2018). Thus, I also sought to test the incremental validity of scores taken from the FPES and BFNE, and given the relatively little work on these issues of incremental validity when using these measures with adolescents, I considered this aim to be exploratory.

Methods

Recruitment and Participant Characteristics

Participants were recruited based on two advertisements which described either (a) a non-clinic study examining parent and adolescent relationship (community group) or (b) a social anxiety evaluation for “shy” adolescents (clinical group). Inclusion criteria included: adolescent aged 14 to 15 years currently living with the parent participating, proficiency in speaking and reading English, no reported learning or developmental disabilities, and understanding consent

process. Additionally, adolescents could not have received cognitive behavioral therapy for at least three months prior to the study, as reported by the parent. The clinical group received an assessment of the adolescent's social anxiety and referrals to local providers for diagnostic testing and treatment, whereas the community group did not receive feedback or referrals. This recruitment approach tends to result in two groups that can be differentiated on levels of social anxiety across adolescent and parent reports of social anxiety as well as observed behavior on laboratory-controlled tasks (Deros et al., 2018; De Los Reyes et al., 2012; Glenn et al., 2019;).

Participants completed a number of measures and role plays as described below, as part of a larger study examining adolescent social anxiety (De Los Reyes et al., 2019). I recruited 105 adolescents for the current study, of which 37 adolescents came from the clinical sample. There were 68 female (64.8%) and 37 male (35.2%) adolescents, with a mean age of 14.5 years ($SD = 0.5$). The racial/ethnic identities of the adolescence, as reported by the adults, included African American or Black (57.1%); White, Caucasian American, or European (27.6%); Asian American or Asian (4.8%); Hispanic or Latino/a (Spanish; 8.6%); American Indian (1%); or "Other" (7.6%). Parents were allowed to select more than one racial/ethnic group, so the demographic rates make up more than 100%. The sample included biological mothers/fathers (94.3%).

Procedure

The Institutional Review Board of a large Mid-Atlantic university approved the following procedure. The parents and adolescents completed a series of surveys via Qualtrics online software, on computers located in the laboratory space. Parents reported demographic information about themselves and their teen, and adolescents and parents completed survey measures in a counterbalanced order. Following completion of these measures, adolescents participated in the Unfamiliar Peer Paradigm described previously. After completing the study,

all parents and teens were compensated for their time (\$100; distributed equally to adolescents [\$50] and parents [\$50]), and debriefed by a staff member regarding study procedures.

Independent observers, research personnel who were not involved in the assessment, completed their ratings of social anxiety and social skills based on video archives of adolescents participating in the Unfamiliar Peer Paradigm.

Survey Measures

Adolescents completed a battery of measures examining their thoughts and behaviors and parents completed a battery of questionnaires about themselves, as well as their adolescent's thoughts and behaviors. Parents and teens answered the same measures with minor modifications (i.e. "I" changed to "My child"). The battery of questionnaires assessed social anxiety, and core features of SAD, such as FPE and FNE. The following measures are a few of the questionnaires completed, and are the focus of this paper.

Fear of Positive Evaluation Scale (FPES; Weeks, Heimberg, Rodebaugh, & 2008).

FPES is designed to assess fear of positive evaluations from others, a core feature of social anxiety (Weeks, Heimberg, & Rodebaugh, 2008). The measure includes a 10-item ordered-category rating scale, ranging from 0 (not at all true) to 9 (very true). Examples of questions asked are "I am uncomfortable exhibiting my talents to others, even if I think my talents will impress them" and "I often feel under-appreciated, and wish people would comment more on my positive qualities," reversed scored. FPES has adequate reliability, construct validity, and good convergent and divergent validity (Weeks et al., 2012).

