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Research has shown that Latino adolescents report higher levels of depressive symptoms compared to youths from other ethnic backgrounds (Twenge & Nolen-Hoeksema, 2002; Kessler et al., 1994). Despite these risks, there is consensus in the literature that the endorsement of familial cultural values (e.g., strong attachment to family, reciprocated loyalty and obligation, and deference for adults) serves as a protective factor and predicts positive outcomes in Latino youths and their families (Stein et al., 2014). Some research studies, however, have highlighted that familial cultural value endorsement can also act as a potential risk factor for Latino youths within high-risk contexts (Zayas, Kaplan, Turner, Romano, & Gonzalez-Ramos, 2000). Although familial cultural values are critical in understanding risk and resilience processes in Latino youths, few studies have investigated the emotional mechanisms through which they promote positive or negative outcomes. The present study examined the relation between the endorsement of familial cultural values and depressive symptoms testing whether shame served to mediate this relation in the context of low grades and high levels of externalizing symptoms. As hypothesized, results demonstrated a negative association between familial cultural values and depressive symptoms. Contrary to hypotheses, however, academic achievement and externalizing symptoms failed to moderate the relationship between familial cultural values and depressive symptoms. Further, shame failed to mediate this relationship. Understanding the emotional underpinnings of these crucial cultural values has implications for the development of

prevention and intervention programs aimed at fostering resilience in Latino youths.

Implications and future directions are discussed.

SHAME AND DEPRESSIVE SYMPTOMS IN LATINO YOUTHS:
WHEN ARE CULTURAL VALUES A RISK AND
WHEN ARE THEY PROTECTIVE?

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CHAPTER I

INTRODUCTION

Latino populations tend to espouse specific familial cultural values (FCV) that dictate a subjugation of one self to the wishes and needs of the family (Lugo Steidel & Contreras, 2003). Latino youths who are high in FCV endorsement typically show less risk for internalizing symptoms (e.g., depression and anxiety), externalizing symptoms (e.g., delinquency and aggression), and substance use across adolescence (Germán, Gonzales, & Dumka, 2009; Horton & Gil, 2008; Polo & Lopez, 2009, Stein, Gonzalez, Cupito, Kiang, & Supple, 2013). However, some research suggests that FCV endorsement might not only serve as a protective factor, but that under certain circumstances, it can also serve as a risk factor for greater depressive symptoms (Velez, 1989; Zayas, et al., 2000). Theoretically, this heightened risk may be the result of feelings of shame when Latino youths who endorse high FCV are not perceiving themselves as fulfilling the obligations to their families, thereby resulting in depressive symptoms (Stein et al., 2014). Despite the importance of FCV in understanding risk and resilience processes in Latino youths, few studies have investigated the mechanisms through which FCV promote positive or negative outcomes and no past work has focused on self-referent emotions like shame. An understanding of how FCV operate in relation to self-referent emotions may provide important insight on when and how FCV operate as risk

or protective factors. This understanding can inform targets of prevention and intervention programs aimed at fostering resilience in Latino youths.

Familial Cultural Values

Many terms have been used to describe FCV typically held by Latinos. Of these, the most frequently researched term is *familism*, which has been defined as a strong attachment to family, reciprocated loyalty and obligation, and a subjugation of self to one's family (Lugo Steidel & Contreras, 2003). It has been conceptualized to include four factors: 1) familial obligations to help the family, 2) familial support—the extent to which the family is a reliable source of emotional support, 3) familial as referent—perceiving oneself as reflective of the family (Knight et al., 2010), and 4) *respeto* (respect)—acceding to and honoring grandparents, parents and other family elders (Fuligni, Tseng, Lam, & Fuligni, 1999; Stein et al., 2014).

There is consensus in the literature that greater endorsement of FCV (i.e., familism, *respeto*) is protective and predicts positive outcomes in Latino youths and their families (Stein et al., 2014). However, some research studies have also highlighted FCV as potential risk factors for Latino youths who have internalized these values. Calzada, Tamis-LeMonda, and Yoshikawa (2013) propose a conceptual model wherein FCV dynamically interact with developmental and family factors to predict outcomes. Specifically, they propose that these FCV are multifaceted and manifest “along a continuum of costs and benefits, over time and across situations, with implications for children's development” (Calzada et al., 2013, p. 1696), which has support in the literature. For example, although FCV predict better academic motivation, higher

educational aspirations and expectations, and GPA (Fuligni, et al., 1999; Stein et al., 2013), high levels of family obligations can interfere with youths' academic success as they demand time and energy that can lead to poor school attendance and dropout (Velez, 1989; Fuligni et al., 1999). Similarly, family obligation values have been found to be protective, but family assistance behaviors seem to be a source of risk (e.g., substance abuse) when there are high levels of conflict in the home (Telzer, 2012). Furthermore, Umaña-Taylor and colleagues (2011) found that FCV endorsement serves a protective function against depressive symptoms, but only under conditions of low levels of discrimination, not under conditions of high levels of discrimination. Other researchers posit that family conflict around youths' behavior can be viewed as a major breach to the family's integrity leading to suicide attempts (Zayas et al., 2000). Thus, FCV can differentially interact with familial and social circumstances to lead to risk. Yet, none of these studies have examined the mechanisms, specifically the emotional underpinnings, for FCV, which may be necessary to fully understand how they promote risk and resilience in Latino youths.

Theoretical Framework

The current study utilized a developmental psychopathology perspective to examine and better understand risk and resilience associated with FCV in Latino youths (Cicchetti & Blender, 2006). Research in developmental psychopathology posits that different mediators might explain protective and risk factors for different outcomes and highlights the importance of identifying multiple pathways to positive outcomes (Masten & Obradović, 2006). Further, researchers have noted the importance of integrating

culture into developmental psychopathology research through examination of “cultural protective, promotive, and risk factors” that interconnect to produce changes in family systems that might help shape individual trajectories of psychopathology (Causadias, 2013, p. 1379). Causadias’ model dictates that it is essential to 1) study cultural development, 2) consider both individual-level and social-level cultural processes, 3) examine the interplay between culture and biology, and 4) promote improved and direct cultural assessment in order to successfully integrate culture into developmental psychopathology. Whereas all components of Causadias’ model are relevant to the study of FCV, the present study will focus on individual-level (i.e., feelings of shame, academic achievement, externalizing symptoms) and social-level cultural processes (i.e., FCV). This study will attempt to elucidate cultural processes that might contribute to trajectories of normal and abnormal behavior and thus, promote improved understanding of key cultural processes for Latino youths.

Extending these models to the study of FCV and depressive symptoms, it is critical to disentangle how cultural beliefs can lead to depressive psychopathology depending on the different individual behavioral contexts, as well as how these may elicit distinct self-referent emotions. Higgins, Klein, and Strauman (1985) proposed that self-concept discrepancy theory provides a psychological model for distinguishing among different aspects of depression. Self-concept discrepancy theory posits that each individual has different self-concepts related to three different domains of the self: 1) the actual self –representation of who a person believes himself to be, 2) the ideal self – representation of who a person wants to be, and 3) the ought self –representation of who

a person believes he should be (Higgins, 1987). According to Higgins, a discrepancy between any of these 3 domains of the self leads to internal conflict and can induce negative emotions. Specifically, self-concept discrepancies between the actual-ideal selves have been found to induce feelings of shame and humiliation and are related to depression (Higgins et al., 1985, Mason et al., 2016). This theory has traditionally been used with quantitative approaches that utilize self-report measures. However, more recently it has been used to provide theoretical explanations in many other literatures, including learning and academic achievement (Sideridis, 2006) and developmental processes, like the change of the ideal self over time (Zentner & Renaud, 2007). Drawing on this theory, Latino youths who endorse high levels of FCV and do not behave in accordance to those values might experience a self-concept discrepancy, as there would be misalignment of their ideal and actual selves that would elicit feelings of shame, and in turn, depressive symptoms.

