

Running Head: Model of depression

Self-concept in Adolescents:

The Role of Ethnicity and Contextual Variables

in the Manifestation of Depression

by

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Dissertation submitted to the faculty of the

Virginia Polytechnic Institute and State University

in partial fulfillment of the requirements for the degree of

DOCTOR OF PHILOSOPHY

IN

PSYCHOLOGY

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May 11, 2000

Blacksburg, VA

Key Words: Self-concept, Depression, Adolescents, Ethnicity, Global self-worth

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(ABSTRACT)

The primary focus of the present study was to delineate the relationships among variables comprising a proposed model of depression for middle school adolescents. The investigation of the validity of a newly proposed dimension of self-concept (i.e., ethnic evaluations) for African-American versus Caucasian adolescents was also a major thrust. An additional emphasis of the present study was to examine which variables (i.e., contextual, self-concept, and global self-worth) accounted for the greatest amount of variance in predicting depression scores for African-American and Caucasian participants.

Approximately 1,100 adolescents were recruited for participation. Of these, 959 participants actually participated in the study with the final sample consisting of 792 participants (males n = 389, females n = 403). Participants ranged in age from 11 – 14 years of age and were in 6th, 7th, and 8th grades. The ethnic make-up of participants was as follows: Native American (1%), Asian (1%), African-American (32%), Caucasian (60%), Hispanic (1%), Pacific Islander (>1%), Biracial (3%), Multiracial (1%), and other (>1%) participants. All questionnaire sessions were conducted in a group format during a pre-selected class period (i.e., Health, English, or Science classes). Participants were administered a demographic information form, the Reynold's

Adolescent Depression Scale (RADS), the Multidimensional Anxiety Scale for Children (MASC), the Harter Self-Perception Profile for Adolescents (SPPA), an Ethnic Evaluations instrument, the Acculturation Scale, the Dubow Social Support Scale for Adolescents, the How I Coped Under Pressure Scale for Children (HICUPS), and the Life events scale.

Results revealed that self-concept and global self-worth were significantly and inversely correlated with depression scores. In addition, a newly created measure of ethnic evaluations proved to be a concurrently valid measure of self-concept for all participants and demonstrated differing rates of significance with depression for Caucasian and African-American participants. An examination of the proposed model for African-American adolescents revealed that social support, negative life events, physical appearance, athletic competence, and inter-ethnic evaluations were most significant in predicting depression. Results of the regression analysis for Caucasian adolescents revealed social support, negative life events, social acceptance, athletic competence, physical appearance, and global self-worth as accounting for the greatest amount of variance.

Dedication

I would like to thank my immediate family members for their tremendous support throughout all my life endeavors. My parents and sister have always provided me with opportunities to develop as a person and the encouragement needed to become involved in and complete these undertakings. Your support and enthusiasm began when I was a child and has continued to this day. I would also like to dedicate this dissertation to my extended family members (i.e., aunts, uncles, grandparents, cousins, in-laws) who have enhanced the development of my character fostered by my immediate family. They have helped instill significant values I hold in very high regard today including Christianity, love, fun, a sense of family, and togetherness.

Most of all, I would like to dedicate this dissertation to my loving wife, Dana. Your commitment to our marriage and the support you have provided me throughout the duration of this project, the pursuit of a Doctoral degree in Clinical Psychology, and other countless activities has often meant a tremendous sacrifice on your part. Several moves to various locations have caused you to be away from your family for a significant period of time. As my significant other, I thank God for you, your love, caring attitude, and selflessness. As well, I would like to dedicate this work to the newest addition to our family, Sierra. You have been a blessing beyond my greatest imagination and have made my time as your dad rewarding and enjoyable.

Most of all, I thank Jesus Christ, my Lord and Savior, for all He has done in my life and those of my loved ones. None of this would be possible without Your saving grace. I am eternally grateful.

Philippians 4:13

Acknowledgements

I am sincerely grateful to the individuals who helped with the successful completion of this project. I would especially like to thank my academic advisor and committee chairman, Dr. Thomas H. Ollendick, for his consistent and overwhelming support through the years. His interest and enthusiasm for the development and implementation of my research ideas and projects has been greatly appreciated. His dedication to my professional, clinical, academic, and even personal development during graduate school, in the form of effort, time, and energy, superseded the duties of an advisor on numerous occasions. In essence, Tom has not only served as an academic advisor, but also a colleague and more importantly, a friend.

I am appreciative of Drs. Robin Cooper, Jack Finney, Russell Jones, and Delores Scott for their invaluable input for this project in the form of advice and feedback as dissertation committee members. As each member was chosen for their ability to provide unique input for this project, it has been interesting, informative, and a pleasure to interact with these scholars in such a capacity.

I am grateful to my undergraduate assistants Katrina Edwards and Athena Evans for the numerous hours they contributed to this project. Their tenacity, attention to detail, energy, vision, and wonderful personalities will serve them well for years to come.

I would also like to thank the Roanoke City Schools Administration, school principals, teachers, and middle school students for their cooperation and participation in this study. I am very appreciative of your willingness to participate.

**Self-concept in Adolescents:
The role of ethnicity and contextual variables
in the manifestation of depression**

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Introduction

During the past few years, researchers have debated over the appropriate use and definition of the terms culture and ethnicity. Culture can be defined as the way a social group thrives and comprehends the given situations and patterns of life through the construction of social relationships that are encountered, comprehended and perceived. Conversely, ethnicity is defined as, “A compilation of people within a larger society (i.e., culture) comprised of mutual ancestry, memories of a shared historical past, and a cultural emphasis on symbolic elements such as religion, dialect, and kinship patterns” (Jenkins, 1988, p. 141). In an effort to maintain consistency with the present literature and to appropriately represent the individuals examined in the present study, “ethnicity” will be used to indicate African-American and Caucasian adolescents, while the term “culture” will be used to describe the larger society wherein these ethnic groups reside.

The primary focus of the present study is to delineate the relationships among variables that comprise the proposed model of depression for a middle school sample of adolescents. The investigation of the validity of a newly proposed dimension of self-concept (i.e., ethnic evaluations) for African-American versus Caucasian adolescents was also a major thrust. Moreover, the present study investigated the contributions of acculturation in relation to depression for African-American adolescents. Finally, an additional emphasis of the present study was to examine which variables (i.e., contextual, self-concept, and global self-worth) accounted for the greatest amount of variance in predicting depression scores for African-American and for Caucasian participants separately.

Although several studies have examined depression in adult populations, very few researchers have compared rates of depression in African-American and Caucasian adolescent samples. As the number of non-majority adolescents (i.e., African-American) who seek psychological treatment begins to increase, it is imperative that mental health care providers become better informed of the subtle and not-so-subtle differences in the presentation of disorders for non-majority adolescents versus adolescents who are traditionally referred for treatment (i.e., Caucasian adolescents). In order to obtain greater specificity concerning the presentation and course of psychopathology in ethnic adolescent populations, the investigation of disorders (e.g., depression) must be a priority in clinical research. Needless to say, results of these investigations could potentially be used to better inform present clinical assessment methods, as well as present approaches to treatment. Literature describing the nature and relationship among depression and additional constructs important to the examination of depression (e.g., contextual variables, self-concept, global self-worth) will be presented in the following text.

Depression: Prevalence rates

Over the years, studies examining ethnic differences in the prevalence of depression in adult samples have revealed rather consistent results. For example, Blazer, Kessler, McGonagle, and Swartz (1994) examined 30-day and lifetime prevalence rates for depression in a study involving 8098 African-American, Caucasian and Hispanic individuals (ages 15-54 years old). Collapsing across age and sex, 30-day prevalence rates for depression were 4.7% for Caucasians and 3.8% for African-Americans. The lifetime prevalence rates for depression were reported as 17.9% for Caucasians and 11.9% for African-Americans. Beyond this, with the exception of one age group (ages 35 – 44), results revealed that Caucasian participants evidenced higher 30-day

and lifetime prevalence rates than their African-American counterparts. Similar findings have been obtained in other studies.

Unlike the well-established literature for prevalence of depression in adults, there are several areas that need investigation in the child/adolescent area of research for depression. One such area is that of ethnic differences in depressive symptomatology. Specifically, there is a need for more descriptive cross-sectional and longitudinal studies. One cross-sectional study conducted by Roberts, Chen, and Solovitz (1995) assessed 114 African-American, 111 Caucasian, and 109 Mexican-American adolescents for depressive symptomatology using the Diagnostic Interview Schedule for Children (DISC; Schwab-Stone, Fisher, Piancentini, Shaffer et al., 1993). Results of this study failed to reveal any significant differences among African-American, Caucasian and Mexican-American participants according to disorder or symptom presentation. An additional cross-sectional study conducted by Lubin and McCollum (1994) investigated differences in depressive mood between African-American ($n = 19$) and Caucasian ($n = 21$) female adolescents. The youths were administered the Depression Adjective Check Lists (DACL; Lubin, 1981) consisting of a list of adjectives that measure a state dimension (“How you feel today”) and a trait dimension (“How you generally feel”). Results of the study failed to reveal any significant differences between African-American and Caucasian female participants on either the state or trait dimension.

Longitudinal studies have also been conducted to examine whether differences exist in depressive symptomatology between African-American and Caucasian individuals. For instance, Garrison, Jackson, Marsteller, McKeown, and Addy (1990) conducted a study in which African-American ($n = 72$) and Caucasian ($n = 478$) adolescents were assessed for depressive symptomatology over the course of a three-year period. The youths were administered the

Center for Epidemiologic Studies Depression Scale (CES-D; Radloff, 1977), the Coddington Life Events Scale for Adolescents (Coddington, 1972), and the Family Adaptability and Cohesion Evaluation Scales (FACES II; Olson, Bell, & Portner, 1982). Results of this study revealed that African-American males and females evidenced higher depression scores than their Caucasian male and female counterparts. The study also revealed that African-American males evidenced the greatest decline in depression scores across the three-year assessment period, in addition to reporting the lowest depression scores at the end of the study. Furthermore, African-American females demonstrated the highest self-reported depression scores across the three-year assessment period. An additional large-scale, longitudinal study was conducted by Schicor, Bernstein, and King (1994) with 476 African-American, 415 Latino, 81 Caucasian, and 40 other adolescents. Results of the study indicated that Caucasian participants were more likely to report feeling down and/or depressed than their African-American and Latino counterparts.

Results of comparison studies examining prevalence rates for depression in African-American and Caucasian adolescent populations are inconsistent at best. Moreover, it is difficult to determine the source of these inconsistent results. Initially, it appears that ethnic differences in depression have been noted in the longitudinal studies, but not the cross-sectional studies. Thus, observed differences may be a result of assessment occasion and there may be a need to capture several “snapshots” of an individual’s mood over the course of time instead of during a single assessment period.

It is also possible that instruments developed and normed using Caucasian samples may be less valid and reliable for African-Americans. Historically, the most commonly used depression instruments were created during a time period when study samples consisted primarily of Caucasian participants. Although gains have been achieved with the introduction of

newer instruments normed with increased numbers of African-Americans, the use of these measures in present studies still appears to be limited.

In addition, an issue of sampling size, or having significantly fewer African-American than Caucasian participants, may be an additional cause of the inconsistent results observed in the literature. Similar to the previously mentioned issue, numerous studies conducted with adolescents haven't focused on ethnicity as a primary issue of investigation in reference to depression. As a result, in most studies, performance on measures of depression by ethnic minorities is treated as unimportant or perhaps as "interesting" at best, instead of being a primary focus of inquiry.

One possible solution to this dilemma is to thoroughly examine existing self-report measures of depression regarding their reliable and valid use with African-American adolescent populations. In addition, it is deemed worthy to not only examine the course and presentation of depression in African-Americans, but to also examine certain constructs (i.e., protective and risk factors) that may affect the presentation and course of this disorder. Two such factors that have been well examined in the child and adolescent depression literature are global self-worth and self-concept.

Theories of self-worth and self-concept

Although there have been numerous self-concept theorists, none have provided such a foundation from which scores of studies have been conducted as William James. James' theory of self-worth (1892) is based on the premise that the self is an important, separate, and interacting agent consisting of the self-as-subject (i.e., self-continuity, distinctiveness, agency) and the self-as-object (i.e., the physical, social, and psychological). Together, these two components comprise a unitary, global construct known as self-worth. James postulated that as

an individual develops, he or she continually identifies certain areas of their life as more important than others. As this process develops, that individual begins to devote his/her time and energy to those areas considered most significant and in which they have aspirations to succeed. According to James' theory, when an individual perceives him/herself as competent in areas for which they desire to succeed, high self-worth will likely result. Conversely, the theory states that when an individual falls short of expected ideals in areas they wish to succeed in, low self-worth will likely result. Overall, James' theory asserts that if an individual lacks competence in an area judged to be unimportant, his/her global self-worth is less likely to be affected whereas, lacking confidence in an area judged to be important to the self will adversely affect self-worth.

Recent theoreticians and researchers such as Susan Harter have significantly contributed to this literature base through the investigation of both global self-worth and the multidimensional construct of the self termed “self-concept.” The notion of self-concept is the evaluation an individual makes of him/herself in specific areas of life. In essence, self-concept is a “judgement” (i.e., determination) an individual makes of their performance (i.e., capabilities) for a specific area of their life in relation to other individuals. Harter’s research (1986, 1988) has resulted in the successful partitioning of self-concept into the following five domains for children and adolescents: 1) scholastic competence; 2) athletic competence; 3) physical appearance; 4) social acceptance; and 5) behavioral conduct. Through numerous research studies (Harter, 1986; Harter & Jackson, 1993; Harter & Whitesell, 1996), Harter and her colleagues have been able to determine that these domains (which hold different levels of importance for parents and peers) can have positive and/or negative effects on adolescents. Specifically, as a result of the significance placed on these domains by parents and peers and an adolescent’s high aspirations

for these same areas, failure to achieve in identified areas of significance often results in the subsequent development of low self-concept.

In sum, researchers have recognized the significance of examining not only the global construct of self-worth, but also the numerous components that comprise several aspects of the self (i.e., self-concept). Harter asserts that global self-worth and self-concept are two different constructs such that global self-worth is considered to be “a global judgement about the child’s overall worth as a person” whereas, self-concept is comprised of specific evaluations for certain domains of the child’s life (Harter, 1988, p. 67). Therefore, the construct of global self-worth is not considered to be simply a summation of the domains of self-concept.

The relationship between self-concept, global self-worth, and depression

Utilizing James’ theory of self-worth, researchers have attempted to examine the construct of self-concept according to factors such as competence and importance. In particular, research has determined that an adolescent’s level of competence (i.e., high or low) in domains of importance (according to self, parents or peers) has a significant impact on self-concept (Renouf & Harter, 1990). Renouf and Harter further assert that as a result of an adolescent’s success or failure in an identified domain of importance, differential affective responses ensue. Specifically, if an adolescent achieves success in an identified domain of importance, his/her affective response will be one of cheerfulness. Conversely, if an adolescent fails in an identified domain of importance, his/her affective response will most likely be one of depressed affect. As a result of achieving success in an identified domain of importance, high self-concept will most likely develop, whereas failure in an identified domain of importance will most likely result in the development of low self-concept.

Considering the aforementioned, numerous studies have found measures of self-concept to be highly correlated with depressed affect (Fine, Haley, Gilbert, & Forth, 1993; Renouf & Harter, 1990). In 1995, Kronenberger, Laite, and Laclave conducted a study that demonstrated a significant correlation between depression and low self-concept. In this study, 42 children and adolescents (ages 8 to 14) were administered measures of depression (CDI; Kovacs, 1992) and self-concept (Piers-Harris Self-Concept Scale; Piers, 1969). Prior to the administration of these self-report instruments, participants had been diagnosed with depression, somatoform disorder, or neither disorder. Results of the study revealed that depressed youths endorsed the lowest self-concept ratings, whereas youths categorized with a somatoform disorder indicated the second lowest self-concept ratings. Participants with no diagnosis evidenced the highest levels of self-concept.

One study demonstrating the relationship between self-worth and depression was conducted by Renouf and Harter (1990) who found global self-worth to be significantly and negatively correlated with depression ($r = -.81$) in children and adolescents. Likewise, Marold, Harter, and Whitesell (1993) found that 80% of depressed inpatient adolescents also reported experiencing low self-worth. Moreover, studies have been conducted with self-image and depression. For example, Fine et al. (1993) investigated 47 adolescents referred to an outpatient clinic. Participants (ages 13 to 17) were administered the Children's Depression Inventory (CDI; Kovacs, 1992), the Offer Self-Image Questionnaire for adolescents (OSIQ; Offer, Ostrov, & Howard, 1977), and a diagnostic interview. Results of the study revealed that self-reported ratings of self-image and depression were highly correlated with one another ($r = -.66$), such that as depression scores increased, self-image scores decreased (indicating low self-image).

In sum, the examination of self-concept and global self-worth in relation to depression has revealed consistent results consisting of moderate to high correlations for child and adolescent populations. Results of these studies have provided a foundation from which the theory of self-concept in children has grown to incorporate the developmental life span of childhood through adolescence.

Self-concept and ethnicity

Given the robustness and number of studies that have been conducted in this field of research, it is surprising to note that very few researchers have investigated the relationship of self-concept and depression with African-American adolescents. Moreover, even fewer studies have examined inter-ethnic differences in self-concept. One study conducted by McGuire, McGuire, Child, and Fujioka (1978) examined the nature of self-concept according to ethnicity (i.e., African-American, Caucasian, and Hispanic) in over 500 children. Participants were asked two general questions related to affirmative and negative self-concept: "Tell us about yourself" and "Tell us what you are not." Subsequent responses from the children were later transcribed and coded by trained research assistants. Results of the study revealed that only 1% of Caucasian students mentioned their ethnicity in response to the affirmative self-concept question, whereas 5% of Caucasian students mentioned their non-membership in the other ethnic groups (i.e., African-American and Hispanic) for the negative self-concept statement (i.e., what they are not). However, 17% of African-American and 14% of Hispanic students referenced their ethnicity in response to the affirmative self-concept statement and only 7% of African-Americans and Hispanics mentioned non-membership in the Caucasian culture for the negative self-concept statement. It can be concluded that African-American and Hispanic children were more conscious of their ethnicity than their Caucasian counterparts. Furthermore, for African-

American and Hispanic children, ethnicity was considered more salient in the affirmative self-concept statement than in the negative self-concept statement, whereas the converse was true for Caucasian children. Specifically, when African-American and Hispanic children identified themselves, they had a tendency to use positive descriptors (“Tell us about yourself”), whereas Caucasian children had a tendency to identify themselves according to negative descriptors (“Tell us what you are not”). Results of this study suggest, at least initially, that ethnicity may be more salient for the self-concept of African-American and Hispanic children than for Caucasian children.

