

**HOPELESSNESS AND HIGH RISK PARENTING ATTITUDES IN RELATION TO
CHILD ABUSE AND NEGLECT**

by

Staci L. Heidtke

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**The Graduate College
University of Wisconsin-Stout
Menomonie, WI 54751**

ABSTRACT

Heidtke	Staci	L.
(Writer) (Last Name) (First) (Initial)		
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A review of the literature indicates the relationship between hopelessness and depression in adolescent females is significant. The problem of hopelessness as a component of depression is explored in this study, as is the correlation between hopelessness and high risk parenting attitudes in teenage girls. According to a study by Lamb and Nitz (1991), approximately one million teenage girls become pregnant each year. Adolescents who become parents may experience added stress, which may result in child abuse and neglect.

Child abuse and neglect is at an all time high in our country, and is surely a national crisis. The Child Abuse Prevention, Adoption and Family Services Act of 1988 (Public Law 93-247) defines abuse and neglect as “the physical or mental injury, sexual abuse or exploitation, negligent treatment or maltreatment of a child under the age of 18 by a person who is responsible for the child’s welfare under circumstances which indicate that

the child's health or welfare is harmed or threatened" (Bavolek, 1990).

This study will acknowledge and discuss the importance of identifying and treating hopelessness in teenage mothers. Rust (1999) indicates teenage mothers are at increased risk for depression and high risk parenting attitudes in relation to child physical abuse. Therefore, the purpose of this study is to correlate hopelessness and high risk parenting attitudes in teenage parents.

There is a great amount that can be learned from this study, and research suggests that child abuse and neglect and the problems associated with this issue are not going away, they are at epidemic proportions, despite the increased interventions of the last ten years. This study is pertinent in today's world and can provide insight into reducing the incidents of child abuse and neglect.

The purpose of this study is to assess the degree of correlation between hopelessness in adolescent females and high risk parenting attitudes. For the purpose of this study, thirty adolescent females were asked to complete the Beck's Hopelessness Scale and Adult-Adolescent Parenting Inventory (AAPI-2), [Bavolek,1999]. Upon completion of the study, a significant degree of correlation was not found between hopelessness in adolescent females and high risk parenting attitudes.

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Chapter 1: Introduction

Hopelessness and High Risk Parenting Attitudes

In Relation to Child Abuse and Neglect

A review of the literature indicates hopelessness has been associated with depression in adolescents. There are several definitions of hopelessness; according to Beck (1974) it is the feeling that the future holds little promise, and Stotland (1969) states it as having negative expectations about the self and the future. Hopelessness as a mental health disorder has attracted more attention than ever before because of its role in diagnosing depression and suicidal ideation. Research shows hopelessness is strongly associated with depression (Beck, 1974). Hopelessness affects goal achievement and is linked to suicidal ideation. According to Glanz, Haas, and Sweeney (1995) hopelessness is also associated with feeling stress and having poor problem solving skills.

Frederick Melges and John Bowlby (1969), in an article from the Archives of General Psychiatry, state “Attitudes toward the future play a central role in many psychopathological conditions...hope and hopelessness reflect a person’s estimate of the probability of his achieving certain goals” (p.690). Hopelessness is frequently measured with a measurement such as the Beck’s Hopelessness Scale; this scale is a direct evolution of Beck’s Depression Inventory. It is easy to see how hopelessness is a disorder derived from depression.

There are three aspects of hopelessness that should be examined when looking at the goal of identifying hopelessness. According to Holden (1984) the goal of identifying hopelessness in adults and adolescents is to quantify an individual’s negative expectations about the self and the future. When Aaron Beck developed the Hopelessness Scale, he identified three aspects of hopelessness to be considered when identifying the disorder. According to Beck, Weissman, Lester and Trexler (1974), the first point of hopelessness is an emotional one, feelings about the future are explored. A motivational element makes up the second aspect, and this includes identifying a loss of motivation.

Last, the third element is a cognitive condition, with a focus on future expectations. Beck et al state (1974) in the *Journal of Consulting and Clinical Psychology*, “Considerable work in recent years has focused on the importance of hopelessness in a variety of psychopathological conditions. Thus, hopelessness has been identified as one of the core characteristics of depression, and has been implicated in a variety of other conditions such as suicide, schizophrenia, alcoholism, sociopathy, and physical illness”(p.861). According to Kazdin, Rodgers and Colbus (1986), hopelessness includes three components of negative introspection, referred to as the cognitive triad of depression. This triad includes negative expectations toward the future, negative views of oneself, and negative views of the world.

Identifying poor problem solving skills may be an important component of reducing hopelessness in adolescents. According to Cannon, Mulroy, Rosenbaum, Fava and Nierenberg (1998), hopelessness is one of the components of depression which affects, among other things, the problem solving skills of adolescent females. Hopelessness is correlated to a number of problematic life areas, including expectations of unpleasant consequences, pessimism, and low confidence. In their study published in 1998, Cannon et al found hopelessness was significantly associated with greater depression severity and poor problem solving abilities. Identifying dysfunctional attitudes and poor problem solving skills can be a tool in the clinical setting for assessing hopelessness.

The unplanned pregnancy of teenage girls has been an epidemic in the United States for over a decade. According to the Centers for Disease Control and Prevention, the United States has the highest teenage pregnancy rate among developed countries. The Center for Disease Control’s Reproductive Health Information Source (1999) states that about one million teenagers become pregnant each year, and 95% of those pregnancies are unintended. There were declines in the birth rate for teenage girls in the years 1991 to 1996, ranging from 6 to 29% depending on the geographical region of the United States.

The decision for adolescent females to use a contraceptive may be affected by

hopelessness. According to Rogel, Zuehlke, Petersen, Tobin-Richards, and Shelton (1980), in their study the contraceptive behavior of adolescents is viewed from a decision-making process. Females were found to be “poor contraceptors” (Rogel et al,1980); specifically they found the financial cost of contraceptives to be high, and valued spontaneous and unexpected sexual opportunities. These females also had ambivalent views toward child birth and parenting. If problem solving skills are affected by hopelessness, as Cannon et al (1998) reports in their study, then the decision to use contraception is affected when an adolescent girl is experiencing hopelessness.

Depression

Not all depressed persons feel hopeless, but many do experience both disorders. According to the US Center for Mental Health Services (1969), depression is a disorder which may affect as many as one in eight adolescents. The Diagnostic and Statistical Manual of Mental Disorders, fourth edition (DSM-IV) indicates the essential feature of Major Depressive Disorder as a clinical course characterized by one or more Major Depressive Episodes, without a history of Manic, Mixed or Hypomanic Episodes. This disorder is associated with high mortality and up to 15% of individuals with severe Major Depressive Disorder die by suicide. Studies of Major Depressive Disorder in community samples have reported a lifetime risk varying from 10 to 25% for women and 5 to 12% for men. The disorder is twice as common in adolescent and adult females as in adolescent and adult males (American Psychiatric Association, 1994).

Depression erodes the self esteem of the adolescent female. According to Orenstein (1994), low self esteem in adolescent females is characterized by lack of confidence, which leaves a gap upon entering her adolescent years. Self esteem is a concept that may be considered as a factor leading to teenage pregnancy.