Shame has been described as a self-referent emotion that has been associated with negative (rumination, hiding, and social withdrawal) behaviors in youths (Tangney, 1993). According to the appraisal-based model of self-conscious emotions, people experience shame when they make internal attributions and blame the stable, uncontrollable self for failure (Tracy & Robins, 2006). This theoretical model has implications for the role that shame plays in depressive symptoms as it may mediate the link between depression and a helpless attributional style (Tracy & Robins, 2006). Several studies have found positive associations between shame and depression in youths (Feiring et al. 2002; Ferguson et al. 2000; Grabe et al. 2007; Kronmüller et al. 2008;

Sjoberg et al. 2005). Negative self-conscious emotions are typically experienced in situations in which a person violates a behavioral standard and this offense is witnessed by others (Muris & Meesters, 2014). The person perceives and assesses the self from the perspective of others using internalized ideal standards (Muris & Meesters, 2014).

Despite the advances made in understanding this self-conscious emotion, shame has not been assessed in the context FCV. Some researchers posit that emotional experiences are mediated by cultural values, expectations, and the structure of social relationships (Rosaldo, 1984; Lutz & White, 1986). Furthermore, there is evidence in the literature that shame can be experienced differently in other cultures. For example, “shame sharing,” is one experience of shame that is unique in collectivistic cultures (Lebra, 1971). In collectivistic cultures shame is experienced not only based on one’s own behaviors, but also those of the group(s) to which one belongs (Lebra, 1971; Stipek, 1998). Given that Latinos tend to demonstrate strong familial ties and high FCV, shame might be experienced differently as rooted within the family. For Latino youths, feelings of shame might occur when their behavior is inconsistent with their own or their family’s values or expectations, and they believe that their family will disapprove of their behavior resulting in rejection or dishonor to the family. In line with this reasoning, a meta-analysis examining 108 studies (Kim, Thibodeau, & Jorgensen, 2011) found that external shame –referring to a negative view of self as seen through other people’s eyes, was associated with larger effect sizes than internal shame –referring to a negative view of the self as seen through a person’s own eyes. Their findings suggest that for Latino youths who have internalized this value, shame may be elicited due to a heightened awareness of

their negative behavior as being a reflection of their family, and for these youths feelings of shame may then lead to depressive symptoms (Stein et al., 2014).

Parental sacrifice and immigration may be another unique context that contributes to the experiences of shame for Latino youths. Latino immigrant parents in particular view their decision to immigrate to the U.S. as a parenting decision to help their children obtain a better education and a better economic future in a safe environment (Perreira, Chapman, & Stein, 2006). Thus, Latino youths who are not meeting their family expectations (i.e., have poor academic achievement or externalizing symptoms) might experience feelings of shame and depressive symptoms as a result of not honoring their parental sacrifice. While a handful of studies have examined the developmental risk associated with not fulfilling obligations in the home (Velez, 1989; Fuligni et al., 1999; Telzer, 2012), no studies to my knowledge have examined the risk of externalizing behaviors and not fulfilling accomplishments (i.e., academic achievement) that families expect from their children, that in part motivated immigration to the U.S.. This study seeks to fill this critical gap in the literature. An integrated cultural developmental psychopathology framework is best suited to capture the dynamic nature of FCV and how they can serve as both risk and protective factors that might initiate, maintain, and/or disrupt trajectories of psychopathology for Latino youths.

Depressive Symptoms in Latino Youths

Prevalence rates for major depression in adolescence reach 15-20% (Cicchetti & Toth, 1998). As noted above, Latino youths experience depressive symptoms to a greater degree compared to their other ethnic peers (Twenge & Nolen-Hoeksema, 2002; Kessler

et al., 1994). Depressive symptoms overall predict poor academic outcomes, externalizing, and internalizing symptoms in Latino youths (Twenge & Nolen-Hoeksema, 2002). FCV typically serve to promote fewer depressive symptoms through encouraging family interconnectedness and unity (Lugo Steidel & Contreras, 2003). However, FCV may also serve as risk for depression under certain circumstances. Examining the role played by cultural factors like FCV may be particularly relevant as familial processes are closely aligned with depressive symptoms in Latino youths (Gunlicks, 2008; Papp, 2012; Calkins & Keane, 2009). Research suggests that cultural discrepancies between family expectations and actual behaviors might be contributing to depressive symptoms in Latino youths (Céspedes & Huey, 2008). This suggests that youths' cultural values might be in line with their family's values, but their behaviors may not be reflective of these, which causes internal conflict and induces negative emotions. Despite its importance, little research has focused on understanding how FCV can play a role in making Latino youths particularly vulnerable to depression. Thus, it is crucial to better understand the mechanisms through which FCV affect the experience of depressive symptoms in this high-risk group.

Academic Achievement and Depressive Symptoms

Several studies posit that low academic achievement is a risk factor for depressive symptoms (Abela & D'Alessandro, 2002; Herman, Lambert, Reinke, & Ialongo, 2008; McCarty et al., 2008). Two hypotheses that have been put forth are: 1) the stress hypothesis (George & Lynch, 2003; McCarty et al., 2008), which states that exposure to high levels of stress results in high depressive affect, and 2) the vulnerability hypothesis

(Cole, Jacquez, & Maschman, 2001; Flynn & Rudolph, 2007), which suggests that interpretations of stressful events can make individuals particularly vulnerable to depression. These hypotheses propose that academic stress and low academic achievement related to negative perceptions of competence can lead to subsequent depressive symptoms. A meta-analysis by Huang (2015) examined 43 longitudinal studies that investigated the effect of academic achievement on subsequent depressive symptoms and found a small negative correlation ($r = -.15$). These results might be explained by Cole's (1991) competency-based model of depression in childhood. This model suggests that incompetency resulting in the development of negative self-schema is a risk factor for depression, but this incompetency may not necessarily cause depression if its effects are offset by successes in other domains. Children who might perceive incompetence in multiple domains, however, are at greater risk for depression because of the cumulative effect of risk factors (Cole, 1991). Latino youths with strong levels of FCV and low academic achievement might be at particularly high risk for depression given that they will have additive effects of academic stress, negative self-schema, and feelings of shame relating to incompetence in meeting family obligations.

Externalizing Symptoms and Depressive Symptoms

Although externalizing symptoms are most often discussed in terms of outcomes of psychopathology, some studies have highlighted how they can also be predictors of depressive symptoms in adolescents. A study conducted by Lewinsohn, Rohde, & Seeley, (1998) identified externalizing problem behaviors and interpersonal conflict with parents as important psychosocial factors that significantly contributed to adolescents becoming

depressed. Further, adolescents who report using substances (i.e., tobacco, alcohol, marijuana) are more likely to report depressive symptoms than other adolescents (Saluja et al., 2004) and studies have found that substance use precedes the onset of depressive symptoms in some adolescents (Degenhardt, Hall & Lynskey, 2003). For Latino youths who endorse strong levels of FCV, externalizing symptomatology might be an even greater risk factor given that FCV dictate a strong deference and respect for adults and an expected behavior to which children should conform to. The youths' behavior is a reflection of the family and if they are acting in a way contrary to their beliefs and their family's expectations, this may lead them to experience feelings of shame and, in turn, place them at greater risk for depression.