Ethnic Evaluations

Considering the results of the previous study, it can be postulated that ethnicity is potentially an important component of self-concept for non-majority children. An examination of the literature regarding child development reveals a concept that could be considered as critical to the development of self-concept for African-Americans known as intra-ethnic interactions. These interactions encompass such components as parent-child interactions, modeling, and ethnic socialization (Demo & Hughes, 1990), wherein African-American adolescents often make comparisons of themselves with other African-American adolescents. Demo and Hughes assert that constructs such as childhood socialization largely contribute to the development of a child’s sense of self, values, and beliefs. In particular, childhood socialization is believed to encompass parent-child interactions, identification, modeling, role-playing, and the effect of familial relationships on the child’s behavior toward the self and others. These components are believed to interact in such a manner that allows for the transmission of these values, morals and beliefs from one generation to the next. Furthermore, Peters (1985, p.165) states that through the childhood socialization process, an African-American family is able to

instill, foster and cultivate self-concept, self-respect and self-pride concerning one's ethnic identity. Thus, according to Demo and Hughes, the development of self-concept for African-American children is significantly influenced by this series of familial interactions.

Landrine and Klonoff's (1996, p. 51) theory of ethnic socialization captures the essence of how an African-American parent prepares his or her child for the racial discrimination they will encounter in a world that is often biased, unruly, and prejudiced. The theory asserts that African-American parents teach their children the attributes assigned to being a member of a minority group, as well as the pertinent status of one's minority group in comparison to the majority culture. Ethnic socialization is also hypothesized to prepare African-American children for ways to interpret the prejudiced and wrongful treatment displayed by the majority culture. Thus, the process of ethnic socialization (i.e., an intra-ethnic interaction) is deemed as a unique developmental experience of an African-American child. However, by nature of being a part of the majority culture (i.e., not having to necessarily learn about other ethnic groups), this process would not be considered an integral part of a Caucasian child's intra-ethnic self-concept development.

In addition to intra-ethnic comparisons, inter-ethnic interactions (i.e., exchanges between children of different ethnicities) also serve to shape an African-American child's self-concept. When an African-American child begins to recognize and differentiate ethnic differences among classmates, that child is likely to engage in inter-ethnic comparisons of his/her abilities (e.g., athletic) with Caucasian individuals. As a result of exposure to negative inter-ethnic interactions (i.e., prejudiced communications, majority group norms, values and attitudes), an African-American child's self-concept development can be adversely affected (Demo & Hughes, 1990, p. 365). African-American parental socialization (i.e., values, traditions, beliefs) is believed to

greatly affect a child's inter-ethnic experiences as it sets the stage for the type of school and peer opportunities available to their child, in addition to the traditions, beliefs and values that will subsequently develop.

Researchers have been successful in documenting the relationship between life events and subsequent psychological distress experienced by African-Americans. Specifically, evidence that African-Americans experience a high rate of ethnically specific stressors is revealed in a study conducted by Landrine and Klonoff (1996). African-American male and female participants ($n = 153$) were administered a symptom checklist, demographic questionnaire, an acculturation scale, and an instrument measuring racist life events encountered by them. Results of the study revealed that 98.1% of the respondents reported having experienced some form of racial discrimination in the past year. Self-reported life events included discriminatory events by strangers, people in service jobs (i.e., waiters, store clerks, bank tellers, mechanics), universities, individuals in helping professions (i.e., social workers, doctors, dentists, therapists), and threatening scenarios (i.e., being picked on, hit, shoved, threatened). In fact, many of the participants reported having to engage in extreme measures such as quitting his/her job, moving, or filing a lawsuit in response to the discriminating life events. Additional results of the study revealed that individuals reporting a high number of psychological symptoms also reported experiencing more frequent and stressful racism in the past year and throughout their lives than individuals reporting a low number of psychological symptoms.

Given the results from adult studies and research conducted by Demo and Hughes (1990), it seems logical to postulate that inter-ethnic interactions may have a more significant impact on the self-concept of an African-American child than a Caucasian child. Researchers have acknowledged the presence of self-concept components, similar to those reported by researchers

such as Harter for African-American children (Hare, 1971). However, it appears that Harter's model of self-concept for children does not adequately account for an additional self-concept domain that may be salient for African-American adolescents. This "proposed" domain of self-concept termed "ethnic evaluations" is comprised of both intra-ethnic and inter-ethnic comparisons. Studies suggest that ethnicity is a significant factor in the development of self-concept for African-American individuals. Therefore, it seems logical to suggest that African-American adolescents would engage in judgements of their ethnicity, through both intra- and inter-ethnic comparisons on a frequent basis. Although not represented in the research, it seems intuitive that as a result of engaging in these "ethnic comparisons" on a frequent basis, African-Americans would develop an evaluative domain of self-concept for these interactions (i.e., ethnic evaluations). The present study examined the nature of this phenomenon for African-Americans.

Finally, the relationship between self-concept, global self-worth, and depression is well documented in the literature. However, some variables that may serve as either protective or risk factors have not been examined as extensively. Therefore, an investigation of contextual variables that may serve to promote or prevent the development of depression in adolescents was also conducted in the present study.

Contextual variables

Just as the inclusion of self-concept and global self-worth have significantly contributed to a greater understanding of depression, a similar contention can be made for factors such as acculturation, social support, coping style, and life events. Research has demonstrated the significant influence of several of these constructs to serve as protective and/or risk factors leading to the manifestation of depression in adolescents. Although studies have examined the impact of these variables, very few, if any, have examined the collective influence of these

constructs in a single study. Beyond this, there is little research that has examined these variables in a single study according to group differences, especially according to ethnicity.

Acculturation

Acculturation can be defined as the extent to which ethnic-cultural minorities participate in the cultural traditions, values, beliefs, and practices of their own culture versus those of the majority Caucasian society (Landrine & Klonoff, 1996). Research studies with adult populations have discovered that a strong relationship exists between an individual's level of acculturation and subsequent psychological disorders (Burnham, Hough, Karno, Escobar, & Telles, 1987; Montgomery & Orozco, 1985). Most recently, Landrine and Klonoff (1996) have examined the nature of this construct with African-American individuals by developing a theory of acculturation. According to their theory, the construct of acculturation can be categorized into three separate domains: traditional, bicultural, and highly acculturated. Traditional individuals are those who remain very involved in the beliefs, practices, and values of their own ethnic group, while rejecting the beliefs, practices and values associated with the majority culture (i.e., Caucasian values). Bicultural individuals are those who maintain beliefs and practices of their own ethnic group, while simultaneously adopting beliefs and practices associated with the majority culture. Finally, Landrine and Klonoff state that highly acculturated individuals are those who reject beliefs and practices of their own ethnicity in favor of beliefs and practices associated with the majority culture. Researchers state that African-Americans (who live in a society dominated by Caucasian values and beliefs) are constantly forced to make decisions related to the importance of maintaining the unique aspects of their own ethnicity versus the significance of associating with Caucasian individuals (see Arroyo & Zigler, 1995, p. 903). As a result of an African-American individual's efforts to balance personal ethnic group needs with

efforts to create and maintain positive interactions with the majority culture (i.e., Caucasian values and traditions), psychological difficulties (e.g., depression and anxiety) can often result. In fact, some researchers suggest that the incidence rate of psychological disorders in African-American individuals may be positively related to level of acculturation (Landrine & Klonoff, 1996).

Fordham and Ogbu (1986) investigated the relationship between acculturation and ethnicity with highly acculturated African-American children. They reported that African-American children desiring to achieve success in the academic world often did so by embracing the attitudes, behaviors and values normally associated with the majority culture. In particular, results indicated that highly acculturated students often behaved in ways that would elicit approval from their Caucasian peers. Behaviors such as adjusting their speech, avoiding contact with other African-American students who were less academically motivated, and participating in fewer “Black activities” were indicative of these “approval seeking” behaviors. These same highly acculturated students were often castigated by their African-American peers for not being “Black enough.” In addition, they were not totally accepted by their Caucasian counterparts. Fordham and Ogbu state that as a result of being rejected by their African-American peers and not being totally accepted by their Caucasian peers, these highly acculturated children and adolescents were at increased risk for experiencing psychological distress (i.e., anxiety, depression).

In 1995, Arroyo and Zigler obtained similar results to those of Fordham and Ogbu (1986) through the examination of acculturation and depression with African-American and Caucasian adolescents. Results of the study revealed that African-American adolescents who achieved higher acculturation scores (indicating a high level of acculturation to Caucasian traditions and

values), also reported an elevated number of depressive symptoms. However, no significant results were found with highly acculturated Caucasian students and subsequent depression scores. Thus, results indicated that for African-American adolescents in the academic arena, a high level of acculturation was significantly correlated with subsequent negative psychological functioning, although the same conclusions were not true for Caucasian youths.

Although Fordham and Ogbu (1986) and Arroyo and Zigler (1995) concluded that highly acculturated African-American children and adolescents were at increased risk for experiencing symptoms of depression, other researchers have obtained opposite findings. In a study conducted by Berry (1993), highly acculturated African-American adults evidenced increased levels of self-worth and adaptation. Furthermore, in a study conducted by Landrine and Klonoff (1996) with 153 African-American individuals, results revealed that traditional African-Americans reported experiencing more stressful, recent, and lifetime racist events than highly acculturated African-American individuals. Thus, from this study, it appears that African-Americans who chose to embrace African-American ethnic values and traditions, in lieu of Caucasian traditions, experienced more stressful life events (i.e., racial discrimination) than those African-Americans who chose to embrace traditions indicative of the majority culture.

In sum, preliminary results of acculturation studies conducted with African-Americans are inconclusive but suggestive. Overall, it seems that results of studies conducted by Fordham and Ogbu (1986) and Arroyo and Zigler (1995) would suggest that highly acculturated African-American individuals are at increased risk for experiencing psychological distress, whereas the study conducted by Berry would suggest that highly acculturated African-Americans are not. Although it is difficult to draw specific conclusions concerning the effect of acculturation on subsequent psychological distress, it is clear that negative psychological effects (i.e., depression,

increased negative life events) have been evidenced in participants with differing levels of acculturation. More importantly, studies such as the aforementioned have been conducted with older adolescent and adult populations, whereas the examination of acculturation in African-American adolescent populations is virtually nonexistent. The present study investigated the relationship between acculturation and psychological distress for African-American adolescents. Finally, it is possible that observed differences in psychological distress versus psychological health goes beyond the scope of solely examining an individual's level of acculturation and can be better explained by interactions that occur between acculturation and other contextual variables such as social support. The nature of this construct in relation to depression is discussed next.

Social Support

Social support can be defined as information which influences the individual to perceive that he/she is cared for, held in high regard, and considered worthy by individuals in a social group (Cobb, 1976). Over the years, social support has come to be conceptualized according to the following terms: nuclear family support, extended family support (i.e., kin networks), and peer support (i.e., non-kin networks). Researchers have frequently sought to explain the relationship between it and subsequent psychological distress in order to account for its role as a "buffer" or protective factor against harmful psychological symptoms. The basic premise is that if individuals are able to secure a number of resources from their social support network and access these resources in a time of need, they will be better able to counteract the effects of stressful life events.

In general, studies conducted with Caucasian participants have helped to establish a well-observed tendency for Caucasian individuals to seek formal health and mental health care

services in times of need (Schicor, Bernstein, & King, 1994). However, studies conducted with African-American samples indicate that African-Americans are less likely to seek the assistance of formal medical or mental health care services (i.e., psychologists, psychiatrists, counselors) in a time of need (Brown & Gary, 1987). In fact, research suggests that African-American individuals are more likely to seek informal sources of social support such as immediate family, extended family members, and friends to alleviate the effects of life stress (Dressler, 1985). Historically, African-American support systems have been identified as consisting of not only the immediate or nuclear family, but also “extended family networks.” According to Brown and Gary (1987), the construct of extended family is defined as “more than one household (consisting of relatives) that is linked together in order to provide emotional and financial support when necessary.” For example, extended family members have a tendency to stay in frequent contact with one another, often making regular visits as a way of supplying companionship and emotional support. Overall, the African-American extended family system has been described as a main source of social support in the African-American community and one that is more commonly observed to exist in African-American families than in Caucasian families (Ellison, 1990).

Typically, kin individuals (i.e., relatives) are considered as members of social support networks rather than non-kin individuals (i.e., friends) in African-American families. Researchers also state that the structure of non-kin networks is considered to be less extensive among African-American families than Caucasian families (Ellison, 1990), and may provide less support resources and unyielding strength in times of need. Services and assistance received from formal sources or even friends tends to be stigmatizing (i.e., embarrassing) for African-American individuals and/or families that seek assistance, whereas, support received from the

extended family is not. Unlike the social support received from friends, supportive exchanges that occur between kin members are usually guided by set rules of reciprocity. Specifically, African-American individuals receiving support from members of their extended family are usually amenable, and expected to offer support to other members of the extended family in the future.

Although research studies have been successful in documenting the effectiveness of nuclear and non-kin social support systems for Caucasian individuals and extended family systems for African-American individuals, few studies exist that examine and compare the quality of the social support systems enlisted by these ethnic groups in times of need. Therefore, for purposes of this study, an additional dimension termed “extended family social support” was added to an existing instrument of social support.

The present study examined the relationship of social support (nuclear family, parental, and teacher) to depression in order to determine the salience of this dimension as a protective factor against depression for African-American versus Caucasian adolescents.

Coping Style

Coping style can be defined as the cognitive and behavioral manner by which an individual strives to modify, endure, and evade stressful life events, as well as the emotional reactions individuals endure in relation to stressful life events (Dressler, 1985, p. 499). Over the years, Lazarus and his colleagues (Coyne & Lazarus, 1980; Lazarus, Averill, & Opton, 1970; Lazarus & Delongis, 1983) have developed a “stress and coping theory” explaining the process of how the constructs of cognitive appraisal and coping serve as buffers against stressful life events. The theory asserts that cognitive appraisal is the method by which an individual assesses the necessity of an encounter with the environment. Initially, an individual engages in the

process of primary appraisal, or the assessment of the potential for harm or benefit to one's self-worth, including whether the health or well-being of a loved one is at risk. Next, the theory postulates that an individual engages in the process of secondary appraisal by assessing what can be done to avoid harm (i.e., its controllability) and increase one's benefit from the situation through the enactment of various coping responses. Furthermore, the actual process of coping can be described according to three separate components: process oriented, contextual, and type of coping. The process oriented aspect of coping refers to the thought and action process a person engages in during a stressful life event and how his/her coping response might change as more information is gathered concerning the stressful life event. The contextual component refers to the situational variables that may affect an individual's ability to effectively deal with a stressful life event. In addition, the type of coping component refers to an individual's attempts to manage stressful life events, including how successful he/she is in achieving a desired outcome. The theory asserts that the coping process serves to control stressful emotions (emotion-focused coping or passive coping) and effect a change in the environment that is causing the stress (problem-focused coping or active coping). The last component of the theory involves the immediate outcome or an individual's judgement of the successful resolution of the stressful life event. In general, an individual's coping style is viewed as a trait-like quality that is exhibited when confronted with certain life events. However, many researchers state that coping style should not be viewed as just a trait-like quality, but should also be assessed according to the stressful psychological and environmental contexts in which they are exhibited (Folkman, Lazarus, Dunkel-Schetter, DeLongis, & Gruen, 1986).

Researchers have sought to examine coping according to the environmental contexts experienced by African-American individuals coping with stressful life events versus Caucasian

individuals. Considering that African-Americans experience greater personal adversity resulting from socially-induced stress (i.e., discrimination) than Caucasians, it can be hypothesized that inter-ethnic differences in coping style (for certain situations) might exist for African-American individuals versus Caucasian individuals. Typically, studies conducted with Caucasian samples have revealed that Caucasian males are more prone to use a problem-focused style of coping, whereas Caucasian females are more likely to use a passive, emotional style of coping; however, other studies have failed to find such differences between Caucasian males and females.

In 1995, Goodman, Gravitt, and Kaslow conducted a study with 50 African-American males and females, ages 8 to 12 years old. The participants were administered the Children's Depression Inventory (CDI; Kovacs, 1992), the Life Events Checklist (Brand & Johnson, 1982; Johnson & McCutcheon, 1980), and the Alternative Solutions Test (Caplan, Weissberg, Bersoff, Ezekowitz, & Wells, 1986). Results of the study showed that children who were able to enact effective and active social problem solving skills experienced fewer symptoms of depression in the face of negative life events. However, those children who were unable to enact effective social problem solving skills experienced more depressive symptoms in light of negative life events. Those African-American children who engaged in problem-focused coping to deal with negative life events experienced fewer symptoms of depression than those who failed to engage in problem-focused coping to deal with similar negative life events.

Overall, the effectiveness of an individual's coping style (active versus passive) appears to be influenced by the immediate environment. According to Lazarus' stress and coping model, the key factor for how an individual will cope with a situation depends upon the individual's appraisal of the event that has occurred. Furthermore, as a result of varying life experiences (i.e., racism and discrimination), it can be hypothesized that inter- and even intra-ethnic differences

may exist in the appraisal and coping style for African-Americans versus Caucasians. For the present study, the role of active versus passive coping as protective and/or risk factors for depression was examined.

Life Events

Researchers indicate that stressful life events are significantly correlated with an increase in susceptibility to psychological distress such as depression. Repeated exposure to chronic, daily hassles has been shown to increase the rate of mental illness (Burnam, et al., 1987; Dressler, 1985), while the presence of major stressful life events has been shown to moderate the effects of these daily life hassles. In fact, researchers have asserted that African-American individuals evidence a greater vulnerability to psychological distress than Caucasians as a result of experiencing unique stressful life events. For one, African-American children are made aware of racism, discrimination, and of the general oppressive forces inflicted by the American society at an early age. As African-American adolescents begin to make difficult decisions concerning career goals, they are often faced with fewer and less attractive opportunities for introduction to and advancement in their occupation of choice (Aries & Moorehead, 1989). Researchers have asserted that African-Americans are frequently confronted with racist discrimination in numerous arenas such as face-to-face interactions (Landrine, Klonoff, Alcaraz, Scott, & Wilkins, 1995), housing, employment, health and social services (Idson & Price, 1992; Krieger, 1990). Frequently, as a result of encountering these discriminatory experiences, African-Americans often experience depression, anxiety and other detrimental psychological effects (Landrine & Klonoff, 1996, p. 2). In general, racist life events are considered to be ethnically specific stressors that can have a greater effect on African-Americans than normal everyday stressors (i.e., losing car keys, car accidents). Specifically, Landrine and Klonoff state that racist life

events are inherently different than normal life events that happen to everyone regardless of ethnicity. In particular, racist life events are elementally demeaning, degrading, and highly personal attacks that are aimed at an unchangeable characteristic, being African-American.

In sum, research indicates that African-Americans are more likely than their Caucasian counterparts to experience stressful life events as a result of encountering ethnically specific stressors. Although data exists to corroborate these findings, additional research is needed to fully understand the nature of daily life stressors, major life event stressors, and subsequent psychological outcomes according to African-American individuals. Perhaps more importantly, the overall influence of negative life events on the manifestation of depression is an important relationship to investigate. Thus, the impact and relationship of negative life events with the aforementioned contextual variables was also examined for the present study.

Summary of literature

Theories and research discussed in the literature review for the present study have helped explore the nature of acculturation, coping, social support, negative life events, self-concept, global self-worth and depression for adolescents. However, present research examining several of these constructs such as coping, social support, self-concept and global self-worth have failed to reveal consistent and/or significant findings according to ethnicity. On the other hand, studies focusing on acculturation and intra/interethnic interactions seem to suggest that these variables have greater significance for African-American versus Caucasian individuals.