Adolescence is described as a time of psychological exploration in a study by Medora and von der Hellen (1997). They indicate this is when adolescents reflect on their strengths and weaknesses, and when their self esteem is “solidified”. They also depict

self-esteem as an abstraction of one's overall self-concept and define it as "the value or sense of worth one perceives about one's self". Self esteem is defined by Peggy Orenstein in the book, School Girls, as "how a person views her performance in areas in which success is important to her...and how a person believes she is perceived by significant others" (p.29). Medora and von der Hellen (1997) indicate research on the influence of self-esteem on adolescent pregnancy and parenthood has produced inconclusive and inconsistent findings, but one study shows a correlation between low self-esteem and adolescent pregnancy.

Orenstein is one professional who believes low self-esteem is correlated to adolescent pregnancy. She states that adolescents who have a healthy self esteem are less likely to become teen parents because of a sense of themselves. Further, she states it is the girls with healthy self esteem that have an appropriate sense of their potential, competence and value as individuals. Adolescent females with healthy self esteem also have a sense of entitlement to be in the world.

However, often times girls learn to look outward for acceptance and seek others' approval. Girls also take on sexual activity as a way to confirm one's self-worth through someone else, and to feel lovable. It may be that females emphasize being lovable when they begin to lose faith in their competence and desirability becomes central to a girls' self image, as they have lost faith in their ability. Orenstein (1994) indicates this may also explain why girls who have sex as young teenagers regret their decision at twice the rate of boys, and why although sexually active girls have lower self esteem than their nonactive counterparts, boys show no such differences.

Adolescent Pregnancy

According to Trad (1994), adolescent pregnancy is a problem of almost epidemic proportions. It is a problem which affects our entire country, and rates of sexual activity are rising among adolescents. "Approximately one million adolescents in the United

States become pregnant every year. Eschewing abortion, nearly half of these mostly unmarried adolescents give birth to babies-babies who are frequently unintended or unwanted” (Lamb and Nitz,1991,435). In 1990, 1,040,000 adolescents under the age of 20 became pregnant; of those, 51% or approximately 530,000 gave birth (Alan Guttmacher Institute,1994). Teenage pregnancy has been a serious concern in the United States for many years, and has been described as “one of the most frequently cited examples of the perceived societal decay in the United States “(Coley and Chase-Lansdale, 1998, 152).

According to Black (1998), adolescents who feel hopeless are less likely to practice safe sex. In her study, findings indicate some adolescent females choose not to use birth control, and the consequences of an unplanned pregnancy are not necessarily seen as negative. “Studies on the root causes of teenage pregnancy in different regions of the country and among various socioeconomic and ethnic groups tell the same story: Teens who are hopeful about their futures and have high aspirations are more likely to avoid becoming pregnant. But teens who have little hope for the future and see school making little difference in their lives do not view pregnancy and raising a child or children as a barrier.” (Black, 1998, 35).

Child Abuse and Neglect

According to Federal and State definitions, child abuse and neglect is identified by a minimum set of acts or behaviors that characterize maltreatment. The Federal legislation also identifies what acts are considered physical abuse, neglect and sexual abuse.

According to the National Clearinghouse on Child Abuse and Neglect Information (2000), child abuse and neglect is any recent act or failure to act on the part of a parent or caretaker which results in death, serious physical or emotional harm, sexual abuse or exploitation. It is also an act or failure to act which presents an imminent risk of serious harm.

Physical abuse is characterized, according to the National Clearinghouse on Child

Abuse and Neglect Information (2000), by “the infliction of physical injury as a result of punching, beating, kicking, biting, burning, shaking or otherwise harming a child. The parent or caretaker may not have intended to hurt the child, rather the injury may have resulted from over-discipline or physical punishment.” (National Clearinghouse, 2000,1). Child abuse is an indisputable and widespread societal problem.

According to a study done by Medora and von der Hellen (1997), a child born to an adolescent mother is at higher risk of abuse and neglect. Further, Dr. Stephen Bavolek states “adolescents are often ill-suited to become parents. Soon after the initial excitement of having a child disappears and the teenage parents are faced with the day-to-day demands of parenthood, the child may become something less than desirable” (Bavolek, 1990,103). The idea of educating people before they become parents has been recognized as a primary strategy to stop abuse (Bavolek, 1990). To take it a step further, the identification of high risk parenting attitudes could be done with adolescents. According to Bavolek, assessing high risk parenting attitudes may be effective in preventing child abuse. Parenting education should be used as a tool to educate adolescents, as this strategy has been identified as the most effective strategy to prevent injury to a child.

Dr. Stephen Bavolek (1990) indicates violence against children in our country is not an infrequent occurrence, and is rooted deep in our history. In a report released by the US Government in 1997, reports of abuse and neglect rose 98% between 1986 and 1993, from 1.42 million reported cases to 2.81 million reported cases. Adults who abuse children have many justifications for their cruelty. These excuses are given and the pattern of abuse and neglect continues with little or no intervention. The high risk parenting attitudes and the continued trend of adolescent parenting warrants a preventive approach to stopping child abuse and neglect. Stephen Bavolek, in his *Handbook for Understanding Child Abuse and Neglect*, states that preventing child abuse and neglect is the most sought after goal in the helping professions today. He further states there are a number of characteristics that some parents portray which are similar to those of families

who have abused their children. When these characteristics are present, but abuse is not, these people are found to be “high risk” for abuse and neglect. One of the high risk indicators, or “warning signals” to let professionals know a person or family needs help, is “unwanted pregnancy by the mother or father” (Bavolek, 1990, 102).

A review of the literature indicates a link between hopelessness, or negative expectations about the future, and depression. Research also shows that children born to an adolescent mother is at higher risk of abuse and neglect. Therefore, the research hypothesis for this study is that adolescent females who feel hopeless are more likely to have high risk parenting attitudes.

Statement of the Problem

The purpose of the study is to determine the degree of correlation between hopelessness in adolescent females as measured by the *Beck’s Hopelessness Scale*, and high risk parenting attitudes in adolescent females as measured by the *Adult-Adolescent Parenting Inventory -2*.

Null Hypothesis

There will be no statistically significant correlation between measured hopelessness for adolescent females who have high risk parenting attitudes as compared to those adolescent females who do not have high risk parenting attitudes.

