

Perceived Parenting and Depression in Adolescents: The Unique Contributions of
Attention and Engagement

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ABSTRACT

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Specific parenting behaviors, parental style, and quality of relationship are often confounded when examining predictors of adolescent depression. Using Wave I of the National Longitudinal Survey of Adolescent Health (N = 4,301), the author examined quality of relationship as a potential mediator of parenting behaviors and adolescent depression. Furthermore, the relationship between teachable parenting behaviors and their contribution to adolescent depression was examined, above and beyond quality of relationship with parent and parental style (discussed as parental warmth in this study). As significant differences have been demonstrated in adolescent depression for girls and boys, as well as age, the data was analyzed by age and gender categories. A series of hierarchical linear regressions were performed to test these relationships and significant differences were found by age and gender. Results indicated that for some age/gender groups, both participating in activities with parents and parental warmth was related to a better quality of relationship, which in turn was related to lower levels of adolescent depression. Additionally, for some age/gender groups, teachable parenting behaviors (activities with parents, family meals, and parental monitoring) were significantly related to adolescent depression, above and beyond the contribution of parental style (parental warmth) and quality of relationship. However, communication with parents and parental presence at key points throughout the day were not related to adolescent depression.

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DEDICATION

This dissertation is dedicated to Ryan, my greatest source of strength throughout graduate school, my favorite study partner, my sounding board, my best friend. Thank you for keeping me afloat.

Love and thanks to my parents, who encouraged me to find something I loved and valued, and gave my life the truest purpose. You have been the best of role models.

INTRODUCTION

Parenting has consistently been shown to have a strong relationship with adolescent psychopathology (Darling & Steinberg, 2003; Ge, et al., 1996; Grotevant, 1998; Steinberg, 2001). To date, research has generally assessed parenting in terms of overall parenting style or parental involvement, which includes level of affection, control, monitoring, degree of discipline, and consistency of discipline. Many of these studies have been largely based on Baumrind's (1971) three parenting styles, which encompass aspects of psychological control, autonomy, emotional independence, behavioral monitoring, and warmth. While there is a great deal of literature that demonstrates a significant relationship between parenting style and adolescent psychopathology, this approach makes it difficult to identify the specific contributions of parenting behaviors, as opposed to global parental style (Barber, Stolz, Olsen, & Maughan, 2005; Darling & Steinberg, 1993). Furthermore, aspects of parental style, like warmth and affection, appear to be more stable characteristics that are more difficult to teach parents, as opposed to parenting skills such as shared activities and communication (MacDonald, 1992; Prinzie, et al., 2009). For the purposes of this paper, parental style will be captured by measuring perceived parental warmth. In contrast to broad dimensions of parenting, more concrete and specific components of parental style, i.e. aspects of parental behavior relating to attention, engagement, and availability, have received much less attention. Existing studies suggest that specific, teachable parenting behaviors are significantly related to adolescent psychopathology (Ackard, Nuemark-Sztainer, Story, and Perry, 2006; Hawkins, Amato, and King, 2007; Musick and Meier, 2012; Yuan and Hamilton, 2006). This study attempts to offer a clearer picture as to how specific parenting

behaviors relate to quality of relationship and adolescent psychopathology, and whether these contributions differ by an adolescent's age and gender.

Self-report measures are the most frequently used method to assess family processes due to ease of use and accessibility, despite validity concerns that result from common method variance. While this leads to concerns about the accuracy of adolescent self-report data (i.e. do parents actually engage in reported behaviors), it is agreed that there is value in an adolescent's *perception* of parental behavior and quality of relationship with parent (Boyce, et al., 1998; Fletcher, Steinberg, and Williams-Wheeler, 2004; Gonzalez, Cauce, and Mason, 1996). Furthermore, the assumption that parent report is more valid than adolescent self-report has also been challenged. A study comparing adolescent self-report and parental report of parental behaviors to an objective observer's report indicated that adolescent self-report was more congruent with third-party observer report than parental report (Gonzalez, Cauce, and Mason, 1996).

A significant discrepancy has been consistently found between child and parental self-report of relationships and behaviors within the family (Simons, Lorenz, Wu, and Conger, 1993; Tein, Roosa, and Michaels, 1994). This discrepancy is likely due to inherent biases, above and beyond expected error (Gonzalez, Cauce, and Mason, 1996). It has been suggested that, when possible, it would be preferable to collect multiple reporting sources, and to combine those findings. However, Gonzales et al. (1996) cautions that "collapsing across informant source, or otherwise treating scores as interchangeable, may obscure important information about how different reporters perceive and are influenced by their families."

While objective assessment by an outside observer has been found to be valid, there are arguments that objective assessment should not be considered the only valid measure of parental behavior and parent-child relationships (Steinberg, Lamborn, Dornbusch, and Darling, 1992). Thus, the value in this study will be to better understand the association between *perceived* parental behavior and *perceived* quality of parent-child relationship with self-reported adolescent depression, and will tell us information about adolescents who characterize parental variables in certain ways. All variables in this study are measured using self-report and therefore should be considered to be *perceived* by the adolescent, as opposed to factual, objective assessment.

The present cross-sectional study uses data from the National Longitudinal Study of Adolescent Health (ADD Health), a nationally representative study of adolescents. This study aims to identify specific and teachable perceived parenting behaviors- above and beyond perceived parental style- as they relate to the perceived parent-child relationship and adolescent depression. Future directions will include how these behaviors may be readily adapted and used in interventions, irrespective of parental personality or psychopathology.

Age and Gender Differences in Depression

Adolescent depression research has consistently demonstrated that significant gender differences emerge during adolescence (Ge, Lorenz, Conger, Elder, & Simons, 1994; Kessler et al., 1994; Lewinsohn et al., 1994; Nolen-Hoeksema, 1990; Piccinelli & Wilkinson, 2000; Weissman et al., 1999; Wichstrom, 1999). It is well established that females experience significantly higher levels of depression in adolescence than males (Galambos, Leadbeater, & Barker, 2004; Kessler, et al., 1994; Nolen-Hoeksema &

Girgus, 1994; Wade, Cairney, & Pevalin, 2002). Specifically, rates of depression among girls and boys were found to be comparable until approximately ages 11 or 12, but began to differ in early adolescence (Angold, Costello, & Worthman, 1998). Two longitudinal epidemiological studies indicated that some gender differences in depression were evident between ages 13 and 15 (middle school), while the greatest gender differences in levels of depression emerged in high school, between the ages of 15 and 18 (Angold & Rutter, 1992; Hankin et al., 1998). Angold and Rutter (1992) found that by ages 14 to 16, girls were twice as likely to report depressive symptoms as boys. For both girls and boys, rates of depressive symptoms were found to increase from early adolescent to late adolescence (Avenevoli & Steinberg 2002; Hankin, et al., 1998; Giaconia, et al., 1998; Kashani, Rosenberg, & Reid, 1989; Weissman, Warner, Wickramaratne, Moreau, & Olfson, 1994).

Perceived Parent-Child Relationship and Depression

Quality of relationship, typically defined by how much adolescents perceive that their parents care about them, how close they feel with their parents, or satisfaction with the relationship, is an important predictor of adolescent pathology. The parent-child relationship has been widely studied in relation to adolescent well-being and psychological health (Amato, 1994; Barber & Erikson, 2001; Hair, et al., 2008; Umberson, 1992). In a study of 4,746 teenagers in the public school system, Ackard et al., (2006) found that the degree to which adolescents perceived their parents cared about them was inversely related to level of adolescent depression. Similarly, parent-adolescent closeness, a contributor to a positive parent-child relationship was related to better mental health outcomes (Hair, et al., 2008; Harris et al., 1996; King, 2006; Noller, 1995).

In Wissink, Dekovic, and Meijer's (2006) study, they found that parenting behaviors were related to quality of relationship, and an even stronger relationship between quality of relationship and negative adolescent outcomes. They suggested that future studies examine the influence of quality of relationship on the relationship between parenting behaviors and adolescent outcomes. Musick and Meier (2012) examined the relationship between family meals and maladaptive adolescent outcomes, and in explaining their results, suggested that family meals indirectly impacts adolescent outcomes through quality of relationship. These studies indicate that quality of relationship should be measured separately from parenting behaviors as a predictor, and potential mediator, of adolescent depression.

Perceived Teachable Parenting Behaviors and Depression

Activities with Parents

Engaging in shared activities is a unique form of parental involvement, an opportunity for adolescents and their parents to interact, engage in pleasurable activities, and share common interests during time that is specially dedicated to the adolescent. These activities might include playing sports together, going to the movies, working on a school project, shopping, attending sports events or concerts, or attending a religious service. Participating in parent-child activities is generally related to better mental health outcomes (Amato & Rivera, 1999; Harris & Morgan, 1991). For example, shared activities between parent and child was associated with lower levels of adolescent internalizing symptoms (Hawkins, Amato, & King, 2007). Multiple studies have indicated that engaging in activities with parents is significantly related to adolescent depression (Ornelas, Perriera, & Ayala, 2007; Pearson, Muller, & Frisco 2006). Using

data from the National Longitudinal Study of Adolescent Health, Ornelas and her colleagues (2007) demonstrated that adolescents who engaged in shared activities with parents reported lower levels of depressive symptoms. Shared activities have been shown to be protective, above and beyond other types of parental involvement, against risky behavior and psychological health (Pearson, Muller, & Frisco, 2006). Furthermore, there are many family skills training programs, aimed at reducing negative child outcomes, which reflect that parental involvement is a changeable behavior can be taught (see Kaminsky, Valle, Filene, & Boyle, 2008 for a review of parent training program effectiveness).

Communication

When parents and their children openly communicate about topics such as school, friends, romantic relationships, conflicts, and interests, it demonstrates a parent's interest in and connectedness with their child. Communication with parents has been consistently shown to be related to adolescent depression (Brage & Meredith, 1993; Cole & Rehm, 1986; Stivers, 1988; Yu et al., 2006). In a study examining a group of 12–18 year-olds and their perceived level of communication with parents, Stivers (1988) found that there was a significant relationship between communication and reported adolescent depression and suicidality. A review of the communication literature supported an inverse relationship between parent-child communication that was perceived as “open” and psychosocial risks (Riesch et al., 2006). In a study of 4,746 teenagers in the public school system, Ackard et al., (2006) found that low perceived parent-child communication was related to higher levels of adolescent depression (Ackard, Nuemark-Sztainer, Story, & Perry, 2006). Communication, sometimes referred to as connectedness in the literature, is

an important predictor of psychological health in adolescents (Delaney, 1996; Herman, Dornbusch, Herron, & Herting, 1997). The ability to teach parents to be more communicative with their children has also been demonstrated. Bogenschneider and Stone (1997) created newsletters with psychoeducation about adolescent substance use, and encouraged parental awareness and parent-child communication about this topic. Parents who received the newsletter, as opposed to the control group of parents who did not, reported increased communication and discussion with their children, which supports the notion that communication is a teachable parenting skill.

Dinner

There has been growing interest, both in popular media and research, in the importance of family meals and child well-being. Family meals represent a protected, ritualized time in which the parent and child can interact, share important experiences, and connect (Resnick et al., 1997). Numerous studies have demonstrated a significant relationship between family meals and adolescent well-being (Council of Economic Advisers, 2000; Eisenberg et al., 2004; Fulkerson et al., 2006, 2009; Musick & Meier (2012). Adolescent behavior problems were found to be inversely related to frequency of family meals (Hofferth & Sandberg 2001; Muller & Kerbow, 1993). Using data from Project EAT on children ages 11 to 18, Eisenberg and colleagues (2004) found a significant association between family dinners and lower depression symptoms, controlling for demographic variables and family connectedness. Musick and Meier (2012) examined data from the Longitudinal Study of Adolescent Health (ADD Health Study) and found that a higher frequency of family dinners was related to lower current levels of adolescent depression.

Parental Monitoring

The term “monitoring” is not operationalized uniformly in the literature and there is no consensus as to how to best define it. Behavioral and psychological control have often been used to broadly characterize types of parenting (Baumrind 1967, 1989), although there is a clear distinction between the two (Baumrind 1967; Schaefer, 1965). For the purposes of this study, the term monitoring will refer to parental behavioral control (as opposed to psychological control), conceptualized as setting appropriate limits and providing structure and rules, as a number of other researchers have defined it (Barber, 1996, 2002; Garber et al., 1997; Gray & Steinberg, 1999). Parental behavioral control was generally associated with adolescent well-being, and psychological control associated with poorer adolescent functioning. In a study of African American teenagers, perceived parental monitoring (parental behavioral control) was significantly related to reported adolescent psychopathology (Bean, Barber, and Crane, 2006). Examining the parenting practices of 159 Chinese American families, the degree to which parents monitor their child’s behavior was found to be inversely related to reported depressive symptoms (Kim & Ge, 2000). Finally, it has been shown that training programs were able to teach parents to more effectively provide supervision, monitoring, and discipline (Patterson, 1986).

Parental Presence

Parental presence throughout the day as a predictor of adolescent outcomes is often discussed in the media, but also lacks substantial research. Only a few studies were found which examined the relationship between parental presence and adolescent well-being. Using data from the National Longitudinal Study of Adolescent Health (ADD

Health), Resnick and colleagues (1997) examined the relationship between parental presence and maladaptive adolescent outcomes. They analyzed the data by stratifying age by middle (7th and 8th grade) and high school (9th through 12th), and found that parental presence at key times throughout the day was inversely related to emotional distress for both age categories. Resnick et al., (1997) cautions, however, that while parental presence was significant, warmth and quality of relationship were much stronger predictors of maladaptive adolescent outcomes. A second study by Sweeney (2007) demonstrated that parental availability throughout the day was found to reduce depressive symptoms in adolescents. Other studies focused on parental presence and academic achievement, and found a significant relationship (Crosnoe, Erickson, & Dornbusch 2002; Schneider 1993). Overall, the relationship between parental presence throughout the day and adolescent depression appears to exist, but the strength and nature of the relationship requires additional focus, particularly to explore any differences that might exist by gender and age.

Perceived Global Parenting Style

Warmth

The relationship between parental warmth and adolescent depression has been heavily researched. Numerous studies demonstrated that lower parental warmth was related to higher levels of depression in adolescents (Garber et al., 1997; Ge et al., 1996; Greaven et al., 2000; Heaven et al., 2004; McFarlane et al., 1995; Muris, et al., 2001; O'Byrne et al., 2002; Rey, 1995; Robertson & Simons, 1989). These findings underscore the protective role of parental warmth. Warmth, as opposed to the aforementioned parenting behaviors, is often considered to be a component of parental style, or parental

personality (Aluja, Barrio, & Garcia, 2006; Baumrind; 1971; Maccoby & Martin; 1983; Schaefer, 1959), which has been shown to be more difficult to change or teach (MacDonald, 1992; Prinzie, et al., 2009). In this study, we are not positing that warmth is impossible to teach, however, when considering timely, efficient, and easy to implement parenting training programs, warmth is much more challenging to teach than, for instance, engaging in more activities with your child. As such, in this study, warmth will be considered a less-teachable skill as opposed to other specific parenting behaviors.

The Current Study

Although broadly speaking, research shows parenting style to be associated with maladaptive outcomes in adolescence, the manner in which parenting style and behaviors are operationalized in the literature varies greatly. As a result, existing research has not clearly differentiated between dimensions of parental style, personality and quality of relationship, as opposed to specific, teachable parenting behaviors. The current study attempts to better understand the relationship between teachable parenting skills, such as communication and family meals, and adolescent depression. More specifically, the aim is to identify whether teachable parenting strategies offer direct benefits to adolescent depression, above and beyond parental warmth and a positive parent-child relationship. Quality of relationship will be examined as a potential mediator between parenting behaviors and adolescent depression. Based on the research, it is hypothesized that this relationship will differ by age and gender. The findings may potentially carry implications for parent training programs, and an emphasis on teachable parenting skills above parental style.

Specifically, we propose the following research hypotheses:

1. Higher perceived quality of relationship with parents will be related to lower reported adolescent depression.
2. Higher perceived levels of parental warmth will be related to lower reported adolescent depression.
3. Higher rates of perceived, teachable parenting skills will be related to lower reported adolescent depression.
4. Perceived quality of relationship will mediate the relationship between teachable parenting behaviors and adolescent depression, above and beyond parental warmth.
5. This mediating relationship will differ by age and gender.

CHAPTER ONE: Method

National Longitudinal Survey of Adolescent Health (Add Health)

Add Health is a nationally representative sample of adolescents in the United States who were in grades 7 to 12 during the 1994 – 95 school year. This cohort was followed into adulthood with a total of four in-home interviews and two in-school questionnaires over a period of 12 years. Over 90,000 adolescents completed an in-school questionnaire, and of those participants, 20,000 completed an in-home interview at Wave I. All students who completed the in-school questionnaire were eligible to be selected into the core in-home sample. This study focuses on data collected during the in-home interviews at Wave I. The Wave I in-home interview was conducted between April and December 1995. In order to maintain confidentiality, all data was recorded on laptops for the in-home interviews. No paper questionnaires were used. The length of the in-home interview was typically one to two hours.

Participants

The sampling structure of the study included 80 high schools which were representative of US schools (based on ethnicity, size, region, etc.). If a high school did not include a 7th grade, it helped to identify a feeder school, which typically sent at least five graduates to that high school. These schools were considered pairs in the sample. In each school, students were stratified by age and sex. From each stratum, 17 students were selected at random to include a total of 200 students chosen from each of the 80 pairs of schools (approximately 12,000 adolescents). For the purposes of this study, only students with dual-parent households were included (n = 4301).

The mean age of the sample was 15.97 at Wave I (SD=1.74). There were 2196 females and 2105 males in our sample. The sample is 72.4% Caucasian, 17.4% African American, 10.8% Hispanic, 4.9% Asian, 3.4% American Indian, and 6.5% Other. Asian and American Indian were collapsed into the Other ethnicity category in the analyses (14.8% Other). For the analyses, age category was dichotomized into Early Adolescence, 7th and 8th grade (31%) and Later Adolescence, 9th through 12th grade (69%). See Table 1 for complete demographics.

A chi-square test of independence was performed to examine the relationship between Race/Ethnicity categories and age category for girls. The number of Other ethnicity participants differed significantly by age group, $X^2(1, N = 325) = 4.5, p < .001$. There were significantly more Other ethnicity participants in the Later Adolescence category than Early Adolescence. See Table 2 for complete results of age differences for girls.

A chi-square test of independence was performed to examine the relationship between Race/Ethnicity categories and age category for boys. There were no demographic differences by early and late adolescence. See Table 3 for complete results of age differences for boys.

Measures

The assessment for this study included items from the in-home interview. All respondents received the same interview, which was approximately one to two hours in length. Most interviews were conducted at home and all were completed using a laptop, rather than paper, in order to protect confidentiality. Questions pertaining to less sensitive subjects were read out loud by the interviewer and the respondent's answers were

entered. The respondents listened to more sensitive questions on headphones and answered them directly on the laptop. This helped to minimize any discomfort or influence by potential parental presence during the interview.

The in-home interview covered a broad range of health-related topics, including health status, health-facility utilization, nutrition, peer networks, decision-making processes, family composition and dynamics, educational aspirations and expectations, employment experience, romantic partnerships, sexual partnerships, substance use, and criminal activities. This study focused on items related to domains of parental involvement and style, quality of relationship, and adolescent depression. It is important to note that all questions used in the analysis were answered by the adolescent, and therefore all variables should be considered to be *perceived* behavior and relationship descriptors.

Demographics

Participants were asked to report demographic characteristics including age, biological sex (male, female), and race/ethnicity (African American, Hispanic, Asian/Pacific Islander, Native American, White, and Other). For the purposes of the present study, race/ethnicity was dummy coded, with Caucasian used as the reference variable. Categories of African American, Hispanic, and Other were created, with Asian and American Indian collapsed into the Other category. Similar to other studies using the ADD Health dataset, age was dichotomized into Early Adolescence (Middle School, 7th and 8th grade) and Later Adolescence (High School, 9th through 12th grades) (Resnick, et al., 1997).

Parenting Predictors

Parenting was measured by examining two types of parenting behaviors: 1) Behaviors that are specific and teachable and 2) Behaviors that are associated with parenting style and personality and are more difficult to teach. Quality of relationship, which is considered an outcome of parenting behaviors, was also measured as a possible mediator of adolescent depression.

Teachable Parenting Behaviors

Activities with parents included 10 items related to whether the adolescent engaged in certain activities with his/her mother and father. Questions, asked separately for mother and father (referred to in this instrument as resident mother and resident father), included: “Which of the things listed on this card have you done with your (resident mother/resident father) in the past four weeks? 1) Gone shopping 2) Played a sport 3) Gone to a religious service or church-related event 4) Gone to a movie, play, museum, or sports event 5) Worked on a school project. Response options were dichotomous (yes = 1, no = 0). Responses were then summed for both resident mother and father, with possible scores ranging between 0 - 10. Higher scores indicated more parent-child activities, as perceived by the child. Using principal component analysis with the Add Health data, the psychometric properties of this scale were previously established (Jordan & Lewis, 2005). This scale showed adequate reliability (Chronbach’s alpha = .63).

Family dinners was measured with one item. “On how many of the past 7 days was at least one of your parents in the room with you while you ate your evening meal?”

Response options ranged from 0 days to 7 days (see Musick & Meier, 2012). Higher scores indicated more frequent family meals, as perceived by the child.

Communication included 10 items related to whether the adolescent engaged in communication with his/her mother and father. Questions, asked separately for resident mother and resident father, included: “Which of the things listed on this card have you done with your (resident mother/resident father) in the past four weeks? 1) Talked about someone you’re dating, or a party you went to 2) Had a talk about a personal problem you were having 3) Had a serious argument about your behavior 4) Talked about your schoolwork or grades 5) Talked about other things you’re doing in school. Response options were dichotomous (yes = 1, no = 0). Responses were then summed for both resident mother and father, with possible scores ranging between 0 - 10. Higher scores indicated higher levels of perceived communication between parent and child. Using principal component analysis with the Add Health data, the psychometric properties of this scale were previously established (Jordan & Lewis, 2005). This scale demonstrated adequate reliability (Chronbach’s alpha = .67).

Parental monitoring was measured by various questions related to the kinds of decisions the adolescent is permitted to make independently. This scale included seven items: “Do your parents let you make your own decisions about 1) The time you must be home on weekends 2) The people you hang around with 3) What you wear 4) How much television you watch 5) Which television programs you watch 6) What time you go to bed on week nights 7) What you eat. Response options were dichotomous (yes = 1, no = 0). Responses were summed, with possible scores ranging between 0 - 7. The summed responses were reverse scored, so that higher scores indicated higher levels of monitoring

as perceived by the child, in other words, the child made fewer independent decisions regarding the aforementioned topics. This scale demonstrated adequate reliability (Chronbach's alpha = .61).