The theory of stress and coping, as presented by Lazarus and his colleagues seeks to explain the process of how cognitive appraisal and coping work to protect an individual from stressful life events. Although an individual's coping style is typically viewed as a "trait-like" quality exhibited when confronted with certain life events, some researchers suggest that coping

style should be examined within varying stressful psychological and environmental contexts (Folkman et al., 1986). In fact, considering that African-Americans experience greater personal adversity than their Caucasian counterparts as a result of socially induced stress (i.e., discrimination), it can be hypothesized that inter-ethnic differences in coping style might exist for African-American versus Caucasian individuals.

Studies examining the construct of social support have often sought to explain its role as a buffer or protective factor against negative psychological symptoms for African-American and Caucasian individuals. Some researchers have found that Caucasian individuals tend to seek more formal sources of assistance (i.e., medical and mental health agencies) in times of need (Schicor et al., 1994). On the other hand, African-American individuals are less likely to seek formal assistance (Brown & Gary, 1987), and have been frequently observed to seek more informal sources of social support through immediate and extended family members (Dressler, 1985). Thus, it can be hypothesized that differences in social support may exist for African-American versus Caucasian adolescents.

James' theory of self-worth (1892) is comprised of the self-as-subject and self-as-object. Harter's research (1986, 1988) has not only focused on the examination of the unitary construct of global self-worth, but also the numerous components that comprise the self-concept (scholastic competence, athletic competence, physical appearance, social acceptance, and behavioral conduct). Research conducted with self-concept and depression has revealed the presence of a significant relationship between these two constructs. Specifically, Renouf and Harter (1990) have found that children who attain success in an area of importance will mostly likely increase their level of self-concept while experiencing cheerfulness. Conversely, those

who fail to achieve success in an area of importance will most likely suffer a decrease in their self-concept, possibly resulting in the manifestation of depressive symptoms.

Results of theories and studies examined for the proposed study reveal that two constructs (acculturation and ethnic evaluations) may hold greater significance for African-American versus Caucasian individuals. For one, the theory of acculturation, as presented by Landrine and Klonoff (1996), provides a basis for describing how African-Americans have embraced or rejected traditions, values, and beliefs associated with African-American ethnicity, and adopted or rejected traditions, values, and beliefs associated with Caucasian culture. Results of studies conducted by Fordham and Ogbu (1986), Arroyo and Zigler (1995), Berry (1993), and Landrine and Klonoff (1996) have revealed the increased prevalence of depression experienced by “traditional” and “highly acculturated” African-American individuals.

The second construct considered to hold greater significance for African-American versus Caucasian individuals is that of “ethnic evaluations” (comprised of intra- and inter-ethnic interactions). Research has revealed the unique nature of the content for intra- and inter-ethnic interactions for African-Americans. In particular, intra-ethnic interactions that take place in the homes of African-American families are hypothesized to not only assist with normal self-concept development, but also to provide an environment in which a child/adolescent is able to develop a positive sense of ethnic identity (through parent-child interactions). In addition, inter-ethnic interactions (with Caucasian individuals) are hypothesized to be a testing ground for an African-American child’s sense of self-concept. As a result of encountering intra- and inter-ethnic interactions, it is hypothesized that African-American children begin to evaluate themselves not only according to other African-American individuals, but also with Caucasian individuals on a regular basis.

In conclusion, the status of the present literature base only allows for the examination of the aforementioned constructs in a “piecemeal-fashion.” Although numerous studies examining the nature of depression exist, many of these studies only provide components to what can be considered a larger picture of the pathway leading to depression. Therefore, it seems intuitive and imperative that the investigation of these constructs in a single study would allow for a more comprehensive examination of the pathway leading to depression for African-American and Caucasian adolescents. As such, the nature and relationship of these variables was examined in the present study.

Purpose

The primary purpose of this study was to delineate relationships among the contextual variables, self-concept, global self-worth, and depression for a middle school sample of adolescents. The present study also investigated the validity of a newly proposed dimension of self-concept termed “ethnic evaluations.” Furthermore, the investigation of a rarely examined construct for African-Americans (i.e., acculturation) was also studied. The final purpose of the present study was to examine which variables (i.e., contextual, self-concept, and global self-worth) accounted for the greatest amount of variance for African-American and for Caucasian adolescents.

Proposed model of depression

The proposed model (see Figure 1) is comprised of the following areas: contextual variables, self-concept domains, global self-worth, ethnic evaluations, and depression. The contextual variables of the model include traditional social support (parent, peer, and teacher), coping (active, passive), and negative life events. The self-concept domains include scholastic

competence, athletic competence, physical appearance, social acceptance, and behavioral conduct. The ethnic evaluation domains include intra-ethnic and inter-ethnic evaluations. Drawing from aforementioned results of research studies, it seems intuitive to hypothesize that a link exists between and among these constructs.

Hypotheses

The following hypotheses were considered the major focus of the present study:

Hypothesis 1A

It was hypothesized that significant and inverse relations would exist among the identified domains of self-concept (scholastic competence, physical appearance, social acceptance, behavioral conduct, athletic competence) as measured by the Self Perception Profile for Adolescents (SPPA; Harter, 1988) and depression as measured by the Reynolds Adolescent Depression Scale (RADS; Reynolds, 1986). Specifically, it was hypothesized that as self-concept domain scores increased (indicating higher self-concept), self-reported depression scores would decrease (indicating a lower level of depressive symptoms).

Hypothesis 1B

Similarly, it was hypothesized that a significant and inverse relation would exist between global self-worth as measured by the SPPA and depression. Specifically, it was hypothesized that as global self-worth scores increased (indicating higher self-worth), self-reported depression scores would decrease (indicating a lower level of depressive symptoms).

Hypothesis 2A

It was hypothesized that relations between both dimensions of the ethnic evaluation construct (intra- and inter-ethnic) as measured by the ethnic evaluation items and domains of self-concept

would be positive and significant. Specifically, it was hypothesized that ethnic evaluations would prove to be a concurrently valid measure of self-concept for participants.

Hypothesis 2B

Furthermore, it was hypothesized that the ethnic evaluation domains would prove to be more salient for African-American versus Caucasian participants. Specifically, it was hypothesized that a significant and greater inverse relation would exist between ethnic evaluations and depression scores as measured by the RADS for African-American versus Caucasian participants.

Hypothesis 3A

It was hypothesized that measures of social support, coping (i.e., active and passive), and negative life events would evidence significant relations with self-concept, global self-worth, and depression scores. Specifically, it was hypothesized that social support and coping would be positively related to self-concept and global self-worth, and negatively related to depression scores. Furthermore, negative life events would be negatively related to domains of self-concept and global self-worth, but positively related to depression.

Hypothesis 3B

It was hypothesized that acculturation would evidence significant relations with the domains of self-concept and global self-worth scores, as well as self-reported levels of depression for African-American participants. Due to inconclusive results from previously conducted studies, the nature of the relations among these variables (i.e., positive or negative) was not hypothesized.

Hypothesis 4A

It was hypothesized that variables in the present model would contribute to the prediction of depression scores for African-American participants. In order to determine the most salient

variables (i.e., with the greatest predictive utility), hierarchical regression served as the analysis of choice. As such, depression served as the dependent variable while contextual variables (i.e., social support, coping style (active and passive), negative life events) comprised a block for step 1, domains of self-concept (i.e., scholastic, athletic, physical, social, and behavioral conduct) as a block for step 2, global self-worth for step 3, and ethnic evaluations (inter and intra-ethnic) as a block for step 4. In an effort to examine the contributions of factors believed to contribute significantly to the model of depression for African-American participants, the constructs of intra-ethnic evaluations and inter-ethnic evaluations were entered as a block for step 4.

Hypothesis 4B

It was hypothesized that variables in the present model would contribute to the prediction of depression scores for Caucasian participants. In order to determine the most salient variables (i.e., with the greatest predictive utility), hierarchical regression served as the analysis of choice. As such, depression served as the dependent variable while the contextual variables (i.e., social support, coping style, life events) comprised a block for step 1, domains of self-concept (i.e., scholastic, athletic, physical, social, behavioral conduct) as a block for step 2, global self-worth for step 3, and ethnic evaluations as a block for step 4.

Methods

Participants

Approximately 1,100 adolescents were recruited for participation in the present study. Of these, 959 participants actually participated in the study with the final sample consisting of 792

participants.¹ A relatively equal number of participants were obtained from two middle schools (school 1, n = 417, school 2, n = 375) in the Roanoke City School District in Roanoke, Virginia. Rather even numbers of participants for 11 –14 year olds and grade (6th, 7th, and 8th) were evidenced across both schools.² In reference to sex, 389 males and 403 females comprised the final sample. Ethnic makeup of participants consisted of Native American (n = 8), Asian (n = 11), African-American (n = 253), Caucasian (n = 478), Hispanic (n = 10), Pacific Islander (n = 1), Biracial (n = 28), Multiracial (n = 6), and other (n = 1) participants.³

Procedure

Following approval by the Human Subjects Committee (HSC) and Institutional Review Boards (IRB) of Virginia Polytechnic Institute and State University (VPI&SU), permission to conduct the study was sought from the Research Review Board of the Roanoke City School District (Roanoke, Virginia). Demographic information provided by the Director of Research for the Roanoke City Schools was then utilized to select two middle schools for participation. Permission was then obtained from principals of selected schools. A list of classrooms eligible for participation was then provided to the primary investigator after which approval was obtained from the individual teachers of the selected classrooms.

All questionnaire sessions were conducted in a group format during a pre-selected class period (i.e., Health, English, or Science classes). Prior to distribution of the instrument packets, participants were provided with a general description of the study, instructions for completing

¹ Following examination of the data, a total of 792 adolescents met criteria for inclusion in the final sample. Questionnaires completed by these participants contained less than 20% of items missing from any given instrument.

² **Age:** 11 y/o (n = 106), 12 y/o (n = 241), 13 y/o (n = 278), 14 y/o (n = 147), 15 y/o (n = 18), 16 y/o (n = 2); **Grade:** 6th (n = 220), 7th (n = 291), 8th (n = 281).

³ Given the focus of the present study, only African-American and Caucasian adolescents (n = 731) were included in the analyses.

the packets, and informed of their rights to participate or withdraw from the study. Participants were asked to not provide their names on instrument packets.⁴ Instructions needed to complete the questionnaires were provided to all participants in a group format using an overhead projector. Any participant questions or comments were then addressed by project staff. Next, instrument packets were distributed. The packets contained the following measures and were administered in a fixed order for all participants:

- 1) Demographic information including grade, age, sex, ethnicity, class period, and teacher's name.
- 2) Reynold's Adolescent Depression Scale (Reynolds, 1986)
- 3) Multidimensional Anxiety Scale for Children (March et al., 1997)⁵
- 4) Harter Self-Perception Profile for Adolescents (Harter, 1988) (see Appendix A)
- 5) Ethnic Evaluation Items (Byrd, 1998) (see Appendix B)
- 6) Acculturation Scale (Landrine & Klonoff, 1995) (see Appendix C)
- 7) Dubow Social Support Scale for Adolescents (Dubow & Ullman, 1987) (see Appendix D)
- 8) How I Coped Under Pressure Scale for Children (Ayers, Sandler, West, & Roosa, 1996) (see Appendix E)
- 9) Life events scale (Johnson & McCutcheon, 1980) (see Appendix F)

Following completion of the last questionnaire, members of the project staff collected all questionnaire packets. Most questionnaire administration periods lasted approximately 50

⁴ Given that participants did not provide their names, parental consent, and child assent forms were not distributed or obtained for participants. Permission was provided by the appropriate school officials.

⁵ Information gathered from the MASC was not examined for use in this study and will be used as part of another study. As such, no additional information will be provided on this instrument in the present study.

minutes. Project staff were available during and after questionnaire administration sessions to answer participant questions and address issues of concern.

Instruments

Reynold's Adolescent Depression Scale (RADS; Reynolds, 1986). This 30-item instrument measures self-reported depressive symptomatology in adolescents, including cognitive, motoric-vegetative, somatic, and interpersonal features. Internal consistency ranges from .90 to .95, while test-retest reliabilities have been reported for 6-week (.80), 3-month (.79), and 1-year (.63) intervals (Reynolds, 1986a). This instrument is appropriate for use in school and clinical settings and has been used with African-American adolescents. It was used to measure self-reported features of depression in the present study. Internal consistency for the present study was .91, whereas item to total correlations ranged from .20 to .72.

Self-Perception Profile for Adolescents (SPPA; Harter, 1988). This instrument is designed to measure adolescents' judgements and/or adequacy of their self-concept. For the present study, 30 items consisting of five specific domains (scholastic competence, athletic competence, physical appearance, social acceptance, and behavioral conduct) and one global dimension of self-worth were used. The instrument asks respondents to pick one phrase that best describes them. Due to results of an initial pilot study conducted prior to the present study, modifications were made to the original format of this instrument. Instead of utilizing the original format allowing participants to choose one of four responses for each question, a forced choice format was implemented (i.e., dichotomous responses), allowing for either low perceived competence/adequacy or high perceived competence/adequacy responses. Internal consistency

ratings vary according to subscale and have been reported for scholastic competence (.80 to .85), athletic competence (.80 to .86), social acceptance (.75 to .80), physical appearance (.76 to .82), behavioral conduct (.71 to .77), and global self-worth (.78 to .84). It has been found to be reliable for use with adolescents and was used in the present study to measure participants' self-perceptions for the previously described self-concept and global self-worth subscales. Internal consistency for the present study was .87, while item to total correlations ranged from .30 to .64. Internal consistency subscale ratings were as follows: scholastic competence (.74), athletic competence (.66), physical appearance (.74), social acceptance (.70), behavioral conduct (.65), and global self-worth (.75).

Ethnic Evaluation Items (Byrd, 1998). These items were created in order to investigate the newly proposed self-concept dimension. In order to examine the presence of this dimension, items from Harter's Self-Perception Profile for Adolescents were adapted for use. In particular, for each subscale of Harter's instrument (i.e., social acceptance, physical appearance), two items were created to assess both intra- and inter-ethnic situations. Utilizing the same modified response and scoring format as the Self-Perception Profile for Adolescents (i.e., dichotomous response style), participants were asked to pick one phrase that best described them. As these items were created with the intent of testing whether this additional dimension of self-concept exists, psychometric properties are preliminary. Internal consistency for this instrument was found to be .70, while item to total correlations ranged from .31 to .60. Internal consistency estimates were .53 for inter-ethnic evaluations and .52 for intra-ethnic evaluations. This instrument was administered to all participants.

The African-American Acculturation Scale II (Landrine & Klonoff, 1995). This instrument was designed to measure numerous aspects of African-American culture according to the individual. For purposes of this study, 16 of the 33 items from the original instrument containing the highest item to total correlations comprised the acculturation scale administered to participants. Participants were asked to indicate “yes” if the item described them or “no” if the item did not describe them. Higher scores indicate that an individual has a more traditional orientation to African-American culture, whereas lower scores indicate a more acculturated (i.e., less traditional) cultural alignment. Past studies have reported internal consistency ratings for this instrument ranging from .81 to .88. For the present study, the internal consistency rating for the 16-item version of this instrument was .43, whereas item to total ratings ranged from .19 to .50. Although this instrument has been primarily used with adult populations, it has been administered to adolescents as young as 15 years of age and is expected to be appropriate for use with older children (Landrine, Richardson, Klonoff & Flay, 1994). Wherein necessary, minimal modifications in language (to pre-selected items) were made to ensure the applicability for an adolescent population. This instrument was administered to all participants of the study.⁶ Due to low internal consistency (i.e., $\alpha = .43$) and item to total correlation ratings (i.e., $\alpha = .19$ to .50), this instrument was not considered for further use in the present study.

The Child's Subjective Appraisals of family, teacher, and peer support (APP; Dubow & Ullman, 1987). This 9-item instrument contains items with the highest factor loadings from the original 41-item version designed to measure participants' subjective appraisals of family,

⁶ In an effort to maintain the integrity of the methodology and to reduce participant questions regarding the length of questionnaire packets for some adolescents (i.e., African-American) versus others (i.e., Caucasian), the acculturation questionnaire was administered to all participants.

teacher, and peer social support. Participants were asked to respond to questions using a 5-point likert scale. Lower scores indicated that the participant never or hardly ever perceived him or herself as receiving support from family, teachers, or peers. Higher scores indicated that the participant always or mostly perceives him or herself as receiving support from the aforementioned categories of individuals. Internal consistency has been reported as .88, while test-retest reliability for a 3 – 4 week period has been found to be .75 (Dubow & Ullman, 1989).

In order to obtain a measure of extended family social support for this study, three newly devised items were added to this instrument (see Appendix G). The format of these items is consistent with the wording of the family items of this instrument in its original format. For the present study, internal consistency was .73 for the family, teacher, and peer scales, while the inclusion of the extended family items resulted in an internal consistency estimate of .81. Item to total correlations for the family, teacher, and peer scales ranged from .46 to .67, while item to total correlations for the three social support scales in addition to the extended family items ranged from .39 to .70. Internal consistency subscale ratings for the present study were as follows: Family (.79), Teacher (.65), Peer (.56), and Extended Family (.79).

How I Coped Under Pressure Scale (HICUPS; Ayers, Sandler, West, & Roosa, 1996). This instrument is designed to measure coping responses in children and adolescents. Although findings from studies have noted a four factor solution for this instrument (i.e., active, distraction, avoidance, and support seeking), a two-factor solution has also been reported (i.e., active, passive) and was used for this study. In essence, fewer items were used (i.e., approximately half of the original items) resulting in a 22 item instrument. Participants were asked to respond to questions using a four-point likert scale. Lower scores indicated that the

participant never used the coping strategy to solve life problems, while higher scores indicated that the participant frequently used the identified coping strategy to solve problems. For the present study, internal consistency was .82, while item to total correlations ranged from .24 to .58. Internal consistency subscale ratings were .94 for active coping and .83 for passive coping.

Life Events Checklist (Johnson & McCutcheon, 1980). This 28-item instrument is designed to measure two types of life events that occur to children: uncontrollable and controllable. The original format of this instrument asks the adolescent to indicate whether the event that occurred was good or bad, as well as the impact the event had on their life. Due to results of an initial pilot study conducted prior to the present study, modifications were made to the original format of this instrument. Instead of requiring adolescents to indicate whether an event was good or bad, and the impact of the event on their lives, adolescents were required to indicate if an event happened to them in the past year or not. Test-retest reliability ratings (for a two-week interval) have been reported as .69 for positive life events and .72 for negative life events. Internal consistency for this instrument in the present sample was .57 while item to total ratings ranged from .08 to .45. This instrument is appropriate for use with older children and was used in the present study to examine presence of life events experienced by participants in the course of a year.

Results

Subject Characteristics⁷

Descriptive statistics (i.e., means, standard deviations) were computed for all contextual variables (i.e., active and passive coping, social support, negative life events), self-concept domains (scholastic competence, physical appearance, behavioral conduct, social acceptance, athletic competence), global self-worth, ethnic evaluations (intra-ethnic and inter-ethnic), and depression for the entire sample⁸ and by ethnicity are reported in Table 1. Moreover, t-tests were performed on all instruments for African-American and Caucasian participants. In addition, correlation tables for all variables used in the present study are included for the entire sample (see table 2), African-American (see Table 3), and Caucasian adolescents (see Table 4).