Goals and Hypotheses

The goal of the present study was to better understand the relationship between FCV and depressive symptoms, as well as identify the circumstances under which FCV might serve as a risk or protective factor. Utilizing a moderated mediation model this study examined the degree to which the association between FCV and depressive symptoms changes across levels of externalizing symptoms and academic achievement. Furthermore, this study explored shame as a mediating pathway in the association between FCV and depressive symptoms, and the degree to which academic achievement and externalizing symptoms moderated the indirect effect between FCV and shame.

The hypotheses were as follows:

Hypothesis 1a: It was hypothesized that FCV would be associated negatively with youths' depressive symptoms.

Hypothesis 1b: The relationship between FCV and depressive symptoms would be moderated by externalizing symptoms and academic achievement. It was hypothesized that under high levels of externalizing symptoms, FCV would be positively associated with depressive symptoms. In contrast, under low levels of externalizing symptoms, FCV would be negatively associated with depressive symptoms. It was also expected that under conditions of low academic achievement, FCV would be associated positively with depressive symptoms. In contrast, under conditions of high academic achievement, FCV would be negatively associated with depressive symptoms.

Hypothesis 2: The effect of FCV on youths' feelings of shame would be conditional upon youths' level of academic achievement and externalizing symptoms. I expected that under conditions of low academic achievement, FCV would be associated positively with youths' feelings of shame, which in turn, would be associated positively with youths' depressive symptoms. In contrast, under conditions of high academic achievement, FCV would not be associated with youths' feelings of shame. I also expected that under high levels of externalizing symptoms, FCV would be associated positively with youths' feelings of shame, which in turn, would be associated positively with youths' depressive symptoms. In contrast, under low levels of externalizing symptoms, FCV would not be associated with youths' feelings of shame.

CHAPTER II

METHOD

Participants

This study utilized data from the La Familia study. Participants were 175 Latino youths from grades 7th-8th who were recruited from a semi-rural school district in North Carolina. Most adolescents (78%) were in the 7th grade and 52.3% were females. The majority was born in the U.S. (86.1%) with the remainder being of Central and South American origin. In order to participate in the study, the youths' parents were required to be from Latino background, the mother was required to live with the youth, and only one youth from each family was allowed to participate. Only mothers were interviewed as part of this study and they had a mean age of 42.3 years ($SD = 8.0$) with 89.5% being of Mexican origin. A large portion of the sample (92.2%) reported a household income of \$34,999 or less and 58.4% of the mothers were married.

Procedure

Recruitment. Two middle schools in rural North Carolina provided a list of contact information, including name, phone number, and address for all 7th and 8th grade Latino students over the course of 2 years. This yielded a list of 597 families that were targeted for recruitment via phone or door-to-door recruitment. Of these, 217 could not be reached (e.g., disconnected numbers, families not home; 36%) and 16 families had

moved residences (3%). Of the families who were contacted ($n = 364$), 47 were not eligible to participate (13%), 125 declined (34%), 16 consented, but did not complete interviews (4%), and 176 families consented and completed interviews (48%). The study team called each phone number from the list and asked to speak to the youth's mother. After briefly explaining the purpose of the study, the mother was asked if she and her youth were interested in participating. If she was interested, the researcher then spoke to the adolescent to obtain his or her verbal interest in the study. The study team then verified that the family met the eligibility criteria and scheduled an in-home interview with the family.

Once the study team exhausted contact attempts by calling each family a maximum of five times, a door-to-door recruitment procedure was employed. The researchers went to the addresses listed on the contact list of potential participants who did not have active phone numbers or whom the research team had been unable to reach. Once at the participants' homes, the research team, comprised of two students (at least one of which was fluent in Spanish), explained the study and asked the mother and adolescent if they were interested in participating. If interested, the families could choose to complete the study at that moment or schedule for a later time.

In-home Interview. Two trained researchers, a graduate and an undergraduate student, conducted the in-home interviews. At least one of the team members was fluent in Spanish. Participants had the option of completing the interview in either Spanish or English and all measures were available in either Spanish or English, and were provided accordingly depending on each participant's preference. The Spanish-speaking team

member obtained consent from the mother and administered the interview to the mother, while the other team member obtained adolescent assent and administered the computer-based interview to the youth. The in-home interviews consisted of a 1.5-2 hour interview with the mother and a 1.5-2 hour computer survey interview with the adolescent. Both mother and youth interviews included measures of demographics, cultural values, depression, family conflict, discrimination, acculturation, ethnic identity, and finances. Additionally, the mother interview included measures of child behavior and the adolescent interview included measures related to externalizing symptoms, academic achievement and motivation, and peer involvement. These measures were counterbalanced. The mothers received a \$20 gift card and the youths received a \$10 gift card for their participation in the study. Informational brochures about applying for college and bilingual mental health services in the area were also provided to the families.

The Institutional Review Board at the University of North Carolina at Greensboro approved all procedures for this study.

Measures

Familial Cultural Values. Adolescents completed the Mexican American Cultural Values Scale (MACVS; Knight et al., 2010), which assessed six Mexican American Values (support, obligations, referent, respect, religion, and traditional gender roles) typically held by Mexican-American youths and adults, and three mainstream values (material success, independence and self-reliance, and competition and personal achievement). Only the support, obligations, referent, and respect scales were used for the

current study as these tap into the constructs associated with FCV. Adolescents rated to what degree they agreed with each of 50 items using a 5-point rating scale from 1 (*Not at all*) to 5 (*Completely*). Sample items included, “Parents should teach their children that the family always comes first,” “No matter what, children should always treat their parents with respect,” and “Children should always do things to make their parents happy.” The measure showed adequate reliability in samples of Mexican-American adolescents and their parents (Roosa et al., 2008; Gonzales, Dumka, Mauricio & Germán, 2007) with subscale Cronbach’s alphas ranging from .79 - .88 for the composite subscales (e.g., familism) and from .50 - .82 for the individual subscales (e.g., respeto). The items across the four subscales (i.e., support, obligations, referent, and respect) were averaged to represent total FCV. Cronbach’s alpha for these questions was .93.

Depressive Symptoms. The Mood and Feelings Questionnaire (Angold & Costello, 1987) assessed youths’ depressive symptoms. An adapted version of the scale consisting of 33 items was used in this study. Adolescents rated to what degree they experienced depressive symptoms in the past two weeks. Sample items included, “I didn’t enjoy anything at all,” “I felt miserable or unhappy,” and “I felt I was no good anymore.” Adolescents reported whether the statement was: (0) *not true*, (1) *sometimes true*, or (2) *mostly true*. This measure has demonstrated adequate psychometric properties (Burleson Daviss et al., 2006) and good internal consistency in a sample of youths from mixed ethnic backgrounds with $\alpha = .94$ (Angold et al., 1995). The items were summed to represent total depressive symptoms. Cronbach’s alpha for the sample was .94.