Parental presence included six items asking if each parent is home at key times throughout the day. Questions, asked separately for resident mother and resident father, included: "How often is she/he home when you leave for school? How often is she/he home when you return from school? How often is she/he home when you go to bed?" This variable was scored on a Likert-type scale, ranging from 1 (*always*) to 5 (*never*). A sixth response option, "She/he takes me to school/picks me up from school," was re-scored so that it became part of the 1 (*always*) category. Responses were summed for both resident mother and father, then averaged, with possible scores ranging between 1 - 5. Higher scores indicated more parental presence, as perceived by the child. No reliability score was calculated, per the few studies found which measured this scale (Mahabee-Gittens, et al., 2011; Resnick, et al., 1997).

General Parenting Style

Warmth was measured with two items: "Most of the time, your mother is warm and loving toward you" and "Most of the time, your father is warm and loving toward you." Response options ranged from 1 (*strongly agree*) to 5 (*strongly disagree*). Responses were summed for both resident mother and father, then averaged, with possible scores ranging between 1 - 5. Higher scores indicated higher levels of parental warmth, as perceived by the child. As opposed to other studies which measured warmth as part of a relationship with parents scale, warmth (as a behavior) was intentionally

measured alone in order to measure its unique contribution to quality of relationship and depression (Resnick, et al., 1997).

Potential Mediator

Quality of relationship included six items related to perceived closeness, relationship satisfaction, and perceived level of care. Questions were asked separately for resident mother and resident father. The first two questions, “How close do you feel to your mother/father? How much do you think he/she cares about you?” were scored on a Likert-type scale, ranging from 1 (*not at all*) to 5 (*very much*). The third question, “Overall, you are satisfied with your relationship with your mother/father,” was scored on a Likert-type scale, ranging from 1 (*strongly agree*) to 5 (*strongly disagree*). This item’s responses were reverse-scored, so that higher values represented better relationship quality. Responses were summed for both resident mother and father, then averaged, with possible scores ranging between 1 - 5. Higher scores indicated a better perceived quality of relationship with parent. This scale demonstrated good reliability (Chronbach’s alpha = .80).

Clinical Outcome

Depression was measured using nineteen items from the Center for Epidemiological Studies Depression Scale (CESD-D) (Radloff, 1977; Needham, 2009; Udry, 2001). The CES-D has been shown to be a valid measure of depression for adolescents (Radloff, 1991). Responses were measured on a Likert-type scale, ranging from 1 (*never or rarely*) to 3 (*most of the time or all of the time*). Three questions were reverse-coded. Responses were summed, then averaged, with possible scores ranging

between 0 - 3. Higher scores indicated more depressive symptoms. This scale demonstrated good reliability (Chronbach's alpha = .86).

CHAPTER TWO: Results

Demographic Differences

An independent-samples t-test was conducted to compare the means of the parenting behaviors and depression for early and later adolescent girls. Early adolescence girls engaged in more activities with parents ($M=3.52$, $SD=2.11$) than later adolescent girls ($M=2.61$, $SD=1.84$); $t(2191)=10.26$, $p = .000$. Early adolescence girls had dinner more frequently with a parent ($M=5.58$, $SD=2.09$) than later adolescent girls ($M=4.49$, $SD=2.50$); $t(2190)=9.99$, $p = .000$. Parental monitoring was higher for early adolescence girls ($M=2.53$, $SD=1.53$) than later adolescent girls ($M=1.54$, $SD=1.38$); $t(2180)=15.03$, $p = .000$. Early adolescence girls reported better quality of relationships with parents ($M=4.57$, $SD=0.52$) than later adolescent girls ($M=4.35$, $SD=0.62$); $t(2185)=8.10$, $p = .000$. Later adolescent girls reported higher rates of depression ($M=0.60$, $SD=0.41$) than early adolescence girls ($M=0.53$, $SD=0.38$); $t(2188)= -4.15$, $p = .000$. See Table 4 for full results.

An independent-samples t-test was conducted to compare the means of the parenting behaviors and depression for early and later adolescent boys. Early adolescence boys engaged in more activities with parents ($M=3.44$, $SD=2.06$) than later adolescent boys ($M=2.59$, $SD=1.93$); $t(2100)=9.15$, $p = .016$. Parents were present more often throughout the day for early adolescent boys ($M=2.99$, $SD=0.86$) than later adolescent boys ($M=2.97$, $SD=0.82$); $t(2102)=0.63$, $p = .046$. Early adolescence boys had dinner more frequently with a parent ($M=5.68$, $SD=2.01$) than later adolescent boys ($M=4.56$, $SD=2.40$); $t(2096)=10.26$, $p = .000$. Early adolescence boys reported better quality of relationships with parents ($M=4.68$, $SD=0.43$) than later adolescent boys

($M=4.50$, $SD=0.52$); $t(2198)=7.95$, $p = .000$. Early Adolescent boys reported higher levels of parental warmth ($M=3.66$, $SD=1.42$) than later adolescent boys ($M=3.51$, $SD=1.33$); $t(2097)=2.35$, $p = .019$. Later adolescent boys reported higher rates of depression ($M=0.52$, $SD=0.34$) than early adolescence boys ($M=0.45$, $SD=0.31$); $t(2090)= -4.60$, $p = .000$. See Table 5 for full results.

Overall, for girls, levels of shared activities, dinner, monitoring, quality of relationship, and depression differed significantly by early and late adolescence, as indicated in Table 4. For boys, levels of activities, parental presence, dinner, quality of relationship, parental warmth, and depression differed significantly by early and late adolescence, as indicated in Table 5.

Quality of Relationship

Early Adolescent Girls

For younger adolescent girls, quality of relationship was related to depression ($\beta = -.351$, $p<.001$). A better quality of relationship was associated with lower depression scores. Quality of relationship accounted for 11.4% of the variance in depression ($R^2_{\text{change}} = 0.114$; $F(5,683) = 34.392$; $p < .01$). See Table 6 for full results.

Later Adolescent Girls

For older adolescent girls, quality of relationship was related to depression ($\beta = -.404$, $p<.001$). A better quality of relationship was associated with lower depression scores. Quality of relationship accounted for 16.2% of the variance in depression ($R^2_{\text{change}} = 0.162$; $F(5,1475) = 67.234$, $p < .01$). See Table 7 for full results.

Early Adolescent Boys

For younger adolescent boys, quality of relationship was associated with depression ($\beta = -.343, p < .001$). A better the quality of relationship was found to be related to lower depression scores. Quality of relationship accounted for 11.7% of the variance in depression ($R^2_{\text{change}} = .117; F(5,614) = 22.409; p < .01$). See Table 8 for full results.

Later Adolescent Boys

For older adolescent boys, quality of relationship was related to depression ($\beta = -.280, p < .001$). The better the quality of relationship, the lower the depression scores. Quality of relationship accounted for 7.8% of the variance in depression ($R^2_{\text{change}} = 0.078; F(5,1451) = 30.671; p < .01$). See Table 9 for full results.

Overall, as indicated in Tables 6 through 9, perceived quality of relationship with parents was significantly related to adolescent depression for both age groups and genders.

Mediational Analyses

It was hypothesized that parenting behaviors would influence adolescent depression by having an influence on an adolescent's quality of relationship with parents. Baron and Kenny (1986) described this indirect, or mediating relationship, and proposed criteria to test for this effect. A mediation effect occurs when the relationship between an independent variable and outcome variable is accounted for by a third, additional, variable. Baron and Kenny (1986) proposed a series of multiple regressions to test for this mediation effect. In the first regression, a significant relationship must be found between the independent variable (parenting behavior) and the outcome variable

(adolescent depression). Then, a significant relationship must be found between the independent variable and proposed mediator (quality of relationship with parents). Thirdly, a regression is run to test the relationship between the proposed mediator (quality of relationship) and outcome variable (depression). If all three regressions are found to be significant, a fourth regression is run with both the proposed mediator (quality of relationship) and independent variable (parenting skill) predicting the outcome variable (depression). In the final regression, mediation occurs when the relationship between the independent variable (parenting skill) and outcome (depression) is reduced when the mediator (quality of relationship) is introduced. Full mediation is present when the independent variable (parenting skill) no longer significantly predicts the outcome variable (depression). When the significance is reduced, but still present, it is considered to be a partial mediation.

As the primary aim of this study is to identify the unique contributions of teachable parenting skills, it was important to separate those skills from less teachable parenting characteristics, such as warmth. For the purposes of this study, parental warmth was first analyzed as an independent variable predicting depression, with quality of relationship as a proposed mediator. For hierarchical regressions examining teachable parenting skills, parental warmth was then entered into the second step of the regression models as a control. This will demonstrate the impact of teachable parenting skills *above and beyond* parental warmth.

Each analysis included four hierarchical linear regression analyses, run with the sample stratified by early adolescent girls, later adolescent girls, early adolescent boys, and later adolescent boys, in order to answer the research question relating to differences

that might exist by gender and age. Each of the five teachable parenting behaviors (activities, communication, dinner, monitoring, and parental presence) was analyzed in separate models, so that the contribution of each discrete, unique skill could be fully recognized. For each analysis of a teachable parenting skill, a first block was included with demographic characteristics, a second with parental warmth, and a third with a single, teachable skill. Different models were built for each of the four age/gender categories. All analyses included demographic covariates in the first step in order to control for demographic differences. Parental warmth was also entered into the model as a control.

Perceived Parental Warmth

Early Adolescent Girls

For younger girls, quality of relationship was related to depression ($\beta = -.351$, $p < .001$). A better quality of relationship was associated with lower depression scores. See Table 6 for full results. Parental warmth was found to be related to lower levels of depression ($\beta = -.145$, $p < .001$). Parental warmth accounted for 2.0% of the variance in depression ($R^2_{\text{change}} = 0.020$; $F(5,685) = 16.231$; $p < .01$). See Table 10 for full results. Higher levels of warmth significantly was related to a better quality of relationship ($\beta = .267$, $p < .001$). Parental warmth accounted for 6.9% of the variance in quality of relationship ($R^2_{\text{change}} = 0.069$; $F(5,682) = 22.468$; $p < .01$). See Table 11 for full results. In the fourth model, when both warmth and quality of relationship were included as predictors of depression, only quality of relationship remained significant, indicating full mediation ($\beta = -.051$, $p > .05$; $\beta = -.340$, $p < .001$, respectively). See Table 12 for full

results. Results for the impact of parental warmth on depression for younger adolescent girls are presented in Figure 1.

Later Adolescent Girls

For older adolescent girls, quality of relationship was related to depression ($\beta = -.404, p < .001$). A better quality of relationship was associated with lower depression scores. See Table 7 for full results. Parental warmth was found to be related to lower levels of depression ($\beta = -.192, p < .001$). Parental warmth accounted for 3.7% of the variance in depression for older girls ($R^2_{\text{change}} = 0.037; F(5,1477) = 18.853; p < .01$). See Table 13 for full results. Higher levels of warmth was significantly associated with a better quality of relationship ($\beta = .254, p < .001$). Parental warmth accounted for 7.0% of the variance in quality of relationship ($R^2_{\text{change}} = 0.070; F(5,1478) = 24.271; p < .01$). See Table 14 for full results. In the fourth model, when both warmth and quality of relationship were included as predictors of depression, both variables remained significant, indicating partial mediation ($\beta = -.090, p < .001; \beta = -.380, p < .001$, respectively). See Table 15 for full results. Results for the impact of parental warmth on depression for later adolescent girls are presented in Figure 2.

Early Adolescent Boys

For younger adolescent boys, quality of relationship was related to depression ($\beta = -.343, p < .001$). The better the quality of relationship, the lower the depression scores. See Table 8 for full results. Parental warmth was found to be related to lower levels of depression ($\beta = -.189, p < .001$). Parental warmth accounted for 6.6% of the variance in depression for younger boys ($R^2_{\text{change}} = 0.066; F(5,613) = 9.755; p < .01$). See Table 16 for full results. Higher levels of warmth was significantly related to a better quality of

relationship ($\beta = .273, p < .001$). Parental warmth accounted for 7.4% of the variance in quality of relationship ($R^2_{\text{change}} = 0.074; F(5,620) = 10.873; p < .01$). See Table 17 for full results. In the fourth model, when both warmth and quality of relationship were included as predictors of depression, both variables remained significant, indicating partial mediation ($\beta = -.103, p < .01; \beta = -.312, p < .001$, respectively). See Table 18 for full results. Results for the impact of parental warmth on depression for early adolescent boys are presented in Figure 3.

Later Adolescent Boys

For older adolescent boys, quality of relationship was related to depression ($\beta = -.280, p < .001$). The better the quality of relationship, the lower the depression scores. See Table 9 for full results. Parental warmth was found to be related to lower levels of depression ($\beta = -.092, p < .001$). Parental warmth accounted for 0.8% of the variance in depression for older boys ($R^2_{\text{change}} = 0.008; F(5,1469) = 9.755; p < .01$). See Table 19 for full results. Higher levels of warmth was significantly related to a better quality of relationship ($\beta = .235, p < .001$). Parental warmth accounted for 5.5% of the variance in quality of relationship ($R^2_{\text{change}} = 0.055; F(5,1455) = 10.873; p < .01$). See Table 20 for full results. In the fourth model, when both warmth and quality of relationship were included as predictors of depression, only quality of relationship remained significant, indicating full mediation ($\beta = -.026, p > .05; \beta = -.274, p < .001$, respectively). See Table 21 for full results. Results for the impact of parental warmth on depression for later adolescent boys are presented in Figure 4.

Overall, as indicated in Figures 1 through 4, quality of relationship mediated the relationship between parental warmth and depression for younger girls and older boys.

For older girls and younger boys, parental warmth was significantly associated with depression, regardless of perceived quality of relationship.

Teachable Parenting Behaviors:

Activities with Parents

Early Adolescent Girls

For younger girls, quality of relationship predicted depression ($\beta = -.351, p < .001$). A better quality of relationship predicted lower depression scores. See Table 6 for full results. Engaging in more activities with parents was found to be related to lower levels of depression, above and beyond parental warmth ($\beta = -.191, p < .001$). This teachable skill is important above and beyond the non-teachable skill of parental warmth. Activities with parents accounted for 3.4% of the variance in depression ($R^2_{\text{change}} = 0.034; F(6,684) = 18.614; p < .01$). See Table 22 for full results. Higher levels of activities with parents significantly predicted a better quality of relationship, above and beyond parental warmth ($\beta = .246, p < .001$). Activities with parents accounted for 5.7% of the variance in quality of relationship ($R^2_{\text{change}} = 0.057; F(6,681) = 28.119; p < .01$). See Table 23 for full results. In the fourth model, when both activities with parents and quality of relationship were included as predictors of depression, both variables remained significant, indicating partial mediation ($\beta = -.115, p < .001; \beta = -.309, p < .001$, respectively). Engaging in activities with parents is associated with lower levels of depression, regardless of level of parental warmth or quality of relationship. See Table 24 for full results. Results for the impact of activities with parents on depression for younger adolescent girls are presented in Figure 5.

Later Adolescent Girls

For older adolescent girls, quality of relationship predicted depression ($\beta = -.404$, $p < .001$). A better quality of relationship predicted lower depression scores. See Table 7 for full results. Engaging in more activities with parents was found to be related to lower levels of depression, above and beyond parental warmth ($\beta = -.193$, $p < .001$). Activities with parents accounted for 3.6% of the variance in depression for older girls ($R^2_{\text{change}} = 0.036$; $F(6,1476) = 26.119$; $p < .01$). See Table 25 for full results. Higher levels of activities with parents significantly predicted a better quality of relationship, above and beyond parental warmth ($\beta = .282$, $p < .001$). Activities with parents accounted for 7.6% of the variance in quality of relationship ($R^2_{\text{change}} = 0.076$; $F(6,1477) = 44.155$; $p < .01$). See Table 26 for full results. In the fourth model, when both activities with parents and quality of relationship were included as predictors of depression, both variables remained significant, indicating partial mediation ($\beta = -.095$, $p < .001$; $\beta = -.353$, $p < .001$, respectively). Engaging in activities with parents is associated with lower levels of depression, regardless of level of parental warmth or quality of relationship. See Table 27 for full results. Results for the impact of activities with parents on depression for later adolescent girls are presented in Figure 6.

Early Adolescent Boys

For younger adolescent boys, quality of relationship predicted depression ($\beta = -.343$, $p < .001$). The better the quality of relationship, the lower the depression scores. See Table 8 for full results. Engaging in more activities with parents was found to be related to lower levels of depression, above and beyond parental warmth ($\beta = -.116$, $p < .01$). Activities with parents accounted for 1.3% of the variance in depression for younger boys

($R^2_{\text{change}} = 0.013$; $F(6,612) = 9.711$; $p < .01$). See Table 28 for full results. Higher levels of activities with parents significantly predicted a better quality of relationship, above and beyond parental warmth ($\beta = .196$, $p < .001$). Activities with parents accounted for 3.7% of the variance in quality of relationship ($R^2_{\text{change}} = 0.037$; $F(6,619) = 13.796$; $p < .01$). See Table 29 for full results. In the final model, full mediation was supported as activities with parents was no longer significant in predicting depression, but quality of relationship remained significant ($\beta = -.058$, $p > .05$; $\beta = -.300$, $p < .001$, respectively). This model demonstrates that engaging in activities with parents impacts adolescent depression via its influence on quality of relationship. See Table 30 for full results. Results for the impact of activities with parents on depression for early adolescent boys are presented in Figure 7.

Later Adolescent Boys

For older adolescent boys, quality of relationship predicted depression ($\beta = -.280$, $p < .001$). The better the quality of relationship, the lower the depression scores. See Table 9 for full results. Engaging in more activities with parents was found to be related to lower levels of depression, above and beyond parental warmth ($\beta = -.140$, $p < .001$). Activities with parents accounted for 1.8% of the variance in depression for older boys ($R^2_{\text{change}} = 0.018$; $F(6,1448) = 11.284$; $p < .01$). See Table 31 for full results. Higher levels of activities with parents significantly predicted a better quality of relationship, above and beyond parental warmth ($\beta = .244$, $p < .001$). Activities with parents accounted for 5.6% of the variance in quality of relationship ($R^2_{\text{change}} = 0.056$; $F(6,1451) = 31.634$; $p < .01$). See Table 32 for full results. In the fourth model, when both activities with parents and quality of relationship were included as predictors of depression, both

variables remained significant, indicating partial mediation ($\beta = -.077$, $p < .01$; $\beta = -.256$, $p < .001$, respectively). Activities with parents predicted adolescent depression, above and beyond parental warmth and quality of relationship. See Table 33 for full results. Results for the impact of activities with parents on depression for later adolescent boys are presented in Figure 8.

Overall, as indicated in Figures 5 through 8, quality of relationship mediated the relationship between activities with parents and depression for younger boys. For younger girls, older girls, and younger boys, activities with parents significantly predicted depression, regardless of perceived quality of relationship.

Communication

Early Adolescent Girls

For younger girls, quality of relationship predicted depression ($\beta = -.351$, $p < .001$). A better quality of relationship predicted lower depression scores. See Table 6 for full results. Engaging in more communication with parents was not significantly related to lower levels of depression ($\beta = .039$, $p > .05$). See Table 34 for full results.

Communication with parents did not significantly predict quality of relationship ($\beta = .068$, $p > .05$). See Table 35 for full results. Engaging in communication with parents is not associated with level of depression or quality of relationship. See Table 36 for full results. Results for the impact of communication with parents on depression for younger adolescent girls are presented in Figure 9.

Later Adolescent Girls

For older adolescent girls, quality of relationship predicted depression ($\beta = -.404$, $p < .001$). A better quality of relationship predicted lower depression scores. See Table 7

for full results. Communication with parents did not significantly predict depression ($\beta = -.033, p > .05$). See Table 37 for full results. Engaging in communication with parents significantly predicted a better quality of relationship, above and beyond parental warmth ($\beta = .202, p < .001$). Activities with parents accounted for 4.0% of the variance in quality of relationship ($R^2_{\text{change}} = 0.040; F(6,1475) = 32.336; p < .01$). See Table 38 for full results. In the fourth model, when both communication with parents and quality of relationship were included as predictors of depression, both variables were significant ($\beta = .048, p < .05; \beta = -.392, p < .001$, respectively). While communication with parents did not have a direct effect on depression, it seemed to have an indirect effect on depression through quality of relationship. Quality of relationship appeared to have a suppressor effect, in that communication became significant when quality of relationship was entered into the model. See Table 39 for full results. Results for the impact of communication with parents on depression for later adolescent girls are presented in Figure 10.

Early Adolescent Boys

For younger adolescent boys, quality of relationship predicted depression ($\beta = -.343, p < .001$). The better the quality of relationship, the lower the depression scores. See Table 8 for full results. Communication with parents was found to be related to higher levels of depression, above and beyond parental warmth ($\beta = .085, p < .05$). Communication with parents accounted for 0.7% of the variance in depression for younger boys ($R^2_{\text{change}} = 0.007; F(6,612) = 9.711; p < .01$). See Table 40 for full results. Communication with parents did not significantly predict quality of relationship ($\beta = .014, p > .05$). See Table 41 for full results. In the fourth model, when both

communication with parents and quality of relationship were included as predictors of depression, both variables were significant ($\beta = .091$, $p < .05$; $\beta = -.314$, $p < .001$, respectively). These results indicate that while communication with parents predicted adolescent depression, it is not related to quality of relationship. Therefore, quality of relationship does not mediate the relationship between communication and depression. See Table 42 for full results. Results for the impact of communication with parents on depression for early adolescent boys are presented in Figure 11.

Later Adolescent Boys

For older adolescent boys, quality of relationship predicted depression ($\beta = -.280$, $p < .001$). The better the quality of relationship, the lower the depression scores. See Table 9 for full results. Communication with parents was not related to lower levels of depression ($\beta = .021$, $p > .05$). See Table 43 for full results. Higher levels of communication with parents significantly predicted a better quality of relationship, above and beyond parental warmth ($\beta = .139$, $p < .001$). Communication with parents accounted for 1.9% of the variance in quality of relationship ($R^2_{\text{change}} = 0.019$; $F(6,1402) = 20.938$; $p < .01$). See Table 44 for full results. In the fourth model, when both communication with parents and quality of relationship were included as predictors of depression, both variables were significant ($\beta = .061$, $p < .05$; $\beta = -.285$, $p < .001$, respectively). While communication with parents did not have a direct effect on depression, it seemed to have an indirect effect on depression through quality of relationship. Quality of relationship appeared to have a suppressor effect, in that communication became significant when quality of relationship was entered into the final model. See Table 45 for full results.