Definition of Terms

Hopelessness	negative expectations about the future
Depression	changes in moods or behaviors that range from a mild degree of reactive sadness to intensely experiencing feelings of dysphoria
Self esteem	the values or sense of worth one perceives about one’s self

Teen pregnancy	girls (adolescents) age 13-18 years of age who are either currently pregnant or have given birth
High-Risk Parenting Attitudes	characteristics that parents display that are similar to those of parents who abuse or neglect their children
Child Abuse	any recent act or failure to act on the part of a parent or caretaker which results in death, serious physical or emotional harm, sexual abuse or exploitation, an act or failure to act which presents an imminent risk of serious harm

Chapter 2: Literature Review

The review of the literature will discuss the issues of hopelessness and high risk parenting attitudes in relation to child abuse. This review will focus on how the issue of hopelessness correlates to depression, and how depression is a key factor to high risk parenting attitudes. This review will address the idea that depression is a significant risk factor for teenage pregnancy, which can lead to feelings of isolation, frustration, sadness and possibly suicide. The depressed adolescent also feels powerless to change things, and this commonly leads to feelings of shame and guilt. Further, these negative expectations lead to more feelings of frustration, and lack of self esteem and confidence. This pessimistic viewpoint can lead to feelings of hopelessness. The stress of the situation can lead some adolescents to feel that small obstacles are unreachable. Some feel the only solution, at this point, is suicide. Practitioners need to use assessment scales such as the *Beck's Depression Inventory* and the *Beck's Hopelessness Scale*, in order to identify the characteristics and symptoms of depression and hopelessness. This review will also focus on the importance of assessing high-risk parenting attitudes in relation to child abuse and neglect. A review of the research indicates children born of teenage mothers are at a higher risk of abuse and neglect, and that adolescent mothers have had less desirable child-rearing practices. This review will examine that idea in the research. The education of parents will be explored as a way to treat and prevent child abuse and neglect.

Hopelessness

Based on the numerous research available, there is clearly a high level of interest in hopelessness in today's research. According to Beck et al (1974) hopelessness is correlated with depression and suicidal ideation. It is seen as a cognitive triad of depression which is also applicable to adolescents. Hopelessness has a specific set of symptoms which may be considered in relation to social behavior, and has also been examined in terms of success versus failure. According to Kazdin et al (1986), in their study evaluating the psychometric features and correlations of the *Hopelessness Scale for*

Children, hopelessness is considered to be a central feature of depression. It also stated the *Beck's Hopelessness Scale* developed by Beck, Weissman, Lester and Trexler (1974) has been shown in several studies to correlate with depression and to predict suicidal ideation and attempts. This study indicated negative expectations toward the future is associated with depression in adults. Hopelessness has repeatedly been found to predict suicidal behavior. The cognitive triad of depression, which is what Beck referred to as having negative expectations toward the future, negative views of oneself, and of the world; are cognitive features of depression in adults that may also be relevant to adolescents (Kazdin et al, 1986).

Several factors should be considered when examining the idea of hopelessness. The exploration of affective disorders in children has increased in recent years, perhaps because of the availability of assessments of depression and hopelessness for that population. The investigation of hopelessness in children is interesting to researchers for a number of reasons. First, some researchers argue that the characteristic of hopelessness in adults, specifically the negative expectations toward the future, do not exist in children and adolescents. The belief behind this argument is that children are not able to conceptualize the future clearly. Another factor which interests researchers when considering hopelessness, is that a great amount of information that is collected to determine hopelessness is from adults, including information from teachers and parents. Practitioners may dispute information when a child is suspected as hopeless when much of the diagnostic criteria is collected from others, and not the adolescent. The idea of hopelessness as a mental disorder is interesting to examine outside of a depressive disorder. According to Kazdin et al (1986) in their study, hopelessness is interesting to investigate beyond the scope of depression. The researchers indicate negative expectations toward the future may be associated with other stressful events in an adolescents' development besides depression. A stressful event such as the loss of a parent may cause an adolescent to feel hopeless, but to not have the depressive symptoms

accompanying those feelings.

Alloy and Clements (1998) in an article published in the journal Cognitive Therapy and Research indicate hopelessness has symptoms including retarded initiation of voluntary responses (motivational deficit), sad affect, suicidal ideation, low energy, apathy, psychomotor retardation, sleep disturbance, poor concentration, and mood-exacerbated negative cognitions. Various studies indicate that hopelessness is a significant predictor of depression, but not all depressed patients feel hopeless. Having the ability to predict hopelessness will allow practitioners to focus interventions on factors associated with hopelessness, including decision-making skills.

It is noted in research that hopelessness in children and adolescents should also be considered outside of a cognitive model and viewed in its relation to social behavior. Kazdin, Rodgers and Colbus (1986) state in the *Journal of Counseling and Clinical Psychiatry* that hopelessness and negative self esteem are likely to be associated with social withdrawal, resulting in part from the perceived futility, helplessness, and lack of confidence of social encounters. Children scoring high in hopelessness reported lower levels of social skill and were rated by their parents as lower in activity participation. Further, in their study, Kazdin et al demonstrated hopelessness produced a positive correlation with depression, a negative correlation with self-esteem and social behavior. These findings correlate to the measure of hopelessness with adults, although some differences are noted, perhaps because of overlap in content or factor analysis. A consistency noted between the *Hopelessness Scale for Children* and *Beck's Hopelessness Scale* is the finding that “underlying endorsement of the items in adult and child versions of the measure are key beliefs that the future will yield poor outcomes, that one cannot influence these outcomes, and that trying to do so really is not worthwhile”. The study states in closing that it is important to remember that hopelessness is not a “necessary criterion for the diagnosis of depression”, however, it is correlated positively with depression (Kazdin et al, 1986, 241).

Melges and Bowlby (1969) describe hope versus hopelessness as success versus failure. According to their research, it is proposed that it is attitude toward the future which in turn affects behavior, which leads to feelings of hopelessness. They indicate that the focus is not only on whether success or failure is expected, but also on the kinds of goals that are pursued and the manner in which the outcomes are expected to come about. They specify three dimensions to determining how goals will be achieved; skill versus chance, trust versus distrust, and long-term versus short-term. Goals can be achieved either through skilled action or by chance. A person who believes that his or her fate is largely determined by fate is less likely to engage in goal-directed behavior. Even more so, a feeling of capability of completing one's plans raises her feelings of competence, which is considered the capacity to make events occur. The belief that one is capable of skilled action becomes a fundamental component of a person's self-esteem and is a key factor in determining her feelings of hopelessness.

According to Melges and Bowlby (1969) relying on others is one of the steps of building trust, and trust is an essential component of feeling hopeful. A person who is severely distrustful of others limits the goals open to her. She is also more likely to blame others if the plan backfires, and not take responsibility for failure. A mistrusting person is likely to commit to goals which do not require help or commitment from others, and may only engage in short term goals, which continues to foster feelings of hopelessness.

According to Melges and Bowlby (1969) a person can feel hopeless about goals that may be reached in the near future, and about the outcome of events in the long- term and short-term future. To a hopeless person, these goals can be burdening because she has little hope for the future. Setting goals that can be accomplished is connected to morale, persistence and production. One who is hopeless possibly would not have the optimism, morale, persistence and production needed to achieve goals, either short or long-term. "Beliefs about the role of chance versus skill in achieving goals, the trustworthiness of partners, and the prospects of reaching short-term goals in comparison with those of

reaching continuing and long-term ones, along with the interactions between these beliefs, determine in great measure, the type of hope or of hopelessness that a person experiences. (Melges and Bowlby, 1969, 692)". It can be believed that attitudes toward the future influence how a person structures her thinking and behavior. Negative thinking and behavior indicates hopelessness in many instances.