Shame. This study used an adaptation of the Educational Socialization Scale (Choi, Bempechat, & Ginsburg, 1994) to assess feelings of shame in the youths. This scale assessed shame and guilt as it relates to familial relationships. Adolescents rated to what degree they agreed with each of 11 items using a 5-point rating scale from 1 (Never) to 5 (Almost every day). Sample items included, “I feel ashamed when I don’t fulfill my obligations to my family,” “I feel ashamed if I do badly in school,” and “I feel badly because my parents work so hard to give me a good education.” The measure has shown adequate reliability in a sample of youths from mixed backgrounds with $\alpha = .73$ for shame, and $\alpha = .65$ for guilt (Bempechat, Graham, & Jimenez, 1999). Because this measure was adapted from an educational context, an exploratory factor analysis (EFA) was used to examine the factor structure of the adapted measure. Prior to conducting the EFA, an initial review of the items in the scale was conducted to examine content validity. Three items were removed from the measure in this initial review. Two items were removed because they reflected parental reactions (e.g., “My parents feel ashamed if I do badly in school”) and the third item (i.e., “I feel badly when I act more “American” than my parents would like”) was removed due to its focus on acculturative stress, which was not consistent with the measure of shame. After eliminating these items an EFA was conducted in Mplus 7.31 (Muthén & Muthén, 1998-2015) on the remaining 8 items using a promax (oblique) rotation. The scree plot for the EFA with 8 items indicated the presence of two factors and eigenvalues indicated two factors as well. The first factor included 5 items that focused on feeling shame when doing poorly in school or not fulfilling parental expectations, while the second factor included 3 items that

focused on feeling shame because parents work hard to provide for the youths. Because the two factors were significantly correlated (.58) and seemed to tap the same construct (i.e., familial shame), the 8-item scale was used as a solo scale and demonstrated good validity. Cronbach's alpha for the final set of 8 items was .86.

Academic Achievement. Grades were obtained from youth self-report using a 9-point rating scale from 1 (Mostly A's) to 9 (Mostly F's). These were reversed scored so that higher scores reflected higher grades (i.e., 9 = Mostly A's to 1 = Mostly F's).

Externalizing Symptoms. This study used a 30-item subscale of the Youth Self-Report Form to assess total externalizing symptoms. The scale asked youths to report how true statements regarding their behaviors during the past six months were using a 3-point scale (0 = not true; 1 = somewhat true; 2 = very true). Sample items included, "I break rules at home, school or elsewhere," "I hang around with kids who get in trouble," and "I disobey my parents." The measure has shown adequate reliability $\alpha = .89$ for the externalizing symptoms sub-scale (Achenbach, 1991). Cronbach's alpha for the sample was .90.

Statistical Analyses

Structural Equation Modeling (SEM) was conducted using Mplus 7.31 (Muthén & Muthén, 1998-2015) to examine the relationship between FCV and depressive symptoms. All variables were indicated to be manifest and interactions were centered. Given that the current models were fully saturated, model fit is not reported. To probe significant conditional direct and indirect effects a bootstrapping procedure with 1,000 iterations was employed (Preacher & Hayes, 2004). Specifically, the bias-corrected

bootstrapping confidence intervals were estimated as they have shown to provide greater power and more precise confidence intervals than percentile bootstrapped confidence intervals (Preacher, Rucker, & Hayes, 2007).

First, Model 1 (see Figure 1) examined the direct effect of FCV on depressive symptoms and the conditional direct effect to assess whether externalizing symptoms and academic achievement moderated the association between FCV and depressive symptoms. Second, Model 2 (see Figure 2) examined the indirect effect of shame on the association of FCV and youths' depressive symptoms and the conditional indirect effect to assess whether externalizing symptoms and academic achievement moderated the association between FCV and shame, and whether the conditional indirect effect was associated with depressive symptoms.

CHAPTER III

RESULTS

Preliminary Analyses

Results from this study indicated that overall, adolescents reported high levels of FCV ($M = 4.14$; $SD = 0.58$), low levels of depressive symptoms ($M = 11.03$; $SD = 11.03$), and moderate levels of shame ($M = 3.67$; $SD = 0.84$). Additionally, adolescents reported B average grades ($M = 7.21$; $SD = 1.21$) and low levels of externalizing symptoms ($M = 4.42$; $SD = 4.20$). Preliminary analyses revealed that gender ($\beta = -.239$, $p = .002$) was significantly associated with depressive symptoms. For this reason, it was included as a covariate in the analyses. Correlations, means, and standard deviations are presented in Table 1.

Model 1: Direct and Conditional Direct Effects Model

Hypothesis 1a: As hypothesized, regression analyses from Model 1 indicated that for adolescents, higher levels of FCV were associated with lower depressive symptoms ($\beta = -0.211$, $p = .003$), which explains 12% of the variance predicted in the model.

Hypothesis 1b: Contrary to hypotheses neither externalizing symptoms ($\beta = -0.047$, *n.s.*) nor academic achievement ($\beta = -0.035$, *n.s.*) moderated the relationship between FCV and depressive symptoms. A main effect of externalizing symptoms ($\beta = 0.571$, $p < .001$) on depressive symptoms was found, demonstrating that higher levels of externalizing symptoms were associated with higher levels of depressive symptoms.

Model 2: Indirect and Conditional Indirect Effects Model

Hypothesis 2: Results from Model 2 indicated that shame was significantly associated with depressive symptoms ($\beta = 0.232, p < .001$), and that familism was significantly associated with shame ($\beta = 0.194, p < .05$). However, contrary to hypotheses, the total indirect effect of FCV on depressive symptoms through shame was not significant ($B = 0.045, p = .064, 95\% \text{ CI } [0.145, .995]$), which suggests a meditational effect does not exist.

Post Hoc Analyses

Post hoc analyses were conducted to examine the mediating (Model 3; see Figure 3) and moderating (Model 4; see Figure 4) effect of shame on the association between FCV and depressive symptoms. Results demonstrated that shame ($\beta = 0.052, n.s.$) failed to mediate the relationship between FCV and depressive symptoms. However, a significant interaction ($\beta = -0.180, p < .05$) between FCV and shame was found, indicating a significant moderating effect. Specifically, FCV plays a key role in buffering against depressive symptoms under conditions of high levels of shame (see Figure 5).

CHAPTER IV

DISCUSSION

This study sought to examine the relationship between FCV and depressive symptoms and the mediating effect of shame in the context of low academic achievement and high externalizing symptoms. The integrated cultural developmental psychopathology framework allowed a focused examination into the dynamic nature of FCV and their role in risk and resilience processes for Latino youths. Overall, the results contribute to the existing literature that places FCV as critical in Latino youths' positive development and as protective against psychological problems, such as depressive symptoms (Horton & Gil, 2008; Polo & Lopez, 2009, Stein, Gonzalez, Cupito, Kiang, & Supple, 2013). The present study extends past research by examining the emotional underpinnings of FCV, specifically, in relation to self-referent emotions, such as shame finding that for youths experiencing high levels of shame, FCV may be protective against depressive symptoms.

Shame, Familial Cultural Values, and Depressive Symptoms

Although the results failed to support the hypothesis that shame served as a mediator in the relationship between FCV and depressive symptoms, a significant link between shame and depressive symptoms, and FCV and shame was established. The link between shame and depressive symptoms is consistent with literature that suggests

greater feelings of shame are positively associated with greater depressive symptoms (Feiring et al. 2002; Ferguson et al. 2000; Grabe et al. 2007; Kronmuller et al. 2008; Sjoberg et al. 2005). On the contrary, the positive association between FCV and shame was unexpected. It was predicted that this relationship would exist only for youths whose behavior was not consistent with their cultural values (e.g., high FCV combined with low academic achievement or high externalizing symptoms). Thus, this finding was surprising given the relatively good academic achievement and low externalizing context of the sample. It may be that for Latino youths, shame in the context of high FCV is normative. Latino youths who endorse high levels of FCV might be more prone to experiencing shame given the strong desire to fulfill their family obligations and conform to their parents' expectations of behavior. In fact, in collectivistic cultures, feeling shame and viewing oneself negatively is adaptive and expected as it is viewed as serving the larger goal of self-improvement (Wong & Tsai, 2007). Thus, for Latino youths, this may be an emotion that is very prominent and commonly experienced, which has support in the literature within collectivistic contexts (Frijda & Mesquite, 1994).