Results for the impact of communication with parents on depression for later adolescent boys are presented in Figure 12.

Overall, as indicated in Figures 9 through 12, quality of relationship did not mediate the relationship between communication and depression for any age or gender categories. Communication was related to higher levels of depression for younger boys. However, communication became significantly related to depression when quality of relationship was included in the model as a mediator, indicating a potential suppressor effect.

Dinner

Early Adolescent Girls

For younger girls, quality of relationship predicted depression ($\beta = -.351, p < .001$). A better quality of relationship predicted lower depression scores. See Table 6 for full results. Having dinner with parents more frequently was found to be related to lower levels of depression, above and beyond parental warmth ($\beta = -.209, p < .001$). This teachable skill is important above and beyond the non-teachable skill of parental warmth. Having dinner with parents accounted for 4.1% of the variance in depression ($R^2_{\text{change}} = 0.041; F(6,682) = 19.779; p < .01$). See Table 46 for full results. More frequent dinner with parents significantly predicted a better quality of relationship, above and beyond parental warmth ($\beta = .161, p < .001$). Having dinner with parents accounted for 2.4% of the variance in quality of relationship ($R^2_{\text{change}} = 0.024; F(6,679) = 22.672; p < .01$). See Table 47 for full results. In the fourth model, when both dinner with parents and quality of relationship were included as predictors of depression, both variables remained significant, indicating partial mediation ($\beta = -.160, p < .001; \beta = -.313, p < .001$,

respectively). This model demonstrates that having dinner with parents is associated with lower levels of depression, regardless of level of parental warmth or quality of relationship. See Table 48 for full results. Results for the impact of dinner with parents on depression for younger adolescent girls are presented in Figure 13.

Later Adolescent Girls

For older adolescent girls, quality of relationship predicted depression ($\beta = -.404$, $p < .001$). A better quality of relationship predicted lower depression scores. See Table 7 for full results. Having dinner with parents more frequently was found to be related to lower levels of depression, above and beyond parental warmth ($\beta = -.160$, $p < .001$). Activities with parents accounted for 2.4% of the variance in depression for older girls ($R^2_{\text{change}} = 0.024$; $F(6,1475) = 22.504$; $p < .01$). See Table 49 for full results. More frequent dinner with parents significantly predicted a better quality of relationship, above and beyond parental warmth ($\beta = .228$, $p < .001$). Dinner with parents accounted for 4.8% of the variance in quality of relationship ($R^2_{\text{change}} = 0.048$; $F(6,1476) = 34.889$; $p < .01$). See Table 50 for full results. In the fourth model, when both dinner with parents and quality of relationship were included as predictors of depression, both variables remained significant, indicating partial mediation ($\beta = -.079$, $p < .001$; $\beta = -.363$, $p < .001$, respectively). Dinner with parents is associated with lower levels of depression, regardless of level of parental warmth or quality of relationship. See Table 51 for full results. Results for the impact of dinner with parents on depression for later adolescent girls are presented in Figure 14.

Early Adolescent Boys

For younger adolescent boys, quality of relationship predicted depression ($\beta = -.343, p < .001$). The better the quality of relationship, the lower the depression scores. See Table 8 for full results. Having dinner with parents more frequently was found to be related to lower levels of depression, above and beyond parental warmth ($\beta = -.119, p < .01$). Dinner with parents accounted for 1.4% of the variance in depression for younger boys ($R^2_{\text{change}} = 0.014; F(6,609) = 9.255; p < .01$). See Table 52 for full results. More frequent dinner with parents significantly predicted a better quality of relationship, above and beyond parental warmth ($\beta = .141, p < .001$). Dinner with parents accounted for 1.9% of the variance in quality of relationship ($R^2_{\text{change}} = 0.019; F(6,616) = 11.417; p < .01$). See Table 53 for full results. In the final model, when both dinner with parents and quality of relationship were included as predictors of depression, both variables remained significant, indicating partial mediation ($\beta = -.080, p < .05; \beta = -.307, p < .001$, respectively). Dinner with parents is associated with lower levels of depression, regardless of level of parental warmth or quality of relationship. See Table 54 for full results. Results for the impact of dinner with parents on depression for early adolescent boys are presented in Figure 15.

Later Adolescent Boys

For older adolescent boys, quality of relationship predicted depression ($\beta = -.280, p < .001$). The better the quality of relationship, the lower the depression scores. See Table 9 for full results. Having dinner with parents more frequently was found to be related to lower levels of depression, above and beyond parental warmth ($\beta = -.125, p < .001$). Dinner with parents accounted for 1.4% of the variance in depression for older boys

($R^2_{\text{change}} = 0.014$; $F(6,1448) = 10.012$; $p < .01$). See Table 55 for full results. More frequent dinner with parents significantly predicted a better quality of relationship, above and beyond parental warmth ($\beta = .207$, $p < .001$). Dinner with parents accounted for 3.9% of the variance in quality of relationship ($R^2_{\text{change}} = 0.039$; $F(6,1452) = 26.823$; $p < .01$). See Table 56 for full results. In the fourth model, when both dinner with parents and quality of relationship were included as predictors of depression, both variables remained significant, indicating partial mediation ($\beta = -.072$, $p < .01$; $\beta = -.260$, $p < .001$, respectively). Dinner with parents predicted adolescent depression, above and beyond parental warmth and quality of relationship. See Table 57 for full results. Results for the impact of dinner with parents on depression for later adolescent boys are presented in Figure 16.

Overall, as indicated in Figures 13 through 16, quality of relationship did not mediate the relationship between dinner and depression for any age and gender categories. A higher frequency of family meals was related to lower levels of depression for younger and older girls and boys, above and beyond perceived quality of relationship with parents.

Parental Monitoring

Early Adolescent Girls

For younger girls, quality of relationship predicted depression ($\beta = -.351$, $p < .001$). A better quality of relationship predicted lower depression scores. See Table 6 for full results. Monitoring was not related to depression ($\beta = .037$, $p > .05$). See Table 58 for full results. Parental monitoring did not significantly predict quality of relationship ($\beta = -.021$, $p > .05$). See Table 59 for full results. Parental monitoring is not associated with

level of depression or quality of relationship. See Table 60 for full results. Results for the impact of parental monitoring on depression for younger adolescent girls are presented in Figure 17.

Later Adolescent Girls

For older adolescent girls, quality of relationship predicted depression ($\beta = -.404$, $p < .001$). A better quality of relationship predicted lower depression scores. See Table 7 for full results. Parental monitoring was found to be related to higher levels of depression, above and beyond parental warmth ($\beta = .107$, $p < .001$). Monitoring accounted for 1.1% of the variance in depression for older girls ($R^2_{\text{change}} = 0.011$; $F(6,1471) = 18.744$; $p < .01$). See Table 61 for full results. Monitoring significantly predicted a poorer quality of relationship, above and beyond parental warmth ($\beta = -.066$, $p < .05$). Monitoring accounted for 0.4% of the variance in quality of relationship ($R^2_{\text{change}} = 0.004$; $F(6,1471) = 21.379$; $p < .01$). See Table 62 for full results. In the fourth model, when both monitoring and quality of relationship were included as predictors of depression, both variables remained significant, indicating partial mediation ($\beta = .083$, $p < .001$; $\beta = -.376$, $p < .001$, respectively). Increased parental monitoring was associated with higher levels of depression, regardless of level of parental warmth or quality of relationship. See Table 63 for full results. Results for the impact of monitoring on depression for later adolescent girls are presented in Figure 18.

Early Adolescent Boys

For younger adolescent boys, quality of relationship predicted depression ($\beta = -.343$, $p < .001$). The better the quality of relationship, the lower the depression scores. See Table 8 for full results. Parental monitoring is not related to depression ($\beta = .070$, $p > .05$).

See Table 64 for full results. Monitoring significantly predicted a better quality of relationship, above and beyond parental warmth ($\beta = .080$, $p < .05$). Monitoring accounted for 0.6% of the variance in quality of relationship ($R^2_{\text{change}} = 0.006$; $F(6,610) = 9.726$; $p < .01$). See Table 65 for full results. In the final model, when both monitoring and quality of relationship were included as predictors of depression, both variables were significant ($\beta = .094$, $p < .05$; $\beta = -.322$, $p < .001$, respectively). While monitoring did not have a direct effect on depression, it seemed to have an indirect effect on depression through quality of relationship. Quality of relationship appeared to have a suppressor effect, in that monitoring became significant when quality of relationship was entered into the final model. See Table 66 for full results. Results for the impact of monitoring on depression for early adolescent boys are presented in Figure 19.

Later Adolescent Boys

For older adolescent boys, quality of relationship predicted depression ($\beta = -.280$, $p < .001$). The better the quality of relationship, the lower the depression scores. See Table 9 for full results. Parental monitoring was found to be related to higher levels of depression, above and beyond parental warmth ($\beta = .128$, $p < .001$). Monitoring accounted for 1.5% of the variance in depression for older boys ($R^2_{\text{change}} = 0.015$; $F(6,1448) = 10.264$; $p < .01$). See Table 67 for full results. Monitoring significantly predicted a poorer quality of relationship, above and beyond parental warmth ($\beta = -.069$, $p < .01$). Monitoring accounted for 0.4% of the variance in quality of relationship ($R^2_{\text{change}} = 0.004$; $F(6,1450) = 16.660$; $p < .01$). See Table 68 for full results. In the fourth model, when both monitoring quality of relationship were included as predictors of depression, both variables remained significant, indicating partial mediation ($\beta = .109$, $p < .001$; $\beta = -.267$,

$p < .001$, respectively). Increased monitoring is related to higher rates of adolescent depression, above and beyond parental warmth and quality of relationship. See Table 69 for full results. Results for the impact of monitoring on depression for later adolescent boys are presented in Figure 20.

Overall, as indicated in Figures 17 through 20, quality of relationship did not mediate the relationship between parental monitoring and depression for any age and gender categories. However, higher levels of monitoring was related to higher levels of depression for older girls and boys, above and beyond quality of relationship.

Parental Presence

Early Adolescent Girls

For younger girls, quality of relationship predicted depression ($\beta = -.351$, $p < .001$). A better quality of relationship predicted lower depression scores. See Table 6 for full results. Parental presence throughout the day was not related to depression ($\beta = -.018$, $p > .05$). See Table 70 for full results. Parental presence throughout the day did not significantly predict quality of relationship ($\beta = .032$, $p > .05$). See Table 71 for full results. Parental presence throughout the day is not associated with level of depression or quality of relationship. See Table 72 for full results. Results for the impact of parental presence on depression for younger adolescent girls are presented in Figure 21.

Later Adolescent Girls

For older adolescent girls, quality of relationship predicted depression ($\beta = -.404$, $p < .001$). A better quality of relationship predicted lower depression scores. See Table 7 for full results. Parental presence throughout the day was not related to depression ($\beta = .032$, $p > .05$). See Table 73 for full results. Parental presence throughout the day did not

predict quality of relationship ($\beta = .034, p > .05$). See Table 74 for full results. Parental presence throughout the day is not associated with level of depression or quality of relationship. See Table 75 for full results. Results for the impact of parental presence on depression for later adolescent girls are presented in Figure 22.

Early Adolescent Boys

For younger adolescent boys, quality of relationship predicted depression ($\beta = -.343, p < .001$). The better the quality of relationship, the lower the depression scores. See Table 8 for full results. Parental presence throughout the day was not related to depression ($\beta = .074, p > .05$). See Table 76 for full results. Parental presence throughout the day did not significantly predict quality of relationship ($\beta = -.034, p > .05$). See Table 77 for full results. Parental presence throughout the day is not associated with level of depression or quality of relationship. See Table 78 for full results. Results for the impact of parental presence on depression for early adolescent boys are presented in Figure 23.

Later Adolescent Boys

For older adolescent boys, quality of relationship predicted depression ($\beta = -.280, p < .001$). The better the quality of relationship, the lower the depression scores. See Table 9 for full results. Parental presence throughout the day was not related to depression ($\beta = .009, p > .05$). See Table 79 for full results. Greater parental presence throughout the day significantly predicted a better quality of relationship, above and beyond parental warmth ($\beta = -.057, p < .05$). Parental presence accounted for 0.3% of the variance in quality of relationship ($R^2_{\text{change}} = 0.003; F(6,1453) = 16.513; p < .01$). See Table 80 for full results. While parental presence throughout the day was not related to depression, it was associated with a better quality of relationship with parents. See Table 81 for full results.

Results for the impact of monitoring on depression for later adolescent boys are presented in Figure 24.

Overall, as indicated in Figures 21 through 24, quality of relationship did not mediate the relationship between parental presence and depression for all age and gender categories. Furthermore, parental presence was not found to be related to level of depression for younger and older girls or boys.

CHAPTER THREE: Discussion

The relationship between parenting and adolescent depression is an important predictor of adolescent health and has been researched extensively. The majority of this research has focused on global dimensions of parenting such as parental style, parental warmth, and parent-child relationship. Those relationships have been well established (Darling & Steinberg, 2003; Garber et al., 1997; Hair, et al., 2008). Parenting style and quality of relationship have consistently been found to be associated with adolescent depression, but there has been less focus on the contribution of specific parenting behaviors, which are easier for parents to implement (McKee, et al., 2008). Furthermore, parenting research typically subsumes parental style within the construct of quality of relationship, diluting the potential for a more nuanced understanding about what, specifically, about parenting is associated with positive adolescent health outcomes. More recently, researchers have advocated for measuring parenting with greater specificity, as opposed to dimensions or typologies (Barber, 1997; Herman, Dornbusch, Herron, & Herting, 1997).

This study aimed to shed some light on the aspects of parenting that might be most related to adolescent depression for boys and girls in early and later adolescence, with the hopes that it will guide future research about specific parenting behaviors and inform policy decisions related to parenting programs. Additionally, this study aimed to examine the contribution of parenting behaviors that are more teachable and concrete than parental style, such as parental presence at home, activities with parents, and communication.

Recognizing the essential impact of the parent-child relationship on adolescent mental health, this study proposed that quality of relationship mediated the relationship between specific parenting behaviors and adolescent depression. To address some of the gaps in the literature, this study controlled for parental style, in order to highlight any contributions of specific parenting behaviors above and beyond more characterological aspects of parenting, such as warmth and affection.

Overall, the results of this study both replicate findings from current research and begin to address some of the outstanding gaps in the literature, with clear limitations due suggestions of association, not causality. This study affirms that both parental warmth and the parent-child relationship are significantly related to depression, for early and later adolescent boys and girls. Additionally, it demonstrates that the quality of the parent-child relationship mediates the relationship between parental warmth and parenting behaviors, and adolescent depression, for some age and gender groups. It also affirms that for some age and gender groups, teachable parenting behaviors are related to adolescent depression, above and beyond the contribution of the quality of relationship with parent and parental warmth. The findings suggest that there are protective parenting behaviors that we can teach parents, as opposed to broadly encouraging them to develop a better relationship with their child. More specific findings are discussed in the sections below.

Demographic Differences

For both girls and boys, rates of depression increased from early to later adolescence, which supports consistent findings in the literature (Avenevoli & Steinberg 2002; Hankin, et al., 1998; Giaconia, et al., 1998; Kashani, Rosenberg, & Reid, 1989; Weissman, Warner, Wickramaratne, Moreau, & Olfson, 1994). Developmental changes

that occur over time may explain the increased rates. Cognitive and emotional processes develop, which allow for greater capacity for self-appraisal, self-reflection, and future-orientation (Avenevoli & Steinberg, 2002). There were also significant differences in a number of perceived parenting behaviors. For both boys and girls, parents engaged in more shared activities, dinner together, and monitoring with early adolescents, as opposed to later adolescents. This is not surprising given that later adolescence tends to be defined by greater independence from parents, and the frequency of those parenting behaviors might decrease as a result. For boys, there was also a significant difference in the amount of perceived parental warmth, which decreased in later adolescence, which supports findings that levels of parental warmth tend to decrease with age (Forehand & Jones, 2002). For both boys and girls, the perceived quality of the parent-child relationship worsened with age. This fits broadly with the proposal that adolescence can be a time of turmoil and conflict, and that a certain amount of parent-adolescent conflict leads to greater independence from parents (Smetana, Campione-Barr, & Metzger, 2006). These findings broadly support the existence of significant differences in adolescent depression and experience with parents, for both boys and girls, at different stages of adolescence.

Quality of Relationship, Parental Warmth, and Depression

For younger and older girls and boys, a better parent-child relationship was related to lower levels of adolescent depression, and is consistent with literature about the protective nature of the parent-child relationship and adolescent health (Harris et al., 1996; King, 2006; Noller, 1995; Wissink, Dekovic, & Meijer, 2006). This was important to establish for the purposes of this study, in order to examine quality of relationship as a

mediator of parenting behaviors and adolescent depression. It is not surprising that, similarly, parental warmth was found to be associated with lower levels of depression for all age and gender groups. Parental warmth is well established as a protective factor of adolescent depression (Ge et al., 1996; Heaven et al., 2004, O'Byrne et al., 2002). It is possible that lower levels of parental warmth might lead to feelings of rejection, decreased self-worth, and decreased self-efficacy, which are related to the development of depressive symptoms (Muris, Schmidt, Lambrichs, & Meesters, 2001).

Teachable Parenting Behaviors

There were a number of significant findings associated with teachable parenting behaviors. First, this study hypothesized that the teachable parenting behaviors would be significantly related to lower levels of depression. Engaging in more *activities with parents* and more frequent *family meals* was found to be related to lower levels of depression for all age and gender groups, regardless of level of parental warmth. This is consistent with literature which proposes that shared activities with parents provides a time for greater communication, the expression of shared values, and a sense of engagement in the child's life (Pearson, Muller, & Frisco, 2006). Similarly, meals with parents might provide an opportunity for connection- both emotionally and about daily activities or interests (Musick & Meier, 2012). Family meals differ from activities in that they provide a more routine and predictable time for family closeness and communication, however both types of parenting behaviors seem to provide an opportunity for positive connection and engagement.

However, for younger boys, higher levels of *communication* with parents was associated with higher levels of depression and, for older girls and boys, higher levels of

monitoring was related to increased depression. It is unclear as to why these parenting behaviors are potentially harmful. Parent-child communication has consistently been found to promote adolescent well-being (Delaney, 1996; Herman, Dornbusch, Herron, & Herting, 1997). One possible explanation is related to the directionality of the relationship between the variables. A significant limitation of this study is that due to the cross-sectional nature of the analysis, the directionality of the relationship between variables cannot be established. Therefore, it is possible that for younger boys who report higher levels of depression, greater communication about social life, grades, or problems at school might exacerbate depressive symptoms. It is suggestive of the need for greater research and understanding about the impact of communication on early adolescent boys.

For older girls and boys, greater independence is often considered a component of healthy development into later adolescence, and there is some evidence that high parental monitoring during these times is related to increased internalizing symptoms (Wood, 2004). Additionally, this study captures monitoring as behavioral control of activities, whereabouts, curfew, and so forth, which differs from other aspects of monitoring including psychological control, solicitation, and disclosure (Baumrind 1967, 1989; Stattin & Kerr, 2000). Solicitation of information about activities may continue to be protective (Kerr & Stattin, 2000). The findings support that parents might consider the level and type of monitoring that is helpful as their child moves into their later teen years.

The non-significant findings of this study are also important to consider, and require further examination in longitudinal studies. *Parent-child communication* was not significantly related to depression for younger girls, older girls, and older boys. *Monitoring* was not related to depression for younger girls and boys. There may be a

stronger relationship between these parenting behaviors and externalizing symptoms (Capaldi, 1991, 1992; Davalos, Chavez, & Guardiola, 2005). Additionally, parental presence at key times throughout the day was *not* related to depression for any age or gender group. This is perhaps not as surprising given that the relationship between parental presence and depressive symptoms was not unilaterally established in the literature. Using the ADD Health dataset, Resnick et al., (1997) found that parental presence was weakly related to maladaptive adolescence outcomes, but a much stronger relationship existed between parental warmth, parent-child relationship, and adolescent health. This study demonstrated similar findings. It is possible that parental presence is related to maladaptive outcomes in adolescence, more broadly, but has less impact on specific internalizing symptoms, such as depression.

This study also hypothesized that quality of relationship would mediate the relationship between parenting behaviors and adolescent depression. Research has not clearly addressed whether parenting behaviors are related to adolescent depression through their impact on the parent-child relationship, or if they have a potentially unique contribution, with wider-reaching implications for parenting skills training programs. The results in this study were not uniform. The association between *shared activities* and adolescent depression was mediated by quality of relationship only for younger boys. For older boys, as well as younger and older girls, *shared activities* was associated with depression, regardless of quality of relationship. Additionally, quality of relationship did not mediate the association between *dinner* and adolescent depression, rather dinner was associated with depression, regardless of quality of relationship for all age and gender

groups. This indicates that two of the parenting behaviors, family meals and shared activities, have a potentially unique impact on adolescent depression.

Both *shared activities* and *dinner* might communicate that the adolescent is a priority to the parent. They both entail planned time with a central focus on the adolescent, nourishing the adolescent in a variety of ways. Fulkerson et al. (2006) found that family dinners promote developmental assets that are protective against a range of internalizing and externalizing behaviors, including enhanced self-esteem and self-worth. The study also identified that dinner together created a sense of familial support, providing a time for greater connectedness. It could be hypothesized that shared activities with parents promotes some of those same protective developmental assets. Engaging in activities with parents indicates that spending time together is valued and important. Furthermore, there might be something powerful and protective in that the time spent together is focused around an activity that the adolescent enjoys.