In order to examine the level of depression for African-American and Caucasian participants, a t-test was conducted to determine if differences in depression scores existed between the groups. Results of the analysis revealed that a significant difference existed between the two groups ($t = 3.80$, $p < .001$). These results indicate that African-American adolescents scored significantly higher on the RADS than their Caucasian counterparts.

Hypothesis 1A: Relations among self-concept domains and depression

It was predicted that significant inverse relations would exist among the identified domains of self-concept as measured by the SPPA and depression scores as measured by the RADS. Specifically, it was hypothesized that as self-concept domain scores increased

⁷ As mentioned earlier, participants containing 20% or fewer missing items were included in the final analysis. Participants considered eligible for inclusion in the final analyses and who evidenced 1% to 20% of items missing for any instrument were included in the missing cell data replacement process. In particular, a mean score was calculated for each participant using their own responses provided. Following, missing data cells were replaced with the mean item score obtained from the responses provided by each individual participant.

⁸ As mentioned earlier, due to the focus of the present study only African-American and Caucasian adolescents ($n = 731$) were included in the analyses.

(indicating higher self-concept), self-reported depression scores would decrease (indicating a lower level of depressive symptoms). This hypothesis was analyzed using Pearson r correlation coefficients. Results indicated that the relationships between all self-concept domains and depression were significant and inversely related as predicted (see Table 5). In particular, depression scores demonstrated significance with the following self-concept domains: scholastic competence ($r = -.407, p < .001$), social acceptance ($r = -.403, p < .001$), athletic competence ($r = -.294, p < .001$), physical appearance ($r = -.397, p < .001$), and behavioral conduct ($r = -.384, p < .001$). These results indicated that as depression scores increased, self-concept domain scores decreased, indicating lower self-concept. These results are consistent with previous studies examining the relationship between adolescent depression and self-concept (Fine et al., 1993; Kronenberger et al., 1995; Renouf & Harter, 1990).

Hypothesis 1B: Relation between global self-worth and depression

Similarly, it was hypothesized that a significant inverse relation would exist between global self-worth as measured by the SPPA and depression scores. Specifically, it was hypothesized that as global self-worth scores increased (indicating higher self-worth), self-reported depression scores would decrease (indicating a lower level of depressive symptoms). This hypothesis was analyzed using Pearson r correlation coefficients. Results indicated that the relation between the global self-worth dimension and depression was significant and in the predicted direction ($r = -.521, p < .001$) (see Table 5). This finding is also consistent with previous findings (Marold et al., 1993; Renouf & Harter, 1990).

Hypothesis 2A: Relations among ethnic evaluations and other self-concept domains

It was hypothesized that relations among ethnic evaluations (i.e., inter and intra-ethnic) as measured by the ethnic evaluation items and domains of self-concept would be positive and significant. Specifically, it was hypothesized that ethnic evaluations would prove to be a concurrently valid measure of self-concept for participants. This hypothesis was analyzed using Pearson r correlation coefficients. Results indicated that correlations of ethnic evaluations to self-concept dimensions were significant and in the predicted direction (See Table 6). The intra-ethnic evaluations domain was significantly correlated with scholastic competence ($r = .441, p < .001$), social acceptance ($r = .469, p < .001$), athletic competence ($r = .398, p < .001$), physical appearance ($r = .487, p < .001$), and behavioral conduct ($r = .336, p < .001$). Similarly, the inter-ethnic evaluations domain was significantly correlated with scholastic competence ($r = .363, p < .001$), social acceptance ($r = .387, p < .001$), athletic competence ($r = .359, p < .001$), physical appearance ($r = .425, p < .001$), and behavioral conduct ($r = .315, p < .001$). These findings support the newly introduced domains of self-concept as concurrently valid measures of self-concept for adolescents.

Hypothesis 2B: Relations among ethnic evaluations and depression for African-Americans and Caucasians

Furthermore, it was hypothesized that measures of ethnic evaluations would prove to be more salient for African-American than Caucasian participants. Specifically, it was hypothesized that significant and greater inverse relations would exist among ethnic evaluations and depression as measured by the RADS for African-American than Caucasian participants. This hypothesis was analyzed using Pearson r correlation coefficients. For African-American

participants, results indicated a significant and inverse relation existed between intra-ethnic evaluations and depression ($r = -.249, p < .001$), whereas a non-significant relation was evidenced between inter-ethnic evaluations and depression ($r = -.080, p = .203$). Conversely and unexpectedly, Caucasian participants evidenced greater significant relations between depression and both intra-ethnic evaluations ($r = -.422, p < .001$) as well as inter-ethnic evaluations ($r = -.418, p < .001$).

Thus, it appears that for Caucasian participants, a significant negative relation exists between inter-ethnic evaluations and depression, whereas the same is not true for their African-American counterparts. In reference to intra-ethnic evaluations and depression, the correlation coefficients of both groups were compared using Pearson's chi-square in order to determine which correlation held greater significance. Results indicated that the relation between intra-ethnic evaluations and depression was more significant for Caucasian than African-American participants ($\chi^2 = 601.211, df = 462, p < .001$). Thus, contrary to prediction it appears that the evidenced relation between intra-ethnic evaluations and depression is more salient for Caucasian than African-American participants.

Hypothesis 3A: Direct effect relations of social support, coping, and negative life events with self-concept, global self-worth and depression

It was hypothesized that measures of traditional social support, coping, and negative life events would evidence significant relations with self-concept and global self-worth scores, as well as self-reported levels of depression. Specifically, it was hypothesized that social support and coping would be positively related to self-concept and global self-worth, and negatively related to depression scores. Furthermore, negative life events would be negatively related to

self-concept and self-worth, but positively related to depression. This hypothesis was analyzed using Pearson r correlation coefficients.

Results revealed that social support (i.e., family, peer, and teacher) was significantly correlated with scholastic competence ($r = .340, p < .001$), social acceptance ($r = .387, p < .001$), athletic competence ($r = .170, p < .001$), physical appearance ($r = .307, p < .001$), behavioral conduct ($r = .392, p < .001$), and global self-worth ($r = .438, p < .001$). Significant relations were also evidenced between the newly created “extended family” social support dimension and scholastic competence ($r = .182, p < .001$), social acceptance ($r = .200, p < .001$), athletic competence ($r = .136, p < .001$), physical appearance ($r = .230, p < .001$), behavioral conduct ($r = .188, p < .001$), and global self-worth ($r = .273, p < .001$) (see Table 7). In addition, traditional social support was significantly and inversely correlated with depression ($r = -.503, p < .001$), whereas the extended family domain also evidenced a significant inverse relation with depression ($r = -.281, p < .001$). Overall, these results indicate that social support (i.e., traditional and extended family) is positively related to self-concept and global self-worth suggesting that as an individual’s social support increases, an increase in self-concept is also evidenced. As well, results suggest that as an individual’s level of social support decreases, there is a subsequent increase in depressive symptomatology.

Results of analyses with coping indicated the presence of several significant relationships. Positive correlations were evidenced between active coping and scholastic competence ($r = .136, p = .001$), social acceptance ($r = .105, p < .01$), physical appearance ($r = .104, p < .05$), behavioral conduct ($r = .215, p < .001$), and global self-worth ($r = .137, p = .001$). Active coping was not reliable with athletic competence. Conversely, the passive coping dimension only evidenced a significant relationship with athletic competence ($r = .152, p < .001$)

and physical appearance ($r = .081$, $p < .05$) (see Table 7). Unexpectedly, active coping was not related significantly to depression ($r = -.068$, $p = .064$), although the relation was in the expected direction. In addition, passive coping was not significantly correlated with depression ($r = -.008$, $p = .839$). Overall, results indicate that active coping is positively related to various indices of positive self-concept, whereas passive coping is only positively related to athletic competence and physical appearance.

Results of analyses conducted for negative life events with self-concept, global self-worth, and depression indicated the presence of several significant relations. For instance, the negative life events dimension was significantly and inversely correlated with scholastic competence ($r = -.291$, $p < .001$), social acceptance ($r = -.148$, $p < .001$), athletic competence ($r = -.127$, $p = .001$), physical appearance ($r = -.151$, $p < .001$), behavioral conduct ($r = -.311$, $p < .001$), and global self-worth ($r = -.299$, $p < .001$). In addition, a significant, positive relationship was evidenced between negative life events and depression ($r = .434$, $p < .001$) (see Table 7). In sum, these results suggest that as the incidence of negative life events increases, there is an associated decrease in self-concept and global self-worth. Moreover, an increase in negative life events is strongly associated with an increase in depression. This last finding is consistent with previous studies (Burnam et al., 1987; Dressler, 1985)

Hypothesis 4A: Determining variables with greatest predictive utility for the proposed model for African-Americans

It was hypothesized that variables in the present model would contribute to the prediction of depression scores for African-American participants. In order to determine the most salient variables (i.e., with the greatest predictive utility), a hierarchical regression was performed.

Specifically, depression served as the dependent variable while the contextual variables (i.e., social support, coping style, negative life events) were entered as a block for step 1, domains of self-concept (i.e., scholastic, athletic, physical, social, behavioral conduct) as a block for step 2, global self worth for step 3, and ethnic evaluations for step 4.

Results of the analyses revealed that for the first three steps, a significant amount of variance was accounted for ($R^2 = .30$; $F = 10.30$, $p < .001$) (see Table 8). The variables which contributed the greatest amount of variance to the three step model were: social support⁹ ($p < .05$), negative life events ($p < .001$), physical appearance ($p < .05$), and athletic competence ($p = .06$). Inclusion of the fourth step (i.e., intra- and inter-ethnic evaluations) in the analyses resulted in the addition of 3% variance ($R^2 = .33$; $F = 10.03$, $p < .001$). As previously reported, social support ($p < .05$), negative life events ($p < .001$), athletic competence ($p < .05$), physical appearance ($p < .05$) continued to contribute significantly to the present model. Beyond this, the inter-ethnic evaluations dimension was the only significant variable from the fourth step ($p = .001$). These results indicate that social support, negative life events, self-concept (i.e., physical appearance, athletic competence), and inter-ethnic evaluations contribute a significant amount of variance in predicting depression scores for African-American adolescents.

Hypothesis 4B: Determining the variables with greatest predictive utility for the proposed model for Caucasians

It was hypothesized that variables in the present model would contribute to the prediction of depression scores for Caucasian participants. In order to determine the most salient variables (i.e., with the greatest predictive utility), a hierarchical regression was performed. Specifically, depression served as the dependent variable while the contextual variables (i.e., social support,

coping, negative life events) were entered as a block for step 1, domains of self-concept (i.e., scholastic, athletic, physical, social, behavioral conduct) as a block for step 2, global self worth for step 3, and ethnic evaluations for step 4.

Results of the analyses revealed that a significant amount of variance was accounted for in the first three steps ($R^2 = .52$; $F = 51.42$, $p < .001$) (see Table 9). The variables contributing the greatest amount of variance for the three step model were social support ($p < .001$), negative life events ($p < .001$), social acceptance ($p = .001$), athletic competence ($p < .05$), physical appearance ($p = .05$), and global self-worth ($p < .001$). Inclusion of the fourth step (i.e., intra-ethnic, and inter-ethnic evaluations) in the analyses resulted in the addition of 1% variance ($R^2 = .53$; $F = 43.33$, $p < .001$). As previously reported, social support ($p < .001$), negative life events ($p < .001$), social acceptance ($p = .001$), athletic competence ($p < .05$), physical appearance ($p < .05$), and global self-worth ($p = .001$) continued to contribute significantly to the present model. Beyond this, neither inter-ethnic ($p = .121$) or intra-ethnic ($p = .091$) evaluations proved to be significant in the fourth step. These results indicate that social support, negative life events, self-concept (social acceptance, athletic competence, physical appearance) and global self-worth contribute a significant amount of variance in predicting depression scores for Caucasian participants.

Discussion

The primary purpose of this study was to delineate relationships among the contextual variables, self-concept, global self-worth, ethnic evaluations and depression for a middle school sample of multi-ethnic adolescents. Results indicated that significant inverse relations were evidenced between all traditional domains of self-concept (i.e., scholastic competence,

This variable consisted of the peer, family, and teacher subscales from the social support measure.

behavioral conduct, physical appearance, athletic competence, social acceptance) and depression. Adolescents also evidenced a significant inverse relation between global self-worth and depression. The present study also investigated the validity of a newly proposed dimension of self-concept (i.e., ethnic evaluations) for African-American and Caucasian adolescents. Furthermore, results confirmed the expected relation (i.e., significant and positive) between inter-ethnic and intra-ethnic evaluation domains and all traditional domains of self-concept.

A third purpose of the present study was to examine a rarely examined construct for African-American adolescents (i.e., acculturation). Due to low internal consistency and item to total correlation ratings, this instrument was not included in the analyses.

Although this instrument failed to evidence the necessary reliability for inclusion in the present study, it is believed there are specific reasons for this observed outcome. These issues will be discussed later. The final purpose of the present study was to examine which variables (i.e., contextual, self-concept, and global self-worth) accounted for the greatest amount of variance for African-American and Caucasian adolescents. Results revealed that five factors significantly contributed to the model of depression for African-American adolescents, whereas six factors significantly contributed to the model of depression for Caucasian adolescents. In fact, four factors (i.e., social support, negative life events, physical appearance, and athletic competence) proved significant in predicting depression scores for both African-American and Caucasian adolescents.

Prior to conducting the primary analyses, descriptive statistics were computed for the measures included in the present study for the entire sample, for African-American, and for Caucasian adolescents. These statistics revealed that participants of this study evidenced an average level of depressive symptomatology as compared to normative samples (Reynolds,

1986a). Performance by participants on all other measures administered for this study also appeared consistent with previously reported values from other studies conducted with non-clinical adolescent samples. Thus, adolescents examined in this study appeared to demonstrate responses consistent with what might be expected for a non-clinical, middle school population.

Additional descriptive analyses conducted compared African-American and Caucasian adolescents on the RADS. Results revealed that African-American participants evidenced significantly higher depression scores than their Caucasian peers. This finding is contrary to other cross-sectional and longitudinal studies that have failed to find significant differences between these groups (Lubin & McCollum, 1994; Roberts et al., 1995; Schicor et al., 1994). However, this finding is consistent with results of a study conducted by Garrison et al. (1990) wherein African-American adolescents evidenced higher depression scores than Caucasian adolescents. Although not assessed in the present study, one possible explanation is that African-American individuals encounter negative life events beyond what is considered as the “normal scope” of daily life events. These situations termed “ethnically specific stressors” (i.e., discrimination, racist acts) are believed to have a significant impact on African-American individuals resulting in the development or exacerbation of psychopathology (Landrine & Klonoff, 1996; Landrine et al., 1995). Future studies should examine the relationship between ethnically specific stressors and depression in African-American adolescent samples. Beyond this, the issue of depressive symptomatology in multiethnic adolescent populations is an area of research that also needs to be examined in future studies for non-clinical, as well as clinical samples.

As predicted, all traditional domains of self-concept were significantly and inversely correlated with depression scores. Moderate correlations were evidenced between all relations

examined suggesting that as self-concept scores increased, depression scores decreased. Additionally, a significant and inverse relation was also demonstrated between global self-worth and depression scores. Similar to the relations evidenced between self-concept and depression, the relation between global self-worth and depression was also moderate in magnitude. Thus, it appears that adolescents from this study evidenced similarities to other adolescent populations in the relation between self-concept and depression (Fine et al., 1993; Kronenberger et al., 1995; Renouf & Harter, 1990), in addition to global self-worth and depression (Marold et al., 1993; Renouf & Harter, 1990). These results lend support to the notion that traditional domains of self-concept, as well as global self-worth are contributing to the understanding of depression as evidenced by their moderate, yet significant correlations.

As predicted, ethnic evaluations proved to be a concurrently valid measure of self-concept for all participants. Mild to moderate significant and positive correlations were evidenced between intra-ethnic and inter-ethnic evaluation domains and traditional domains of self-concept. Thus, it appears that when an adolescent reported experiencing increased self-concept for intra-ethnic and inter-ethnic evaluations, he/she also had a tendency to experience similar increases in self-concept for traditional domains of self-concept (i.e., scholastic competence, social acceptance, athletic competence, physical appearance, behavioral conduct). Considering this instrument is newly devised, the relations demonstrated between ethnic evaluations and the traditional self-concept domains need to be further investigated in future studies. However, internal consistency ratings for both subscales (.90 and .91 respectively) appear to suggest that this instrument is reliable for use with non-clinical, middle school, adolescent populations. As such, a more detailed examination of both intra-ethnic and inter-ethnic evaluations should be conducted (i.e., factor analysis).

Results of analyses regarding ethnic evaluations and depression revealed a significant relation between intra-ethnic evaluations and depression for African-Americans. Contrary to what might be expected, the relation between inter-ethnic evaluations and depression was non-significant. Analyses conducted for Caucasian adolescents revealed significant relations for intra-ethnic evaluations and depression, as well as inter-ethnic evaluations and depression. Moreover, the relation between intra-ethnic evaluations and depression was significantly greater for Caucasian adolescents versus African-American participants. Although it is difficult to conjecture about the reason for this outcome, there is at least one reason for the observed results. One possibility regards the descriptive statistics performed independently for African-American and Caucasian participants. Upon closer examination of the means for the self-concept domains, Caucasian participants consistently scored higher on all domains of self-concept with the exception of the physical appearance domain. Considering this, it seems logical that similar scores might also be evidenced for the newly created domains of self-concept (i.e., inter and intra-ethnic evaluations).

An additional reason for the observed results regarding the significant relation evidenced between ethnic evaluations and depression for Caucasian adolescents may be related to school environment. Given the notable ethnic diversification for both schools examined, in addition to the amount of contact among students, the issue of ethnic evaluations may be a salient factor for the Caucasian adolescents of the schools assessed. In particular, as a result of frequent contact with multi-ethnic adolescents, Caucasian adolescents may engage in the process of comparing themselves to adolescents from other ethnic groups than originally anticipated. Thus, the original expectation that inter-ethnic evaluations would not be a salient factor for Caucasian adolescents appears unfounded.

Analyses involving social support, coping, and negative life events with self-concept, global self-worth, and depression revealed numerous significant relations. As predicted, social support (i.e., family, peer, teacher) evidenced significant and positive relations with all domains of self-concept and global self-worth. In addition, significant and positive relations were evidenced between the newly created extended family social support factor and traditional domains of self-concept and global self-worth. These results indicate that as levels of social support increase, there is also an increase in self-concept. In addition, although both areas of social support evidenced a significant and inverse relation with depression, traditional social support demonstrated a stronger relation than the extended family social support domain. However, it does appear that the newly created dimension of social support termed “extended family” should be further examined as a protective factor in future studies. These results are consistent with what might be expected for the relation among these measures.