Additionally, post-hoc analyses suggest that shame may moderate the relation between FCV and depressive symptoms, such that, high levels of FCV serve as a protective factor against depressive symptoms in the context of high levels of shame. This suggests that FCV serve to buffer the relation between shame and depressive symptoms. Research demonstrates that Latino youths, especially those with immigrant parents, are highly motivated to succeed as a way to "give back" to their parents who have worked hard and made sacrifices for them (Ceballo, 2004; Sánchez, Reyes, &

Singh, 2006; Suárez- Orozco & Suárez-Orozco, 2001), which in part, may explain why FCV are still protective even in high shame contexts. There is also research to suggest that the underlying assumptions made about shame in the emotion literature do not apply in cultures that tend to be more collectivistic (Wong & Tsai, 2007). In Western models of shame, it is typically described as a maladaptive emotion that leads to negative behaviors, such as social withdrawal (Tangney, 1993) and negative outcomes, such as depressive symptoms (Tracy & Robins, 2006). However, in collectivistic cultures where youths may have a more interdependent sense of self, shame is not seen as harmful to psychological well-being, and it is seen instead as prosocial and adaptive (Wong & Tsai, 2007; Bagozzi, Verbeke, & Gavino, 2003). This might explain why endorsement of FCV might invoke feelings of shame, but be protective against depressive symptoms. Perhaps for youths with lower levels of FCV the Western model of shame might be more appropriate. This suggests that the experience of shame might be dependent on FCV endorsement. Future studies should examine a 3-way interaction between FCV, shame, and depressive symptoms to further explore how these are interrelated. These findings highlight the importance of examining the emotional underpinnings of FCV in understanding resilience processes for Latino youths. However, because these analyses were conducted post-hoc more research is needed to examine these relationships to confirm that cultural differences in the experience of shame exist, and to clarify their effect on youths' psychological well-being.

However, it is also possible that no significant mediational effects were found because the measure for shame used in this study might not be specific enough and might

be tapping into more general shame rather than shame stemming from failure to meet own and familial expectations. Shame has typically been assessed in individualistic cultures and the measure used may not be fully capturing the familial nature of shame that might be present in Latino cultures, which tend to be more collectivistic. Perhaps a future study can include measures such as the Interpersonal Shame Inventory (Wong et al., 2014), which assesses for both self-referent and familial shame and compare the results. Consistent with evidence that in collectivistic cultures shame is viewed as a positive emotion that increases prosocial behavior and motivation (Wong & Tsai, 2007), for Latino youths who demonstrate strong familial ties and high familism, shame may fuel academic motivation and self-improvement due to the need to fulfill the obligations they feel to their families, thus negating the detrimental effects that typically lead to depressive symptoms. Future studies are needed to continue disentangling the association between FCV and shame and how the two interact in a risk and resilience framework.

Family Functioning and Parent – Child Relationships

Family functioning and parent – child relationships are key processes that should also be considered in future studies. For example, parental control, or the demands and restrictions that parents place on their youths, can impact youths' well-being (Maccoby & Martin, 1983). These processes should be considered in the context of shame given that for Latino mothers, these demands might be motivated by FCV (Halgunseth, Ispa, & Rudy, 2006). In fact, collectivistic cultures tend to utilize shaming techniques in their parenting strategies more than American parents (Fung & Chen, 2001), which may explain why shame was moderate in this sample. Thus, the link between shame and

depressive symptoms may be contingent on parenting processes. High levels of parental psychological control are typically associated with risk, while behavioral control (Barber, Stolz, Olsen, Collins, & Burchinal, 2005) and parental warmth (Bean, Barber, & Crane, 2006) tend to be associated with positive outcomes (e.g., less depressive symptoms and delinquency) in youths. However, some research reports that for Latino youths, high levels of parental psychological control are actually protective in the context of parental warmth (Mongro-Wilson, 2007). This suggests that in the context of high levels of parental psychological control with low levels of warmth shame may be more maladaptive for Latino youths. Future research should consider how these parenting variables function differently in Latino families and how they relate to feelings of shame to better understand how they affect youths' outcomes.

Although family obligations/filial responsibilities dictated by parents are typically positive for youths' psychological development, it would also be important to consider youths' perceived fairness of these obligations, as low perceived fairness is predictive of increased psychological distress (Kuperminc, Wilkins, Jurkovic, & Perilla, 2013). If youths feel that these expectations are unfair or unattainable, this may lead to a more maladaptive experience of shame. Moreover, a difference in values and beliefs between parents and youths (i.e., acculturation-based conflict) has been documented as a key source of conflict within Latino families (Smokowski, Rose, & Bacallao, 2008). Assessing acculturation-based conflict could shed light on whether youths' feelings of shame may be more harmful than adaptive in this context. Further, research shows that youths who view their parents as legitimate sources of guidance and authority tend to

report higher levels of FCV (Bush, Supple, & Lash, 2004) and that parental ethnic socialization tends to lead to increases in FCV (Knight et al., 2011; Umaña-Taylor, Alfaro, Bámaca, & Guimond, 2009). Thus, parents' socialization practices and youths' relationships with their parents can have significant impacts on the development of FCV and the underlying emotions associated with these values.

Self-concept Discrepancy Theory in the Latino Context

Given that the sample endorsed overall high levels of FCV, it can be assumed that these youths have strong deference, obligation, and respect for their families. This strong identification with their family may make it difficult for them to separate private self-concept from collective self-concept, which can be helpful in predicting how self-concept discrepancies affect emotions (Triandis, 1989). Higgins (1987) posited that self-concept discrepancies between the actual self and the ideal other (i.e., representation of who a person believes a significant other wants them to be) also make individuals vulnerable to depressive symptoms. Further, research has found that when compared to their American counterparts, individuals from collectivistic cultures are more affected in terms of their well being by discrepancies between their own and their parent's perspective on goals (Chan, 1997). For this reason, future studies should examine the relation concerning the self-concept discrepancy between youths' actual selves and their parents' ideal expectations. It may be that this relationship might be more predictive of youths' emotional and psychological adjustment than the actual-ideal self-concept discrepancy of the youths alone. Moreover, self-concept discrepancies referring to actual-ought selves should also be examined, as research has suggested that they lead to other emotional

troubles, such as anxiety, fear, and restlessness (Higgins, 1987). Although results from the present study point to shame as an important emotion in understanding the relation between FCV and depressive symptoms, future studies should also explore other emotions and their role in this association. For example, it is possible that other emotions are more important in predicting psychological outcomes in Latino youths. Future studies should consider the role of pride given its strong association to positive family functioning found in past studies (Mejia, 2016). Further examination of these relationships within the context of FCV is necessary in order to tease apart which self-concept discrepancies are most salient to Latino youths and how these affect their emotional and psychological functioning.

Academic Achievement, Externalizing Symptoms, and Depressive Symptoms

Unexpectedly, the hypothesis that Latino youths would experience depressive symptoms in the context of low academic achievement and high externalizing symptoms was not supported. This finding was surprising given that past research has demonstrated strong links between depression and both underachievement in school (Herman, Lambert, Reinke, & Ialongo, 2008; McCarty et al., 2008) and externalizing problem behaviors (Lewinsohn, Rohde, & Seeley, 1998). It is possible that this effect was not found given the relatively average grades and low externalizing symptoms reported by the youths in the sample. Youths in this sample did not demonstrate high levels of shame, which typically occurs when they make internal attributions and blame themselves for failure (Tracy & Robins, 2006). According to Cole's model of depression, incompetency in several domains leads to the development of negative self-schema, which is a risk factor

for depression. However, for the youths in this sample, the risk for depressive symptoms is likely offset by their successes in academic achievement and externalizing domains. This finding emphasizes that the relation between academic achievement, externalizing symptoms, and depressive symptoms is not a continuous one and it must be examined on a continuum employing a risk and resilience perspective.