Limitations

The most notable limitation of the study is the cross-sectional analyses, which limits any understanding of causality, and allows for conclusions of association at best. It should be seen as an effort to highlight variables of potential interest, to be more closely examined in future research. The directionality of the findings cannot be determined as a result. It is possible that depressed adolescents perceive parenting behaviors differently from non-depressed peers. Additionally, adolescent self-report was the stand-alone measure used in this study, and raise concerns about same-method variance. When one type of measure is used, the variance in results can be attributed to the measurement method as opposed to the construct itself that is being examined. Despite these concerns,

self-report remains the most commonly used measurement method of family processes. Furthermore, adolescent report has been found to concur with an outside-observer report more so than parental report (Gonzalez, Cauce, and Mason, 1996). Thus, while validity concerns exist, there is value in measuring how adolescents *perceive* various parenting behaviors. Future research would benefit from including third-party observation measures within the scope of the study, in addition to adolescent self-report. Lastly, Furstenburg (2011) cautions against isolating parenting behaviors as separate from the larger family system, as engaging in certain behaviors (i.e. dinners, activities with child) might reflect a parent's broader parenting beliefs, values, and practices. A study which measures specific parenting behaviors while examining the larger family system would be more comprehensive and beneficial. Examining the larger context might include an adolescent's peers, school, and community. The findings from this study, while suggestive in nature, have potential implications for what and how we teach parents about parenting skills.

Clinical Implications and Future Directions

These findings encourage further investigation into the contribution of teachable parenting behaviors. It is generally agreed upon that a positive parent-child relationship is protective with respect to numerous adolescent outcomes. If family meals and shared activities are significantly related to depression, regardless of level of parental warmth or quality of relationship, parenting skills training programs might encourage those behaviors, as opposed to emphasizing a change in parenting style. McKee et al., (2008) noted that numerous successful parenting skills programs have been developed for children with externalizing symptoms, but there has been less attention paid to

developing programs targeting internalizing problems. It would be essential for these findings to be replicated in a longitudinal study in order to fully examine the impact of these parenting behaviors on adolescent depression. If future longitudinal studies support these findings, there will be important implications for the ways in which we emphasize and teach parents about their day-to-day behaviors, beyond warmth and connectedness.

Greater research is needed to understand the specific contributions of parenting behaviors to adolescent depression, ideally using a longitudinal design to determine if there is a causal relationship. Through future research, it would be helpful to clarify what, specifically, is protective about shared activities and dinner with parents. It would be incredibly beneficial to quantify what exactly is being communicated to adolescents through these parenting behaviors. It can be hypothesized that having dinner with your child and doing activities together are part of a larger set of family values, beliefs, and practices. If that is the case, parenting skill programs might begin to help parents examine their own parenting beliefs and values, focusing on the implications for adolescent depression and other internalizing symptoms.

This study has important implications for what and how we teach parents. Being a parent involves countless demands and it can be quite challenging to prioritize how to most effectively use their time. One could imagine that the variety of messages about “good parenting” could be overwhelming and confusing. The findings of this study can help parents to prioritize being home for dinner as often as possible, and engaging in shared activities with their children. Being home for dinner might be more attainable for one parent, as opposed to both parents (if the child lives in a two-parent household). In this study, dinners with parents is measured with the question “On how many of the past

7 days was at least one of your parents in the room with you while you ate your evening meal?” It might be useful for future studies to measure whether parental presence at dinner is different if one parent is present, as opposed to both parents.

The possibilities for how this information can be disseminated have expanded significantly given online communication and social media, no longer limited to mailing pamphlets or creating structured programming. Parenting skills programs or family-focused therapeutic interventions often require a great deal of resources, including time, energy, and money. A review of parenting programming focusing on efficacy, resources needed, empirical support, and accessibility, found that there are a number of well-performing parenting skills programs (Collins and Fetsch, 2012). Parenting programs have been particularly effective in targeting parent-child attachment, communication, delinquency, and externalizing symptoms, but often require weekly in-person trainings and meetings, and phone follow-ups (Dishion and Andrews, 1995). Similarly, there are a number of effective parent-focused interventions, including Parent Management Training (PMT), Multidimensional Family Therapy (MDFT) and Multi-systemic Therapy (MST), but these programs tend to target externalizing symptoms and delinquency (Kazdin, 2005; Liddle, 2004; Lyons and Rawal, 2005).

The findings from this study have valuable implications for teachers and pediatricians given their access to parents and their ability to disseminate this information more easily. Similarly, the findings offer important information for child psychologists working within the family system, with more direct contact with parents. Helping parents prioritize how to spend time with their child- with family meals and shared activities- can be communicated through emails from pediatricians and teachers, verbally during

appointments or meetings, or through printed handouts. It might be useful to foster discussions in school about the activities that children and adolescents would look forward to sharing with parents. Perhaps a school assignment might even involve writing about shared activities with parents, providing positive reinforcement to parents about the importance of those parenting behaviors. Adolescence is a period of critical development, and it is the hope of this study that parents feel empowered to make positive changes to their parenting behaviors that are realistic and efficacious.

TABLES AND FIGURES

Table 1.

Demographics

Characteristic	Frequency (%)		
<u>Gender</u>			
Female	2196 (51.1%)		
<u>Grade</u>			
Early Adolescence			
Seventh	657 (15.5%)		
Eighth	675 (16.0%)		
Later Adolescence			
Ninth	714 (16.9%)		
Tenth	765 (18.1%)		
Eleventh	758 (17.9%)		
Twelfth	657 (15.5%)		
<u>Race</u>			
African American	748 (17.4%)		
Hispanic	465 (10.8%)		
Caucasian	3115 (72.4%)		
Other	631 (14.7%)		
Characteristic	Mean	SD	Range
<u>Age</u>	15.97	1.74	12-21

Table 2

Group Differences for Demographic Variables for Early and Late Adolescent Girls

Demographic Variable	Early Adolescence		Late Adolescence		$\chi^2(1)$	<i>p</i>
	<i>n</i>	%	<i>n</i>	%		
Race						
African American	123	5.6	265	12.1	.005	.942
Hispanic	72	3.3	165	7.5	.210	.647
Caucasian	523	23.9	1061	48.4	3.54	.060
Other	87	4.0	238	10.8	4.5	.034

Table 3

Group Differences for Demographic Variables for Early and Late Adolescent Boys

Demographic Variable	Early Adolescence		Late Adolescence		$\chi^2(1)$	<i>p</i>
	<i>n</i>	%	<i>n</i>	%		
Race						
African American	109	5.2	251	12.0	.006	.939
Hispanic	167	8.0	228	10.9	1.22	.269
Caucasian	465	22.2	1066	50.8	0.19	.667
Other	84	4.0	222	10.5	1.17	.280

Table 4

Group Differences for Predictor and Outcome Variables for Early and Late Adolescent Girls

Predictor Variable	Early Adolescence		Late Adolescence		<i>df</i>	<i>t</i>	<i>p</i>
	<i>M</i>	<i>SD</i>	<i>M</i>	<i>SD</i>			
Communication	3.63	2.23	4.50	2.33	2191	-8.18	.179
Activities	3.52	2.11	2.61	1.84	2191	10.26	.000
Parental Presence	3.09	0.88	3.02	0.86	2192	1.65	.155
Dinner	5.58	2.09	4.49	2.50	2190	9.99	.000
Monitoring	2.53	1.53	1.54	1.38	2180	15.03	.000
Warmth	3.65	1.39	3.51	1.33	2188	2.32	.144
Quality of Relationship	4.57	0.52	4.35	0.62	2185	8.10	.000
Outcome Variable							
Depression	0.53	0.38	0.60	0.41	2188	-4.15	.000

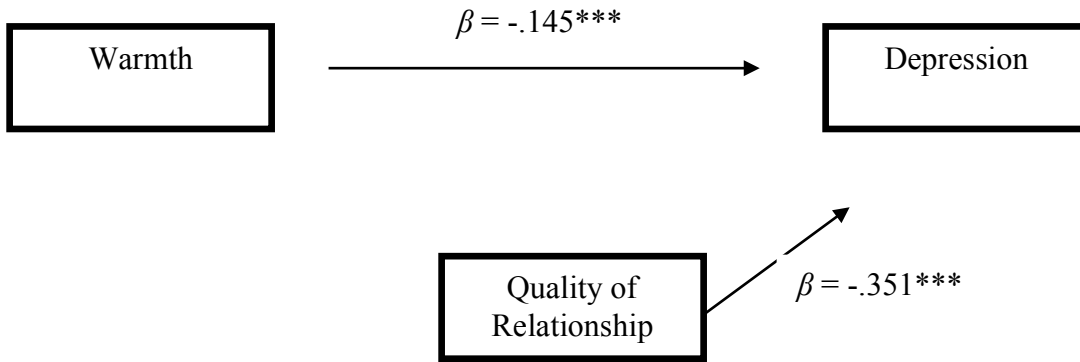
Table 5

Group Differences for Predictor and Outcome Variables for Early and Late Adolescent Boys

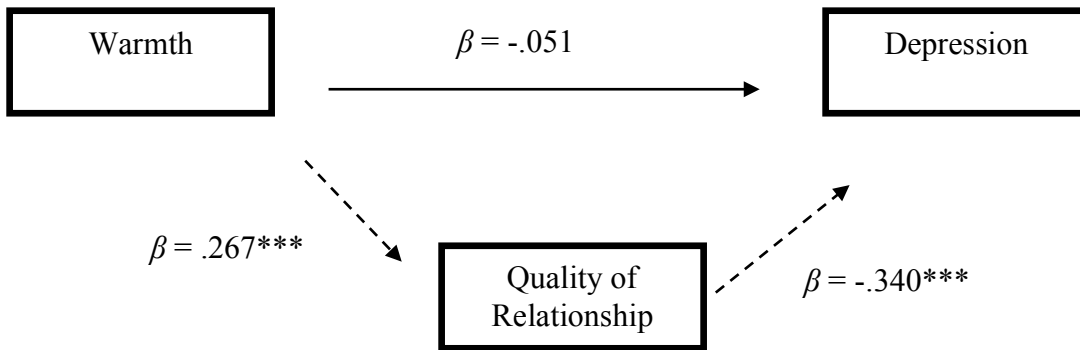
Predictor Variable	Early Adolescence		Late Adolescence		<i>df</i>	<i>t</i>	<i>p</i>
	<i>M</i>	<i>SD</i>	<i>M</i>	<i>SD</i>			
Communication	3.28	2.45	3.73	2.43	2100	-3.91	.687
Activities	3.44	2.06	2.59	1.93	2100	9.15	.016
Parental Presence	2.99	0.86	2.97	0.82	2102	0.63	.046
Dinner	5.68	2.01	4.56	2.40	2096	10.26	.000
Monitoring	2.69	1.49	1.61	1.51	2090	14.93	.917
Warmth	3.66	1.42	3.51	1.33	2097	2.35	.019
Quality of Relationship	4.68	0.43	4.50	0.52	2098	7.95	.000
Outcome Variable							
Depression	0.45	0.31	0.52	0.34	2090	-4.60	.000

Figure 1

Summary of Direct and Indirect Effects of Parental Warmth and Quality of Relationship on Depression for Early Adolescent Girls.



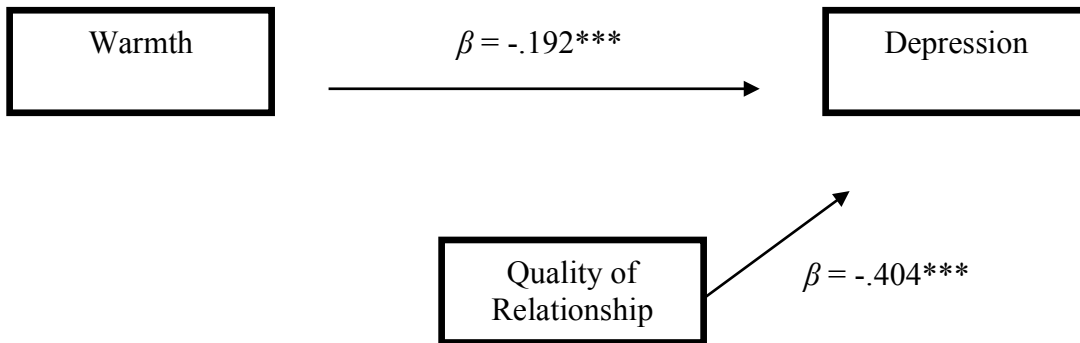
Note. β = Beta Regression Coefficient; ** $p < .01$. *** $p < .001$.



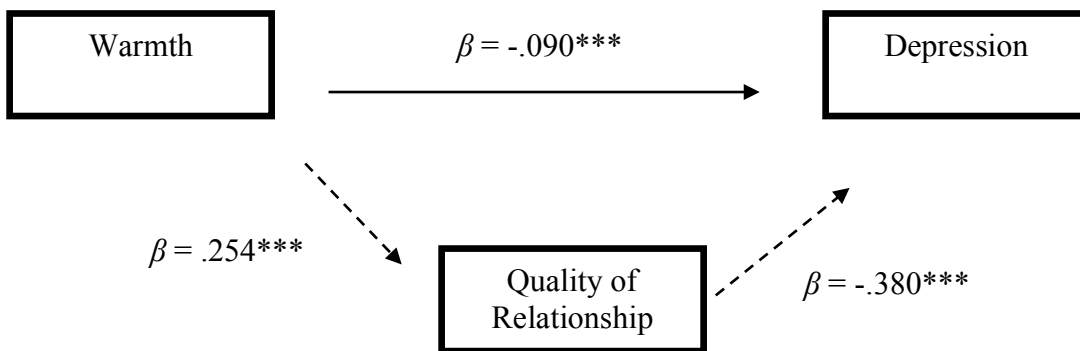
Note. β = Beta Regression Coefficient; ** $p < .01$. *** $p < .001$.

Figure 2

Summary of Direct and Indirect Effects of Parental Warmth and Quality of Relationship on Depression for Later Adolescent Girls.



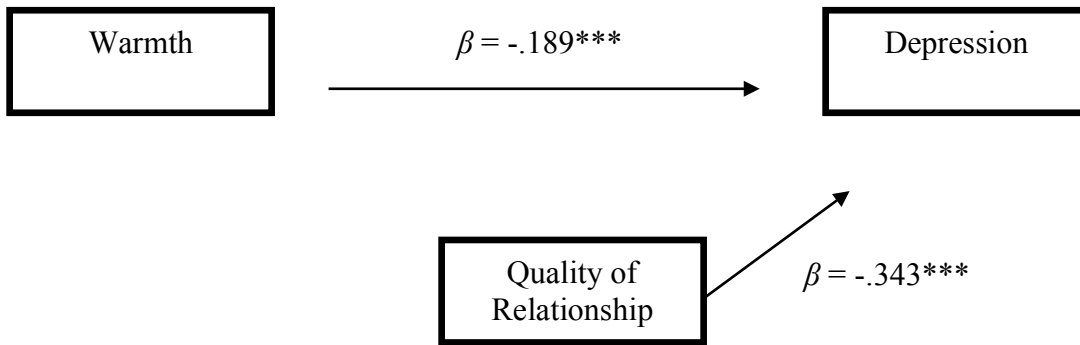
Note. β = Beta Regression Coefficient; ** $p < .01$. *** $p < .001$.



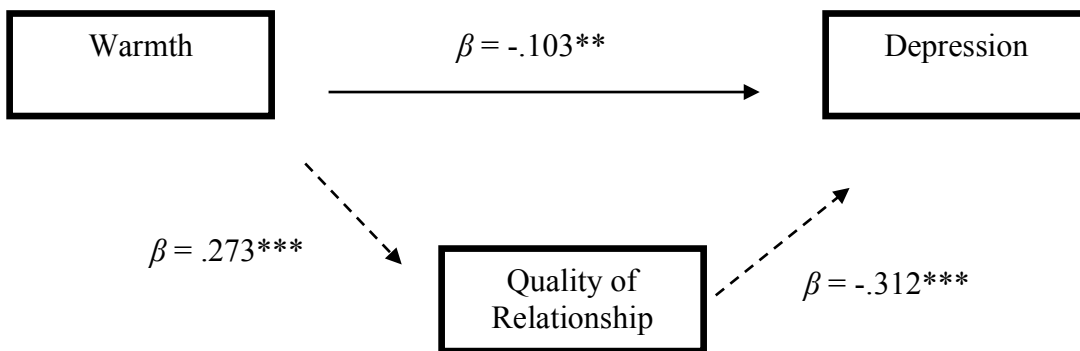
Note. β = Beta Regression Coefficient; ** $p < .01$. *** $p < .001$.

Figure 3

Summary of Direct and Indirect Effects of Parental Warmth and Quality of Relationship on Depression for Early Adolescent Boys.



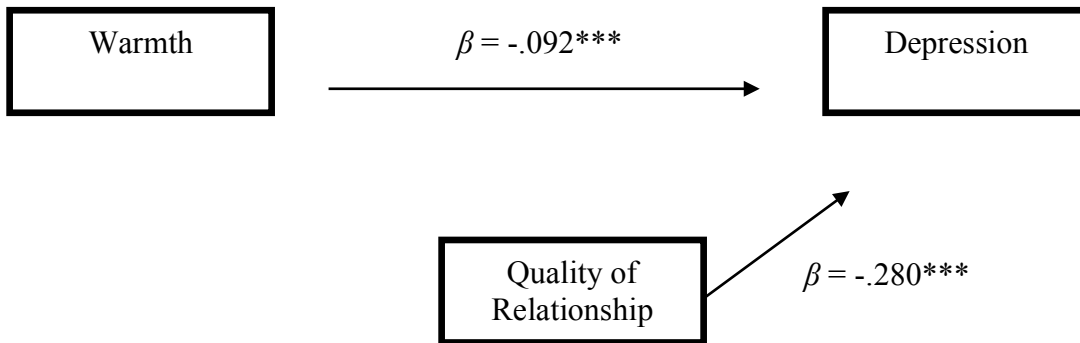
Note. β = Beta Regression Coefficient; ** $p < .01$. *** $p < .001$.



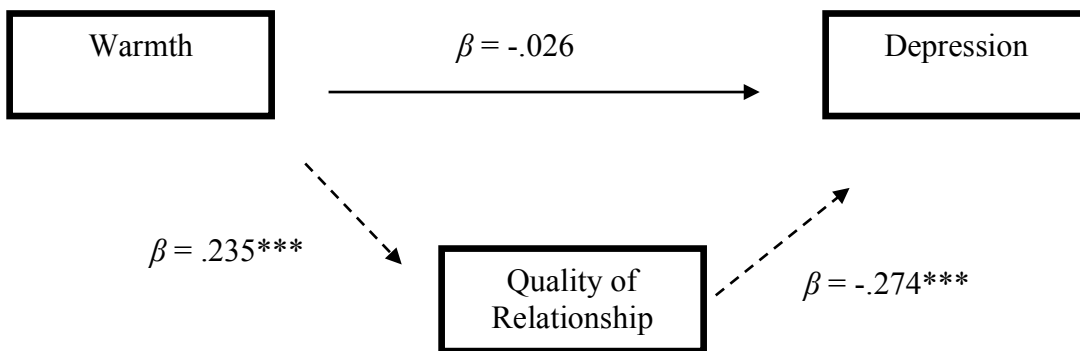
Note. β = Beta Regression Coefficient; ** $p < .01$. *** $p < .001$.

Figure 4

Summary of Direct and Indirect Effects of Parental Warmth and Quality of Relationship on Depression for Later Adolescent Boys.



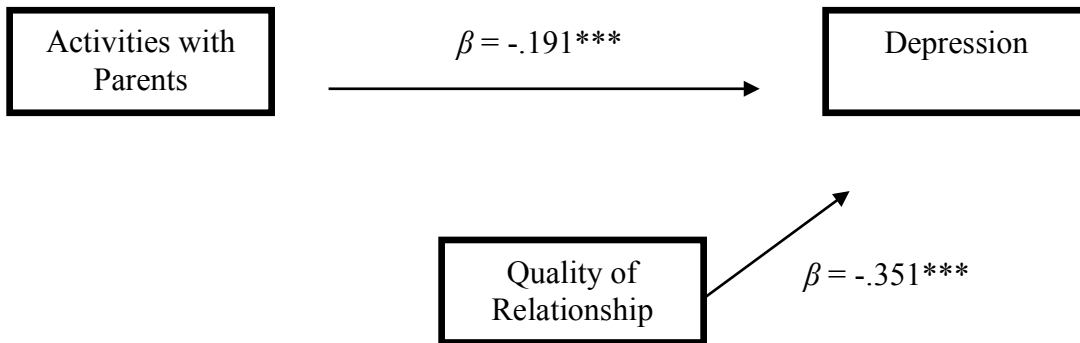
Note. β = Beta Regression Coefficient; ** $p < .01$. *** $p < .001$.



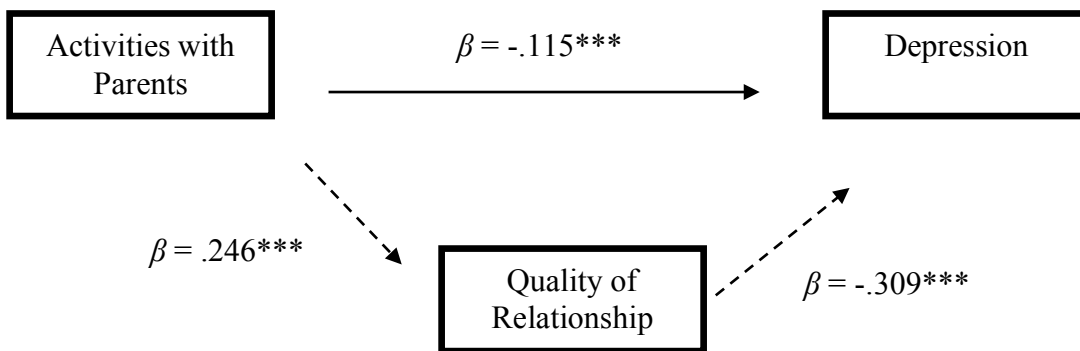
Note. β = Beta Regression Coefficient; ** $p < .01$. *** $p < .001$.

Figure 5

Summary of Direct and Indirect Effects of Activities with Parents and Quality of Relationship on Depression for Early Adolescent Girls, Controlling for Warmth.



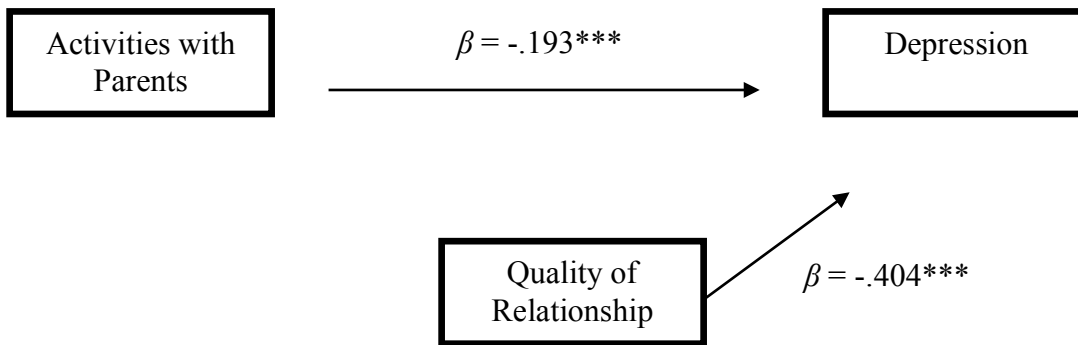
Note. β = Beta Regression Coefficient; ** $p < .01$. *** $p < .001$.