Learned helplessness is a concept that was first introduced by Martin Seligman (Santrock, 1996). Defined as when individuals are exposed to unwarranted stress or pain over which they have no control, it may be helpful in understanding depression and hopelessness. It is characterized by an overall belief that nothing can be done to improve the situation. Seligman indicates he feels adolescent depression is so common because of widespread hopelessness; it is far-reaching because of the increased value in our society on individualism, independence and emphasis on self, and a decreased importance on connecting with others, family and religion. He proposed that humans who are depressed formed the belief that nothing they could do would alter the circumstances. Thus, a period of "passivity, emotional distress and hopelessness ensued" (Oster and Caro, 1990, 57). Depressed adolescents may withdraw from friends and activities they once enjoyed or they may lack enthusiasm, energy and motivation. It is thought that a sense of hopelessness may originate out of a deficiency, with difficulty in generating solutions to problems, and leading to a state of feeling there is no way out of a solution.

Depression

A remarkable percentage of our adolescent population suffer from depression. According to the National Institute of Mental Health (1998), research shows that greater than 20% of adolescents in the general population have emotional problems and one-third of adolescents attending psychiatric clinics suffer from depression. A specific set of symptoms accompany depression and this disorder affects more females than males. Additionally, the National Institute of Mental Health indicates depression is "a biologically-based psychological disorder marked by sadness, inactivity, difficulty with

thinking and concentration, significant increase or decrease in appetite and sleep, feelings of dejection and hopelessness, and sometimes suicidal thoughts or actions (Internet Mental Health, 1998,1)".

Oster and Montgomery (1995) define depression as a condition marked by changes in one's mood and by associated behaviors that range from a mild degree of sadness to intensely experienced feelings of hopelessness and suicidal thoughts.

Depressive disorders are the most prevalent of mental health problems. In their book, *Helping Your Depressed Teenager*, Oster and Montgomery (1996) indicate individuals who experience at least four of the following symptoms daily for more than two weeks are considered depressed:

- sad, empty or anxious mood
- excessive feelings of guilt and worthlessness
- feelings of helplessness, hopelessness, and pessimism
- loss of interest in ordinary activities
- eating and sleeping problems
- tiredness and decreased energy
- thoughts of death and suicide
- increased restlessness and irritability
- trouble with concentration and remembering things

Adolescent girls consistently show higher rates of depressive disorders and mood problems than do adolescent boys. According to Santrock (1996) one study states that with regard to depressed mood, 25 to 40% of adolescent girls report having been in a depressed mood in the previous six months; the figure for boys is 15 to 20%. There are a few possible explanations for this. First, females tend to ruminate on their depressed mood, and amplify it, while males tend to distract themselves from the mood. Second, females' self images, especially body images, are often more negative than for males, especially during adolescence (Santrock, 1996).

It is important to recognize that the diagnosis of depression in children and adolescents is a recent development not without some controversy. Some health and mental health professionals do not feel that adolescent depression can be diagnosed because of the emotional changes that takes place in this time of adolescent life. Further, only about 10% of the adolescent population could actually be formally diagnosed as depressed, and it is likely that some symptoms of adolescent depression, including hopelessness, could be intertwined with other behaviors as a result of the emotional turmoil and mood changes that come with adolescence. Nonetheless, “there is considerable evidence, drawn from countless research and clinical findings, demonstrating that preadults do experience depression” (Oster and Caro, 1990, 58).

There are several proposed causes of depression in adolescence. Some mental health professionals feel it is a result of experiences in adolescence and childhood, such as insecure mother-infant attachment, a lack of love and affection in child rearing that sets the stages for an adolescent depression. It is believed, under this theory, that this pattern which was established at an early age causes children to interpret later losses as failures. From this developmental view, early losses influence later experiences, and this is the onset of depression. A longitudinal study was done of nonclinical children, and the relationship between parent and child and their interactions was examined (Santrock, 1996). When the mother combined authoritarian control with nurturance, in early childhood, the 18-year old females were more likely to show depression. It is thought that the daughters were kept from moving in a more independent, and autonomous direction with their lives.

Another cognitive view emphasizes that adolescents become depressed because they lack confidence and do not value themselves in early development. The repeated negative thoughts that accompany these personality characteristics magnify and increase the adolescents' negativity and depression. The depressed adolescent female, in this case, is more likely to blame herself and negatively perceive her performances (Santrock, 1996).

In the book Ophelia Speaks, author Sara Shandler (1999), herself a teenager, describes the depression she feels and her understanding of it. She writes, “I had been falling for months. Since the end of my tenth-grade year, self-judgment had tugged at the upturned corners of my lips-that’s why my smile looked forced, and my bottom lip often quivered. I didn’t like myself. I only saw my weaknesses. I heard only the abrasive tone of self-criticism. I understand depression. I deeply wish I didn’t (Shandler, 1999,232).”.

Family factors, such as having a depressed parent, can cause adolescent depression. Parents who are emotionally unavailable, have marital strife, or have economic struggles which preoccupy them, may have children with depression. Poor peer relationships also are associated with adolescent depression; this includes peer rejection, not having a “best friend”, and not having close and frequent contact with friends. Changes that are difficult or challenging can cause depressive symptoms in adolescents. This can include beginning puberty with its many physical changes, and changes in family structure such as divorce (Santrock, 1996). Children of depressed parents are at an increased risk of developing depression and anxiety disorders of their own. Depressed mothers may find it difficult to show positive responses to their babies’ efforts, and to engage them in interesting and stimulating play. They may smile less, and rarely laugh or use a variety of voice tones. Depressed mothers are often experiencing more stress than non-depressed mothers. This may lead to unavailability to their children, including subduing reciprocal eye contact, touch, and verbal exchanges. Robin Karr-Morse and Meredith S. Wiley (1997, 214) state in their book, *Ghosts From the Nursery* , “Depressed mothers respond to their babies from behind the wall of their own unmet needs”.

It is important to realize that there are different reasons for adolescent depression, it can lead to serious difficulties in all areas of an adolescents’ life, and can even lead to suicide when gone undiagnosed. Adolescence is a time of emotional turmoil, and depression is often missed because of this.

Optimism is an indicator of an adolescents’ psychological health. As stated earlier, a

review of the literature indicates that a result of depression, which is linked to hopelessness, for adolescent girls, is low self-esteem (Sanrock, 1996). One indicator of self esteem is an adolescent girls' level of optimism. According to Strassle, McKee and Plant (1999) in their study, optimism has been found to correlate negatively with depression and positively with life satisfaction. Optimism has been hypothesized to be an essential component in a person's ability to adapt and cope in various situations. The link between self-esteem and optimism is an important factor to be considered when assessing an adolescents' possible depression.

High Risk Parenting Attitudes

According to Bavolek (1990, 2) a battered child was defined by Kempe and Helfer in 1972 as "any child who received nonaccidental physical injury (or injuries) as a result of acts (or omissions) on the part of his parents or guardians". Child abuse and neglect reports have risen significantly in the decade. An astonishing report released by the Department of Health and Human Services indicates abuse and neglect reports have risen from 1.42 million reported cases in 1986 to 2.81 million reported cases in 1993 (Washington, D.C.: U.S. Government Printing Office, 1997). The Children's Defense Fund states that the number of children seriously injured by abuse nearly quadrupled between 1986 and 1993. That same report shows that every day 8,523 children are reported abused or neglected, and 3 children die from abuse or neglect. These numbers reflect only what is reported, one can be sure that the actual number of children who are victims of abuse or neglect are much higher.