Brief Fear of Negative Evaluation Scale (BFNE; Leary, 1983). BFNE measures fears of negative evaluation from others, a core feature of social anxiety (Rapee & Heimberg, 1997; Clark, 2005). The measure includes 12 items with a Likert scale ranging from 1 (not at all

characteristic of me) to 5 (extremely characteristic of me). Examples of questions asked are “When I am talking to someone, I worry about what they may be thinking about me” and “I rarely worry about what kind of impression I am making on someone,” reversed scored. BFNE has excellent reliability and validity (Weeks et al., 2005).

Unfamiliar Peer Paradigm

Trained independent observers rated adolescent behavior as displayed within the Unfamiliar Peer Paradigm: a series of standardized tasks designed to simulate social interactions with same-age, unfamiliar peers that commonly provoke anxiety among adolescents (Cannon et al., 2020). A pair of independent observers rated each adolescent on their level of anxiety and social skills as displayed during these interactions. Further details about these tasks appear online within the Open Source Framework platform: <https://bit.ly/CCFPRPeerParadigmOSF>.

Simulated Social Interaction Test (SSIT; adapted from Curran, 1982; Beidel, Turner & Morris, 2000). This task consists of a series of five role-playing scenes between an adolescent and a gender-matched peer confederate made to appear as 14-15 years old. The scenes were created to portray potentially stressful social situations. The confederate initiated the conversation with two standardized lines and the participant responses. Each scene lasted approximately one to three minutes. SSIT is designed so that each role-play includes a different social interaction including offering/accepting assistance, giving/receiving a compliment, and reacting to inappropriate behavior. There was one practice role-play to ensure that the participant understands the task.

Unstructured Conversation Task (UCT; adapted from Curran, 1982; Beidel et al., 2000). UCT simulates an extended interaction between peers. Participants interacted with the same confederate who appeared in the SSIT. The interaction lasted three minutes and started

with the instruction "Pretend it is your first day of class and you do not know anyone."

Confederates reacted to all participants neutrally but did not have standardized responses.

Confederates were instructed to let the participant lead the conversation.

Impromptu Speech Task (IST). IST simulates where adolescents might have to speak publicly to an audience, such as class presentations. The participant gave a speech about their opinions on one to three predetermined topics (politic, public health, and legal topics).

Adolescents had three minutes to prepare the speech, and were instructed to speak for 10 minutes, but with the option to stop after 3 minutes if they felt too anxious to continue. The speech was given in front of the task administrator, the peer confederate from SSIT and UCT, and a third new confederate. The confederates and administrator maintained neutral facial expressions, maintained eye contact with the participant, and refrained from engaging in verbal or nonverbal interactions.

Data Analytic Plan

First, I tested internal consistency (Cronbach's α) of survey measures and inter-rater reliability (intraclass correlation coefficients [ICC]) of independent observers' social anxiety and social skills ratings. Second, to examine criterion-related validity, I computed bivariate correlations among adolescent and parent reports on the FPES and BFNE, and independent observer ratings of social anxiety and social skills. These bivariate correlations do not reveal whether scores taken from the FPES and BFNE contribute *incrementally valuable* information about adolescents' reactions to interactions with unfamiliar peers. Thus, a third set of tests involved examining incremental validity using a series of hierarchical linear regressions. With independent observers' ratings of either social anxiety or social skills as the criterion variable, I tested incremental validity in two ways. Specifically, I tested incremental validity of informants'

reports relative to each other (i.e., incremental validity of parent reports relative to adolescents, and vice versa), as well as the incremental validity of scores taken from the FPES relative to the BFNE, and vice versa. In these regressions, scores from either the BFNE or FPES were entered individually into two separate steps of the regression equation, in order to test for significant increases in explained variance in step 2, relative to step 1.

For all tests, I adhered to statistical significance of findings having a p value of $< .05$. I examined magnitudes of effect sizes based on Cohen's (1988) d (small: 0.30; medium: 0.50; large: 0.80) and r (small: .10; medium: .30; large: .50).