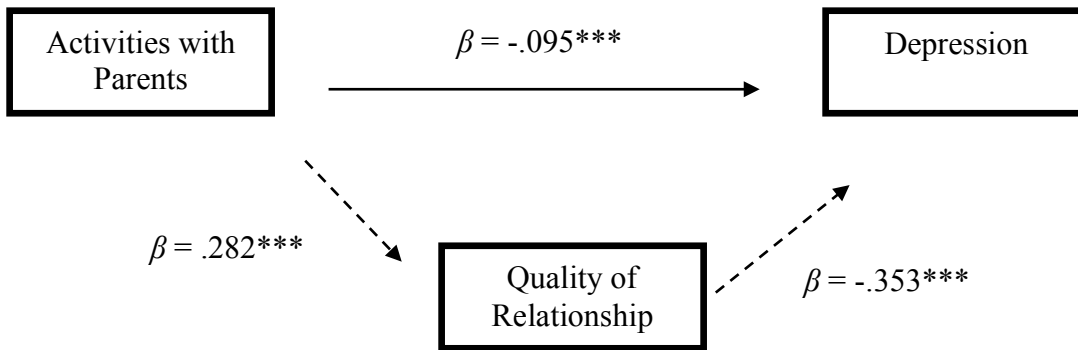
Note. β = Beta Regression Coefficient; ** $p < .01$. *** $p < .001$.

Figure 6

Summary of Direct and Indirect Effects of Activities with Parents and Quality of Relationship on Depression for Older Adolescent Girls, Controlling for Warmth.



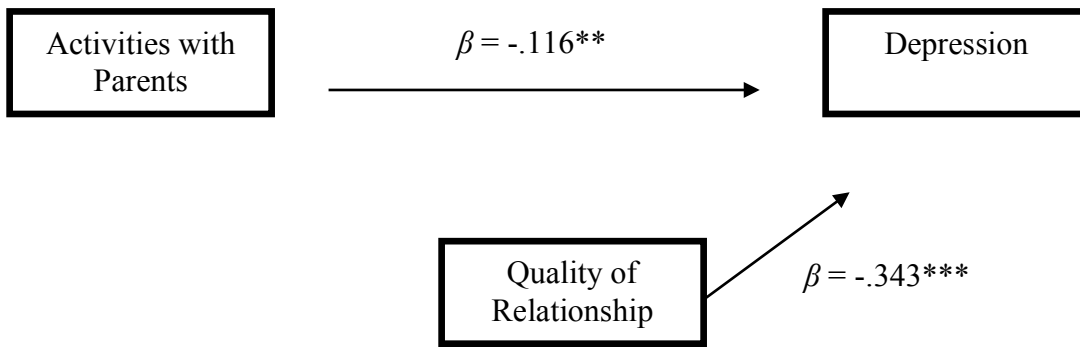
Note. β = Beta Regression Coefficient; ** $p < .01$. *** $p < .001$.



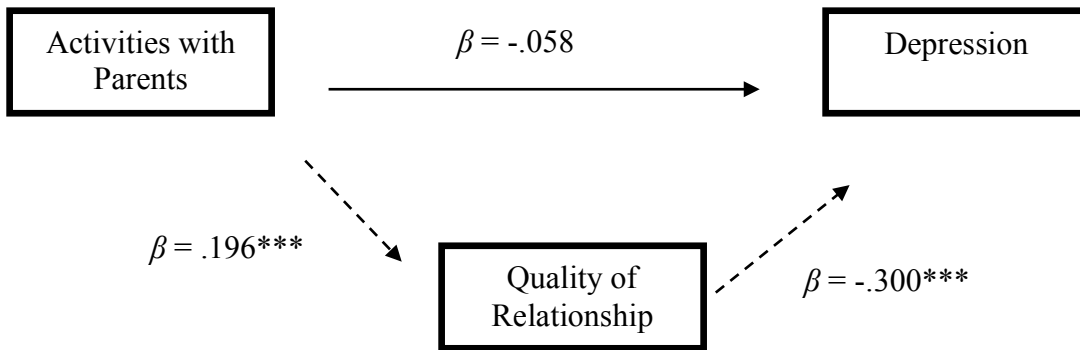
Note. β = Beta Regression Coefficient; ** $p < .01$. *** $p < .001$.

Figure 7

Summary of Direct and Indirect Effects of Activities with Parents and Quality of Relationship on Depression for Early Adolescent Boys, Controlling for Warmth.



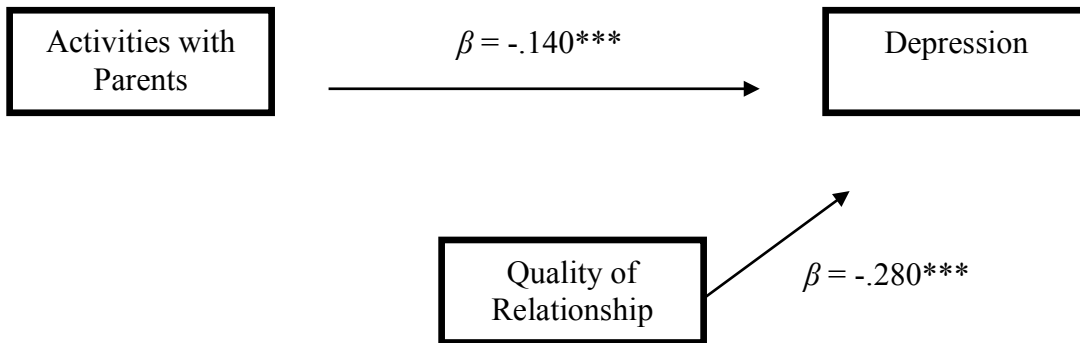
Note. β = Beta Regression Coefficient; $^{**}p < .01$. $^{***}p < .001$.



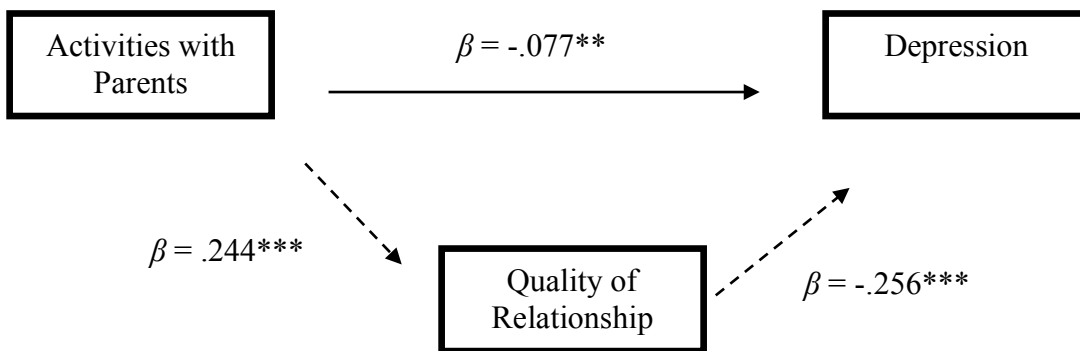
Note. β = Beta Regression Coefficient; $^{**}p < .01$. $^{***}p < .001$.

Figure 8

Summary of Direct and Indirect Effects of Activities with Parents and Quality of Relationship on Depression for Older Adolescent Boys, Controlling for Warmth.



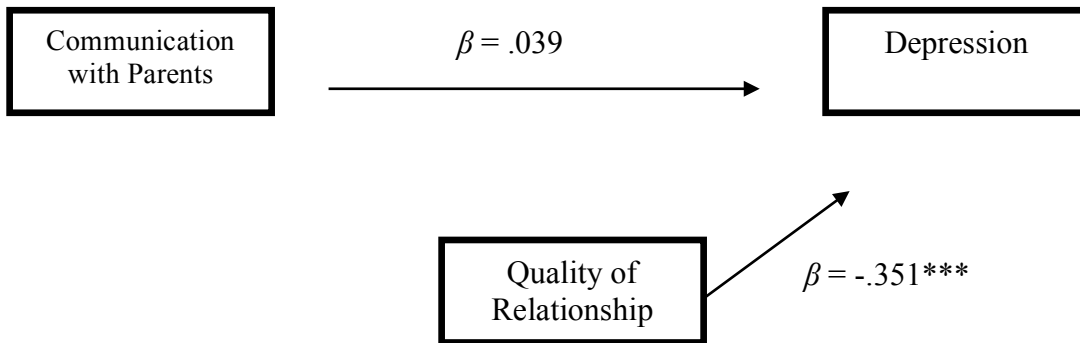
Note. β = Beta Regression Coefficient; ** $p < .01$. *** $p < .001$.



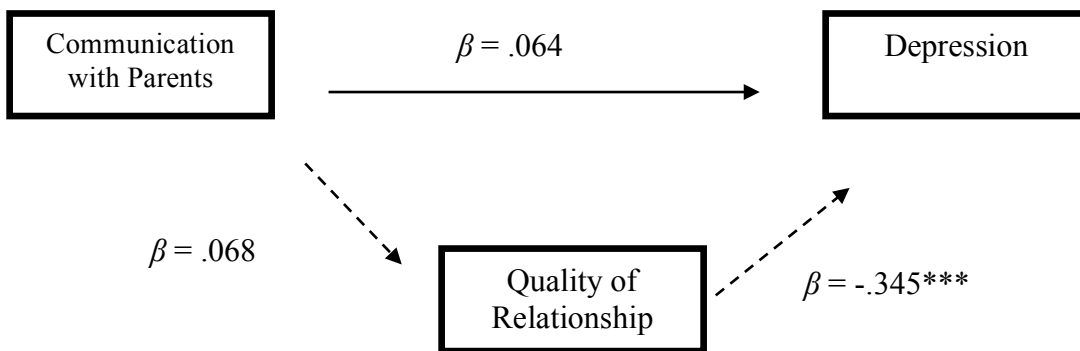
Note. β = Beta Regression Coefficient; ** $p < .01$. *** $p < .001$.

Figure 9

Summary of Direct and Indirect Effects of Communication with Parents and Quality of Relationship on Depression for Early Adolescent Girls, Controlling for Warmth.



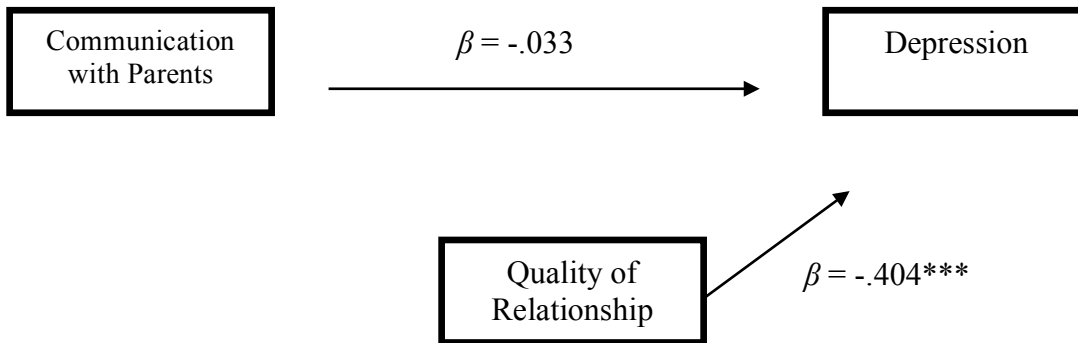
Note. β = Beta Regression Coefficient; ** $p < .01$. *** $p < .001$.



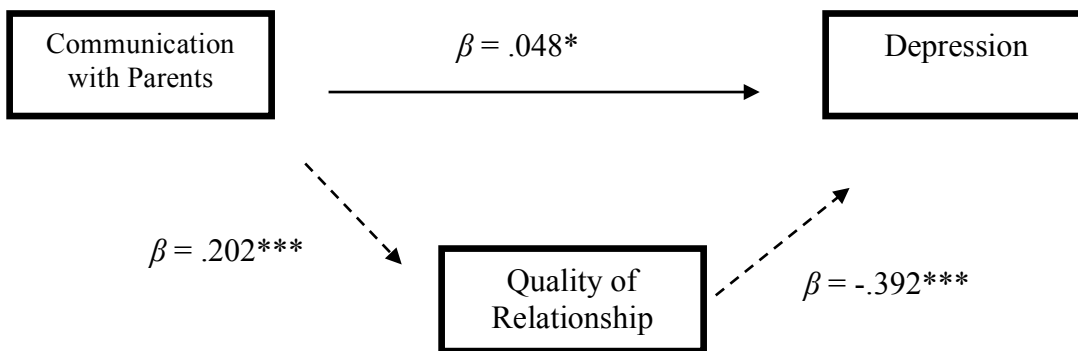
Note. β = Beta Regression Coefficient; ** $p < .01$. *** $p < .001$.

Figure 10

Summary of Direct and Indirect Effects of Communication with Parents and Quality of Relationship on Depression for Older Adolescent Girls, Controlling for Warmth.



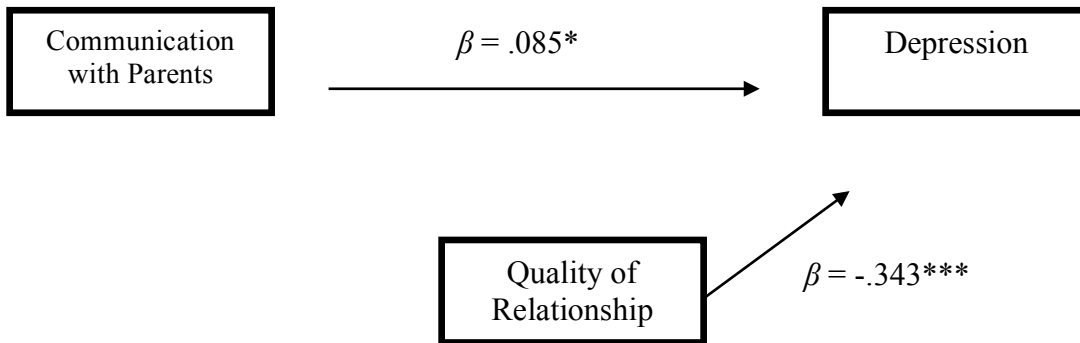
Note. β = Beta Regression Coefficient; ** $p < .01$. *** $p < .001$.



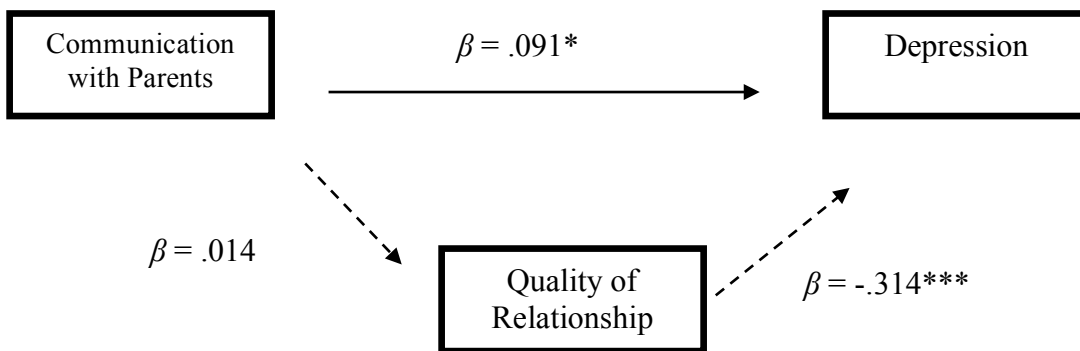
Note. β = Beta Regression Coefficient; ** $p < .01$. *** $p < .001$.

Figure 11

Summary of Direct and Indirect Effects of Communication with Parents and Quality of Relationship on Depression for Early Adolescent Boys, Controlling for Warmth.



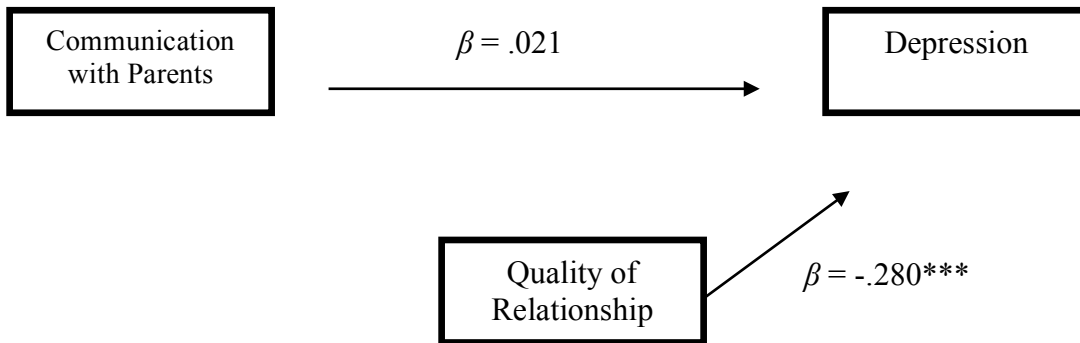
Note. β = Beta Regression Coefficient; ** $p < .01$. *** $p < .001$.



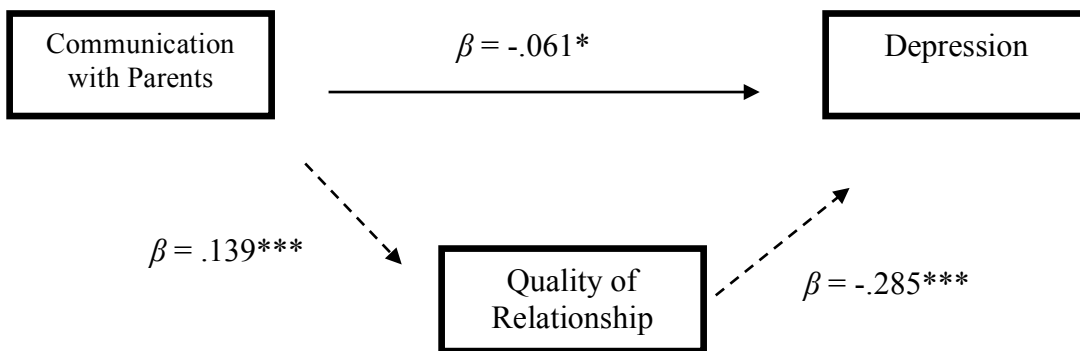
Note. β = Beta Regression Coefficient; ** $p < .01$. *** $p < .001$.

Figure 12

Summary of Direct and Indirect Effects of Communication with Parents and Quality of Relationship on Depression for Older Adolescent Boys, Controlling for Warmth.



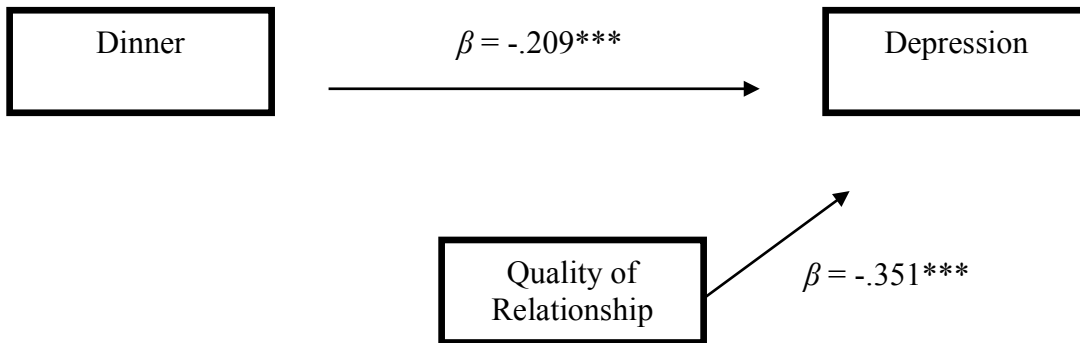
Note. β = Beta Regression Coefficient; ** $p < .01$. *** $p < .001$.



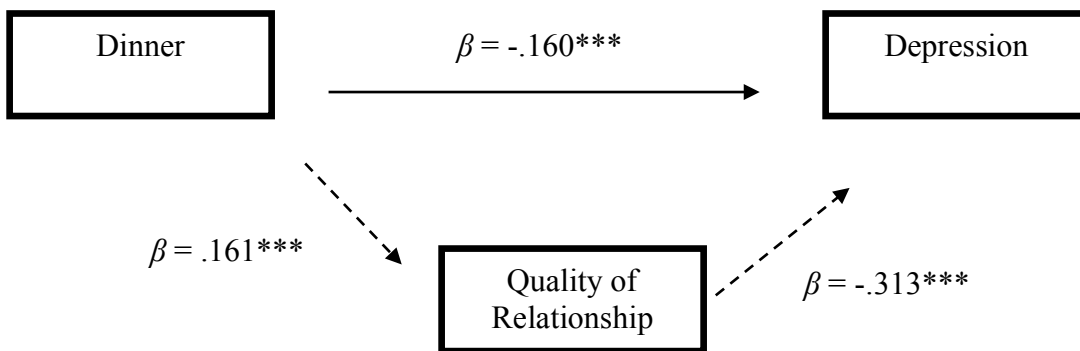
Note. β = Beta Regression Coefficient; ** $p < .01$. *** $p < .001$.

Figure 13

Summary of Direct and Indirect Effects of Dinner and Quality of Relationship on Depression for Early Adolescent Girls, Controlling for Warmth.



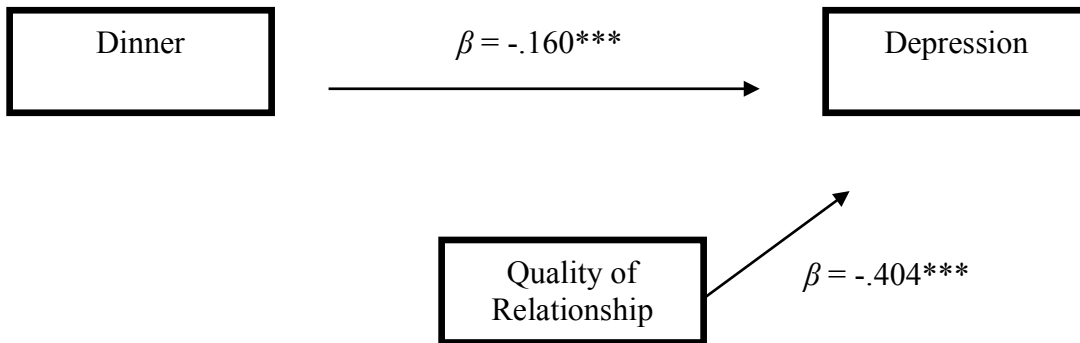
Note. β = Beta Regression Coefficient; ** $p < .01$. *** $p < .001$.