Child abuse and neglect is defined by State and Federal legislation in order to establish minimum standards of acts or behaviors in the United States. In 1996, the *Child Abuse Prevention and Treatment Act* defined a child as a person who has not attained the lesser of the age of 18, except in cases of sexual abuse, the age specified by the child protection law of the State in which the child resides. Child abuse and neglect is, at a minimum, any recent act or failure to act on the part of a parent or caretaker which results

in death, serious physical or emotional harm, sexual abuse or exploitation; an act or failure to act which presents an imminent risk of serious harm. Child maltreatment is described by Bavolek (1990) as the way a caregiver inappropriately interacts with a child, usually with an end goal in mind.

One major type of maltreatment is physical abuse, characterized by the infliction of physical injury as a result of punching, beating, kicking, biting, burning, shaking or otherwise harming a child. The parent or caretaker may not have intended to hurt the child, rather the injury may have resulted from over-discipline or physical punishment. Another type of maltreatment is child neglect, which is characterized by failure to provide for the child's basic needs. Neglect can be physical, educational, or emotional. Physical neglect includes the refusal of or delay in seeking health care, abandonment, expulsion from the home or refusal to allow a runaway to return home, and inadequate supervision. Educational neglect includes the allowance of chronic truancy, failure to enroll a child of mandatory school age in school, and failure to attend to a special education need. Emotional neglect includes such actions as marked inattention to the child's needs for affection, refusal of or failure to provide needed psychological care. Spouse abuse in the child's presence, and permission of drug or alcohol use by the child. The assessment of child neglect requires consideration of cultural values and standards of care as well as recognition that the failure to provide the necessities of life may be related to poverty.

Violence against children is well documented in our history. Incidents of child abuse are widespread and have touched almost everyone at one time or another. Child abuse occurs among all groups and has nothing to do with race, creed, sex, income, color, or education. It has occurred for centuries regardless of the type or size of families. The act of maltreatment against children is justified in our history and dates back centuries. Historically, man has argued that physical punishment is necessary in order to maintain discipline, transmit educational ideas, please certain gods, expel evil spirits, and to

eliminate defectives. It was in 1961 that the problem of child maltreatment was brought to the public when a group of doctors presented on the topic of “Battered Child Syndrome”. The hope of the group was that this topic would impact physicians and startle our society. The first Child Abuse Prevention and Treatment Act was passed in 1972 and this established funding for preventive programs and identification and treatment of child abuse and neglect (Bavolek, 1990).

According to Bavolek, educating parents has been identified as the most important preventive strategy in the fight against child abuse and neglect. Specifically, Bavolek indicates that parenting education for pre-parent populations is often singled out as the strategy most likely to prevent initial injuries to children. This theological perspective is based on the research that children learn parenting patterns from their parents, and from experiencing abuse. Bavolek found five constructs of abusive and neglecting parenting: inappropriate parental expectations of the child, lack of empathy toward children’s needs, parental value of corporal punishment, parent-child role reversal, oppressing children’s power and independence.

According to Bavolek (1999), inappropriate expectations of parents is very common in cases of child abuse and neglect. Abusive parents tend to inaccurately perceive the skills and abilities of their children in this parenting pattern. Parents may not know the needs and capacity of children in their developmental stages. The abuser may not have a positive perception of her children, they may not have a positive self-image either. These inappropriate expectations may be because of their own childhood experiences of failure or ridicule. Abusive parents may lack the empathy that is required to set appropriate expectations during the child’s developmental stages. Expectations that are unjust often leave children feeling like failures, with little self-worth, and a disappointment to adults.

Bavolek (1999) states an empathic parent is concerned about her child’s emotional, intellectual, physical, social, spiritual and creative growth. When a parent lacks empathy for her child, she finds her child’s needs as distracting, overwhelming and an irritant. She

may also see normal demands as unrealistic, and this raises her stress level. The child's needs are interfering with the parents in this construct.

The use of corporal punishment when parenting is generally seen as a means to punish or correct bad conduct or inadequacy on the part of the child (Bavolek, 1999). This punishment carries an aura of righteousness about it, and its effects are demonstrated in the observed inadequate behavior of the child. The abused child may actually try to gain some self-protection by siding with an abusive parent. The child that is abused will often displace aggression to the "outside world" in order to deal with her own insecurities.

Further, Bavolek (1999) states some parents who abuse have reversed roles with their children. The adult in this relationship wants the child to make her happy, and to be sensitive to her needs. In this role reversal, the parent acts like a helpless child who needs the abused child. The adult is seeking her own needs to be met in this exchange of typical roles. The abused child may not be able to master developmental tasks in her life, and have a healthy adjustment. Under this construct the child is seen as existing only to meet the needs of the parent.

When obedience replaces cooperation, the parent fears allowing the child acting out and exploring her environment. Bavolek and Keene (1999) describe a parent who oppresses her child's power and independence as endangering her child for abuse. Under this parenting construct, obedience and compliance to the parents authority is demanded, and children are told what to do without question. The abused child may become a dependent person, and feel powerless. She may also have a low self worth, and become compliant to everyone. She also could become involved in a power struggle and act out in a response to the years of surrendering to her parental power.

There is little doubt that these abusive parenting constructs are identifiable as the root of child abuse. They are often transmitted from generation to generation, unless the cycle of abuse is stopped. As was mentioned earlier, breaking the cycle is most effectively done when parenting education is done with people before they become parents. Ideally, this

educational campaign would be focused on adolescents with high-risk parenting attitudes. Surely nothing is certain when looking for high-risk predictors, however, there are some characteristics that have been identified. Bavolek (1990, 102) labels high-risk indicators as “warning signs to let professionals know that an individual or family needs help”. His compilation of high-risk parenting attitudes in relation to child abuse and neglect includes “unwanted pregnancy by the mother or father, teenage pregnancy and single parents, especially in adolescent and young mothers in economically deprived circumstances”(Bavolek, 1990,102 & 103).

Teenage pregnancy has long been considered a societal concern, but it was recently described as “an example of the perceived societal decay in the United States” (Levine Coley and Chase-Lansdale, 1998). In their study, Coley and Chase-Lansdale (1998) indicate although the total rate of births to teenagers has decreased substantially since the 1950s, the percentage of nonmarital teenage births has climbed to a high of 75% in 1995. Teenage parents often suffer financial problems and are likely to utilize welfare benefits offered by the government; 73% of never-married teenage mothers go on welfare within five years of giving birth.

Black (1998) found in her study that females who are hopeful about the future are more likely to avoid pregnancy. In the *American School Board Journal*, a study conducted at Northeastern University for the Children’s Defense Fund indicates that teens, both boys and girls, with high educational aspirations, and a sense of self-worth and control are more likely to use precautions when having sex. Also, a girl who sees herself as a “waif” with no career aspirations often doesn’t try to avoid pregnancy and may actually see it as an accomplishment (Black, 1998). Another study indicates positive attitudes toward education and clear educational goals make premarital births less likely (Suri, 1994).