Developmental Considerations

Additionally, developmental stage must be considered when interpreting the results of this study. Self-referent emotions entail a wide range of developmentally advanced cognitive skills such as the ability to identify discrepancies between standards of behaviors and the ability to self reflect (Kim, Thibodeau, & Jorgensen, 2011). Though these abilities develop relatively early in childhood, children's ability to reflect on underlying motivations and think about them as stable entities may vary depending on their developmental stage (see Mills, 2005 for a review on development of shame). Moreover, the youths in the sample were in middle school and just entering adolescence. A different picture might arise in older teens that may be exposed to more risk in high school and beyond. Adolescence is a time of increased susceptibility for risk-taking and impulsivity due to the slow maturation of the cognitive control system, heightened sensation seeking, and youths' egocentrism (Steinberg, 2007; Arnett, 1992; Chambers et al., 2003). At the same time, their meta-cognitive development would allow them to introspect on whether their behavior is consistent with their own internalized values and parental expectations (Weil et al., 2013). Further, Latino youths in particular tend to be exposed to additional risk factors, including discrimination, acculturative stress, poverty,

and underprivileged neighborhoods and schools (Arrington & Wilson, 2000), which place them at high risk for behavioral outcomes inconsistent with their internalized values and parental expectations. Together, these may create a perfect storm such that youths are caught in a state of significant risk and internal conflict between making decisions that align with their own values and that live up to their parents' expectations. Future studies should strive to include more developmentally diverse samples that may lend more variability to the variables assessed in this study.

Limitations and Future Directions

The present study was met with several limitations. First, it utilized cross-sectional data. Future studies would benefit from employing a longitudinal design in order to more appropriately test a moderated mediation model. A longitudinal design would also provide more clarity to the development of FCV and underlying emotions associated with them. Second, the study utilized self-reported data, which may be subject to over and underreporting. Accurate reporting is crucial in being able to identify the effects of self-concept discrepancies for Latino youths. Future studies could examine this model using an experimental design that would more accurately assess the in-the-moment emotions associated with academic and other failures in Latino youths high in FCV. Lastly, the limited variability in the academic achievement and externalizing symptoms measures might be due to the fact that the study utilized a community sample of Latino youths residing in an emerging immigrant context. Their general well adjustment is consistent with research that posits that immigrants who live in ethnic enclaves tend to have better overall adjustment (Stafford, Newbold, & Ross, 2011).

Conclusions and Implications

Overall, this sample reported high levels of FCV and academic achievement, low levels of depressive and externalizing symptoms, and moderate levels of shame. This suggests that the youths in the study are generally well-adjusted and functioning well both in school and at home. Given that the sample resides in an emerging immigrant community and experiences high levels of economic stress (Cupito, 2017), youths may count on supportive, close knit relationships with their families and community, which may account for their positive functioning. Further, research shows that more recent immigrants perform better academically than Latinos whose families have been in the United States longer (Perreira, Fuligni, & Potochnick, 2010). Thus, the results of this study may not generalize to more established Latino populations.

Current findings fill the gap in the literature as they highlight the importance of studying the emotional underpinnings of FCV within varying contexts. Telzer & Fuligni (2009) found evidence that family assistance behaviors are associated with higher levels of happiness as a result of the role fulfillment that they provide to Latino youths. Results from the present study add to this literature by identifying another emotion underlying FCV—shame, which plays an important role in youths' adjustment, although more research is needed to clarify its function. The study findings are consistent with the existing literature that FCV may act as both protective and potential risk factors for depressive symptoms in Latino youths within different contexts (Zayas, Kaplan, Turner, Romano, & Gonzalez-Ramos, 2000; Velez, 1989). As suggested by Causadias (2013), research should strive to integrate cultural, developmental and family factors to better

understand how these interconnect to produce unique trajectories of psychopathology.

With Latino youths, a special focus on the family system is necessary as family is critical in shaping youths' self identity and emotional well-being. It is critical for future studies to consider parental expectations and involvement when attempting to understand youths' outcomes as these have been recognized as strong predictors of positive functioning, such as high academic achievement (Ceballo, Maurizi, Suarez, & Aretakis, 2014).

With regard to clinical implications, this study sheds light on the emotional components that may accompany FCV and may affect psychological trajectories for Latino youths. Recognizing the emotions that underlie FCV may be particularly important when engaging Latino youths in treatment of psychological issues. For example, working toward eliminating shame is a typical goal in traditional psychotherapy. However, for Latino youths who might see shame as a positive, motivating emotion, this approach may be detrimental and may have negative familial, social, and psychological effects. Additionally, the results suggest that these emotions may be strongly tied to family relationships, and that depending on the context, they may serve to buffer or predict negative outcomes. Thus, it is important for clinicians to acknowledge this and guide their interventions by considering these cultural and familial factors.

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APPENDIX A
TABLES AND FIGURES

Table 1. Correlations and Descriptive Statistics.

Variables	1	2	3	4	5
1. FCV	1.00				
2. Depressive Symptoms	-.195*	1.00			
3. Shame	.167*	.277**	1.00		
4. Academic Achievement	.009	-.040	-.104	1.00	
5. Externalizing Symptoms	-.180*	.636**	.121	-.097	1.00
Mean	4.14	11.03	3.67	7.21	6.97
SD	.58	11.03	.84	1.21	6.71
Range	1 - 5	0 - 2	1 - 5	1 - 9	1 - 3

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

Figure 1. Model 1 for Hypotheses 1a and 1b.

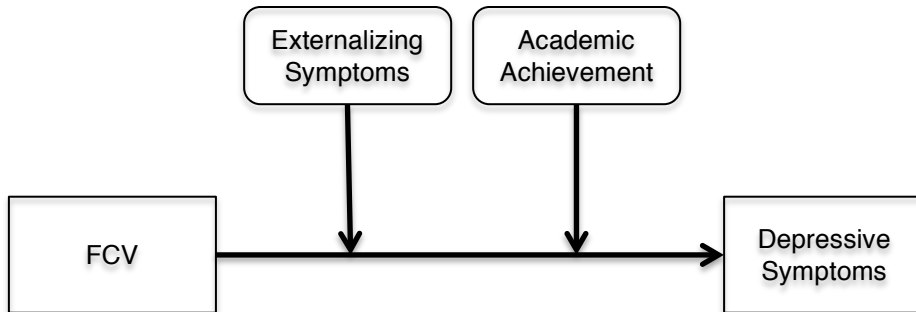


Figure 2. Model 2 for Hypothesis 2.