Results

Preliminary Analyses

Skewness and Outlier Analysis. To determine response distributions for skewness, kurtosis, and deviations from normality, I conducted a preliminary analysis of adolescent and parent responses to BFNE and FPES, as well as independent observer ratings of social anxiety and social skills. The data met basic assumptions of parametric statistical tests (skewness/kurtosis in range of ± 2.0). Table 1 displays the means, standard deviations, and estimates of internal consistency for all measures and ratings examined.

Internal Consistency and Inter-Rater Reliability. Using Cronbach's α , I assessed internal consistency of adolescent and parent reports on the BFNE and FPES. All reports had acceptable levels of internal consistency ($\alpha > 0.8$). Similarly, independent observer ratings of social anxiety and social skills displayed an acceptable level of inter-rater reliability as indexed by intraclass correlations ($ICC = .76$ and $.82$, respectively).

Bivariate Correlations

In Table 2, I report bivariate correlations representing correspondence estimates among adolescent and parent reports of BFNE and FPES as well as observer ratings of anxiety and social skill. Supporting previous work, we observed non-significant, low-magnitude correlations between adolescent and parent FPES reports, as well as significant, moderate-magnitude correlations between adolescent and parent BFNE reports (De Los Reyes, et al., 2015; Karp et al., 2018). Further, parent and adolescent reports of FPES and BFNE moderately and significantly correlated with independent observers' anxiety ratings. However, only adolescent self-reports (BFNE and FPES) moderately and significantly correlated with independent observers' skill ratings.

Incremental Validity of Fear Type

I examined the incremental validity of adolescent reports of BFNE and FPES relative to each other in relation to independent observers' ratings of social anxiety and social skill (Table 3). Adolescents' FPES reports displayed incremental validity relative to their BFNE reports in relation to observed social anxiety and social skill. However, adolescents' BFNE reports did not display such evidence of incremental validity, relative to their FPES reports.

Incremental Validity of Informant Type

I examined the incremental validity of adolescent and parent reports on anxiety ratings relative to each other (Table 4). Adolescents' BFNE reports incrementally predicted variance in adolescent social anxiety, relative to parents' BFNE reports. However, parents' reports on the BFNE did not demonstrate incremental validity relative to adolescents' BFNE reports. In contrast, both adolescents' and parents' FPES reports demonstrated incremental validity in relation to observed social anxiety, relative to each other.

Discussion

Main Findings

This study expands upon the literature of the psychometric properties of multiple informants' reports on the BFNE and FPES by testing whether reports on these measures relate to adolescents' behavior within interactions with unfamiliar peers. I made three main findings. First, both adolescents' and parents' BFNE and FPES reports related to independent observers' ratings of anxiety. However, only adolescents' BFNE and FPES self-reports related to independent observers' ratings of skill. Second, adolescents' FPES reports but not their BFNE reports contributed incremental value, relative to each other, in relation to both observed anxiety and social skills. Lastly, relative to parents' BFNE reports, adolescents' BFNE reports contributed incremental value in relation to observed social anxiety, whereas parents' BFNE reports did not contribute incremental value relative to adolescents' BFNE reports. In sum, both parents and adolescents provide reports about adolescents' fears of evaluation that relate to adolescents' observed behavior within interactions with unfamiliar peers. However, relative to parents' reports, adolescents' reports across fears of negative and positive evaluation more robustly relate to observed behavior within these interactions. Further, across both informants and evaluative domains, fears of positive evaluation (and not negative evaluation) provide incrementally valuable information when understanding how adolescents behave within interactions with unfamiliar peers.