Low self esteem has a relationship with teenage pregnancy, and is associated with less frequent use of contraceptives. In *the Review of Self-Esteem Research*, a study was cited

that indicates 85-90% of teenage mothers choose to keep their baby because they believe a baby will give them unconditional love and acceptance that they perceive no one else can provide (Self-Esteem Resources, 1998).

More than one million American teenagers become pregnant each year. This is a rate two times as high as the rates in England, France and Canada, and seven times as high as in the Netherlands. It is estimated that approximately 46% of these pregnancies result in live births, 41% are aborted and the remainder end in miscarriage or stillbirth (Medora and von der Hellen, 1997). These are astounding statistics and should have our society taking notice, yet, teenage pregnancy rates have increased roughly 20 % in the United States. The result? A sharp increase in children being born to single-parent households. Most single-parent births occur in the later stages of adolescence; rates of teenagers giving birth for 18 to 19-year olds are double those for 15 to 17-year olds. These teenage parents are often drastically unprepared for the challenges of raising a child, often resulting in turmoil.

A review of the literature makes it apparent that being an adolescent and giving birth has negative consequences for educational attainment. For the adolescent mother, her education is suspended and may even end upon the birth of her child. This, in turn, leaves her vulnerable to economic dependency on others, her family, the baby's father, or the government. Medora and von der Hellen (1997, 813) in their study, concluded teenage pregnancy is related to "poor perinatal outcomes, low educational achievement, unemployment, welfare dependency, repeat pregnancy, parenting problems, marital discord and greater likelihood of divorce". A significantly smaller proportion of women who gave birth when under the age of nineteen will have obtained her high school diploma by age twenty-nine compared to women who delay the birth of their children until after the age of twenty (Suri, 1994).

Many families headed by unmarried teenage mothers and their children live in poverty. Some of these females were poor before they became pregnant, but the decision

to become a teenage parent decreases their opportunity to finish high school. Coley and Chase-Landale (1998) in their study indicate when teenage mothers have not attained a high school education, they often become welfare dependent. Their study presents one statistic indicating 53% of welfare funding is spent on families formed by teenage births.

Being a parent can be stressful, and for teenage mothers, this stress may be overwhelming. Stress is defined as an internal state of mind and being where the inner and outer demands placed upon a person exceed the person's capabilities (Santrock, 1996). Bavolek (1990) indicates there is a relationship between the inability to handle stress and child abuse in studies describing abusive parents. Stress can place a child born and being raised by an adolescent mother at risk to be abused or neglected.

In response to these high risk parenting indicators, Bavolek designed an inventory to measure the parenting attitudes of adults and adolescents. The goal of this inventory was "to assess the attitudes towards parenting and child rearing of abused and non-abused adolescents and abusive and non-abusive adults. If differences between and among the four populations existed, then responses to the inventory would provide an index of risk." (Bavolek, 1990, 106).

Chapter 3: Methodology

Participants

The participants in this study consist of 30 adolescent females, ages 14 to 18, from Chippewa Falls Senior High School and the Eau Claire Academy, a child care institution. The majority of the adolescents are from middle to lower class families. White and Black-American students participated in the study. The study was conducted in November 2000.

Apparatus

The *Beck's Hopelessness Scale* (Beck et al, 1974) is a scale designed to measure hopelessness and negative expectations about the future. This scale will be used to collect the data for the study regarding adolescents' negative expectations about the future. The *Beck's Hopelessness Scale* is a twenty item true-false scale which was designed to reflect the respondent's negative expectancies. The items on the scale were chosen from a test of attitudes about the future, and from a "pool" of pessimistic statements made by psychiatric patients who were deemed to be hopeless by his/her clinician. The statements were chosen because they seem to span the gamut of negative attitudes about the future and were verbalized frequently by the patients (Beck et al, 1974).

The *Adult-Adolescent Parenting Inventory* (Bavolek and Keene, 1999) is an inventory designed to assess high-risk parenting attitudes and behaviors. This inventory will be used to collect data, providing an index of risk for practicing behaviors known to be attributable to child abuse and neglect. The *Adult-Adolescent Parenting Inventory* is comprised of forty items presented in a 5 point Likert scale ranging from Strongly Agree to Strongly Disagree. Responses to the inventory provide an index of risk in five specific parenting and child rearing behaviors:

- Inappropriate Expectations of Children
- Parental Lack of Empathy Towards Children's Needs
- Strong Belief in the Use of Corporal Punishment as a Means of Discipline

- Reversing Parent-Child Role Responsibilities
- Oppressing Children's Power and Independence.

These responses to the inventory discriminate between the parenting behaviors of known abusive parents and the behaviors of non-abusive parents.

Procedure

Permission was obtained from the director of the Eau Claire Academy, Pupil Services Director of the Chippewa Falls Senior High School, Guidance Counselor at Chippewa Falls Senior High School, parents of the students, and the students. The researcher went to the Eau Claire Academy and administered the scale and inventory to the students. The researcher also went to the Chippewa Falls Senior High School and administered the scale and inventory to students there. Students were instructed about the purpose of the study, and the ramifications of the results. All participants were given the *Beck's Hopelessness Scale* and the *Adult-Adolescent Parenting Inventory*. Instructions were given and the students were told they could stop participating at anytime. The participants then completed the scale independently. See Appendix A for an example of the instrumentation.

Participants darken the circle indicating true or false on the *Beck's Hopelessness Scale*, and answer all twenty questions. Participants also circle the most applicable item on the 5 point Likert scale on the *Adult-Adolescent Parenting Inventory* and complete all forty questions. See Appendix B for an example of the instrumentation.

Data Analysis

Of the twenty questions, 9 are keyed false and 11 are keyed true on the *Beck's Hopelessness Scale*. Further, for every statement, each response is assigned a score of either 0 or 1. The total "hopelessness" score is the sum of individual item scores. On the *Adult Adolescent Parenting Inventory*, there are five constructs made up of the five specific parenting and child rearing behaviors aforementioned. Responses to the forty

statements are scored and totaled, and placed in the appropriate construct on the profile worksheet. The raw scores are totaled and then normed to determine the standard scores for each construct.

The method of determining statistical analyses of this study is the Pearson's r (product-moment) coefficient for correlation. The Pearson r correlation coefficient will be used to measure the degree of difference between the two variables, hopelessness and high risk parenting attitudes. Pearson correlation coefficient uses the statistical symbol r , and the larger the value of r , the greater the percentage of shared variance. It should be noted that even if a correlation can be found, that does not mean that there is a causal relationship between the two variables. This is because one would need to prove that the causal variable occurred prior to the other variable and that no other factors could account for the cause. The Pearson r will be used to test the null hypothesis, that there will be no statistically significant difference between measured hopelessness for adolescent females who have high risk parenting attitudes as compared to those adolescent females who do not have high risk parenting attitudes.