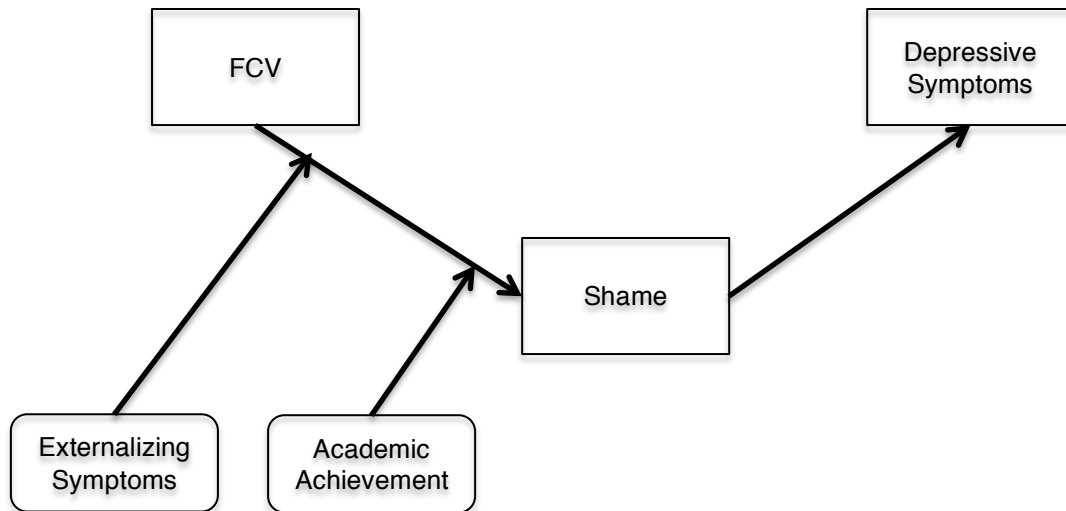


Figure 3. Model 3 for Shame as a Mediator.

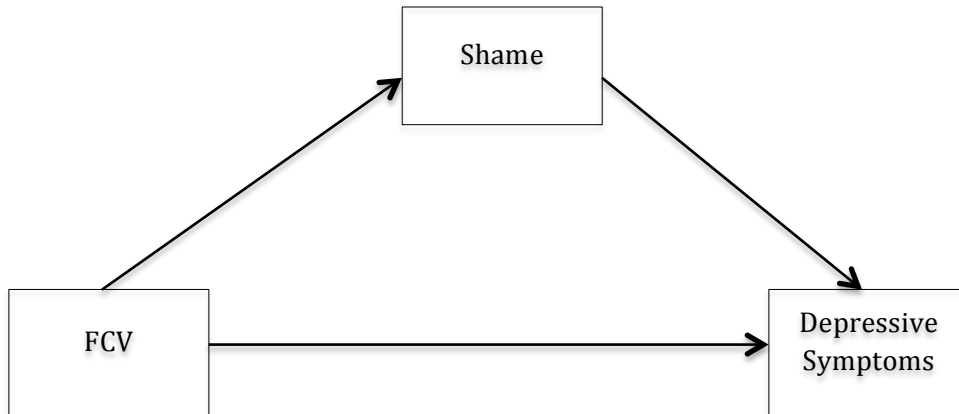


Figure 4. Model 4 for Shame as a Moderator.

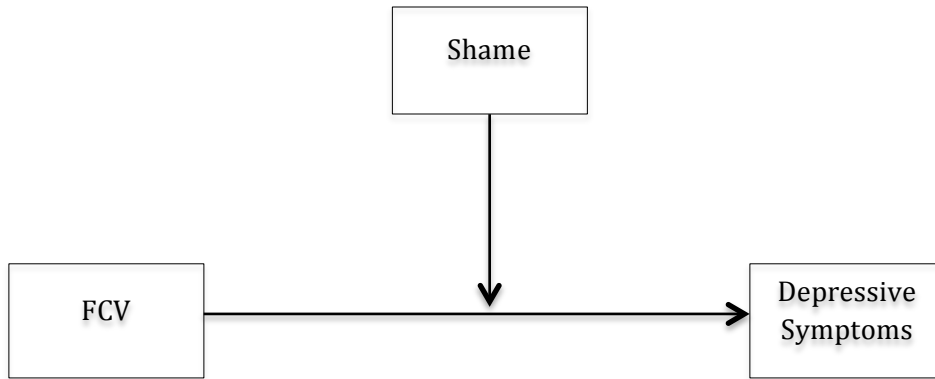
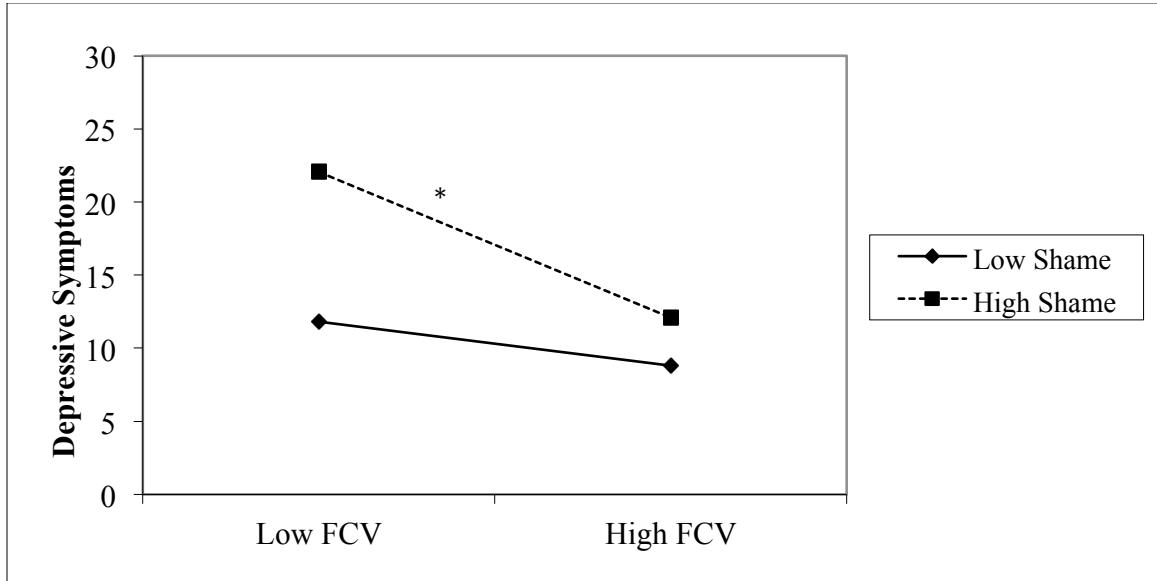


Figure 5. Interaction Effect of FCV × Shame on Depressive Symptoms.



APPENDIX B

MEASURES

Mexican American Cultural Values Scale (MACVS) (Knight et al., 2010)

The next statements are about what people may think or believe. Remember, there are no right or wrong answers. Tell me how much you believe that . . .

1 = Not at all 2 = A little 3 = Somewhat 4 = Very much 5 = Completely

-
1. One's belief in God gives inner strength and meaning to life.
 2. Parents should teach their children that the family always comes first.
 3. Children should be taught that it is their duty to care for their parents when their parents get old.
 4. Children should always do things to make their parents happy.
 5. No matter what, children should always treat their parents with respect
 6. Children should be taught that it is important to have a lot of money.
 7. People should learn how to take care of themselves and not depend on others.
 8. God is first; family is second.
 9. Family provides a sense of security because they will always be there for you.
 10. Children should respect adult relatives as if they were parents.
 11. If a relative is having a hard time financially, one should help them out if possible.
 12. When it comes to important decisions, the family should ask for advice from close relatives.

13. Men should earn most of the money for the family so women can stay home and take care of the children and the home.
14. One must be ready to compete with others to get ahead.
15. Children should never question their parents' decisions.
16. Money is the key to happiness.
17. The most important thing parents can teach their children is to be independent from others.
18. Parents should teach their children to pray.
19. Families need to watch over and protect teenage girls more than teenage boys.
20. It is always important to be united as a family.
21. A person should share their home with relatives if they need a place to stay.
22. Children should be on their best behavior when visiting the homes of friends or relatives.
23. Parents should encourage children to do everything better than others.
24. Owning a lot of nice things makes one very happy.
25. Children should always honor their parents and never say bad things about them.
26. As children get older their parents should allow them to make their own decisions.
27. If everything is taken away, one still has their faith in God.
28. It is important to have close relationships with aunts/uncles, grandparents, and cousins.
29. Older kids should take care of and be role models for their younger brothers and sisters.