Research and Theoretical Implications

These findings extended prior work on the psychometrics of the BFNE and FPES when administered to adolescents. In particular, recent work supports use of adolescent and parent reports when assessing these fears among adolescents (e.g., Karp et al., 2018; Szollos et al., 2019). Yet, my findings indicate that, in relation to observed behavior, the utility of this multi-

informant approach might vary, depending on the behaviors assessed. In relation to observed social anxiety, both adolescents' and parents' reports about fears of positive evaluation related to social anxiety, and each provided unique information. However, with regard to observed social skills, only the adolescents' reports of fears of evaluation provided incrementally valuable information. One possibility for these discrepancies may stem from the nature of the social interactions in which I gathered independent observers' behavioral ratings. In particular, these social interactions were designed to reflect how adolescents behave around unfamiliar peers, and prior work indicates that adolescents' self-reported anxiety and related domains (e.g., safety behaviors) more robustly predict their experiences within these interactions, relative to parent reports (for a review, see Cannon et al., 2020). It may be that the discrepancies in findings between the two informants reflect the idea that parents have relatively few opportunities to observe adolescents within these interactions, as they often occur outside of the home. These issues merit further study.

Previous research with young adults suggests that FPES and BFNE provided additional information respective to each other about self-reported anxiety in social interactions (Weeks, Heimberg, & Rodebaugh, 2008). However, I found that only adolescent reports on FPES provided unique information about social anxiety and social skills. FPE may directly and indirectly affect FNE (Weeks, Heimberg, & Rodebaugh, 2008). For adolescents, the relationship between FNE and social outcomes are no longer significant, when FPE is taken into account; FNE may relate to social outcomes, through FPE. Thus, FPE gives more unique information about social anxiety and skill for adolescents.

Limitations and Future Directions

My findings should be interpreted in light of four key limitations. First, the unfamiliar peer confederates who participated in the Unfamiliar Peer Paradigm were college students trained to simulate unfamiliar, same-age peers. Only college students who appeared youthful and could reasonably appear as same-age peers (e.g. wearing age-appropriate casual clothing; no facial hair for male confederates) were confederates in these studies. These procedures were used in previous studies (Anderson & Hope, 2009; Deros et al., 2018; Rausch et al., 2017). However, the confederates were a different age from the participant, so I cannot be certain that reactions in the unfamiliar peer paradigm were specific to peer interaction or to unfamiliar people in general. Thus, future research should examine the generalizability of the findings when using an age-matched adolescent. Second, a limited adolescent age range was used for the present study. The study recruited only 14 and 15-year olds. Thus, our findings might apply to this specific age range and may not generalize to adolescents within earlier and later developmental periods. Future research should replicate this study with older and younger adolescents.

Third, the sample reflected the demographic from the population in which it was sampled, resulting in a diverse sample. The FPES and BFNE have been examined to be psychometrically sound when administered to diverse samples (Norton & Weeks, 2009; Weeks & Howell, 2012). However, diversity is not uniform across the United States and globally, where these measures could be used to assess social anxiety. Therefore, it is imperative to determine the generalizability of these findings to other populations that vary in demographic diversity.

Lastly, these findings relate to assessment of social anxiety. Importantly, evidence-based psychosocial interventions for social anxiety seek to improve adolescent clients' capacities for managing social interactions effectively (see Alfano & Beidel, 2011). Thus, future research

should examine the degree to which multi-informant assessments of fears of positive and negative evaluation are sensitive to treatment response.

Concluding Comments

A multi-informant approach to assessment is important because both parents and adolescents provide reports about adolescents' fears of evaluation that relate to observed behavior within interactions with unfamiliar peers. However, adolescent reports more robustly relate to observed behaviors. Further, across both informants and evaluative domains, fears of positive evaluation (and not negative evaluation) provide incrementally valuable information when understanding how adolescents behave within interactions with unfamiliar peers. Thus, my findings support the idea of ascribing more weight to multi-informant reports of FPE within clinical assessments of adolescent social anxiety. Further research and clinical work should be conducted to utilize a multi-informant approach for measuring aspects of social anxiety and how they relate to assessment and treatment of social anxiety disorder.