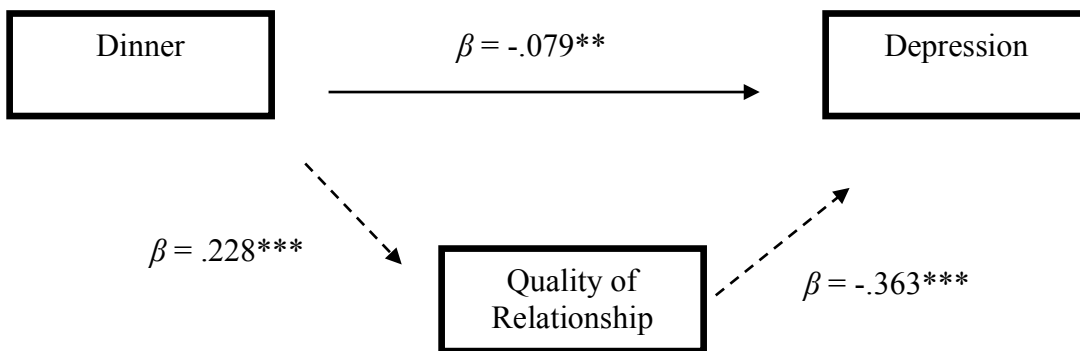
Note. β = Beta Regression Coefficient; ** $p < .01$. *** $p < .001$.

Figure 14

Summary of Direct and Indirect Effects of Dinner and Quality of Relationship on Depression for Older Adolescent Girls, Controlling for Warmth.



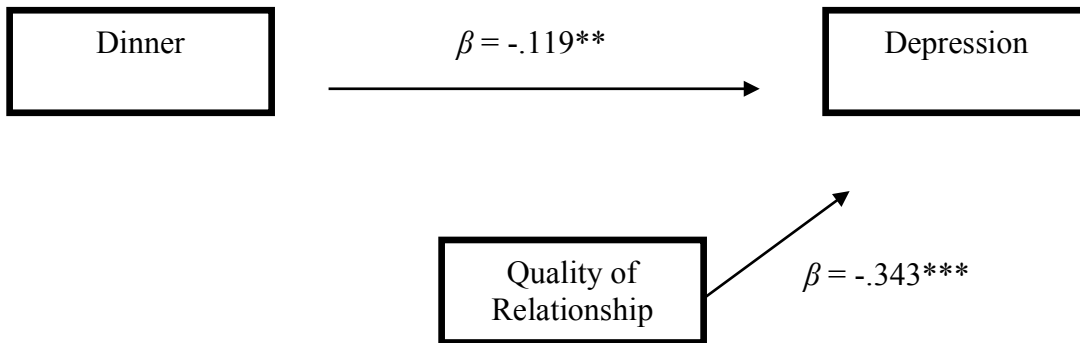
Note. β = Beta Regression Coefficient; ** $p < .01$. *** $p < .001$.



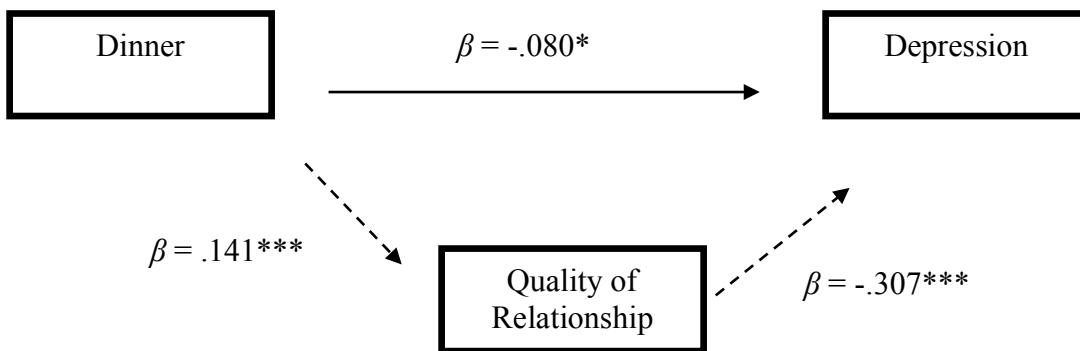
Note. β = Beta Regression Coefficient; ** $p < .01$. *** $p < .001$.

Figure 15

Summary of Direct and Indirect Effects of Dinner and Quality of Relationship on Depression for Early Adolescent Boys, Controlling for Warmth.



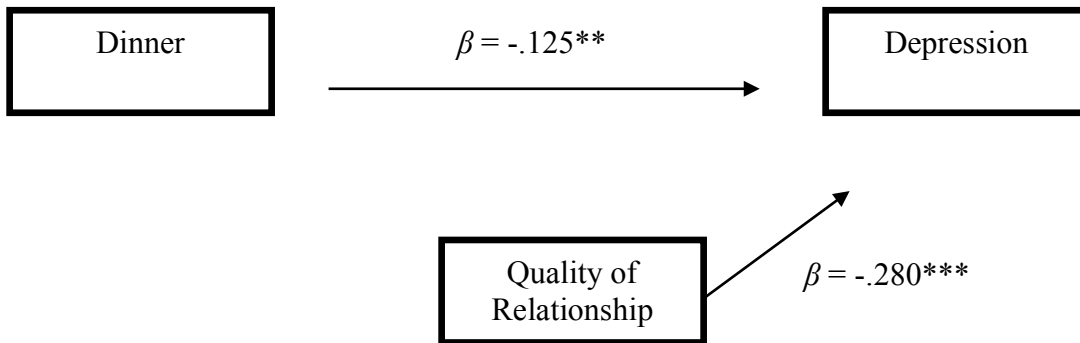
Note. β = Beta Regression Coefficient; $^{**}p < .01$. $^{***}p < .001$.



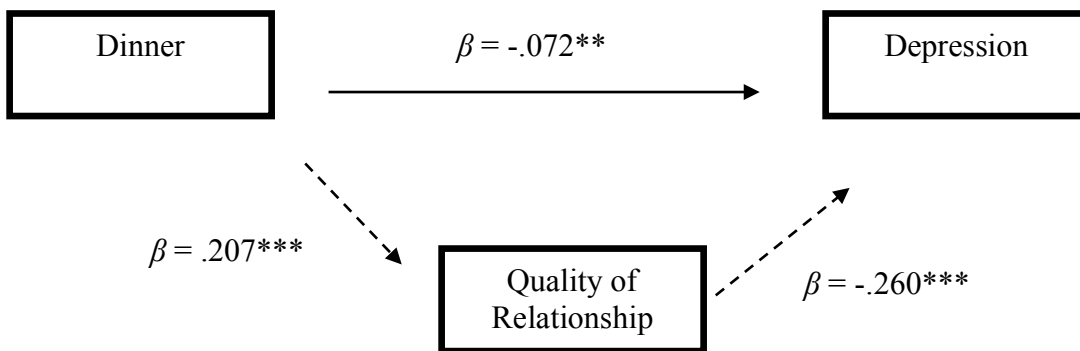
Note. β = Beta Regression Coefficient; $^{**}p < .01$. $^{***}p < .001$.

Figure 16

Summary of Direct and Indirect Effects of Dinner and Quality of Relationship on Depression for Older Adolescent Boys, Controlling for Warmth.



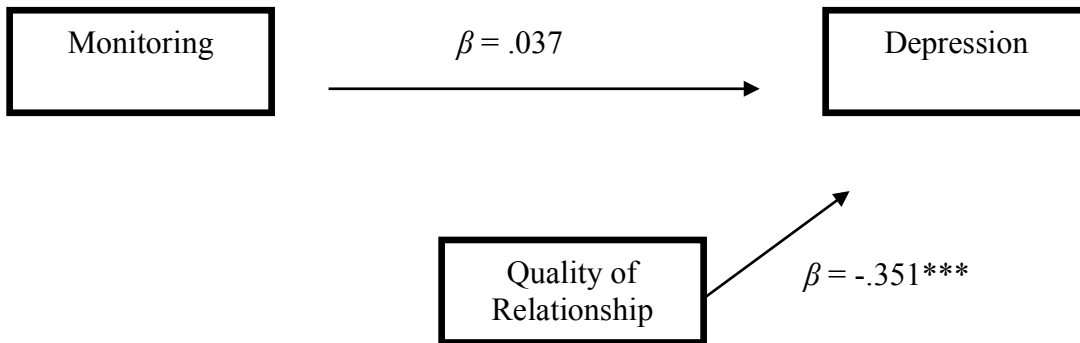
Note. β = Beta Regression Coefficient; $^{**}p < .01$. $^{***}p < .001$.



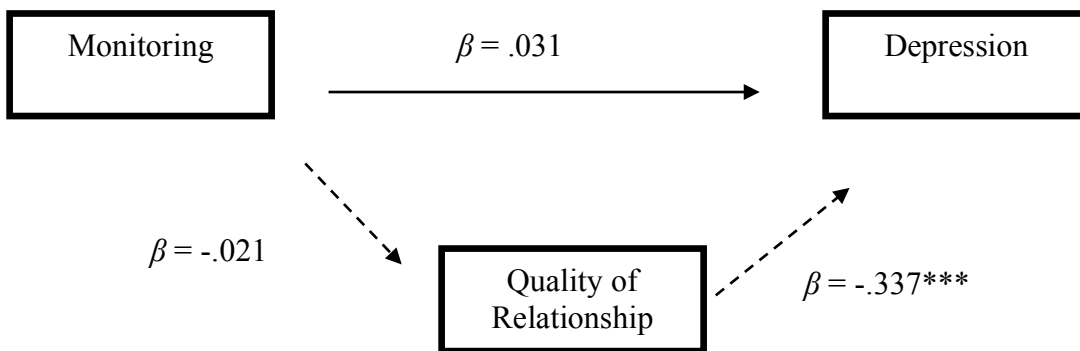
Note. β = Beta Regression Coefficient; $^{**}p < .01$. $^{***}p < .001$.

Figure 17

Summary of Direct and Indirect Effects of Parental Monitoring and Quality of Relationship on Depression for Early Adolescent Girls, Controlling for Warmth.



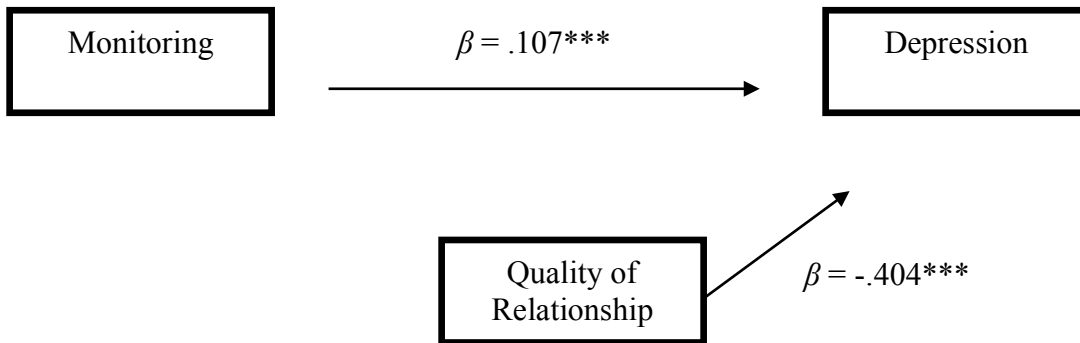
Note. β = Beta Regression Coefficient; ** $p < .01$. *** $p < .001$.



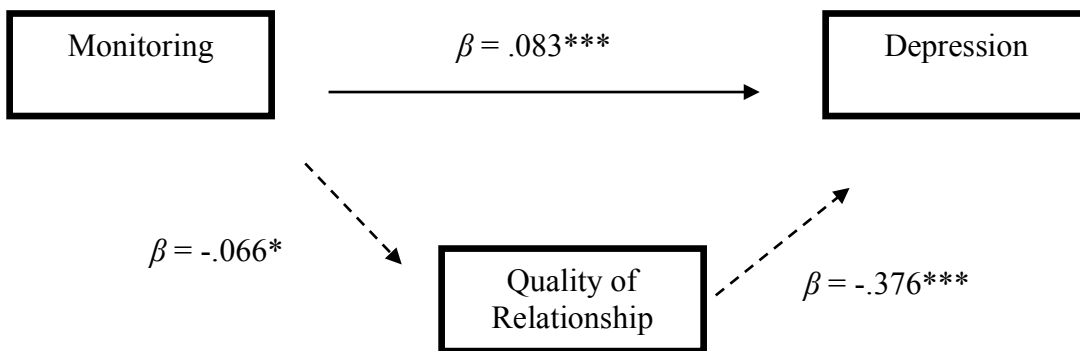
Note. β = Beta Regression Coefficient; ** $p < .01$. *** $p < .001$.

Figure 18

Summary of Direct and Indirect Effects of Parental Monitoring and Quality of Relationship on Depression for Older Adolescent Girls, Controlling for Warmth.



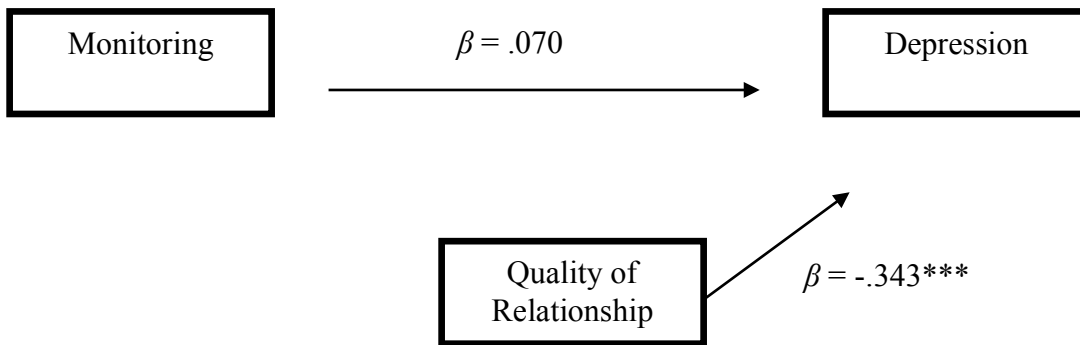
Note. β = Beta Regression Coefficient; ** $p < .01$. *** $p < .001$.



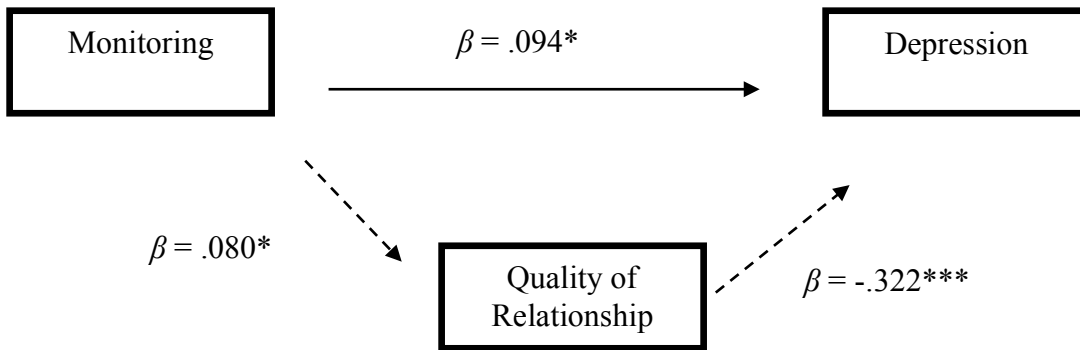
Note. β = Beta Regression Coefficient; ** $p < .01$. *** $p < .001$.

Figure 19

Summary of Direct and Indirect Effects of Parental Monitoring and Quality of Relationship on Depression for Early Adolescent Boys, Controlling for Warmth.



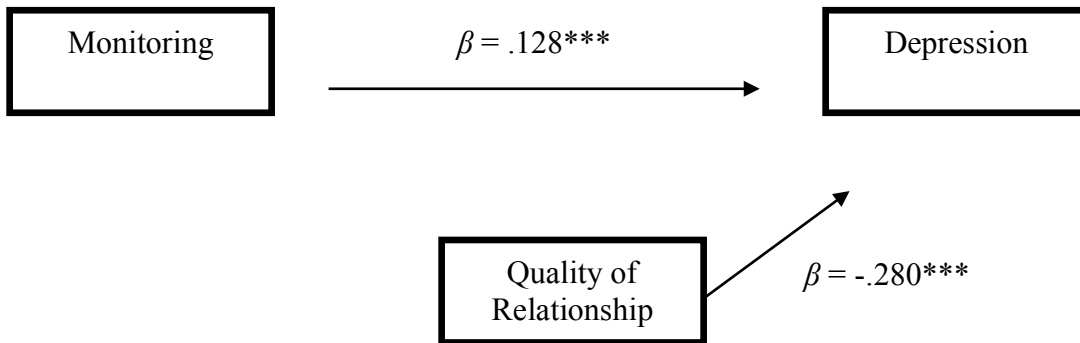
Note. β = Beta Regression Coefficient; ** $p < .01$. *** $p < .001$.



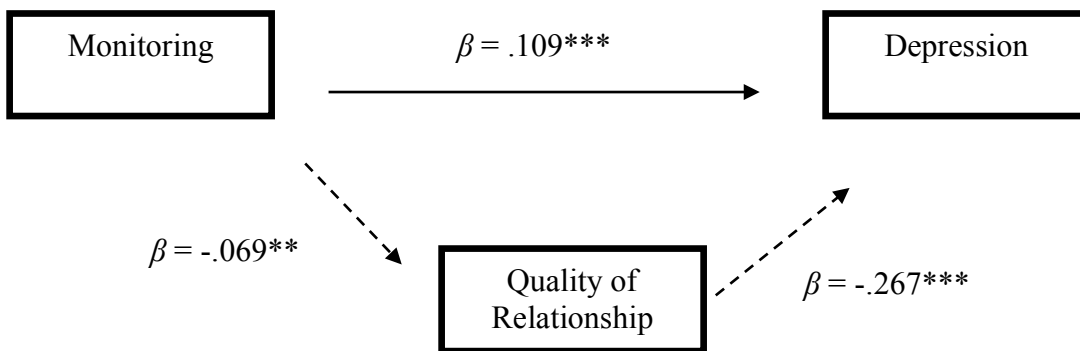
Note. β = Beta Regression Coefficient; ** $p < .01$. *** $p < .001$.

Figure 20

Summary of Direct and Indirect Effects of Parental Monitoring and Quality of Relationship on Depression for Older Adolescent Boys, Controlling for Warmth.



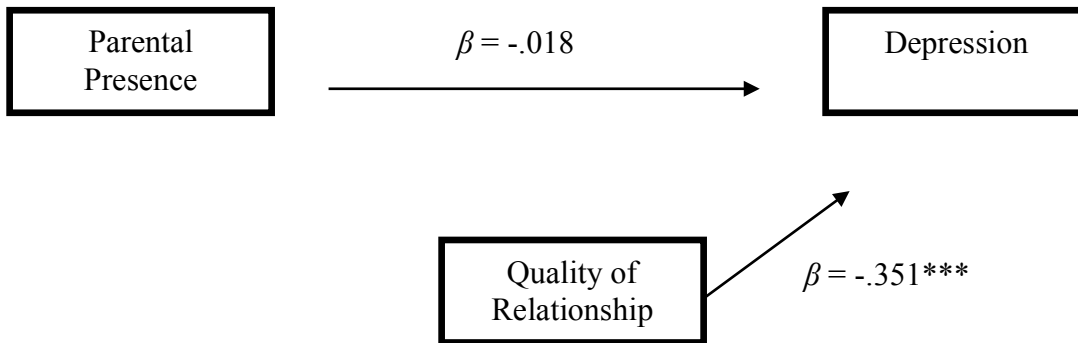
Note. β = Beta Regression Coefficient; ** $p < .01$. *** $p < .001$.



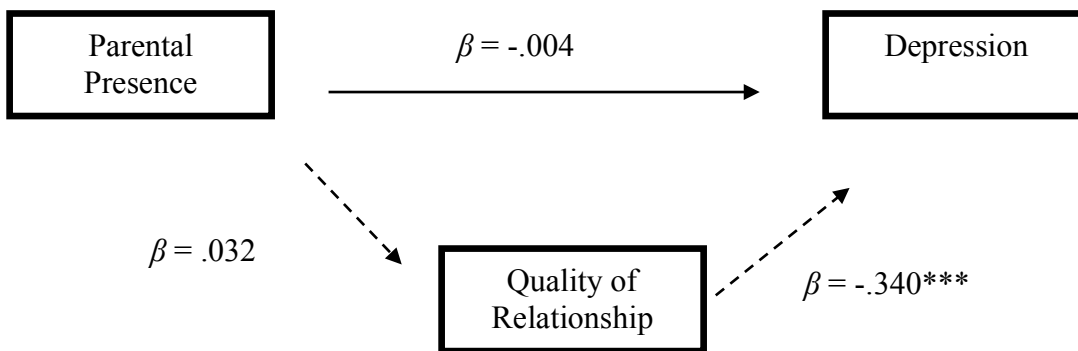
Note. β = Beta Regression Coefficient; ** $p < .01$. *** $p < .001$.

Figure 21

Summary of Direct and Indirect Effects of Parental Presence and Quality of Relationship on Depression for Early Adolescent Girls, Controlling for Warmth.



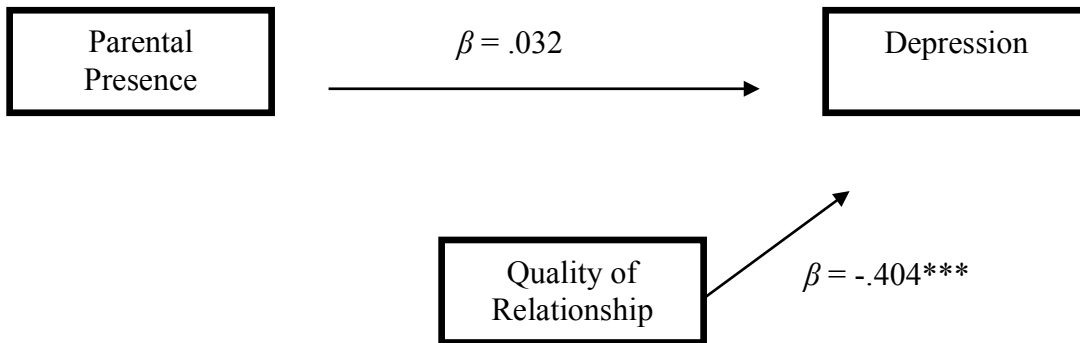
Note. β = Beta Regression Coefficient; ** $p < .01$. *** $p < .001$.