Similarly, significant relations were evidenced between coping and self-concept domains. Specifically, active coping was significantly and positively correlated with scholastic competence, social acceptance, physical appearance, behavioral conduct, and global self-worth, whereas passive coping was only significantly related to athletic competence. Although the aforementioned relations were statistically significant, two of these were very weak correlations (social acceptance and physical appearance). These weak, yet significant, relations are most likely the result of the large sample size versus a true representation of a valid relation between these variables. In essence, if the same relation were examined in a smaller sample, it is very likely that the observed correlations would not be significant. Contrary to what was expected, non-significant relations were evidenced for active and passive coping with depression. This unexpected outcome may be the result of the coping factors examined for this study. Although

the literature suggests that children engage in both active and passive coping in response to life events, it is possible that the present sample may have been more likely to engage in other types of coping (i.e., distraction and avoidance). Future studies should examine other types of coping strategies in adolescent populations.

Finally, negative life events evidenced significant and inverse relationships with all self-concept domains and global self-worth. These correlations were in the predicted direction and ranged from mild to moderate levels. Negative life events also evidenced a significant and positive relation with depression, suggesting that as negative life events increase, there is also an increase in depression. All results reported in this section are considered to be consistent with what might be expected of a middle school adolescent population. These results suggest that social support and negative life events significantly contribute to the understanding of depression, while active and passive coping do not.

An examination of the ability of the proposed variables to predict depression for African-American adolescents resulted in a four-step hierarchical regression analysis. Specifically, depression served as the dependent variable while the contextual variables (i.e., social support, coping, negative life events) were entered as a block for step 1, domains of self-concept (i.e., scholastic, athletic, physical, social, behavioral conduct) as a block for step 2, global self worth for step 3, and ethnic evaluations (i.e., inter and intra-ethnic) for step 4. Results indicate that the first three steps accounted for 30% of variance, whereas the fourth step accounted for an additional 3% variance. The variables significantly contributing to the four-step model were social support, negative life events, physical appearance, athletic competence, and inter-ethnic evaluations. Given that no previous studies have examined factors contributing to the manifestation of depression in African-American samples these results are considered

preliminary. However, the variables evidencing significance for the present model seem logical in nature for a middle school sample of adolescents. During the middle school years, adolescents undergo significant changes in their lives. In particular, areas such as social support can serve as a buffer against many of these changes (i.e., negative life events). Factors such as physical appearance and athletic competence seem to be appropriate constructs that might serve as protective or risk factors for depression in this age group. Given this, it will be important to examine these variables as moderators for the relation between negative life events and depression in future studies. Interesting to note is the inclusion of the inter-ethnic evaluations factor as a significant contributor to this model for African-Americans. This suggests that evaluations African-American adolescents make concerning interactions with adolescents from other ethnic groups are important in predicting depressive symptomatology and may even serve as a protective factor. Thus, African-Americans who maintain high self-concept for inter-ethnic interactions may be better able to circumvent depressive symptomatology than those who evaluate themselves less favorably (i.e., low self-concept).

Additionally, an examination of the ability of the proposed variables to predict depression for Caucasian adolescents also resulted in a four-step hierarchical regression analysis. Specifically, depression served as the dependent variable while the contextual variables (i.e., social support, coping, negative life events) were entered as a block for step 1, domains of self-concept (i.e., scholastic, athletic, physical, social, behavioral conduct) as a block for step 2, global self worth for step 3, and ethnic evaluations for step 4. Results indicate that the first three steps accounted for 52% of variance, whereas the fourth step accounted for an additional 1% variance. The variables that significantly contributed to the present model were social support, negative life events, social acceptance, athletic competence, physical appearance, and global

self-worth. As previously mentioned, factors such as social support, negative life events, athletic competence, and physical appearance seem logical as salient factors for an adolescent population. Beyond this, the inclusion of the social acceptance and global self-worth factors provide an interesting addition to the present model. The notion of social acceptance seems to suggest that adolescents' feelings about the approval received from their peers is important. Thus, an adolescent who feels positively about approval received from his/her peers may be less likely to suffer/experience symptoms of depression than a peer who feels less positive about this area. Maintaining high global self-worth suggests that the overall evaluation of the self is also important in the potential prevention of depression for Caucasian adolescents. Unlike the individual area of self-concept previously identified (i.e., social acceptance, athletic competence, physical appearance), this dimension suggests that maintaining an overall healthy opinion of oneself may also serve as a form of prevention against the development of depression.

The overall interaction and pathway (i.e., pattern of events) as it relates to the manifestation of depression of the aforementioned variables is uncertain. However, it is possible to suggest that when negative life events occur, social support, high self-concept, and global self-worth are important characteristics that serve as protective factors against the development of depression. Although neither active nor passive coping significantly contributed to the model for African American or Caucasian adolescents, a plausible explanation exists for this finding. In part, middle school students encounter negative life events as a normal part of their lives. Upon examination of all constructs for the present study, a middle school adolescent's response to a negative event (i.e., coping) seems least likely to contribute to the prevention of depression than the social support they receive. In a time of need, peers, teachers, and family members are not only able to provide social support in the traditional sense (i.e., encouragement), but more

importantly, they may be able to provide tangible assistance (i.e., “take care of situations”) for the adolescent (e.g., talking with a teacher about problems experienced with another student). Throughout middle school, students are constantly in the process of transitioning from childhood to adolescence. While in elementary school, students receive lots of assistance from adults and others when solving problems.

The utilization/implementation of coping is something that must be learned versus social support, which can be provided without any effort on the part of the recipient. It seems viable to suggest that the older an adolescent becomes, the more important the utilization of coping becomes. The developmental process of becoming an adolescent dictates that individuals learn and know how to handle negative life events. In most situations, a coping response will most likely provide a better solution to problems experienced than social support in the long run as the process of coping requires the individual to develop and enact a plan of handling the problem(s). This is not to suggest that social support is any less useful when combating depression, it is to say that older adolescents are more likely to engage in the process of coping because traditionally, fewer resources are available to them than young adolescents. Thus, they must first turn to themselves to deal with problems. Moreover, young adolescents have fewer opportunities to develop coping skills than older adolescents do.

In sum, results indicated that all traditional domains of self-concept and global self-worth were significantly and inversely correlated with depression scores. These results are consistent with previous studies conducted (Fine et al., 1993; Kronenberger et al., 1995; Marold et al., 1993; Renouf & Harter, 1990). Furthermore, the newly proposed ethnic evaluation domains (intra-ethnic and inter-ethnic) proved to be concurrently valid measures of self-concept for both African-American and Caucasian participants. Along with this, the intra-ethnic evaluation

domain was significantly correlated with depression for African-American adolescents. However, both dimensions were significantly correlated with depression for Caucasian adolescents. As these results are preliminary, the reliability and validity of these domains and relations with other pertinent constructs will need to be explored in future studies.

Significant relations were also evidenced for social support, coping, and negative life events with self-concept, global self-worth, and depression. Most importantly, when predicting depression scores, results revealed that for African-American and Caucasian adolescents, social support, negative life events, athletic competence, and physical appearance were significant factors. Additionally, the inclusion of the inter-ethnic evaluation factor also contributed to the model for African-Americans, whereas social acceptance and global self-worth were significant factors specific to the model for Caucasian adolescents. Descriptive analyses performed for depression revealed that African-American adolescents scored significantly higher on the RADS (i.e., measure of depression) than Caucasian adolescents. This finding is consistent with the results of a study conducted by Garrison et al., (1990).

Given results of the present study, it appears obvious that additional studies examining depression need to be conducted. Although the focus of this study was not to examine sex or grade differences, investigation of these factors for depressive symptomatology will be explored in future studies. As obvious, is the fact that there is still a lot that is unknown about depression. As such, additional variables should be examined for inclusion in the present model. These specific variables are discussed in the following text.

SES

As indicated in the literature and results reviewed, the occurrence of negative life events can have a detrimental impact on a child's life. Involvement in situations that might produce

greater exposure to these negative life situations is often influenced by one's socioeconomic status. Alvidrez, Azocar, and Miranda (1996) reported that differences in SES might affect a child's thoughts, actions, and behaviors in response to life circumstances. Given this, the utilization of certain coping strategies (i.e., active versus passive), or lack thereof, may be dependent upon the environment in which an adolescent lives (i.e., SES). Thus, it appears that investigating this factor might provide useful information regarding not only the assessment, but also differential treatment strategies of depression for adolescents of varying economic conditions. For instance, adolescents living in an environment prone to physical altercations will most likely have a different manner of coping with this situation than an adolescent not exposed to this scenario. These differential responses in coping have implications not only for assessment, but also for treatment.

Psychophysiology

Psychophysiology examines the relationship between external (i.e., the environment) and internal factors (i.e., biology). Scores of research studies have cited the influence of the environment on physiology. However, there is limited research regarding the psychophysiology of depression in adolescents. Examination of biology in adolescents may help to increase our understanding of the interplay between the biological, psychological, and social aspects of depression. One measure that has proven useful in providing information about physiological reactions to the environment is cortisol measurement.

The hypothalamic-pituitary-adrenocortical (HPA) system, which has a primary component of cortisol, has been shown to be reactive to stressful situations (Gunnar, 1992). Specifically, The HPA system is critical to stress resistance because it 1) intensifies energy levels for action, 2) regulates the action of other stress sensitive systems, and 3) affects emotions

(Gunnar, 1992). Studies have shown that depression is often accompanied by the hypersecretion of cortisol (Carroll, Curtis, Davies, Mendels, & Sugerman, 1976a; Sachar, Hellman, Roffwarg, Halpern, Fukushima, & Gallagher, 1973). In fact, research has shown that cortisol hypersecretion tends to occur more often in individuals with higher, rather than lower levels of depression (Carroll, Curtis, & Mendels, 1976b). Examining this physiologic system in a population of depressed adolescents would significantly contribute to the literature.

Similarly, research has also shown that variability in heart rate and blood pressure responses during psychological stress is connected to mental processing and thus can be a physiological marker for stress (Jemerin & Boyce, 1990; Porges, 1988). Studies by Eppinger and Hess (1915) revealed the significance of the autonomic nervous system in regulating atypical physiological responses and identified that individual differences in physiology were related to individual differences in psychopathology. The interplay of physiological and behavioral processes is dependent upon feedback from an individual's biological system. Information from the periphery (i.e., environment) is transmitted to the central nervous system and then transferred into subsequent physiological reactions (Porges, Matthews, & Paul, 1992). Studies indicate that adolescents evidencing greater blood pressure and heart rate reactivity during stress situations also have a tendency to exhibit increased physiologic responses upon reassessment (Giordini, Manuck, & Farmer, 1981; Matthews, Woodall, & Stoney, 1990). Research indicates that girls evidence greater heart rate reactivity during stress scenarios, whereas boys evidence greater systolic blood pressure during variable challenges (Matthews & Stoney, 1988). Other studies have shown that African-American children have greater blood pressure reactivity than their white counterparts during stress scenarios (Murphy, Alpert, Willey, & Womes, 1988).

Examining reactions to recollections of negative life events through blood pressure and heart rate would enhance the literature concerning depressed adolescents.

Limitations

When examining this study, there are certain limitations that need to be considered. One obvious limitation is that the present study was cross-sectional in nature. The ability to accurately measure levels of depression and the proposed protective/risk factors is affected by the stability of the responses received. Although it is anticipated that responses provided by the participants were reliable and accurate measurements of their functioning at the time of administration, it is also possible that the achieved responses were not a “true” measure of functioning. The responses of some adolescents in the present sample may be comprised of a “snapshot” of the feelings experienced on the day of the assessment instead of how the adolescent normally feels. Thus, self-reported feelings provided by some adolescents may not have been typical, but may have represented a more “atypical” set of responses than if they were assessed at a different time. Longitudinal studies are better able to capture subtle or even major inflections in symptom reporting due to the collection of multiple “snapshots” of an individual’s performance. This is an especially important factor with adolescents who experience fluctuations in symptomatology. Given the scope of the present study (i.e., dissertation project) and the number of participants, this method was not considered feasible for this project. The compilation of variables investigated in this study is considered unique and the results will be used to inform future projects.

Another limitation of the study regards the results of scores achieved for the acculturation scale. Considering the low internal consistency rating (.43) and low item to total correlations (.19 to .50), this instrument did not perform as well as might have been expected given internal

consistency ratings from previous studies. One explanation for these ratings might be that heretofore, this instrument has only been used with participants as young as 15 years of age. Considering that 78% of the African-American sample was comprised of 11 to 13 year-olds, this instrument may not have been appropriate for use with this population, even with modifications in language for individual items. Questionnaire items considered as appropriate for use with African-American adults may have been less than appropriate for use with African-American teenagers. Differences between the adolescent and adult population may also be explained in terms of generation issues. Specifically, although there are historic traditions and beliefs that serve as a foundation for African-American culture, there may also be intra-ethnic differences due to time periods in which both groups have been raised. Social issues and styles (i.e., clothing) of the 1960's and 1970's are considerably different than those of the 1990's. It is possible that a better measurement of acculturation may have been obtained if items considered "more generation specific" had been selected and/or created for this study. For instance, inquiries about types of music and certain brands of clothing may have proved more salient for the present adolescent sample of participants.

An additional issue of concern regarding this study deals with mono-method bias, or the administration of only self-report instruments during the study. The primary concern is the validity and accuracy of results. In an effort to control for this limitation, several steps were taken to ensure that the instrument administration process was standardized across all sessions. For one, the standardized instructions for completing the instrument packets were placed on an overhead projector, in the same order, for all classrooms and carefully reviewed with the participants. During distribution of the instruments, participants were asked to leave the packets facing down until instructed to turn them over. In addition, participants were instructed to follow

along as a member of the project staff read and reviewed each question aloud on the demographics page. Participants were instructed to raise their hand if they needed to ask a question. When issues of concern were raised, the issue was addressed with the entire classroom if there was a potential to affect other participants' responses. Finally, participants were encouraged to refrain from talking during administration of the questionnaires. Use of multiple methods to assess depressive symptomatology should always be considered. Although seemingly reliable and valid results were achieved through self-report for the present study, other assessment methods such as diagnostic interviews should also be utilized when assessing depressive symptomatology. The utility of clinical interviewing (i.e., ability to elicit and capture specific details about depressive symptomatology) should never be overlooked except wherein it is unfeasible or inappropriate (i.e., large-n studies).

Conclusion

Results of this study provide support for the notion that social support, negative life events, physical appearance, and athletic competence are important factors in predicting depression scores for African-American and Caucasian adolescents. Although similarities are noted, it is important to note that other variables accounted for additional variance in the separate models for African-American (inter-ethnic evaluations) and Caucasian (social acceptance and global self-worth) adolescents. It is plausible to recommend that additional studies need to be conducted in this area in order to elucidate discrete variables that contribute to the prediction of depression for various ethnic groups and general variables that contribute to the prediction for middle school adolescents on a whole. Most especially, the validity of the ethnic evaluations domains for use with African-American and Caucasian adolescents should be examined in future studies. Beyond this, the inclusion of variables such as SES, cortisol, heart rate, and blood

pressure in the present model should provide additional information concerning the presentation and cause of depression.

Although the present model contains numerous constructs believed to be important to examining depression, the inclusion of these domains doesn't preclude the exclusion of any of these variables given certain population parameters. Participants of this study appeared to contain a somewhat heterogeneous group of adolescents. However, there are several ethnic groups that were underrepresented for the present study. Given this, it is important to remember that some, none, or all of the variables included for the present study may be applicable for other populations within the United States. Therefore, it is important to consider the present model as a working set of constructs that proved useful for an adolescent population in Southwest Virginia. However, the same may not hold true for Hispanic adolescents located in the Southern part of the United States or Asian-Americans in the Western part of the United States. Beyond this, examination of this model for other adolescent populations from other countries would most certainly raise issues concerning generalizability of the present model. It was not the intent of the present study to account for all variables important in the investigation of depression for any given situation or for any geographical location. As with any research study, the variables shown to be most influential in the prediction or explanation of a particular phenomenon should be examined for validity in other contexts as well.

Equally as important is examining the nature of depressive symptom (i.e., etiology) experienced by adolescents. Varying issues of concern (i.e., negative life events) or even developmental milestones have the potential to cause disruption. It goes without saying that middle school students encounter separate developmental issues than high school students. These issues may even be categorized according to internal versus external causes. Internal

causes could be classified as factors such as self-concept, whereas external causes may be linked to problematic relationships with others. Classifying the precipitants, correlates, and exacerbating factors of depression according to internal and or external sources holds implications for assessment and treatment.

The process of achieving greater understanding of adolescent psychopathology originates from taking multiple perspectives. Utilization of information provided by existing studies in the literature in order to synthesize these processes into a single, yet diversified “biopsychosocial” process would seem to provide an “atypical,” although much needed approach to examining adolescent psychopathology in multiethnic populations.

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Tables

Table 1**Descriptive Statistics for Dependent and Independent Measures**

Measure	African-Americans		Caucasians		T-Tests	
	<u>M</u>	<u>SD</u>	<u>M</u>	<u>SD</u>	<u>t-score</u>	<u>p-value</u>
RADS	61.29	12.87	57.26	14.33	3.80	.000
Scholastic Competence	2.67	.54	2.83	.65	-3.63	.000
Social Acceptance	2.90	.53	2.98	.59	-1.98	.048
Athletic Competence	2.75	.61	2.78	.72	-.45	.654
Physical Appearance	2.69	.65	2.59	.76	1.70	.089
Behavioral Conduct	2.44	.57	2.71	.68	-5.63	.000
Global Self-Worth	2.82	.60	2.91	.66	-1.82	.070
Inter-Ethnic Evaluations	2.83	.49	2.88	.49	-1.35	.178
Intra-Ethnic Evaluations	2.80	.46	2.87	.52	-1.65	.100
Social Support*	22.94	5.77	24.24	5.93	-2.76	.006
Extended Family Support	8.83	2.84	8.30	3.26	2.32	.021
Active Coping	32.13	6.25	30.63	6.32	3.12	.002
Passive Coping	23.51	4.34	22.53	3.85	3.17	.002
Negative Life Events	5.66	2.95	4.28	3.04	5.86	.000

* = The three traditional subscales of social support (family, peer, teacher) comprise this scale.