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Table 1

Means (M), Standard Deviations (SD), and Inter-Rater Reliability (ICC)/Internal Consistency (α) Estimates of Study Measures

Variable	M	SD	α/ICC
Brief Fear of Negative Evaluation Scale			
Adolescent Self-Report	34.32	9.25	.87
Parent Report about Adolescent	34.50	9.72	.90
Fear of Positive Evaluation Scale			
Adolescent Self-Report	24.44	15.09	.84
Parent Report about Adolescent	23.62	15.99	.87
Observed Skills Rating	3.43	.89	.82
Observed Anxiety Rating	3.02	.83	.76

Table 2

Correlations among adolescent and parent reports on measures of adolescent fears of negative and positive evaluation with observed ratings of anxiety and skill

Variable	1	2	3	4	5	6
BFNE, adolescent self-report		.30**	.63**	.24*	-.20*	.24*
BFNE, parent report about adolescent			.21*	.62**	-.13	.22*
FPES, adolescent self-report				.07	-.25*	.25**
FPES, parent report about adolescent					-.17	0.31**
Observed Skills Rating						-.86***
Observed Anxiety Rating						

Note. BFNE= Brief Fear of Negative Evaluation scale; FPES= Fear of Positive Evaluation Scale.

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

Table 3

Hierarchical regressions examining the incremental validity of adolescent self-reports of BFNE and FPES

Criterion Variable: Adolescent Anxiety (observer ratings)									
Variable	ΔR^2	Total R	B (SeB)	β	Variable	ΔR^2	Total R	B (SeB)	β
Step 1	.12	.35			Step 1	.06	.24		
FPES			.02(.01)	.35***	BFNE			.02(.01)	.24*
Step 2	.001	.35			Step 2	.06	.35		
FPES			.02(.01)	.325**	BFNE			.004(.01)	.33
BFNE			.004(.01)	.039	FPES			.02(.01)	.33**
Criterion Variable: Adolescent Skills (observer ratings)									
Variable	ΔR^2	Total R	B (SeB)	β	Variable	ΔR^2	Total R	B (SeB)	β
Step 1	.11	.33			Step 1	.05	.23		
FPES			-0.2(.01)	-.33**	BFNE			-.02(.01)	-.23*
Step 2	.001	.33			Step 2	.06	.33		
FPES			-.02(0.1)	-.31*	BFNE			-.003(.01)	-.34
BFNE			-.003(.01)	-.03	FPES			-.02(.01)	-.31*

Note. BFNE= Brief Fear of Negative Evaluation scale; FPES= Fear of Positive Evaluation Scale.

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

Table 4

Hierarchical regressions examining the incremental validity of multi-informant reports

Criterion Variable: Adolescent Anxiety (observer ratings)									
Variable	ΔR^2	Total R	B (SeB)	β	Variable	ΔR^2	Total R	B (SeB)	β
Step 1	.06	.24			Step 1	.03	.19		
BFNE-C			.02(.01)	.24*	BFNE-P			.02(.01)	.19
Step 2	.01	.27			Step 2	.04	.27		
BFNE-C			.02(.01)	.21*	BFNE-P			.01(.01)	.12
BFNE-P			.01(.01)	.12	BFNE-C			.02(.01)	.21*
Criterion Variable: Adolescent Anxiety (observer ratings)									
Variable	ΔR^2	Total R	B (SeB)	β	Variable	ΔR^2	Total R	B (SeB)	β
Step 1	.12	.35			Step 1	.06	.24		
FPES-C			.02(.01)	-.35***	FPES-P			.01(.01)	.24*
Step 2	.05	.41			Step 2	.11	.41		
FPES-C			.2(0.1)	-.34***	FPES-P			.01(.01)	.22*
FPES-P			.01(.01)	-.22*	FPES-C			.02(.01)	.34***

Note. BFNE-C= Adolescents' Brief Fear of Negative Evaluation scale; BFNE-P= Parents' Brief Fear of Negative Evaluation scale; FPES-C= Adolescents' Fear of Positive Evaluation Scale; FPES-P= Parents' Fear of Positive Evaluation Scale.

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