Chapter 4: Results

For the purpose of this study, a total of 30 participants completed *Beck's Hopelessness Scale (BHS)* and the *Adult-Adolescent Parenting Inventory-2 (AAPI-2)*. Thirteen adolescent females from Chippewa Falls Senior High School comprised 43.3% of respondents, while seventeen adolescent females from the Eau Claire Academy made up the remaining 56.7% of respondents.

Data results indicate there is no statistically significant degree of correlation between measured hopelessness in adolescent females and high risk parenting attitudes. Table I illustrates exact Pearson Correlation values for the *Beck's Hopelessness Scale* and the five constructs of the *Adult-Adolescent Parenting Inventory*, while Table II presents a more definitive breakdown of group statistics for the thirty participants. While Table I shows the correlation between *Beck's Hopelessness Scale* and each construct, Table II shows the standard deviation, mean, and standard error mean for the two groups of students. The tables relate to each other because both present statistics affecting this study.

Table I	<u>Correlations</u>	
	BHS and Construct A	0.237 (23.7% Correlation between BHS and inappropriate expectations of children)
	BHS and Construct B	-0.112 (-11.2% Correlation between BHS and parental lack of empathy towards children's needs)
	BHS and Construct C	-0.064 (-6.4% Correlation between BHS and strong belief in the use of corporal punishment as a means of discipline)
	BHS and Construct D	0.168 (16.8% Correlation between BHS and reversed child-parent role responsibilities)
	BHS and Construct E	-.069 (-6.9% Correlation between BHS and parents oppressing the children's power and independence)

Group Statistics were also collected in this study. The following study illustrates the mean, standard deviation, and standard error mean for 30 participants, divided by the school the participants attended at the time of the study. CFHS represents students from the Chippewa Falls Senior High School, while ECA represents students from the Eau Claire Academy. Most significant of this data is the mean score on Construct C, which shows a higher mean score for students from Chippewa Falls Senior High School. This is significant because it shows the adolescent females from the Eau Claire Academy are less likely to hold a strong belief in corporal punishment. Residents of a Child Care Institution may be stereotyped as being more likely to believe in the use of corporal punishment, yet this group of adolescent females scored lower on the mean score of Construct C than the the Chippewa Falls Senior High School students.

Hopelessness

Table II

	N		Mean	Std. Deviation	Std. Error Mean
BHS Total Score	1 CFHS	13	2.5385(total average score of CFHS students on the BHS)	3.7553(total variability of total scores of CFHS students on the BHS)	1.0415 (average estimate of error in measurement on BHS for CFHS students)
	2 ECA	17	5.2353 (total average score of ECA students on the BHS)	4.9690 (total variability of total scores of ECA students on the BHS)	1.2052(average estimate of error in measurement on BHS for ECA students)
Construct A: Inappropriate expectations of children	1 CFHS	13	20.8462(average score of CFHS students on Construct A)	3.4844(total variability of total scores of CFHS students on Construct A)	.9664 (total average estimate of error in measurement on Construct A for CFHS students)
	2 ECA	17	18.5882 (average score of ECA students on Construct A)	6.2054 (total variability of total scores of ECA students on Construct A)	1.5050(total average estimate of error in measurement on Construct A for ECA students)
Construct B: Parental lack of empathy toward children's needs	1 CFHS	13	36.1538(average score of CFHS students on Construct B)	5.684(total variability of total scores of CFHS students on Construct B)	1.5765(average estimate of error in measurement on Construct B for CFHS students)
	2 ECA	17	37.3529(average score of ECA students on Construct B)	7.4157(total variability of total scores of ECA students on Construct B)	1.7986(average estimate of error in measurement on Construct B for ECA students)
Construct C: Strong belief in use of corporal punishment	1 CFHS	13	44.1538 (average score of CFHS students on Construct C)	6.2961 (total variability of total scores of CFHS students on Construct C)	1.7462(average estimate of error in measurement on Construct C for CFHS students)
	2 ECA	17	37.1765 (average score of ECA students on Construct C)	10.1934(total variability of total scores of ECA students on Construct C)	.4723 (average estimate of error in measurement on Construct C for ECA students)
Construct D: Reversing Parent-Child Role Responsibilities	1 CFHS	13	19.8462(average score of CFHS student on Construct D)	2.7942 (total variability of total scores of CFHS students on Construct D)	.7750(average estimate of error in measurement on Construct D for CFHS students)
	2 ECA	17	20.5882 (average score of ECA student on Construct D)	5.229(total variability of total scores of ECA students on Construct D)	1.2662(average estimate of error in measurement on Construct D for ECA students)
Construct E: Oppressing Children's Power and Independence	1 CFHS	13	19.8462(average score of CFHS students on Construct E)	2.0755(total variability of total scores of CFHS students)	.5756(average estimate of error in measurement on Construct E for CFHS students)
	2 ECA	17	18.2941(average score of ECA students on Construct E)	2.8010(total variability of total scores of ECA students)	.6793(average estimate of error in measurement on Construct E for ECA students)

Chapter 5: Conclusions

This study is correlational, and is concerned with hopelessness and high risk parenting attitudes in adolescent females. This study also focuses on the issues of depression, suicide and teenage pregnancy. Thus, the purpose of the study is to correlate hopelessness and high risk parenting attitudes in teenage parents. It may also be used to more effectively screen for hopelessness and high risk parenting attitudes in adolescents.

This study was based on the *Beck's Hopelessness Scale* and the *Adult-Adolescent Parenting Inventory-2*, which were administered to adolescent females. Upon the completion of these measurements, the levels of correlation, means, and standard deviations between the *Beck's Hopelessness Scale* and the five constructs of the *Adult-Adolescent Parenting Inventory* were tabulated and tables were constructed to display the results.

The results suggest there is not a statistically significant correlation between hopelessness and high-risk parenting attitudes, thus my null hypothesis was proven. The implications for this study are that while assessment tools such as the *Beck's Hopelessness Scale* and the *Adult-Adolescent Parenting Inventory* can be utilized for screening, hopelessness and high risk parenting attitudes are not easily identified with just two measurements. A higher mean score for students from Chippewa Falls Senior High School may mean that the students from the Eau Claire Academy, who are undergoing treatment for abuse and delinquency issues, have lower high-risk parenting attitudes than students at Chippewa Falls Senior High School.

In terms of the sample population of this study, the individuals may not be the most knowledgeable about parenting. The individuals may also not be the most credible of samples because of their age and maturity level. It is recommended that a greater number of adolescents be asked to administer the scale, so the results might be generalized to the target population. It is also recommended that other geographical areas be surveyed to get a less restricted range of response.

There is still a great deal that can be learned from this study. Research shows that teenage pregnancy is a widespread problem in our society, and the rates of child abuse continue to rise. Therefore, it is important for schools and community agencies to do all they can to identify hopelessness and high-risk parenting attitudes. These adolescents can then receive treatment and education which is needed to stop the cycle of abuse. Studies such as this one can be utilized as a tool to fight abuse and neglect of children and can be considered highly beneficial and informative in nature.