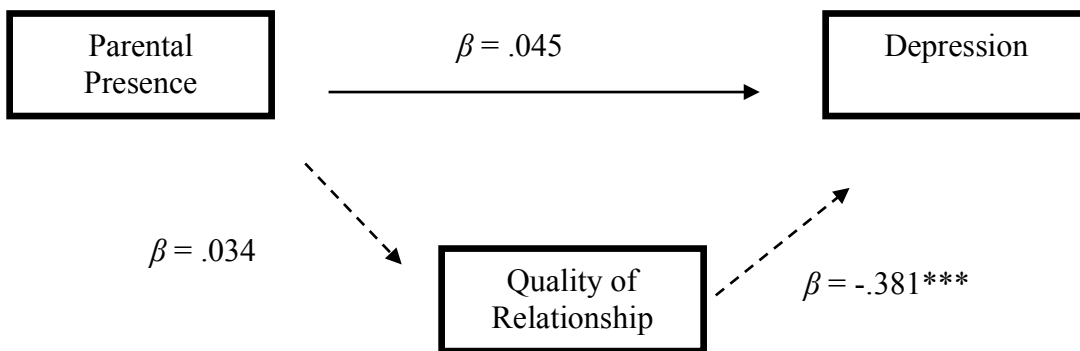
Note. β = Beta Regression Coefficient; ** $p < .01$. *** $p < .001$.

Figure 22

Summary of Direct and Indirect Effects of Parental Presence and Quality of Relationship on Depression for Older Adolescent Girls, Controlling for Warmth.



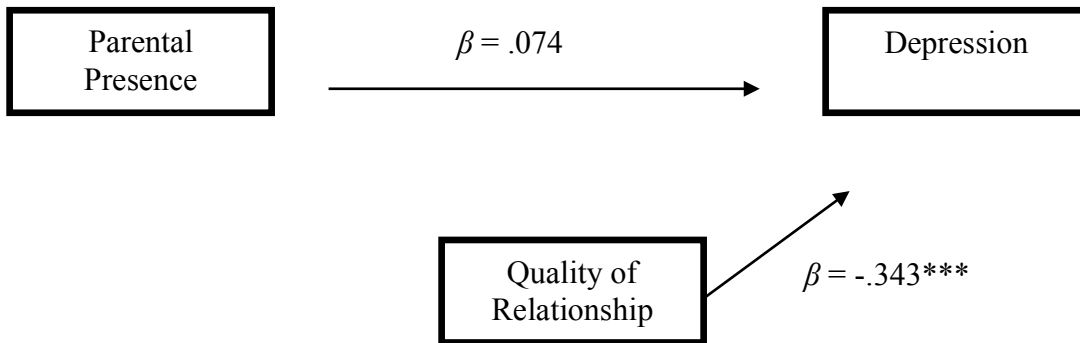
Note. β = Beta Regression Coefficient; ** $p < .01$. *** $p < .001$.



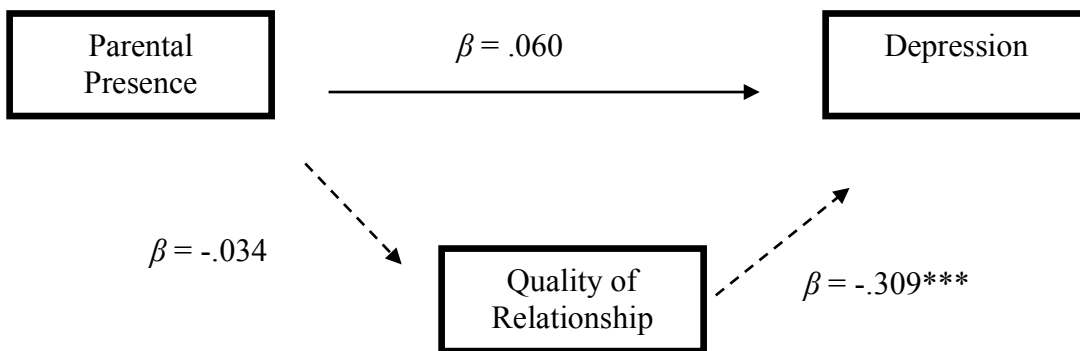
Note. β = Beta Regression Coefficient; ** $p < .01$. *** $p < .001$.

Figure 23

Summary of Direct and Indirect Effects of Parental Presence and Quality of Relationship on Depression for Early Adolescent Boys, Controlling for Warmth.



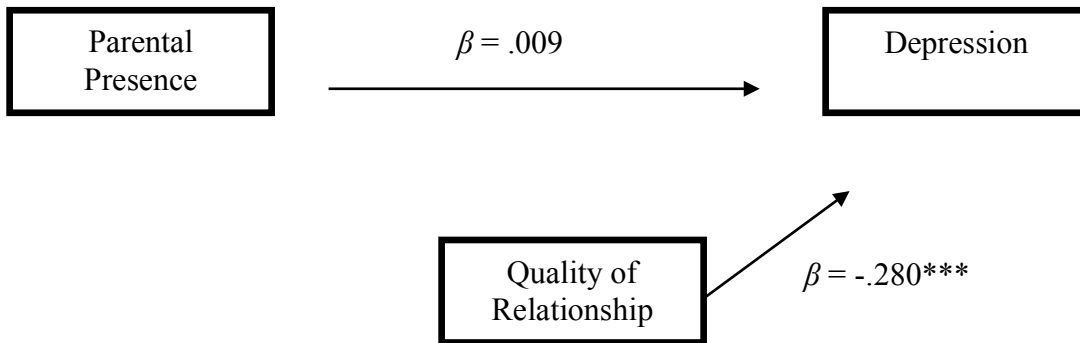
Note. β = Beta Regression Coefficient; ** $p < .01$. *** $p < .001$.



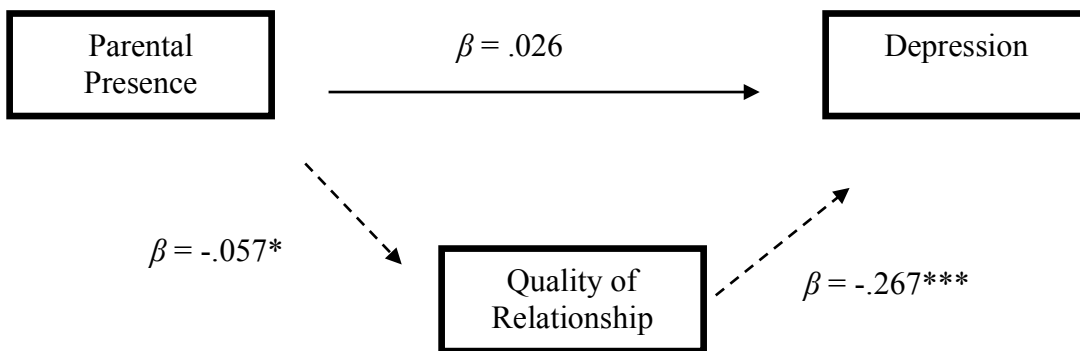
Note. β = Beta Regression Coefficient; ** $p < .01$. *** $p < .001$.

Figure 24

Summary of Direct and Indirect Effects of Parental Presence and Quality of Relationship on Depression for Older Adolescent Boys, Controlling for Warmth.



Note. β = Beta Regression Coefficient; ** $p < .01$. *** $p < .001$.



Note. β = Beta Regression Coefficient; ** $p < .01$. *** $p < .001$.

Table 6

Hierarchical Regression Analysis Summary for Quality of Relationship Predicting Depression in Early Adolescent Girls (N = 689)

Block and Predictor Variable		B	SE B	β	R^2	ΔR^2
Block 1:	Covariates				.087	
	Age	.100	.018	.198***		
	African American	.071	.037	.071		
	Hispanic	.235	.051	.186***		
	Other Ethnicity	.055	.047	.047		
Block 2:	Mediator				.201	.114
	Quality of Relationship	-.257	.026	-.351***		

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

Table 7

Hierarchical Regression Analysis Summary for Quality of Relationship Predicting Depression in Later Adolescent Girls (N = 1481)

Block and Predictor Variable		B	SE B	β	R^2	ΔR^2
Block 1:	Covariates				.024	
	Age	.014	.009	.041		
	African American	.047	.028	.044		
	Hispanic	.033	.038	.025		
	Other Ethnicity	.149	.032	.133***		
Block 2:	Mediator				.186	.162
	Quality of Relationship	-.263	.015	-.404***		

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

Table 8

Hierarchical Regression Analysis Summary for Quality of Relationship Predicting Depression in Early Adolescent Boys (N = 620)

Block and Predictor Variable		B	SE B	β	R^2	ΔR^2
Block 1:	Covariates				.031	
	Age	.044	.016	.110**		
	African American	.086	.033	.105**		
	Hispanic	.021	.046	.020		
	Other Ethnicity	.131	.040	.142***		
Block 2:	Mediator				.147	.117
	Quality of Relationship	-.250	.027	-.343***		

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

Table 9

Hierarchical Regression Analysis Summary for Quality of Relationship Predicting Depression in Later Adolescent Boys (N = 1457)

Block and Predictor Variable		B	SE B	β	R^2	ΔR^2
Block 1:	Covariates				.017	
	Age	.022	.007	.077**		
	African American	.037	.024	.041		
	Hispanic	.020	.031	.018		
	Other Ethnicity	.092	.028	.095***		
Block 2:	Mediator				.096	.078
	Quality of Relationship	-.187	.017	-.280***		

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

Table 10

Hierarchical Regression Analysis Summary for Warmth Predicting Depression in Early Adolescent Girls (N = 691)

Block and Predictor Variable		B	SE B	β	R^2	ΔR^2
Block 1:	Covariates				.086	
	Age	.103	.018	.206***		
	African American	.070	.037	.070		
	Hispanic	.217	.051	.171***		
	Other Ethnicity	.061	.047	.053		
Block 2:	Non-Teachable Skill				.106	
	Warmth	-.040	.010	-.145***		.020

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

Table 11

Hierarchical Regression Analysis Summary for Warmth Predicting Quality of Relationship in Early Adolescent Girls (N = 688)

Block and Predictor Variable		B	SE B	β	R^2	ΔR^2
Block 1:	Covariates				.073	
	Age	-.171	.025	-.249***		
	African American	.015	.051	.011		
	Hispanic	-.157	.071	-.090*		
	Other Ethnicity	-.005	.064	-.003		
Block 2:	Non-Teachable Skill				.135	
	Warmth	.101	.014	.267***		.069

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

Table 12

Hierarchical Regression Analysis Summary for Warmth and Quality of Relationship Predicting Depression in Early Adolescent Girls (N = 688)

Block and Predictor Variable		B	SE B	β	R^2	ΔR^2
Block 1:	Covariates				.079	
	Age	.101	.018	.201***		
	African American	.072	.037	.072		
	Hispanic	.218	.051	.173***		
	Other Ethnicity	.062	.047	.054		
Block 2:	Predictors				.197	
	Warmth	-.014	.010	-.051		
	Quality of Relationship	-.248	.027	-.340***		.119

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

Table 13

Hierarchical Regression Analysis Summary for Warmth Predicting Depression in Later Adolescent Girls (N = 1483)

Block and Predictor Variable		B	SE B	β	R^2	ΔR^2
Block 1:	Covariates				.023	
	Age	.014	.009	.041		
	African American	.049	.028	.046		
	Hispanic	.033	.038	.025		
	Other Ethnicity	.149	.032	.133***		
Block 2:	Non-Teachable Skill				.060	
	Warmth	-.059	.008	-.192***		.037

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

Table 14

Hierarchical Regression Analysis Summary for Warmth Predicting Quality of Relationship in Later Adolescent Girls (N = 1484)

Block and Predictor Variable		B	SE B	β	R^2	ΔR^2
Block 1:	Covariates				.003	
	Age	-.025	.013	-.050		
	African American	.050	.043	.031		
	Hispanic	-.010	.059	-.005		
	Other Ethnicity	-.073	.050	-.043		
Block 2:	Non-Teachable Skill				.073	
	Warmth	.124	.012	.254***		.070

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

Table 15

Hierarchical Regression Analysis Summary for Warmth and Quality of Relationship Predicting Depression in Later Adolescent Girls (N = 1481)

Block and Predictor Variable		B	SE B	β	R^2	ΔR^2
Block 1:	Covariates				.024	
	Age	.014	.009	.041		
	African American	.047	.028	.044		
	Hispanic	.033	.038	.025		
	Other Ethnicity	.149	.032	.133***		
Block 2:	Predictors				.093	
	Warmth	-.028	.007	-.090***		
	Quality of Relationship	-.248	.016	-.380***		.193

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

Table 16

Hierarchical Regression Analysis Summary for Warmth Predicting Depression in Early Adolescent Boys (N = 619)

Block and Predictor Variable		B	SE B	β	R^2	ΔR^2
Block 1:	Covariates				.038	
	Age	.044	.016	.110**		
	African American	.087	.033	.107**		
	Hispanic	.022	.046	.021		
	Other Ethnicity	.132	.040	.143***		
Block 2:	Non-Teachable Skill				.074	
	Warmth	-.041	.009	-.189***		.066

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

Table 17

Hierarchical Regression Analysis Summary for Warmth Predicting Quality of Relationship in Early Adolescent Boys (N = 626)

Block and Predictor Variable		B	SE B	β	R^2	ΔR^2
Block 1:	Covariates				.000	
	Age	-.043	.022	-.077		
	African American	.004	.046	.003		
	Hispanic	.021	.063	.014		
	Other Ethnicity	0.038	.055	-.030		
Block 2:	Non-Teachable Skill				.081	
	Warmth	.083	.012	.273***		.074

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

Table 18

Hierarchical Regression Analysis Summary for Warmth and Quality of Relationship Predicting Depression in Early Adolescent Boys (N = 619)

Block and Predictor Variable		B	SE B	β	R^2	ΔR^2
Block 1:	Covariates				.038	
	Age	.044	.016	.110**		
	African American	.087	.033	.107**		
	Hispanic	.022	.046	.021		
	Other Ethnicity	.132	.040	.143***		
Block 2:	Predictors				.163	
	Warmth	-.022	.008	-.103**		
	Quality of Relationship	-.228	.028	-.312***		.125

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

Table 19

Hierarchical Regression Analysis Summary for Warmth Predicting Depression in Later Adolescent Boys (N = 1457)

Block and Predictor Variable		B	SE B	β	R^2	ΔR^2
Block 1:	Covariates				.017	
	Age	.022	.007	.077**		
	African American	.037	.024	.041		
	Hispanic	.023	.031	.021		
	Other Ethnicity	.090	.028	.093***		
Block 2:	Non-Teachable Skill				.026	
	Warmth	-.024	.007	-.092***		.008

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

Table 20

Hierarchical Regression Analysis Summary for Warmth Predicting Quality of Relationship in Later Adolescent Boys (N = 1461)

Block and Predictor Variable		B	SE B	β	R^2	ΔR^2
Block 1:	Covariates				.003	
	Age	-.020	.011	-.047		
	African American	.003	.036	.002		
	Hispanic	.065	.047	.050		
	Other Ethnicity	-.090	.042	-.062*		
Block 2:	Non-Teachable Skill				.061	
	Warmth	.091	.010	.235***		.055

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

Table 21

Hierarchical Regression Analysis Summary for Warmth and Quality of Relationship Predicting Depression in Later Adolescent Boys (N = 1456)

Block and Predictor Variable		B	SE B	β	R^2	ΔR^2
Block 1:	Covariates				.015	
	Age	.022	.007	.076**		
	African American	.038	.024	.041		
	Hispanic	.020	.031	.018		
	Other Ethnicity	.092	.028	.095***		
Block 2:	Predictors				.093	
	Warmth	-.007	.007	-.026		
	Quality of Relationship	-.183	.017	-.274***		.079

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

Table 22

Hierarchical Regression Analysis Summary for Activities with Parents Predicting Depression in Early Adolescent Girls (N = 691)

Block and Predictor Variable		B	SE B	β	R^2	ΔR^2
Block 1:	Covariates				.086	
	Age	.103	.018	.206***		
	African American	.070	.037	.070		
	Hispanic	.217	.051	.171***		
	Other Ethnicity	.061	.047	.053		
Block 2:	Non-Teachable Skill				.106	
	Warmth	-.040	.010	-.145***		
Block 3:	Teachable Skill				.140	.034
	Activities	-.035	.007	-.191***		

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

Table 23

Hierarchical Regression Analysis Summary for Activities with Parents Predicting Quality of Relationship in Early Adolescent Girls (N = 688)

Block and Predictor Variable		B	SE B	β	R^2	ΔR^2
Block 1:	Covariates				.067	
	Age	-.171	.025	-.249***		
	African American	.015	.051	.011		
	Hispanic	-.157	.071	-.090*		
	Other Ethnicity	-.005	.064	-.003		
Block 2:	Non-Teachable Skill				.135	
	Warmth	.101	.014	.267***		
Block 3:	Teachable Skill				.199	.057
	Activities	.061	.009	.246***		

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

Table 24

Hierarchical Regression Analysis Summary for Activities with Parents and Quality of Relationship Predicting Depression in Early Adolescent Girls (N = 688)

Block and Predictor Variable		B	SE B	β	R^2	ΔR^2
Block 1:	Covariates				.085	
	Age	.101	.018	.201***		
	African American	.072	.037	.072		
	Hispanic	.218	.051	.173***		
	Other Ethnicity	.062	.047	.054		
Block 2:	Non-Teachable Skill				.104	
	Warmth	-.039	.010	-.142***		
Block 3:	Mediation Predictors				.215	.111
	Activities	-.021	.007	-.115***		
	Quality of Relationship	-.225	.028	-.309***		

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

Table 25

Hierarchical Regression Analysis Summary for Activities with Parents Predicting Depression in Later Adolescent Girls (N = 1482)

Block and Predictor Variable		B	SE B	β	R^2	ΔR^2
Block 1:	Covariates				.021	
	Age	.013	.009	.039		
	African American	.051	.028	.048		
	Hispanic	.033	.038	.025		
	Other Ethnicity	.149	.032	.133***		
Block 2:	Non-Teachable Skill				.057	
	Warmth	-.059	.008	-.192***		
Block 3:	Teachable Skill				.092	.036
	Activities	-.043	.006	-.193***		

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

Table 26

Hierarchical Regression Analysis Summary for Activities with Parents Predicting Quality of Relationship in Later Adolescent Girls (N = 1482)

Block and Predictor Variable		B	SE B	β	R^2	ΔR^2
Block 1:	Covariates				.007	
	Age	-.026	.013	-.052*		
	African American	.053	.043	.032		
	Hispanic	-.007	.059	-.004		
	Other Ethnicity	-.077	.050	-.045		
Block 2:	Non-Teachable Skill				.076	
	Warmth	.124	.012	.264***		
Block 3:	Teachable Skill				.149	.076
	Activities	.096	.008	.282***		

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

Table 27

Hierarchical Regression Analysis Summary for Activities with Parents and Quality of Relationship Predicting Depression in Later Adolescent Girls (N = 1480)

Block and Predictor Variable		B	SE B	β	R^2	ΔR^2
Block 1:	Covariates				.024	
	Age	.013	.009	.040		
	African American	.049	.028	.046		
	Hispanic	.033	.038	.025		
	Other Ethnicity	.149	.032	.133***		
Block 2:	Non-Teachable Skill				.060	
	Warmth	-.058	.008	-.191***		
Block 3:	Mediation Predictors				.202	.142
	Activities	-.021	.005	-.095***		
	Quality of Relationship	-.230	.016	-.353***		

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

Table 28

Hierarchical Regression Analysis Summary for Activities with Parents Predicting Depression in Early Adolescent Boys (N = 619)

Block and Predictor Variable		B	SE B	β	R^2	ΔR^2
Block 1:	Covariates				.038	
	Age	.044	.016	.110**		
	African American	.087	.033	.107**		
	Hispanic	.022	.046	.021		
	Other Ethnicity	.132	.040	.143***		
Block 2:	Non-Teachable Skill				.074	
	Warmth	-.041	.009	-.189***		
Block 3:	Teachable Skill				.087	.013
	Activities	-.018	.006	-.116**		

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

Table 29

Hierarchical Regression Analysis Summary for Activities with Parents Predicting Quality of Relationship in Early Adolescent Boys (N = 626)

Block and Predictor Variable		B	SE B	β	R^2	ΔR^2
Block 1:	Covariates				.006	
	Age	-.043	.022	-.077		
	African American	.004	.046	.003		
	Hispanic	.021	.063	.014		
	Other Ethnicity	-.038	.055	-.030		
Block 2:	Non-Teachable Skill				.073	
	Warmth	.083	.012	.273***		
Block 3:	Teachable Skill				.109	.037
	Activities	.041	.008	.196***		

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

Table 30

Hierarchical Regression Analysis Summary for Activities with Parents and Quality of Relationship Predicting Depression in Early Adolescent Boys (N = 619)

Block and Predictor Variable		B	SE B	β	R^2	ΔR^2
Block 1:	Covariates				.038	
	Age	.044	.016	.110**		
	African American	.087	.033	.107**		
	Hispanic	.022	.046	.021		
	Other Ethnicity	.132	.040	.143***		
Block 2:	Non-Teachable Skill				.074	
	Warmth	-.041	.009	-.189***		
Block 3:	Mediation Predictors				.157	.093
	Activities	-.009	.006	-.058		
	Quality of Relationship	-.219	.029	-.300***		

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

Table 31

Hierarchical Regression Analysis Summary for Activities with Parents Predicting Depression in Later Adolescent Boys (N = 1455)

Block and Predictor Variable		B	SE B	β	R^2	ΔR^2
Block 1:	Covariates				.018	
	Age	.022	.007	.078**		
	African American	.038	.024	.042		
	Hispanic	.023	.031	.021		
	Other Ethnicity	.090	.028	.093***		
Block 2:	Non-Teachable Skill				.026	
	Warmth	-.024	.007	-.093***		
Block 3:	Teachable Skill				.045	.018
	Activities	-.025	.005	-.140***		