30. Children should be taught to always be good because they represent the family.
31. Children should follow their parents' rules, even if they think the rules are unfair.
32. It is important for the man to have more power in the family than the woman.
33. Personal achievements are the most important things in life.
34. The more money one has, the more respect they should get from others.
35. When there are problems in life, a person can only count on him or herself.
36. It is important to thank God every day for all one has.
37. Holidays and celebrations are important because the whole family comes together.
38. Parents should be willing to make great sacrifices to make sure their children have a better life.
39. A person should always think about their family when making important decisions.
40. It is important for children to understand that their parents should have the final say when decisions are made in the family.
41. Parents should teach their children to compete to win.
42. Mothers are the main people responsible for raising children.
43. The best way for a person to feel good about him or herself is to have a lot of money.
44. Parents should encourage children to solve their own problems.
45. It is important to follow the Word of God.
46. It is important for family members to show their love and affection to one another.
47. It is important to work hard and do one's best because this work reflects on the family.
48. Religion should be an important part of one's life.

49. Children should always be polite when speaking to any adult.

50. A wife should always support her husband's decisions, even if she does not agree with him.

Mood and Feelings Questionnaire (Angold & Costello, 1987)

This form is about how you might have been feeling or acting recently. For each question, please choose how much you have felt or acted this way in the past two weeks.

Choose between 0-2 or 7-9

0 Not True

1 Sometimes True

2 Mostly True

7 Don't Know

8 Refuse to Answer

9 Not Applicable

-
- Q149. 1. I felt miserable or unhappy
- Q150. 2. I didn't enjoy anything at all
- Q151. 3. I was less hungry than usual
- Q152. 4. I ate more than usual
- Q153. 5. I felt so tired I just sat around and did nothing
- Q154. 6. I was moving and walking more slowly than usual
- Q155. 7. I was very restless
- Q156. 8. I felt I was no good anymore
- Q157. 9. I blamed myself for things that weren't my fault
- Q158. 10. It was hard for me to make up my mind
- Q159. 11. I felt grumpy and cross with my parents

- Q160. 12. I felt like talking less than usual
- Q161. 13. I was talking more slowly than usual
- Q162. 14. I cried a lot
- Q163. 15. I thought there was nothing good for me in the future
- Q164. 16. I thought that life wasn't worth living
- Q165. 17. I thought about death or dying
- Q166. 18. I thought my family would be better off without me
- Q167. 19. I thought about killing myself
- Q168. 20. I didn't want to see my friends
- Q169. 21. I found it hard to think properly or concentrate
- Q170. 22. I thought bad things would happen to me
- Q171. 23. I hated myself
- Q172. 24. I felt I was a bad person
- Q173. 25. I thought I looked ugly
- Q174. 26. I worried about aches and pains
- Q175. 27. I felt lonely
- Q176. 28. I thought nobody really loved me
- Q177. 29. I didn't have any fun at school
- Q178. 30. I thought I could never be as good as other kids
- Q179. 31. I did everything wrong
- Q180. 32. I didn't sleep as well as I usually sleep
- Q181. 33. I slept a lot more than usual

Educational Socialization Scale (Choi, Bempechat, & Ginsburg, 1994)

The following sentences relate to your relationship with your family. Read each sentence carefully and respond honestly. There are no right or wrong answers.

Use these numbers to answer the questions on this page:

1 Never

2

3 Sometimes

4

5 Almost every day

-
1. My parents punish me when I don't do well in school.
 2. My parents feel ashamed if I do badly in school.
 3. I feel ashamed if I do badly in school.
 4. I feel badly when I act more "American" than my parents would like.
 5. I feel ashamed when I don't fulfill my obligations to my family.
 6. I feel badly that my parents have to work so hard.
 7. I feel ashamed when I let my parents down.
 8. I feel badly when I am not able to honor my parents' wishes.
 9. I feel badly when I have let my parents down.
 10. I feel badly because my parents work so hard to give me a good education.
 11. I feel badly when I don't follow my cultural values.

Youth Self-reported Grades

Which of the following best describes the grades you are getting in school? (Choose one)

-
- 01 mostly A's
 - 02 mostly A's and B's
 - 03 mostly B's
 - 04 mostly B's and C's
 - 05 mostly C's
 - 06 mostly C's and D's
 - 07 mostly D's
 - 08 mostly D's and F's
 - 09 mostly F's
 - 97 Don't Know
 - 98 Refuse to Answer
 - 99 Not Applicable

Youth Self-Report Form (YSR) (Achenbach, 1991)

Below is a list of items that describes kids. For each item that describes you now or within the past 6 months choose the option that fits it best.

Choose between 0-2 or 7-9

0 Not True

1 Somewhat or Sometimes True

2 Very True or Often True

7 Don't Know

8 Refuse to Answer

9 Not Applicable

Q200. I drink alcohol without my parents' approval (Choose one)

Q201. I argue a lot (Choose one)

Q202. There is very little that I enjoy (Choose one)

Q203. I cry a lot (Choose one)

Q204. I am mean to others (Choose one)

Q205. I try to get a lot of attention (Choose one)

Q206. I destroy my own things (Choose one)

Q207. I destroy things belonging to others (Choose one)

Q208. I disobey my parents (Choose one)

Q209. I disobey at school (Choose one)

Q210. I don't feel guilty after doing something I shouldn't (Choose one)

- Q211. I break rules at home, school or elsewhere (Choose one)
- Q212. I am afraid of certain animals, situations, or places, other than school (Choose one)
- Q213. I am afraid of going to school (Choose one)
- Q214. I am afraid I might think or do something bad (Choose one)
- Q215. I feel that I have to be perfect (Choose one)
- Q216. I feel that no one loves me (Choose one)
- Q217. I feel worthless or inferior (Choose one)
- Q218. I get in many fights (Choose one)
- Q219. I hang around with kids who get in trouble (Choose one)
- Q220. I would rather be alone than with others (Choose one)
- Q221. I lie or cheat (Choose one)
- Q222. I am nervous or tense (Choose one)
- Q223. I am too fearful or anxious (Choose one)
- Q224. I feel too guilty (Choose one)
- Q225. I physically attack people (Choose one)
- Q226. I would rather be with older kids than kids my own age (Choose one)
- Q227. I refuse to talk (Choose one)
- Q228. I run away from home (Choose one)
- Q229. I scream a lot (Choose one)
- Q230. I am secretive or keep things to myself (Choose one)
- Q231. I am self-conscious or easily embarrassed (Choose one)

- Q232. I set fires (Choose one)
- Q233. I am too shy or timid (Choose one)
- Q234. I steal at home (Choose one)
- Q235. I steal from places other than home (Choose one)
- Q236. I am stubborn (Choose one)
- Q237. My moods or feelings change suddenly (Choose one)
- Q238. I am suspicious (Choose one)
- Q239. I swear or use dirty language (Choose one)
- Q240. I think about killing myself (Choose one)
- Q241. I tease others a lot (Choose one)
- Q242. I have a hot temper (Choose one)
- Q243. I think about sex too much (Choose one)
- Q244. I threaten to hurt people (Choose one)
- Q245. I smoke, chew, or sniff tobacco (Choose one)
- Q246. I cut classes or skip school (Choose one)
- Q247. I don't have much energy (Choose one)
- Q248. I am unhappy, sad or depressed (Choose one)
- Q249. I keep from getting involved with others (Choose one)
- Q250. I worry a lot (Choose one)