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Adult-Adolescent Parenting Inventory

AAPI - 2

Form A

Stephen J. Bavolek, Ph.D. and Richard G. Keene, Ph.D.

Name _____ Date _____

ID# _____ State/City _____

Sex (circle one) Male Female Age _____ years

Race (circle one) White Black Asian Hispanic Native American Pacific Islander Other _____

INSTRUCTIONS: There are 40 statements in this booklet. They are statements about parenting and raising children. You decide the degree to which you agree or disagree with each statement by circling one of the responses.

STRONGLY AGREE — Circle SA if you strongly support the statement, or feel the statement is true most or all the time.

AGREE — Circle A if you support the statement, or feel this statement is true some of the time.

STRONGLY DISAGREE — Circle SD if you feel strongly against the statement, or feel the statement is not true.

DISAGREE — Circle D if you feel you cannot support the statement, or that the statement is not true some of the time.

UNCERTAIN — Circle U only when it is impossible to decide on one of the other choices.

When you are told to turn the page, begin with Number 1 and go on until you finish all the statements. In answering them, please keep these four points in mind:

1. Respond to the statements truthfully. There is no advantage in giving an untrue response because you think it is the right thing to say. There really is no right or wrong answer — only your opinion.
2. Respond to the statements as quickly as you can. Give the first natural response that comes to mind.
3. Circle only one response for each statement.
4. Although some statements may seem much like others, no two statements are exactly alike. Make sure you respond to every statement.

If there is anything you don't understand, please ask your questions now. If you come across a word you don't know while responding to a statement, ask the examiner for help.

When you finish, please feel free to write any comments you have on the back page.

Turn the Page and Begin

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AATA-2

Form A	Strongly Agree	Agree	Uncertain	Disagree	Strongly Disagree
1. Children should keep their feelings to themselves.	SA	A	U	D	SD
2. Children should do what they're told to do, when they're told to do it. It's that simple.	SA	A	U	D	SD
3. Parents should be able to confide in their children.	SA	A	U	D	SD
4. Children need to be allowed freedom to explore their world in safety.	SA	A	U	D	SD
5. Spanking teaches children right from wrong.	SA	A	U	D	SD
6. The sooner children learn to feed and dress themselves and use the toilet, the better off they will be as adults.	SA	A	U	D	SD
7. Children who are one year old should be able to stay away from things that could harm them.	SA	A	U	D	SD
8. Children should be potty trained when they are ready and not before.	SA	A	U	D	SD
9. A certain amount of fear is necessary for children to respect their parents.	SA	A	U	D	SD
10. Good children always obey their parents.	SA	A	U	D	SD
11. Children should know what their parents need without being told.	SA	A	U	D	SD
12. Children should be taught to obey their parents at all times.	SA	A	U	D	SD
13. Children should be aware of ways to comfort their parents after a hard days work.	SA	A	U	D	SD
14. Parents who nurture themselves make better parents.	SA	A	U	D	SD
15. It's OK to spank as a last resort.	SA	A	U	D	SD
16. "Because I said so!" is the only reason parents need to give.	SA	A	U	D	SD
17. Parents need to push their children to do better.	SA	A	U	D	SD
18. Time-out is an effective way to discipline children.	SA	A	U	D	SD
19. Children have a responsibility to please their parents.	SA	A	U	D	SD

Please go to next page.

Form A	Strongly Agree	Agree	Uncertain	Disagree	Strongly Disagree
20. There is nothing worse than a strong-willed two year old.	SA	A	U	D	SD
21. Children learn respect through strict discipline.	SA	A	U	D	SD
22. Children who feel secure often grow up expecting too much.	SA	A	U	D	SD
23. Sometimes spanking is the only thing that will work.	SA	A	U	D	SD
24. Children can learn good discipline without being spanked.	SA	A	U	D	SD
25. A good spanking lets children know parents mean business.	SA	A	U	D	SD
26. Spanking teaches children it's alright to hit others.	SA	A	U	D	SD
27. Children should be responsible for the well-being of their parents.	SA	A	U	D	SD
28. Strict discipline is the best way to raise children.	SA	A	U	D	SD
29. Children should be their parents' best friend.	SA	A	U	D	SD
30. Children who receive praise will think too much of themselves.	SA	A	U	D	SD
31. Children need discipline, not spanking.	SA	A	U	D	SD
32. Hitting a child out of love is different than hitting a child out of anger.	SA	A	U	D	SD
33. In father's absence, the son needs to become the man of the house.	SA	A	U	D	SD
34. Strong-willed children must be taught to mind their parents.	SA	A	U	D	SD
35. A good child will comfort both parents after they have argued.	SA	A	U	D	SD
36. Parents who encourage their children to talk to them only end up listening to complaints.	SA	A	U	D	SD
37. A good spanking never hurt anyone.	SA	A	U	D	SD
38. Babies need to learn how to be considerate of the needs of their mother.	SA	A	U	D	SD
39. Letting a child sleep in the parent's bed every now and then is a bad idea.	SA	A	U	D	SD
40. A good child sleeps through the night.	SA	A	U	D	SD

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AATA-2



Date: _____

Name: _____ Marital Status: _____ Age: _____ Sex: _____

Occupation: _____ Education: _____

This questionnaire consists of 20 statements. Please read the statements carefully one by one. If the statement describes your attitude for the **past week including today**, darken the circle with a 'T' indicating TRUE in the column next to the statement. If the statement does not describe your attitude, darken the circle with an 'F' indicating FALSE in the column next to this statement. **Please be sure to read each statement carefully.**

- | | |
|--|-------------|
| 1. I look forward to the future with hope and enthusiasm. | (T) (F) |
| 2. I might as well give up because there is nothing I can do about making things better for myself. | (T) (F) |
| 3. When things are going badly, I am helped by knowing that they cannot stay that way forever. | (T) (F) |
| 4. I can't imagine what my life would be like in ten years. | (T) (F) |
| 5. I have enough time to accomplish the things I want to do. | (T) (F) |
| 6. In the future, I expect to succeed in what concerns me most. | (T) (F) |
| 7. My future seems dark to me. | (T) (F) |
| 8. I happen to be particularly lucky, and I expect to get more of the good things in life than the average person. | (T) (F) |
| 9. I just can't get the breaks, and there's no reason I will in the future. | (T) (F) |
| 10. My past experiences have prepared me well for the future. | (T) (F) |
| 11. All I can see ahead of me is unpleasantness rather than pleasantness. | (T) (F) |
| 12. I don't expect to get what I really want. | (T) (F) |
| 13. When I look ahead to the future, I expect that I will be happier than I am now. | (T) (F) |
| 14. Things just won't work out the way I want them to. | (T) (F) |
| 15. I have great faith in the future. | (T) (F) |
| 16. I never get what I want, so it's foolish to want anything. | (T) (F) |
| 17. It's very unlikely that I will get any real satisfaction in the future. | (T) (F) |
| 18. The future seems vague and uncertain to me. | (T) (F) |
| 19. I can look forward to more good times than bad times. | (T) (F) |
| 20. There's no use in really trying to get anything I want because I probably won't get it. | (T) (F) |

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