Table 2Correlation Table of Study Variables for African-American and Caucasian adolescents

	2	3	4	5	6	7	8	9	10	11	12	13	14
1	-.407**	-.403**	-.294**	-.397**	-.384**	-.521**	-.312**	-.375**	-.503**	-.281**	-.068	-.008	.434**
2	---	.340**	.243**	.344**	.435**	.501**	.363**	.441**	.340**	.182**	.136**	.061	-.291**
3		---	.313**	.393**	.220**	.474**	.387**	.469**	.387**	.200**	.105**	.067	-.148**
4			---	.357**	.126**	.337**	.359**	.398**	.170**	.136**	.042	.152**	-.127**
5				---	.252**	.566**	.425**	.487**	.307**	.230**	.104**	.081*	-.151**
6					---	.491**	.315**	.336**	.392**	.188**	.215**	.062	-.311**
7						---	.506**	.543**	.438**	.273**	.137**	.071	-.299**
8							---	.602**	.267**	.164**	.053	.004	-.190**
9								---	.365**	.194**	.090*	.065	-.156**
10									---	.557**	.277**	.180**	-.372**
11										---	.291**	.195**	-.225**
12											---	.552**	-.035
13												---	.000

* = $p < .05$ ** = $p < .01$

- 1= Depression (RADS)
 2= Scholastic Competence
 3= Social Acceptance
 4= Athletic Competence
 5= Physical Appearance
 6= Behavioral Conduct
 7= Global Self-Worth

- 8=Inter-Ethnic Evaluations
 9= Intra-Ethnic Evaluations
 10= Social Support
 11= Extended Family Social Support
 12= Active Coping
 13= Passive Coping
 14= Negative Life Events

Table 3Correlation Table of Study Variables for African-American Participants

	2	3	4	5	6	7	8	9	10	11	12	13	14
1	-.235**	-.247**	-.222**	-.318**	-.235**	-.365**	-.080	-.249**	-.281**	-.144*	.055	.025	.355**
2	---	.344**	.231**	.349**	.247**	.340**	.240**	.329**	.146**	.057	.079	.096	-.033
3		---	.241**	.359**	.188**	.398**	.359**	.402**	.278**	.114	.065	.059	-.061
4			---	.361**	.063	.334**	.263**	.220**	.057	.028	.069	.124*	.010
5				---	.266**	.569**	.385**	.407**	.156*	.061	.033	-.007	-.006
6					---	.440**	.255**	.241**	.171**	.087	.072	.034	-.117
7						---	.459**	.446**	.250**	.141*	.025	.020	-.159*
8							---	.503**	.117	.034	-.123	-.116	-.042
9								---	.254**	.084	-.028	.019	-.001
10									---	.550**	.069	.162**	-.190**
11										---	.173**	.166**	-.222**
12											---	.605**	.049
13												---	.011

* = $p < .05$ ** = $p < .01$

- 1= Depression (RADS)
 2= Scholastic Competence
 3= Social Acceptance
 4= Athletic Competence
 5= Physical Appearance
 6= Behavioral Conduct
 7= Global Self-Worth

- 8=Inter-Ethnic Evaluations
 9= Intra-Ethnic Evaluations
 10= Social Support
 11= Extended Family Social Support
 12= Active Coping
 13= Passive Coping
 14= Negative Life Events

Table 4
Correlation Table of Study Variables for Caucasian Participants

	2	3	4	5	6	7	8	9	10	11	12	13	14
1	-.461**	-.463**	-.325**	-.447**	-.421**	-.584**	-.418	-.422**	-.596**	-.359*	-.152**	-.051	.447**
2	---	.331**	.248**	.358**	.487**	.562**	.415**	.480**	.413**	.248**	.185**	.069	-.376**
3		---	.342**	.416**	.219**	.503**	.398**	.493**	.431**	.245**	.137**	.086	-.172**
4			---	.359**	.149**	.338**	.404**	.469**	.219**	.182**	.034	.173**	-.188**
5				---	.270**	.574**	.452**	.526**	.386**	.292**	.127**	.117*	-.239**
6					---	.509**	.339**	.366**	.474**	.257**	.322**	.116*	-.353**
7						---	.528**	.582**	.522**	.339**	.205**	.113*	-.355**
8							---	.648**	.339**	.232**	.156**	.086	-.256**
9								---	.410**	.247**	.156**	.102*	-.213**
10									---	.580**	.406**	.215**	-.446**
11										---	.337**	.201**	-.262**
12											---	.513**	-.117*
13												---	-.048

* = $p < .05$ ** = $p < .01$

- 1= Depression (RADS)
- 2= Scholastic Competence
- 3= Social Acceptance
- 4= Athletic Competence
- 5= Physical Appearance
- 6= Behavioral Conduct
- 7= Global Self-Worth

- 8=Inter-Ethnic Evaluations
- 9= Intra-Ethnic Evaluations
- 10= Social Support
- 11= Extended Family Social Support
- 12= Active Coping
- 13= Passive Coping
- 14= Negative Life Events

Table 5Hypotheses 1A & 1B: Correlations between Self-Concept, Global Self-Worth and Depression

	1	2	3	4	5	6
RADS	-.407**	-.403**	-.294**	-.397**	-.384**	-.521**

1 = Scholastic competence
 2 = Social acceptance
 3 = Athletic competence
 4 = Physical appearance
 5 = Behavior conduct
 6 = Global self-worth

* = $p < .005$
 ** = $p < .001$

Table 6Hypothesis 2A: Correlations between Ethnic Evaluations and Self-Concept

	1	2	3	4	5
Inter-Ethnic Evaluations	.363**	.387**	.359**	.425**	.315**
Intra-Ethnic Evaluations	.441**	.469**	.398**	.487**	.336**

1 = Scholastic competence
 2 = Social acceptance
 3 = Athletic competence
 4 = Physical appearance
 5 = Behavior conduct

* = $p < .005$ ** = $p < .001$

Table 7

Hypothesis 3A: Correlation of Social Support, Coping, and Negative Life Events with Self-Concept, Global Self-Worth, and Depression

Measure	1	2	3	4	5	6	7
Social Support*	.340**	.387**	.170**	.307**	.392**	.438**	-.503**
Extended Family	.182**	.200**	.136**	.230**	.188**	.273**	-.281**
Active Coping	.136**	.105**	.042	.104**	.215**	.137**	-.068
Passive Coping	.061	.067	.152**	.081*	.062	.071	-.008
Negative Life Events	-.291**	-.148**	-.127**	-.151**	-.311**	-.299**	.434**

1 = Scholastic competence

5 = Behavior conduct

2 = Social acceptance

6 = Global Self-Worth

3 = Athletic competence

7 = RADS

4 = Physical appearance

* = $p < .05$ ** = $p < .01$

Table 8Hypothesis 4A: 4-Step Model of Depression for African-American Participants

RADS = 80.43 - .30 Social Support + .15 Active Coping + .18 Passive Coping + 1.30 Negative Life Events – 1.58 Scholastic – 1.47 Social – 2.79 Athletic – 3.03 Physical – 1.84 Behavioral – 2.73 Global + 6.07 Inter-Ethnic – 3.31 Intra-Ethnic

Predictor	Coef	Std. Error	t	p
Constant	80.43	7.06	11.39	0.000
Social support	-0.30	0.13	-2.28	0.023
Active Coping	0.15	0.14	1.06	0.292
Passive Coping	0.18	0.20	0.88	0.378
Negative Life Events	1.31	0.24	5.48	0.000
Scholastic	-1.58	1.41	-1.12	0.265
Social	-1.47	1.53	-0.96	0.339
Athletic	-2.79	1.25	-2.24	0.026
Physical	-3.03	1.36	-2.22	0.027
Behavioral	-1.84	1.34	-1.37	0.171
Global	-2.73	1.61	-1.69	0.092
Inter-ethnic	6.071	1.73	3.51	0.001
Intra-ethnic	-3.31	1.88	-1.76	0.080

Standard Error of the Estimate = 10.03 $R^2 = 33\%$ $R^2 (\text{adj.}) = 30\%$

Analysis of Variance

SOURCE	DF	SS	MS	F	p
Regression	12	13921.65	1160.14	10.03	0.000
Error	240	27751.74	115.63		
Total	252	41673.39			

Social support =	comprised of the peer, family, and teacher subscales
Active Coping =	active coping subscale of coping measure
Passive Coping =	passive coping subscale of coping measure
Negative Life Events =	negative life events subscale of life events measure
Scholastic =	scholastic competence subscale of SPPA
Social =	social appearance subscale of SPPA
Athletic =	athletic competence subscale of SPPA
Physical =	physical appearance subscale of SPPA
Behavioral =	behavioral conduct subscale of SPPA
Global =	global self-worth subscale of SPPA
Intra-ethnic =	intra-ethnic evaluations subscale from Ethnic Evaluations measure
Inter-ethnic =	inter-ethnic evaluations subscale from Ethnic Evaluations measure

Table 9Hypothesis 4B: 4-Step Model of Depression for Caucasian Participants

RADS = 101.32 - .77 Social Support + .14 Active Coping + .21 Passive Coping + .68 Negative Life Events – 1.70 Scholastic – 3.29 Social – 1.73 Athletic – 1.55 Physical – 1.28 Behavioral – 3.97 Global – 1.99 Inter-ethnic + 2.29 Intra-ethnic

Predictor	Coef	Std. Error	t	p
Constant	101.31	4.44	22.81	0.000
Social support	-0.77	0.11	-7.08	0.000
Active Coping	0.14	0.09	1.54	0.124
Passive Coping	0.21	0.14	1.51	0.132
Negative Life Events	0.68	0.18	3.82	0.000
Scholastic	-1.70	0.93	-1.84	0.067
Social	-3.29	0.98	-3.37	0.001
Athletic	-1.73	0.76	-2.23	0.024
Physical	-1.55	0.78	-1.98	0.048
Behavioral	-1.28	0.88	-1.47	0.144
Global	-3.97	1.10	-3.62	0.000
Inter-ethnic	-1.99	1.28	-1.56	0.121
Intra-ethnic	2.29	1.36	1.69	0.091

Standard Error of the Estimate = 9.98

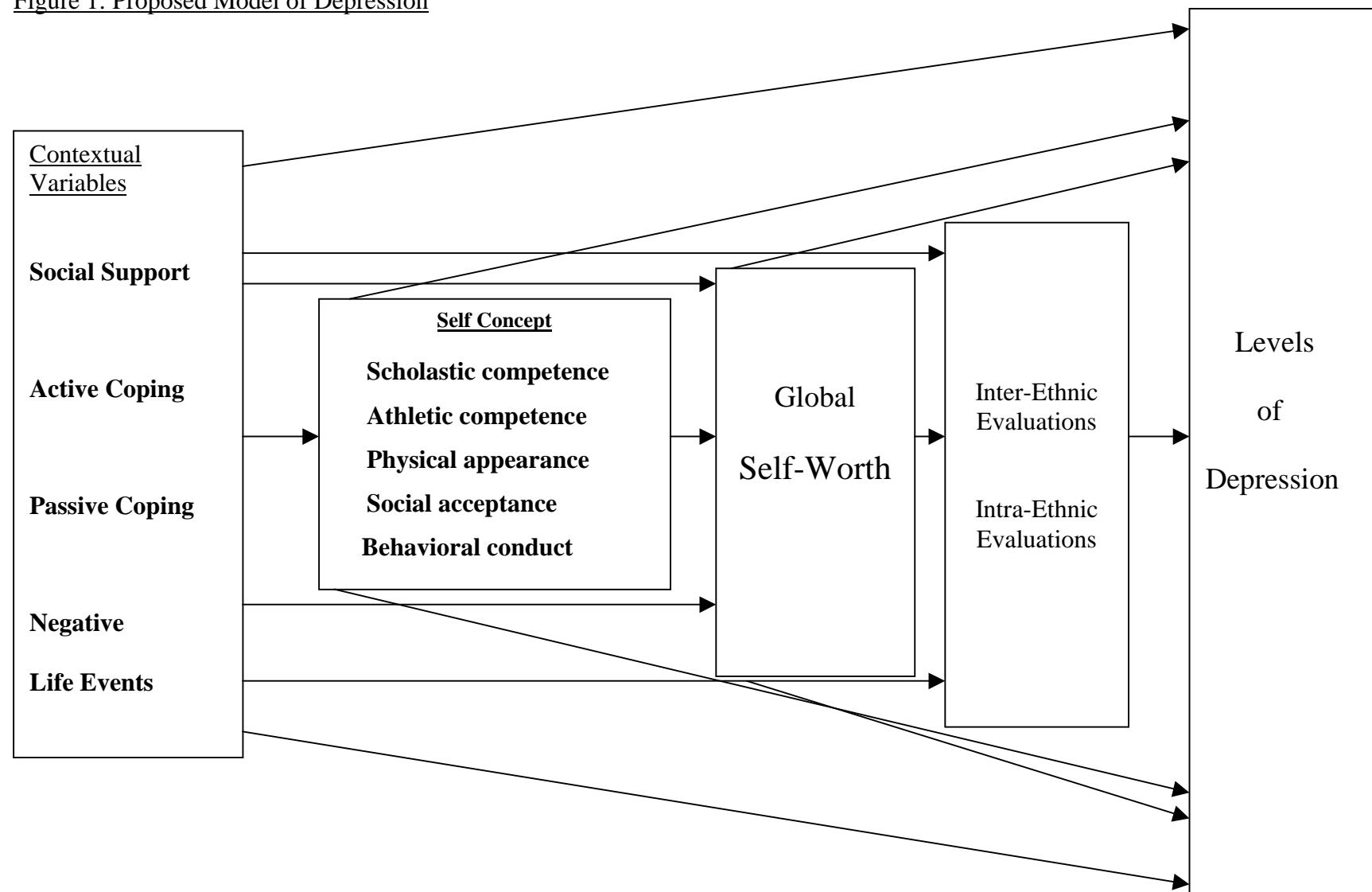
 $R^2 = 53\%$ $R^2 (\text{adj.}) = 52\%$ Analysis of Variance

SOURCE	DF	SS	MS	F	p
Regression	12	51822.10	4318.51	43.34	0.000
Error	465	46336.76	99.65		
Total	477	98158.86			

Social support =	comprised of the peer, family, and teacher subscales
Active Coping =	active coping subscale of coping measure
Passive Coping =	passive coping subscale of coping measure
Negative Life Events =	negative life events subscale of life events measure
Scholastic =	scholastic competence subscale of SPPA
Social =	social appearance subscale of SPPA
Athletic =	athletic competence subscale of SPPA
Physical =	physical appearance subscale of SPPA
Behavioral =	behavioral conduct subscale of SPPA
Global =	global self-worth subscale of SPPA
Intra-ethnic =	intra-ethnic evaluations subscale from Ethnic Evaluations measure
Inter-ethnic =	inter-ethnic evaluations subscale from Ethnic Evaluations measure

Figures

Figure 1: Proposed Model of Depression



Appendices

Appendix A: Harter Self-Perception Profile for Adolescents

1. A. Some teenagers feel that they are just as smart as others their age.
 B. Other teenagers aren't so sure and wonder if they are as smart.

2. A. Some teenagers find it hard to make friends.
 B. For other teenagers it's pretty easy to make friends.

3. A. Some teenagers do very well at all kinds of sports.
 B. Other teenagers don't feel that they are very good when it comes to sports.

4. A. Some teenagers are not happy with the way they look.
 B. Other teenagers are happy with the way they look.

5. A. Some teenagers usually do the right thing.
 B. Other teenagers often don't do what they know is right.

6. A. Some teenagers are often disappointed with themselves.
 B. Other teenagers are pretty pleased with themselves.

7. A. Some teenagers are pretty slow in finishing their schoolwork.
 B. Other teenagers can do their schoolwork more quickly.

8. A. Some teenagers have a lot of friends.
 B. Other teenagers don't have very many friends.

9. A. Some teenagers think they could do well at just about any new athletic activity.
 B. Other teenagers are afraid they might not do well at a new athletic activity.

10. A. Some teenagers wish their body was different.
 B. Other teenagers like their body the way it is.

11. A. Some teenagers often get in trouble for the things they do.
 B. Other teenagers usually don't do things that get them in trouble.

12. A. Some teenagers don't like the way they are leading their life.
 B. Other teenagers do like the way they are leading their life.

13. A. Some teenagers do very well at their classwork.
 B. Other teenagers don't do very well at their classwork.

14. A. Some teenagers are kind of hard to like.
 B. Other teenagers are really easy to like.

15. A. Some teenagers feel that they are better than others their age at sports.
 B. Other teenagers don't feel they can play as well.

Appendix A: Harter Self-Perception Profile for Adolescents (cont.)

16. A. Some teenagers wish their physical appearance was different.
B. Other teenagers like their physical appearance the way it is.
17. A. Some teenagers feel really good about the way they act.
B. Other teenagers don't feel that good about the way they often act.
18. A. Some teenagers are happy with themselves most of the time.
B. Other teenagers are often not happy with themselves.
19. A. Some teenagers have trouble figuring out the answers in school.
B. Other teenagers almost always can figure out the answers.
20. A. Some teenagers are popular with others their age.
B. Other teenagers are not very popular.
21. A. Some teenagers don't do well at new outdoor games.
B. Other teenagers are good at new games right away.
22. A. Some teenagers think that they are good looking.
B. Other teenagers think they are not very good looking.
23. A. Some teenagers do things they know they shouldn't do.
B. Other teenagers hardly ever do things they know they shouldn't do.
24. A. Some teenagers like the kind of person they are.
B. Other teenagers often wish they were someone else.
25. A. Some teenagers feel that they are pretty intelligent.
B. Other teenagers question whether they are intelligent.
26. A. Some teenagers feel that they are socially accepted.
B. Other teenagers wished that more people their age accepted them.
27. A. Some teenagers do not feel that they are very athletic.
B. Other teenagers feel that they are very athletic.
28. A. Some teenagers really like their looks.
B. Other teenagers wish they looked different.
29. A. Some teenagers usually act the way they know they are supposed to.
B. Other teenagers often don't act the way they are supposed to.
30. A. Some teenagers are very happy being the way they are.
B. Other teenagers wish they were different.

Appendix B: Ethnic Evaluations Items

Choose the statement that best describes you.

1. A. Some teenagers feel that they are just as smart as other teenagers from their own racial/ethnic group.
 B. Other teenagers aren't so sure and wonder if they are as smart as other teenagers from their own racial/ethnic group.

2. A. Some teenagers feel that they are just as smart as other teenagers from another racial/ethnic group.
 B. Other teenagers aren't so sure and wonder if they are as smart as other teenagers from another racial/ethnic group.

3. A. Some teenagers would like to have a lot more friends from their own racial/ethnic group.
 B. Other teenagers have as many friends as they want from their own racial/ethnic group.

4. A. Other teenagers have as many friends as they want from another racial/ethnic group.
 B. Some teenagers would like to have a lot more friends from another racial/ethnic group accept them.

5. A. Some teenagers feel that they are better than others from their own racial/ethnic group at sports.
 B. Other teenagers don't feel they can play as well as others from their own racial/ethnic group.

6. A. Some teenagers feel that they are better than others from another racial/ethnic group at sports.
 B. Other teenagers don't feel they can play as well as others from another racial/ethnic group.

7. A. Some teenagers think that they are good looking in comparison to other teenagers from their own racial/ethnic group.
 B. Other teenagers think they are not very good looking in comparison to other teenagers from their own racial/ethnic group.

8. A. Some teenagers think that they are good looking in comparison to other teenagers from another racial/ethnic group.
 B. Other teenagers think they are not very good looking in comparison to other teenagers from another racial/ethnic group.

Appendix B: Ethnic Evaluations Items (cont.)

9. A. Some teenagers feel really good about the way they behave in comparison to other teenagers from their own racial/ethnic group.
 B. Other teenagers don't feel that good about the way they often behave in comparison to other teenagers from their own racial/ethnic group.

10. A. Some teenagers feel really good about the way they behave in comparison to other teenagers from another racial/ethnic group.
 B. Other teenagers don't feel that good about the way they often behave in comparison to other teenagers from another racial/ethnic group.

11. A. Some teenagers are very happy being the way they are in comparison to other teenagers from their own racial/ethnic group.
 B. Other teenagers wish they were different than other teenagers from their own racial/ethnic group.

12. A. Some teenagers are very happy being the way they are in comparison to other teenagers from another racial/ethnic group.
 B. Other teenagers wish they were different than other teenagers from another racial/ethnic group.

Scales

Scholastic (Items: 1, 2)

Athletic (Items: 5, 6)

Physical appearance (Items: 7, 8)

Social acceptance (Items: 3, 4)

Behavioral conduct (Items: 9, 10)

Global self-worth (Items: 11, 12)

Appendix C: Acculturation Scale

Please read each question and circle the answer that describes how you feel.

- | | | |
|---|-----|----|
| 1. Most of the music I listen to is by Black artists. | Yes | No |
| 2. I try to watch all the Black shows on TV. | Yes | No |
| 3. Most of my friends are Black. | Yes | No |
| 4. I believe in the Holy Ghost. | Yes | No |
| 5. I believe in heaven and hell. | Yes | No |
| 6. I like gospel music. | Yes | No |
| 7. Prayer can cure disease. | Yes | No |
| 8. I grew up in a mostly Black neighborhood. | Yes | No |
| 9. When the palm of your hand itches, you'll receive some money. | Yes | No |
| 10. There's some truth to many old superstitions. | Yes | No |
| 11. It's better to try to move your whole family ahead in this world than it is to be out for only yourself. | Yes | No |
| 12. Old people are wise. | Yes | No |
| 13. When I was young, my parent sent me to stay with a relative (aunt, uncle) for a few days or weeks, and then I went back home again. | Yes | No |
| 14. When I was young, I took a bath with my sister, brother, or some other relative. | Yes | No |
| 15. I know how to play bid whist | Yes | No |
| 16. I know what "falling out" means. | Yes | No |

Appendix D: Dubow Social Support Scale for Adolescents

Please read each question and select the answer that best describes how you feel.

Never	= 1
Hardly ever	= 2
Sometimes	= 3
Most of the time	= 4
Always	= 5

1. Some teenagers can count on their family for help or advice when they have problems, but other teenagers cannot. Can you count on your family for help or advice when you have problems? 1 2 3 4 5

2. Some teenagers feel like their family is there when they need them, but other teenagers don't feel this way. Do you feel like your family is there when you need them? 1 2 3 4 5

3. Some teenagers think their families really care about them, but other teenagers think their families don't. Do you think your family cares about you? 1 2 3 4 5

4. Some teenagers think their teachers care about them, but other teenagers don't. Do you think your teachers care about you? 1 2 3 4 5

5. Some teenagers have teachers who make them feel important, but other teenagers don't. Do your teachers make you feel important? 1 2 3 4 5

6. Some teenagers' teachers are mean to them, but other teenagers' teachers are not. Are your teachers mean to you? 1 2 3 4 5

7. Some teenagers get picked on and teased by their friends, but other teenagers don't. Do you get picked on and teased by your friends? 1 2 3 4 5

8. Some teenagers feel left out by their friends, but other teenagers don't. Do you feel left out by your friends? 1 2 3 4 5

9. Some teenagers feel very close to their friends, but others don't. Do you feel very close to your friends? 1 2 3 4 5

Appendix E: How I Cope Under Pressure Scale for Children

There are many things that happen in life that cause problems. I want you to think about how you make yourself feel better as a result of problems you have in our life (bad grades, losing a friend). Please tell how much you think or do EACH of the different things listed below to try and make things better or to make yourself feel better.

- 1 = Not at all
- 2 = A little
- 3 = Somewhat
- 4 = A lot

After problems happen, I:	Not at all	A little	Somewhat	A lot
1. listen to music	1	2	3	4
2. think about what I can do before I do something	1	2	3	4
3. write down my feelings	1	2	3	4
4. do something to make things better	1	2	3	4
5. try to notice or think about only the good things in life.	1	2	3	4
6. go bicycle riding.	1	2	3	4
7. try to stay away from the problem.	1	2	3	4
8. try to put it out of my mind.	1	2	3	4
9. figure out what I can do by talking with one of my friends.	1	2	3	4
10. think about why it happened.	1	2	3	4
11. think about what might happen before I decide what to do.	1	2	3	4
12. try to make things better by changing what I do.	1	2	3	4
13. talk about how I am feeling with my mother or father.	1	2	3	4
14. tell myself it will be over in a short time.	1	2	3	4
15. play sports.	1	2	3	4
16. talk about how I am feeling with some adult who is not in my family	1	2	3	4
17. ask God to help me understand it.	1	2	3	4
18. cry to myself.	1	2	3	4
19. go for a walk.	1	2	3	4
20. imagine how I'd like things to be.	1	2	3	4
21. talk to my brother or sister about how to make things better.	1	2	3	4
22. try to stay away from things that make me feel upset.	1	2	3	4

Appendix F: Life Events Scale

Below is a list of things that sometimes happen to adolescents. Circle yes if the event has happened to you in the past year and no if it has not.

- | | | | |
|-----|---|-----|----|
| 1. | In the past year, I moved to a new home. | Yes | No |
| 2. | In the past year, I gained a new brother or sister. | Yes | No |
| 3. | In the past year, I changed to a new school. | Yes | No |
| 4. | In the past year, a family member had a serious illness or injury. | Yes | No |
| 5. | In the past year, I saw more arguments between my parents. | Yes | No |
| 6. | In the past year, my mother or father lost their job. | Yes | No |
| 7. | In the past year, a family member died. | Yes | No |
| 8. | In the past year, my parents separated. | Yes | No |
| 9. | In the past year, a close friend died. | Yes | No |
| 10. | In the past year, my parents were away from home more. | Yes | No |
| 11. | In the past year, my brother or sister left home. | Yes | No |
| 12. | In the past year, a close friend had a serious injury or illness. | Yes | No |
| 13. | In the past year, one of my parents got into trouble with the law/police. | Yes | No |
| 14. | In the past year, one of my parents got a new job. | Yes | No |
| 15. | In the past year, my parent's financial status changed (i.e., more/less money). | Yes | No |
| | | | |
| 16. | In the past year, I had trouble with a brother or sister. | Yes | No |
| 17. | In the past year, I received special recognition for good grades. | Yes | No |
| 18. | In the past year, I lost a job. | Yes | No |
| 19. | In the past year, I made the honor roll. | Yes | No |
| 20. | In the past year, I failed a grade. | Yes | No |
| 21. | In the past year, I had more arguments with my parents. | Yes | No |
| 22. | In the past year, I had a major personal injury or illness. | Yes | No |
| 23. | In the past year, I had trouble with a teacher. | Yes | No |

Appendix F: Life Events Scale (cont.)

- | | | | |
|-----|---|-----|----|
| 24. | In the past year, I failed to make a sports team. | Yes | No |
| 25. | In the past year, I made failing grades on a report card. | Yes | No |
| 26. | In the past year, I made a sports team. | Yes | No |
| 27. | In the past year, I had trouble with my classmates. | Yes | No |
| 28. | In the past year, I received recognition for an athletic performance. | Yes | No |

Appendix G: Extended Family Social Support Items

10. Some kids can count on their extended family members (i.e., grandparents, aunts, uncles, cousins) for help or advice when they have problems, but other kids cannot. Can you count on your extended family members (i.e., grandparents, aunts, uncles, cousins) for help or advice when you have problems?

always most of the time sometimes hardly ever never

11. Some kids feel like their extended family members (i.e., grandparents, aunts, uncles, cousins) are there when they need them, but other kids don't feel this way. Do you feel like your extended family members (i.e., grandparents, aunts, uncles, cousins) are there when you need them?

always most of the time sometimes hardly ever never

12. Some kids think their extended family members (i.e., grandparents, aunts, uncles, cousins) really care about them, but other kids think their extended family members (i.e., grandparents, aunts, uncles, cousins) don't. Do you think your extended family members (i.e., grandparents, aunts, uncles, cousins) care about you?

always most of the time sometimes hardly ever never

CURRICULUM VITA

Devin Alfred Byrd

Education

Brown University, Providence, Rhode Island

Dates in attendance: July 1999 – June 2000

Program: Child Clinical Psychology Pre-doctoral Internship

Major Advisor: Anthony Spirito, Ph.D.

Virginia Polytechnic Institute & State University (VPI&SU), Blacksburg, Virginia

Dates in Attendance: August 1994 – July 2000

Degree received: Doctor of Philosophy

Date received: May 2000

Degree received: Master of Science in Psychology

Date received: May 1997

Program: Clinical Psychology, Clinical-Child/Adolescent Psychology specialization

Major advisor: Thomas H. Ollendick, Ph.D.

University of North Carolina at Chapel Hill (UNC), Chapel Hill, North Carolina

Dates in Attendance: August 1990 - May 1994

Degree: Bachelor of Science - May 1994

Major: Psychology

Major advisor: Linda Craighead, Ph.D.

Research and Work Experience

Bradley Research Center. Department of Psychology, Brown University, Providence, RI

Psychology Research Intern

Supervisors: Susan Dickstein, Ph.D.
Karin Dodge Magee, Ph.D.
Ronald Seifer, Ph.D.

Marital Attachment Interview Coding (August 1999 – Present)

Presently involved in the process of assisting in the revision of a content coding interview that will be used to categorize information collected from clinical interviews. I will also assist in the coding of data and the preparation of manuscripts for publication related to this project.

Personality Lexicon (August 1999 – Present)

Presently in the process of developing a personality characteristic lexicon for clinical interviews. The dissemination of the lexicon to off-site raters at other universities is in progress. Following, I will assist in the extraction and rating of data from clinical interviews.

Marital Attachment: An examination of Attributional Style, Coping and Anxiety

(August 1999 – Present)

Presently investigating marital attachment as it relates to coping, attributional style, and subsequent anxiety and depression in mothers as an independent project. Upon completion of the study, manuscript preparation will begin.

Self-concept in adolescents: The impact of ethnicity and contextual variables in the manifestation of depression. Department of Psychology, Virginia Polytechnic Institute and State University, Blacksburg, VA.

Dissertation June 1998 – May 2000

Major Faculty Advisor: Thomas H. Ollendick, Ph.D.

Committee Members: Russell T. Jones, Ph.D.
Delores Scott, Ed.D.

Jack Finney, Ph.D.
Robin Cooper, Ph.D.

This project examined a model of depression for African-American and Caucasian middle school adolescents (ages 11-16). The study investigated a comprehensive model encompassing contextual variables (social support, coping style, negative life events), self-concept, and global self-worth. In addition, the study examined the validity of a newly proposed dimension of self-concept termed “ethnic evaluations” for African-American adolescents. Results revealed that certain factors proved useful in predicting depression scores for both African-American and Caucasian adolescents (e.g., social support, negative life events). Other factors proved useful in predicting depression for African-American versus Caucasian adolescents.

Self-Concept in adolescents: An analysis of ethnicity and its implications for depression. Department of Psychology, Virginia Polytechnic Institute and State University, Blacksburg, VA

Preliminary Examination October 1997 - December 1997

Major Faculty Advisor: Thomas H. Ollendick, Ph.D.

Committee Members: Russell T. Jones, Ph.D.
Delores Scott, Ed.D.

Jack Finney, Ph.D.

Robin Cooper, Ph.D.

Examined theoretical and conceptual issues related to the pathogenic process of depression in multiethnic groups through the incorporation of constructs such as self-concept, acculturation, social support, coping style, and life events. Results of the examination revealed the lack of investigation of the aforementioned variables for multiethnic populations.

Anxiety and depression in children and adolescents: An examination of cognition and attributional style. Department of Psychology, Virginia Polytechnic Institute and State University, Blacksburg, VA

Thesis October 1995 - December 1996

Major Faculty Advisor: Thomas H. Ollendick, Ph.D.

Committee Members: Russell T. Jones, Ph.D. Jack Finney, Ph.D.

Conducted a self-report assessment study of childhood anxiety and depression by examining cognitions and attributional style with middle school children. Results of the study revealed that specific cognitive patterns were more predictive of depressive than anxious symptoms.

Department of Psychology, Virginia Polytechnic Institute & State University, Blacksburg, VA

Abnormal Psychology Course Instructor June 1998 – August 1998

Responsibilities included the development of a course syllabus, preparation and presentation of course lectures, development and administration of course quizzes and exams, and other pertinent duties related to the management of course objectives.

An analysis of attributional style: The child and adolescent attributional style interview (CAASI). Department of Psychology, Virginia Polytechnic Institute and State University, Blacksburg, VA

Research Project Spring 1998 - Present

Developed a newly devised interview designed to assess attributional style for real-life events (i.e., good and bad) for children and adolescents. The present research project is focused on the examination of

attributional style for children and adolescents through an interview format. Specifically, children are asked to describe and provide attributional ratings for 2 good and 2 bad life events that have occurred over the past 6 months, 1 good and 1 bad lifetime event, and to provide an overall rating for good and bad life events.

National Institute of Mental Health (NIMH) Residential Fire Project. Department of Psychology, Virginia Polytechnic Institute and State University, Blacksburg, VA

Director of Training, Data Management, & Graduate Research Assistant

August 1996 – August 1999

Primary Investigators: Russell T. Jones, Ph.D. & Thomas H. Ollendick, Ph.D.

The four-year, three-site, NIMH grant is designed to examine the immediate and long-term psychological effects of residential fire on children and their families. Awarded with full-time assistantships for the academic year and summer periods (August 1996 to August 1999), responsibilities included developing and managing the project database, conducting statistical analyses, coordinating undergraduate research assistant responsibilities, conducting on-going training sessions for interviewers, conducting interviews, modifying project instruments, maintaining fire department contacts, attending weekly meetings and additional assigned tasks.

Depression in child victims of residential fire: An analysis of attributional style, global self-worth, and life events. Department of Psychology, Virginia Polytechnic Institute and State University, Blacksburg, VA

Research Project Spring 1998 - Present

Examines the relationship of age, sex, race, life events, global self-worth and attributional style according to varying levels of depression. This study is designed to investigate the aforementioned variables for a sample of over 100 children/adolescent victims of residential fire.

Culturally sensitive treatment for Anxiety Disorders in African-Americans. Department of Psychology, Virginia Polytechnic Institute and State University, Blacksburg, VA

Research Project Spring 1997 - Present

This project is designed to develop ethnically sensitive treatment components to be used in conjunction with an empirically validated treatment protocol for anxiety disorders. The proposed treatment involves African-American children, adolescents, and their families.

Natural Hazards Research Grant: The differential effects of social support and loss on African-American families following a flood. Department of Psychology, Virginia Polytechnic Institute and State University, Blacksburg, VA

Research Project September 1994 - May 1995

Supervisor: Russell T. Jones, Ph.D.

Submitted and approved for a grant designed to determine the differential psychological effects of natural disaster (i.e., flood) on African-Americans families as compared to other cultural groups. The study was developed to investigate: 1) the effect of ethnic group orientation and SES on psychological functioning following a natural disaster, 2) the degree to which the perception of loss impacts the level of adaptive functioning subsequent to a natural disaster, and 3) the significant mediating factors that affect the level of family functioning in response to a natural disaster.

Department of Psychology, University of North Carolina at Chapel Hill, Chapel Hill, NC

Research Assistant September 1993 - May 1994

Faculty Advisor: Linda Craighead, Ph.D.

Assisted in a study examining the comorbidity of depression and anxiety in a non-clinical sample of college students. Responsibilities included instrument administration and scoring, debriefing, data reduction, and aiding in the design of a computer program used to analyze content analysis data.

Department of Psychology, University of North Carolina at Chapel Hill, Chapel Hill, NC

Research Assistant July 1993 - December 1993
 Advisor: Thomas Wallsten, Ph.D.

Assisted in the design and implementation of a study examining college students' decision-making processes and preferences. Responsibilities included developing product preference lists and dimensional values, instrument administration, subject debriefing, and computerized instrument debugging.

Clinical Experience**Veteran's Administration Hospital-Post Traumatic Stress Disorder (PTSD) Clinic, Department of Psychology, Brown University, Providence, RI**

Psychology Intern March 2000 – June 2000
 Supervisor: John Parsons, Ph.D.

The PTSD clinic serves adult veterans exposed to combat and non-combat related traumatic situations. Responsibilities included serving as individual therapist for 6-8 patients, conducting comprehensive PTSD evaluations, performing psychological intake evaluations, co-leading WWII and leading dual diagnosis groups, and conducting interim care (emergency room) psychological evaluations.

Bradley School, Department of Psychology, Brown University, Providence, RI

Psychology Intern November 1999 – February 2000
 Supervisors: Francine D'Elia, Ph.D.
 Greta Francis, Ph.D.
 Rod Gragg, Ph.D.

The Bradley School serves as a combined psychiatric/educational environment for children between the ages of 4 and 18 with severe learning, behavioral and emotional difficulties. Responsibilities included serving as an individual therapist for children diagnosed with Aspergers, Major Depression, Social Anxiety, and Generalized Anxiety, conducting family therapy, co-leading child and adolescent groups, presenting information during multidisciplinary and IEP meetings, and conducting psychological evaluations.

Child and Adolescent Inpatient Psychiatry, Dept. of Psychiatry, Brown University, Providence, RI

Psychology Intern July 1999 – October 1999
 Supervisors: Jamie L. Hollenbeck, Psy.D.
 Steven Barreto, Ph.D.

The child and adolescent psychiatry program serves as a short-term facility for children between the ages of 3 and 18 admitted as a result of acutely dangerous behaviors. Responsibilities included serving as an individual therapist for children diagnosed with attachment and conduct disorders, conducting weekly psychological evaluations, co-leading child and adolescent groups, case management, and presenting case information in the context of a multidisciplinary team setting.

Child Anxiety Disorders Clinic, Department of Psychology, Brown University, Providence, RI

Psychology Intern July 1999 – May 2000
 Supervisors: Greta Francis, Ph.D.
 Rod Gragg, Ph.D.

The clinic serves children and adolescents, ages 3 to 18 presenting with anxious symptomatology. Responsibilities include conducting psychological evaluations, conducting individual and family therapy for child and adolescent outpatients diagnosed with OCD, Selective Mutism, and Depression.

Child Study Center & Psychological Services Center, Department of Psychology, Virginia Polytechnic Institute & State University, Blacksburg, VA

Graduate Clinician and Examiner

August 1994 – May 1995

Supervisors: Thomas H. Ollendick, Ph.D.
Kerri Augusto, Ph.D.

May 1995 – August 1995

Supervisor: Thomas H. Ollendick, Ph.D.

August 1995 – May 1996

Supervisors: Russell T. Jones, Ph.D.
George Clum, Ph.D.

August 1997 – May 1998

Supervisor: Russell T. Jones, Ph.D.

Child/Adolescent Clients: Attended weekly practicum and supervision meetings, conducted intellectual and achievement assessments and therapy as part of clinical training. Served as therapist for clients with dysthymia, generalized anxiety disorder, social phobia, specific phobia, social skills deficits, conduct disorder, oppositional defiant disorder, adjustment disorder, ADHD (combined type), encopresis, parent-child relationship difficulties, parenting difficulties, and sleep terrors.

Adult Clients: Attended weekly practicum and supervision meetings, conducted intellectual and personality assessments and therapy as part of clinical training. Served as therapist for clients with generalized anxiety disorder, dysthymia, major depression, migraine headaches, marital and relationship difficulties, avoidant personality disorder, schizotypal personality disorder, antisocial personality disorder, intermittent explosive disorder and court referrals (i.e., child-abuse). Special assignments and duties have included serving as a co-therapist for a social anxiety group, in addition to supervising fellow graduate students for both child and adult therapy cases.

Southwestern Virginia Mental Health Institute, Department of Psychology, Marion, VA

Graduate Student Clinician and Examiner (Externship) March 1997 – June 1997

Supervisors: Colin Barrom, Ph.D. (Staff Psychologist)
Richard Mears, Ph.D. (Chief Psychologist)

Selected as a clinician and examiner for an adult inpatient facility comprised of patients identified as “Not Guilty By Reason of Insanity” (NGRI). Served as therapist for patients with schizophrenia, schizoaffective disorder, pedophilia, major depression, intermittent explosive disorder and generalized anxiety disorder. Responsibilities also included administering, interpreting, and writing intellectual and personality assessment reports, in addition to attending staff meetings.

Child Study Center Assessment Clinic Team, Department of Psychology, Virginia Polytechnic Institute and State University, Blacksburg, VA

Graduate Examiner August 1994 - May 1995 & May 1996 – May 1997

Supervisor: Thomas H. Ollendick, Ph.D.

Responsibilities included attending weekly meetings, administering intellectual, achievement, and computerized instruments with child/adolescent outpatients. Additional duties included writing reports and providing feedback concerning assessment results to parents. Presenting problems of child/adolescent clients included ADHD (combined type), anxiety, depression, learning disabilities, conduct disorder, oppositional defiant disorder, and adjustment disorders.

Department of Psychology, Psychological Services Center/Child Study Center, Virginia Polytechnic Institute and State University, Blacksburg, VA

Graduate Clinician May 1996 - August 1996

Supervisor: Richard Eisler, Ph.D.

Selected as a graduate clinician for the psychological services center and child study center.

Responsibilities included attending two weekly practicum meetings, supervision meetings, in addition to conducting individual and family therapy for children, adolescents, and adults. Served as therapist for client problems including anxiety, depression, conduct disorder, oppositional defiant disorder, family

adjustment disorder, parenting difficulties, dissociative identity disorder, bereavement, and marital difficulties.

North Carolina Murdoch Center. Department of Psychology, Butner, NC

Volunteer September 1993 - January 1994

Supervisors: Doug Irvin (Staff Psychologist II/ Licensed Psychological Associate)
Rod Realon (Licensed Psychological Associate)

The center is home for over 300 severe to profound mentally retarded clients. Responsibilities included conducting structural analyses, observing and performing preference assessments, and participating in regular interdisciplinary meetings. Additional responsibilities included developing a stimulus material classification system for approximately 40 clients, evaluation of the classification system's effectiveness, and development of a stimulus material inventory (i.e., battery operated, mechanical, and tactile).

Legislator's School for Youth Leadership Development. Western Carolina University, Cullowhee, NC

Residence Life Counselor June 1991-August 1991 & June 1992-August 1992

Supervisor: Lashene Lowe, M.A.

The program is devised to assist junior high and high school children and adolescents in the development of their leadership and public speaking skills, self-esteem, school involvement, and community sensitivity. Responsibilities included serving as a live-in residence counselor for 20 delegates in a dorm setting (for two separate sessions), developing and coordinating daily activities, facilitating weekly workshops, and serving as a trip leader for delegates during trips to neighboring cities and counties (approx. 150 delegates).

Anytown Diversity Camp. National Conference of Christians and Jews (NCCJ), Boone, NC

Counselor July 1990 & July 1991

The camp serves approximately 70 high school delegates of varying religions, cultural, SES, and ethnic backgrounds. The goal of the camp is to challenge societal stereotypes (through daily and nightly exercises) in order to increase understanding amongst individuals from diverse backgrounds. Responsibilities included serving as a live-in counselor (with 24-hour availability for personal problem counseling) for 14 delegates, planning and coordinating daily activities (i.e., sing-a-longs, campfires, workshops), and facilitating discussion groups.

Lion's Camp for Blind and Visually Impaired Children and Adolescents. Trooper Island, Kentucky

Counselor August 1990

The camp serves as a summer "retreat" for blind and visually impaired children and adolescents from various areas throughout the state of Kentucky. Responsibilities included serving as a 24-hour live-in counselor, assisting delegates (ages 8 to 14) with daily needs and meals, coordinating daily and evening activities (canoeing, swimming, paddleboating, archery, talent show), and assisting delegates around the island (i.e., hand and voice coaching).

Additional Research and Professional Work Experience

Brown University Psychology Internship Consortium Admissions Committee. Brown University, Providence, RI

Intern Representative July 1999 – June 2000

Served as the child track, intern representative for the Brown University Psychology Internship admissions committee. Responsibilities included serving as the liaison between child interns and the administration regarding the dissemination of information (i.e., course of events) for the on-site interview process, in addition to the coordination of appointments between child interns and child applicants.

Journal of Clinical Child Psychology, Virginia Polytechnic Institute and State University, Blacksburg, VA Guest Student Editor August 1995 – Present
Editor: Thomas H. Ollendick, Ph.D.

Presently serving as a guest student editor for journal article reviews. Article reviews have been conducted for manuscripts describing a newly devised assessment instrument for ADHD adolescents, test-retest and internal consistency for a child measure of attributional style, and measurement equivalence for a multicultural coping questionnaire. Additional article reviews have been conducted for manuscripts describing a newly devised positive and negative affectivity instrument, the cognitive features of internalizing/ externalizing problems in children, psychological, cognitive, and interpersonal correlates of attributional change in adolescents, and the specificity of anxious cognitions.

Journal of Gender, Culture, and Health, Virginia Polytechnic Institute and State University, Blacksburg, VA Guest Student Editor October 1998 – Present
Editor: Richard M. Eisler

Presently serving as a guest student editor for journal article reviews. To date, article reviews have been conducted for a manuscript examining the ethnic and gender differences of alcohol use in inner-city adolescents and the prevalence of suicidal thoughts and attempts in a cross-cultural sample of high school students.

Graduate Honor System. Graduate School Department, Virginia Polytechnic Institute & State University, Blacksburg, VA
Student Panel Member August 1997- June 1999

Responsibilities included serving as a graduate student panel member for the investigative and judicial panels. The graduate honor system panel convenes periodically to address incidents regarding academic honor code violations.

Student Transition Program. Virginia Polytechnic Institute and State University, Blacksburg, VA
Student Transition Program Summer Coordinator-Assistantship May 1996 - August 1996
Supervisor: Delores Scott, Ed.D.

The program is designed to introduce incoming African-American freshmen students to college courses and additional aspects of college life (i.e., dorm life). Responsibilities included obtaining academic progress notes from professors, conducting individual academic progress meetings with students, and attending weekly staff meetings. Duties also included coordinating, planning and implementing weekly activities, facilitating 1-hour weekly seminars, and monitoring the weekly academic progress of students.

Office of Academic Enrichment Programs: Project Success. Virginia Polytechnic Institute and State University, Blacksburg, VA
Group co-facilitator January 1996 - December 1996
Supervisor: Delores Scott, Ed.D.

The weekly, 2-hour program was designed to create a supportive environment for academically at-risk, undergraduate students to learn productive study techniques, problem solve, and exchange ideas concerning their own academic experiences. Responsibilities included serving as a co-facilitator for the Project Success program for two groups of approximately 5-7 individuals during the Spring and Fall semesters of 1996.

Office of Academic Enrichment Programs. Virginia Polytechnic Institute and State University, Blacksburg, VA
Graduate Research Assistant-Assistantship September 1995 - May 1996
Supervisor: Delores Scott, Ed.D.

Responsibilities included planning, coordinating, and facilitating student focus groups, data analysis, write-up of results, and the development of a questionnaire designed to measure student attitudes and experiences

with faculty at Virginia Tech. Research was also conducted on approximately 20 academic enrichment university programs across the nation, in addition to planning and coordinating site visits with academic program directors.

Office of Academic Enrichment Programs: Virginia Tech Academic Success Program. Virginia Polytechnic Institute and State University, Blacksburg, VA

Academic Advisor September 1995 - May 1996
Supervisor: Delores Scott, Ed.D.

Responsibilities included monitoring the academic progress of approximately 35 African American psychology majors, scheduling and conducting individual meetings, maintaining progress notes for each student, serving as an advisor for undergraduate degree requirements, and providing information concerning research opportunities, and graduate schools.

Publications

In Press

Ollendick, T. H. & Byrd, D. A. (In Press). Anxiety Disorders in Children and Adolescents. Chapter to appear in M. Hersen & V. B. Van Hasselt (Eds.), Advanced Abnormal Psychology. (Second Edition) New York: Plenum Press.

Manuscript submitted for publication

Ollendick, T. H., Seligman, L. D., Goza, A. B., Byrd, D. A., Singh, K., Warren, M. K. (1998). Anxiety and depression in children and adolescents: A factor-analytic examination of the tripartite model. Department of Psychology, Virginia Polytechnic Institute & State University. (Manuscript submitted to the Journal of Clinical Child Psychology).

Manuscripts in preparation for submission

Byrd, D. A. & Ollendick, T. H. Theoretical and conceptual issues in the comprehensive analysis of depression in African-American and Caucasian children and adolescents. Department of Psychology, Virginia Polytechnic Institute and State University. (Manuscript).

Byrd, D. A. & Ollendick, T. H. Anxiety and depression in children and adolescents: An analysis of the predictive utility of current anxiety and depression self-report measures. Department of Psychology, Virginia Polytechnic Institute and State University. (Manuscript)

Byrd, D. A., Ollendick, T. H., & Jones, R. T. Depression in child and adolescent victims of residential fire: An analysis of attributional style and self-esteem ratings. Department of Psychology, Virginia Polytechnic Institute and State University. (Manuscript)

Byrd, D. A., Parker, M. N., Shenoy, U., Ollendick, T. H., & Jones, R. T. Culturally sensitive treatment for anxiety disorders in African-Americans. Department of Psychology, Virginia Polytechnic Institute and State University. (Manuscript)

Conference Presentations and Posters

Byrd, D. A. & Ollendick, T. H. (1999, December). Anxiety and depression in adolescents: An examination of psychopathology in a multicultural population. Poster presentation at the 4th annual research symposium on Mental Health Sciences, Brown University, Providence, RI.

Byrd, D. A. & Ollendick, T. H. (1999, November). Fear and social involvement in middle school students: The role of attributional style and its effects on anxiety. Poster presentation at the 33rd annual meeting for the Association for Advancement of Behavior Therapy, Toronto, ON, Canada.

Jones, R. T., Ollendick, T. H., Byrd, D. A. & Langley, A. K. (1999, November). The impact of exposure and resource loss on children and adolescent functioning following a residential fire. Poster presentation at the 33rd annual meeting for the Association for Advancement of Behavior Therapy, Toronto, ON, Canada.

Weeks, C., Parker, M. N., Langley, A. K., Byrd, D. A., Seligman, L. D., Lease, C. A., Ollendick, T. H., Jones, R. T. (1998, November). Effects of familial variables on children's externalizing behavior following residential fire. Poster presentation at the 15th annual International Society for Traumatic Stress Studies, Washington, D.C.

Langley, A. K., Parker, M. N., Weeks, C., Seligman, L. D., Byrd, D. A., Kephart, K., Shenoy, U., Jones, R. T., Ollendick, T. H., Lease, C. A. (1998, November). Children and adolescents exposed to residential fire: Impact of trait anxiety on posttraumatic symptomatology. Poster presentation at the 15th annual International Society for Traumatic Stress Studies, Washington, D.C.

Byrd, D.A., Langley, A. K., Seligman, L. D., Parker, M. N., Weeks, C., Lease, C. A., Ollendick, T. H., Jones, R. T. (1998, November). Depression in child and adolescent victims of residential fire: An analysis of attributional style and self-esteem ratings. Poster presentation at the 32nd annual meeting for the Association for Advancement of Behavior Therapy, Washington, D.C.

Parker, M. N., Weeks, C., Langley, A. K., Byrd, D. A., Seligman, L. D., Lease, C.A., Jones, R. T., Ollendick, T. H. (1998, November). Residential fires: The moderating impact of social support and religious coping. Poster presentation at the 32nd annual meeting for the Association for Advancement of Behavior Therapy, Washington, D.C.

Langley, A. K., Kephart, C., Byrd, D. A., Parker, M. N., Seligman, L. D., Lease, C. A., Jones, R. T. & Ollendick, T. H. (1998, November). Effects of residential fire on children: The impact of appraisal and coping on outcome. Poster presentation at the 32nd annual meeting for the Association for Advancement of Behavior Therapy, Washington, D.C.

Byrd, D. A., & Ollendick, T. H. (1998, September). Depression in African-American and Caucasian Children and Adolescents: A comprehensive model of assessment. Poster presentation at the Eighth Annual Virginia Beach Conference: Children and Adolescents with Emotional and Behavioral Disorders, Virginia Beach, VA.

Byrd, D. A., & Ollendick, T. H. (1998, September). The child and adolescent attributional style interview (CAASI): The examination of real life events. Poster presentation at the Eighth Annual Virginia Beach Conference: Children and Adolescents with Emotional and Behavioral Disorders, Virginia Beach, VA.

Langley, A. K., Seligman, L. D., Byrd, D. A., Parker, M. N., Weeks, C., Jones, R. T., Ollendick, T. H., & Lease, C. A. (1998, September). Adaptive functioning and Posttraumatic Distress in youth following a residential fire. Symposium paper presentation at the Eighth Annual Virginia Beach Conference: Children and Adolescents with Emotional and Behavioral Disorders, Virginia Beach, VA.

Jones, R. T., Ollendick, T. H., Lease, C. A., Byrd, D. A., Parker, M. N., Langley, A. K., Seligman, L. D., & Weeks, C. (1998, August). Children's responses to residential fire: Preliminary findings. Symposium paper presentation at the 106th annual meeting for the American Psychological Association, San Francisco, CA.

Jones, R. T., Ollendick, T. H., Lease, C. A., Byrd, D. A., Parker, M. N., Weeks, C., Seligman, L. D., & Langley, A. K. (1997, November). NIMH residential fire study: Assessing children/adolescents and their parents. Poster presentation at the 31st annual meeting of the Association for Advancement of Behavior Therapy, Miami, FL.

Seligman, L. D., Butcher, A. T., Goza, A. S., Byrd, D. A., Rock, C., & Ollendick, T. H. (1997, November). The impact of negative family environment on the behavioral expression of conduct disorder. Poster presentation at the 31st annual meeting of the Association for Advancement of Behavior Therapy, Miami, FL.

Mattis, S. G., Ollendick, T. H., Rock, C. A., Byrd, D. A., Goza, A. S., & Weeks, C. (1997, November). Nonclinical panic attacks in late adolescence: Prevalence, symptomatology, and associated diagnoses. Poster presentation at the 31st annual meeting of the Association for Advancement of Behavior Therapy, Miami, FL.

Jones, R. T., Ollendick, T. H., Lease, C. A., Weeks, C., Byrd, D. A., Parker, M. N., Seligman, L. D., & Langley, A. K. (1997, November). Assessing the effects of residential fire on children and their families. Symposium paper presentation at the 13th annual meeting of the International Society for Traumatic Stress Studies, Montreal, Ontario, Canada.

Byrd, D. A., & Ollendick, T. H. (1997, September). Anxiety and depression in children and adolescents: An examination of attributional style measurement techniques. Symposium paper presentation at the Seventh Annual Virginia Beach Conference: Children and Adolescents with Emotional and Behavioral Disorders, Virginia Beach, VA.

Byrd, D. A., & Ollendick, T. H. (1997, September). Predicting depression and anxiety in children and adolescents: Multivariate solutions. Symposium paper presentation at the Seventh Annual Virginia Beach Conference: Children and Adolescents with Emotional and Behavioral Disorders, Virginia Beach, VA.

Jones, R. T., Ollendick, T. H., Byrd, D.A., Davis-Parker, M.N., Seligman, L., Butcher, A. T., & Weeks, C. (1997, September). NIMH residential fire study: Case study examinations of the psychological effects of fire on children/adolescents and their parents. Symposium paper presentation at the Seventh Annual Virginia Beach Conference: Children and Adolescents with Emotional and Behavioral Disorders, Virginia Beach, VA.

Byrd, D. A., Davis-Parker, M. N., & Shenoy, U. (1997, September). Developing a Culturally Sensitive Treatment for anxiety disorders in African-American children. Symposium paper presentation at the Seventh Annual Virginia Beach Conference: Children and Adolescents with Emotional and Behavioral Disorders, Virginia Beach, VA.

Byrd, D.A. (1997, September). Attributional style and African American student success. Presentation at the Virginia Polytechnic Institute & State University Institute for African-American Student Development (IAAS), Blacksburg, VA.

Seligman, L. D., Goza, A. B., Byrd, D. A., & Ollendick, T. H. (1996, November). An examination of the tripartite model of anxiety and depression in children and adolescents. Poster presentation at the 30th annual meeting of the Association for Advancement of Behavior Therapy, New York, NY

Byrd, D. A., Goza, A. B., Seligman, L. D., & Ollendick, T. H. (1995, September). Anxiety and depression in youth: A cognitive analysis. Symposium paper presentation at the Fifth Annual Virginia Beach Conference: Children and Adolescents with Emotional and Behavioral Disorders, Virginia Beach, VA.

Goza, A. B., Seligman, L. D., Byrd, D.A., & Ollendick, T. H. (1995, September). Anxiety and depression in children and adolescents: An examination of the tripartite model. Symposium paper presentation at the Fifth Annual Virginia Beach Conference: Children and Adolescents with Emotional and Behavioral Disorders, Virginia Beach, VA.

Awards & Honors

Virginia Polytechnic Institute & State University

Graduate Student Research Development Project Award	(February 1999)
Graduate Diversity Research Mentoring Program Award	(December 1998)
Dr. Francine Kee Peterson Memorial Scholarship Award	(November 1998)
Graduate Assistantship Awards	(Fall 1995 – Summer 1999)

University of North Carolina at Chapel Hill

John Motley Morehead Scholarship Finalist	(1990)
Youth Merit Award	(1990)
McDonald's Youth Scholarship Recipient	(1990)

Professional Affiliations and Organizations

American Psychological Association (APA), student affiliate
Association for the Advancement of Behavior Therapy (AABT), student member

Community Work

The George Shinn Uptown Shelter for Homeless Men. Charlotte, NC

Staff Supervisor June 1995 - November 1995

Supervisor: Bill Newnan, M.A.

The shelter serves as an emergency, short and long-term facility for homeless men. Responsibilities included serving as a weekend staff supervisor for residents and volunteer personnel, conducting interviews with newly admitted residents, providing referrals for psychiatric and detoxification facilities, and supervising residents during shelter duties and meals.

Meals on Wheels lunch program. Radford Hospital, Radford, VA

Volunteer (May 1995 - September 1995)

Served as a volunteer for Radford Hospital by delivering hot meals to extended care patients in the community. The program primarily serves elderly individuals by providing daily meals to over 50 individuals in the surrounding areas.

Computer Experience

PC-SPSS, Authorware programming, SAS, Powerpoint, Wordprocessing (Microsoft Word, Wordperfect), Spreadsheet (Excel)

Macintosh- Minitab statistical software, Think Pascal programming, Authorware programming, Wordprocessing (Microsoft Word, ClarisWorks), Spreadsheet (Excel, ClarisWorks), Database, Powerpoint