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

Table 32

Hierarchical Regression Analysis Summary for Activities with Parents Predicting Quality of Relationship in Later Adolescent Boys (N = 1458)

Block and Predictor Variable		B	SE B	β	R^2	ΔR^2
Block 1:	Covariates				.006	
	Age	-.020	.011	-.047		
	African American	.005	.036	.003		
	Hispanic	.064	.047	.039		
	Other Ethnicity	-.091	.042	-.063*		
Block 2:	Non-Teachable Skill				.060	
	Warmth	.091	.010	.234***		
Block 3:	Teachable Skill				.116	.056
	Activities	.065	.007	.244***		

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

Table 33

Hierarchical Regression Analysis Summary for Activities with Parents and Quality of Relationship Predicting Depression in Later Adolescent Boys (N = 1454)

Block and Predictor Variable		B	SE B	β	R^2	ΔR^2
Block 1:	Covariates				.017	
	Age	.022	.007	.077**		
	African American	.039	.024	.042		
	Hispanic	.020	.031	.018		
	Other Ethnicity	.092	.028	.095***		
Block 2:	Non-Teachable Skill				.026	
	Warmth	-.024	.007	-.092***		
Block 3:	Mediation Predictors				.102	.076
	Activities	-.014	.005	-.077**		
	Quality of Relationship	-.171	.018	-.256***		

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

Table 34

Hierarchical Regression Analysis Summary for Communication with Parents Predicting Depression in Early Adolescent Girls (N = 691)

Block and Predictor Variable		B	SE B	β	R^2	ΔR^2
Block 1:	Covariates				.086	
	Age	.103	.018	.206***		
	African American	.070	.037	.070		
	Hispanic	.217	.051	.171***		
	Other Ethnicity	.061	.047	.053		
Block 2:	Non-Teachable Skill				.106	
	Warmth	-.040	.010	-.145***		
Block 3:	Teachable Skill				.107	.002
	Communication	.007	.006	.039		

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

Table 35

Hierarchical Regression Analysis Summary for Communication with Parents Predicting Quality of Relationship in Early Adolescent Girls (N = 688)

Block and Predictor Variable		B	SE B	β	R^2	ΔR^2
Block 1:	Covariates				.073	
	Age	-.171	.025	-.249***		
	African American	.015	.051	.011		
	Hispanic	-.157	.071	-.090*		
	Other Ethnicity	-.005	.064	-.003		
Block 2:	Non-Teachable Skill				.141	
	Warmth	.101	.014	.267***		
Block 3:	Teachable Skill				.146	.005
	Communication	.016	.008	.068		

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

Table 36

Hierarchical Regression Analysis Summary for Communication with Parents and Quality of Relationship Predicting Depression in Early Adolescent Girls (N = 688)

Block and Predictor Variable		B	SE B	β	R^2	ΔR^2
Block 1:	Covariates				.085	
	Age	.101	.018	.201***		
	African American	.072	.037	.072		
	Hispanic	.218	.051	.173***		
	Other Ethnicity	.062	.047	.054		
Block 2:	Non-Teachable Skill				.104	
	Warmth	-.039	.010	-.142***		
Block 3:	Mediation Predictors				.208	.104
	Communication	.011	.006	.064		
	Quality of Relationship	-.251	.027	-.345***		

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

Table 37

Hierarchical Regression Analysis Summary for Communication with Parents Predicting Depression in Later Adolescent Girls (N = 1482)

Block and Predictor Variable		B	SE B	β	R^2	ΔR^2
Block 1:	Covariates				.021	
	Age	.013	.009	.039		
	African American	.051	.028	.048		
	Hispanic	.033	.038	.025		
	Other Ethnicity	.149	.032	.133***		
Block 2:	Non-Teachable Skill				.057	
	Warmth	-.059	.008	-.192***		
Block 3:	Teachable Skill				.057	.001
	Communication	-.006	.004	-.033		

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

Table 38

Hierarchical Regression Analysis Summary for Communication with Parents Predicting Quality of Relationship in Later Adolescent Girls (N = 1482)

Block and Predictor Variable		B	SE B	β	R^2	ΔR^2
Block 1:	Covariates				.004	
	Age	-.026	.013	-.052*		
	African American	.053	.043	.032		
	Hispanic	-.007	.059	-.004		
	Other Ethnicity	-.077	.050	-.045		
Block 2:	Non-Teachable Skill				.076	
	Warmth	.124	.012	.264***		
Block 3:	Teachable Skill				.113	.040
	Communication	.054	.007	.202***		

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

Table 39

Hierarchical Regression Analysis Summary for Communication with Parents and Quality of Relationship Predicting Depression in Later Adolescent Girls (N = 1480)

Block and Predictor Variable		B	SE B	β	R^2	ΔR^2
Block 1:	Covariates				.024	
	Age	.013	.009	.040		
	African American	.049	.028	.046		
	Hispanic	.033	.038	.025		
	Other Ethnicity	.149	.032	.133***		
Block 2:	Non-Teachable Skill				.060	
	Warmth	-.058	.008	-.191***		
Block 3:	Mediation Predictors				.196	.137
	Communication	.008	.004	.048*		
	Quality of Relationship	-.255	.016	-.392***		

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

Table 40

Hierarchical Regression Analysis Summary for Communication with Parents Predicting Depression in Early Adolescent Boys (N = 619)

Block and Predictor Variable		B	SE B	β	R^2	ΔR^2
Block 1:	Covariates				.038	
	Age	.044	.016	.110**		
	African American	.087	.033	.107**		
	Hispanic	.022	.046	.021		
	Other Ethnicity	.132	.040	.143***		
Block 2:	Non-Teachable Skill				.074	
	Warmth	-.041	.009	-.189***		
Block 3:	Teachable Skill				.081	.007
	Communication	.011	.005	.085*		

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

Table 41

Hierarchical Regression Analysis Summary for Communication with Parents Predicting Quality of Relationship in Early Adolescent Boys (N = 626)

Block and Predictor Variable		B	SE B	β	R^2	ΔR^2
Block 1:	Covariates				.006	
	Age	-.043	.022	-.077		
	African American	.004	.046	.003		
	Hispanic	.021	.063	.014		
	Other Ethnicity	-.038	.055	-.030		
Block 2:	Non-Teachable Skill				.073	
	Warmth	.083	.012	.273***		
Block 3:	Teachable Skill				.072	.000
	Communication	.002	.007	.014		

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

Table 42

Hierarchical Regression Analysis Summary for Communication with Parents and Quality of Relationship Predicting Depression in Early Adolescent Boys (N = 619)

Block and Predictor Variable		B	SE B	β	R^2	ΔR^2
Block 1:	Covariates				.038	
	Age	.044	.016	.110**		
	African American	.087	.033	.107**		
	Hispanic	.022	.046	.021		
	Other Ethnicity	.132	.040	.143***		
Block 2:	Non-Teachable Skill				.066	
	Warmth	-.041	.009	-.189***		
Block 3:	Mediation Predictors				.162	.098
	Communication	.012	.005	.091*		
	Quality of Relationship	-.229	.028	-.314***		

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

Table 43

Hierarchical Regression Analysis Summary for Communication with Parents Predicting Depression in Later Adolescent Boys (N = 1406)

Block and Predictor Variable		B	SE B	β	R^2	ΔR^2
Block 1:	Covariates				.019	
	Age	.021	.008	.074**		
	African American	.035	.024	.038		
	Hispanic	.029	.032	.026		
	Other Ethnicity	.097	.028	.100***		
Block 2:	Non-Teachable Skill				.027	
	Warmth	-.024	.007	-.094***		
Block 3:	Teachable Skill				.028	.000
	Communication	.003	.004	.021		

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

Table 44

Hierarchical Regression Analysis Summary for Communication with Parents Predicting Quality of Relationship in Later Adolescent Boys (N = 1409)

Block and Predictor Variable		B	SE B	β	R^2	ΔR^2
Block 1:	Covariates				.006	
	Age	-.021	.011	-.050		
	African American	.004	.037	.003		
	Hispanic	.064	.049	.039		
	Other Ethnicity	-.092	.043	-.063*		
Block 2:	Non-Teachable Skill				.063	
	Warmth	.093	.010	.240***		
Block 3:	Teachable Skill				.078	.019
	Communication	.034	.006	.139***		

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

Table 45

Hierarchical Regression Analysis Summary for Communication with Parents and Quality of Relationship Predicting Depression in Later Adolescent Boys (N = 1454)

Block and Predictor Variable		B	SE B	β	R^2	ΔR^2
Block 1:	Covariates				.017	
	Age	.022	.007	.077**		
	African American	.039	.024	.042		
	Hispanic	.020	.031	.018		
	Other Ethnicity	.092	.028	.095***		
Block 2:	Non-Teachable Skill				.026	
	Warmth	-.024	.007	-.092***		
Block 3:	Mediation Predictors				.101	.075
	Communication	.009	.004	.061*		
	Quality of Relationship	-.191	.017	-.285***		

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

Table 46

Hierarchical Regression Analysis Summary for Dinner Predicting Depression in Early Adolescent Girls (N = 689)

Block and Predictor Variable		B	SE B	β	R^2	ΔR^2
Block 1:	Covariates				.086	
	Age	.103	.018	.206***		
	African American	.071	.037	.071		
	Hispanic	.217	.051	.172***		
	Other Ethnicity	.062	.047	.054		
Block 2:	Non-Teachable Skill				.107	
	Warmth	-.040	.010	-.146***		
Block 3:	Teachable Skill				.148	.041
	Dinner	-.038	.007	-.209***		

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

Table 47

Hierarchical Regression Analysis Summary for Dinner Predicting Quality of Relationship in Early Adolescent Girls (N = 686)

Block and Predictor Variable		B	SE B	β	R^2	ΔR^2
Block 1:	Covariates				.073	
	Age	-.171	.025	-.249***		
	African American	.016	.051	.012		
	Hispanic	-.156	.071	-.090*		
	Other Ethnicity	-.005	.065	-.003		
Block 2:	Non-Teachable Skill				.143	
	Warmth	.102	.014	.269***		
Block 3:	Teachable Skill				.167	.024
	Dinner	.040	.009	.161***		

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

Table 48

Hierarchical Regression Analysis Summary for Dinner and Quality of Relationship Predicting Depression in Early Adolescent Girls (N = 686)

Block and Predictor Variable		B	SE B	β	R^2	ΔR^2
Block 1:	Covariates				.085	
	Age	.101	.018	.201***		
	African American	.073	.037	.073*		
	Hispanic	.219	.051	.174***		
	Other Ethnicity	.063	.047	.055		
Block 2:	Non-Teachable Skill				.105	
	Warmth	-.039	.010	-.143***		
Block 3:	Mediation Predictors				.228	.123
	Dinner	-.029	.006	-.160***		
	Quality of Relationship	-.228	.027	-.313***		

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

Table 49

Hierarchical Regression Analysis Summary for Dinner Predicting Depression in Later Adolescent Girls (N = 1482)

Block and Predictor Variable		B	SE B	β	R^2	ΔR^2
Block 1:	Covariates				.023	
	Age	.013	.009	.039		
	African American	.051	.028	.048		
	Hispanic	.033	.038	.025		
	Other Ethnicity	.149	.032	.133***		
Block 2:	Non-Teachable Skill				.060	
	Warmth	-.059	.008	-.192***		
Block 3:	Teachable Skill				.084	.024
	Dinner	-.026	.004	-.160***		

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

Table 50

Hierarchical Regression Analysis Summary for Dinner Predicting Quality of Relationship in Later Adolescent Girls (N = 1483)

Block and Predictor Variable		B	SE B	β	R^2	ΔR^2
Block 1:	Covariates				.006	
	Age	-.026	.013	-.051		
	African American	.051	.043	.032		
	Hispanic	-.010	.059	-.005		
	Other Ethnicity	-.073	.050	-.043		
Block 2:	Non-Teachable Skill				.076	
	Warmth	.124	.012	.265***		
Block 3:	Teachable Skill				.124	.048
	Dinner	.057	.006	.228***		

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

Table 51

Hierarchical Regression Analysis Summary for Dinner and Quality of Relationship Predicting Depression in Later Adolescent Girls (N = 1480)

Block and Predictor Variable		B	SE B	β	R^2	ΔR^2
Block 1:	Covariates				.024	
	Age	.013	.009	.040		
	African American	.049	.028	.046		
	Hispanic	.033	.038	.025		
	Other Ethnicity	.149	.032	.122***		
Block 2:	Non-Teachable Skill				.060	
	Warmth	-.058	.008	-.191***		
Block 3:	Mediation Predictors				.200	.140
	Dinner	-.013	.004	-.079**		
	Quality of Relationship	-.237	.016	-.363***		

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

Table 52

Hierarchical Regression Analysis Summary for Dinner Predicting Depression in Early Adolescent Boys (N = 616)

Block and Predictor Variable		B	SE B	β	R^2	ΔR^2
Block 1:	Covariates				.035	
	Age	.041	.016	.102*		
	African American	.078	.033	.095*		
	Hispanic	.021	.046	.020		
	Other Ethnicity	.132	.039	.144**		
Block 2:	Non-Teachable Skill				.070	
	Warmth	-.041	.009	-.188**		
Block 3:	Teachable Skill				.084	.014
	Dinner	-.019	.006	-.119**		

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

Table 53

Hierarchical Regression Analysis Summary for Dinner Predicting Quality of Relationship in Early Adolescent Boys (N = 623)

Block and Predictor Variable		B	SE B	β	R^2	ΔR^2
Block 1:	Covariates				.006	
	Age	-.041	.023	-.074		
	African American	.003	.047	.002		
	Hispanic	.019	.063	.013		
	Other Ethnicity	-.040	.055	-.031		
Block 2:	Non-Teachable Skill				.081	
	Warmth	.083	.012	.274***		
Block 3:	Teachable Skill				.100	.019
	Dinner	.031	.008	.141***		

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

Table 54

Hierarchical Regression Analysis Summary for Dinner and Quality of Relationship Predicting Depression in Early Adolescent Boys (N = 616)

Block and Predictor Variable		B	SE B	β	R^2	ΔR^2
Block 1:	Covariates				.035	
	Age	.041	.016	.102*		
	African American	.078	.033	.095*		
	Hispanic	.021	.046	.020		
	Other Ethnicity	.132	.039	.144***		
Block 2:	Non-Teachable Skill				.070	
	Warmth	-.041	.009	-.188***		
Block 3:	Mediation Predictors				.169	.099
	Dinner	-.013	.006	-.080*		
	Quality of Relationship	-.224	.028	-.307***		

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

Table 55

Hierarchical Regression Analysis Summary for Dinner Predicting Depression in Later Adolescent Boys (N = 1455)

Block and Predictor Variable		B	SE B	β	R^2	ΔR^2
Block 1:	Covariates				.017	
	Age	.022	.007	.076**		
	African American	.038	.024	.041		
	Hispanic	.021	.031	.019		
	Other Ethnicity	.092	.028	.095***		
Block 2:	Non-Teachable Skill				.026	
	Warmth	-.024	.007	-.091***		
Block 3:	Teachable Skill				.040	.014
	Dinner	-.018	.004	-.125***		

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

Table 56

Hierarchical Regression Analysis Summary for Dinner Predicting Quality of Relationship in Later Adolescent Boys (N = 1459)

Block and Predictor Variable		B	SE B	β	R^2	ΔR^2
Block 1:	Covariates				.006	
	Age	-.020	.011	-.047		
	African American	.003	.036	.002		
	Hispanic	.065	.047	.039		
	Other Ethnicity	-.090	.042	-.062*		
Block 2:	Non-Teachable Skill				.061	
	Warmth	.091	.010	.235***		
Block 3:	Teachable Skill				.100	.039
	Dinner	.045	.006	.207***		

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

Table 57

Hierarchical Regression Analysis Summary for Dinner and Quality of Relationship Predicting Depression in Later Adolescent Boys (N = 1455)

Block and Predictor Variable		B	SE B	β	R^2	ΔR^2
Block 1:	Covariates				.017	
	Age	.022	.007	.076**		
	African American	.038	.024	.041		
	Hispanic	.021	.031	.019		
	Other Ethnicity	.092	.028	.095***		
Block 2:	Non-Teachable Skill				.026	
	Warmth	-.024	.007	-.091***		
Block 3:	Mediation Predictors				.101	.075
	Dinner	-.010	.004	-.072**		
	Quality of Relationship	-.174	.018	-.260***		

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

Table 58

Hierarchical Regression Analysis Summary for Parental Monitoring Predicting Depression in Early Adolescent Girls (N = 686)

Block and Predictor Variable		B	SE B	β	R^2	ΔR^2
Block 1:	Covariates				.085	
	Age	.103	.018	.205***		
	African American	.065	.037	.065		
	Hispanic	.216	.051	.171***		
	Other Ethnicity	.061	.047	.053		
Block 2:	Non-Teachable Skill				.106	
	Warmth	-.041	.010	-.148***		
Block 3:	Teachable Skill				.107	.001
	Monitoring	.009	.009	.037		

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

Table 59

Hierarchical Regression Analysis Summary for Parental Monitoring Predicting Quality of Relationship in Early Adolescent Girls (N = 684)

Block and Predictor Variable		B	SE B	β	R^2	ΔR^2
Block 1:	Covariates				.072	
	Age	-.170	.026	-.247***		
	African American	.021	.051	.015		
	Hispanic	-.156	.071	-.090*		
	Other Ethnicity	-.005	.065	-.003		
Block 2:	Non-Teachable Skill				.142	
	Warmth	.102	.014	.269***		
Block 3:	Teachable Skill				.142	.000
	Monitoring	-.007	.012	-.021		

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

Table 60

Hierarchical Regression Analysis Summary for Parental Monitoring and Quality of Relationship Predicting Depression in Early Adolescent Girls (N = 684)

Block and Predictor Variable		B	SE B	β	R^2	ΔR^2
Block 1:	Covariates				.084	
	Age	.100	.018	.200***		
	African American	.067	.037	.067		
	Hispanic	.217	.051	.173***		
	Other Ethnicity	.062	.047	.054		
Block 2:	Non-Teachable Skill				.104	
	Warmth	-.040	.010	-.145***		
Block 3:	Mediation Predictors				.203	.099
	Monitoring	.008	.009	.031		
	Quality of Relationship	-.245	.027	-.337***		

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

Table 61

Hierarchical Regression Analysis Summary for Parental Monitoring Predicting Depression in Later Adolescent Girls (N = 1478)

Block and Predictor Variable		B	SE B	β	R^2	ΔR^2
Block 1:	Covariates				.021	
	Age	.014	.009	.042		
	African American	.047	.028	.045		
	Hispanic	.031	.038	.024		
	Other Ethnicity	.151	.032	.135***		
Block 2:	Non-Teachable Skill				.057	
	Warmth	-.059	.008	-.192***		
Block 3:	Teachable Skill				.067	.011
	Monitoring	.032	.008	.107***		

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

Table 62

Hierarchical Regression Analysis Summary for Parental Monitoring Predicting Quality of Relationship in Later Adolescent Girls (N = 1478)

Block and Predictor Variable		B	SE B	β	R^2	ΔR^2
Block 1:	Covariates				.004	
	Age	-.028	.013	-.054*		
	African American	.058	.043	.035		
	Hispanic	-.008	.058	-.004		
	Other Ethnicity	-.077	.050	-.045		
Block 2:	Non-Teachable Skill				.073	
	Warmth	.123	.012	.263***		
Block 3:	Teachable Skill				.076	.004
	Monitoring	-.030	.012	-.066*		

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

Table 63

Hierarchical Regression Analysis Summary for Parental Monitoring and Quality of Relationship Predicting Depression in Later Adolescent Girls (N = 1476)

Block and Predictor Variable		B	SE B	β	R^2	ΔR^2
Block 1:	Covariates				.024	
	Age	.014	.009	.042		
	African American	.045	.028	.042		
	Hispanic	.031	.038	.024		
	Other Ethnicity	.152	.032	.136***		
Block 2:	Non-Teachable Skill				.060	
	Warmth	-.058	.008	-.190***		
Block 3:	Mediation Predictors				.201	.141
	Monitoring	.024	.007	.083***		
	Quality of Relationship	-.246	.016	-.376***		

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

Table 64

Hierarchical Regression Analysis Summary for Parental Monitoring Predicting Depression in Early Adolescent Boys (N = 610)

Block and Predictor Variable		B	SE B	β	R^2	ΔR^2
Block 1:	Covariates				.039	
	Age	.045	.016	.111**		
	African American	.089	.033	.108**		
	Hispanic	.020	.046	.019		
	Other Ethnicity	.136	.040	.146***		
Block 2:	Non-Teachable Skill				.076	
	Warmth	-.042	.009	-.192***		
Block 3:	Teachable Skill				.072	.005
	Monitoring	.015	.008	.070		

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

Table 65

Hierarchical Regression Analysis Summary for Parental Monitoring Predicting Quality of Relationship in Early Adolescent Boys (N = 617)

Block and Predictor Variable		B	SE B	β	R^2	ΔR^2
Block 1:	Covariates				.007	
	Age	-.045	.023	-.080*		
	African American	.005	.047	.004		
	Hispanic	.025	.063	.017		
	Other Ethnicity	-.047	.056	-.037		
Block 2:	Non-Teachable Skill				.074	
	Warmth	.082	.012	.272***		
Block 3:	Teachable Skill				.078	.006
	Monitoring	.023	.011	.080*		

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

Table 66

Hierarchical Regression Analysis Summary for Parental Monitoring and Quality of Relationship Predicting Depression in Early Adolescent Boys (N = 610)

Block and Predictor Variable		B	SE B	β	R^2	ΔR^2
Block 1:	Covariates				.033	
	Age	.045	.016	.111**		
	African American	.089	.033	.108**		
	Hispanic	.020	.046	.019		
	Other Ethnicity	.136	.040	.146***		
Block 2:	Non-Teachable Skill				.068	
	Warmth	-.042	.009	-.192***		
Block 3:	Mediation Predictors				.166	.099
	Monitoring	.020	.008	.094*		
	Quality of Relationship	-.235	.028	-.322***		

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

Table 67

Hierarchical Regression Analysis Summary for Parental Monitoring Predicting Depression in Later Adolescent Boys (N = 1455)

Block and Predictor Variable		B	SE B	β	R^2	ΔR^2
Block 1:	Covariates				.017	
	Age	.022	.007	.077**		
	African American	.038	.024	.042		
	Hispanic	.022	.031	.021		
	Other Ethnicity	.090	.028	.093***		
Block 2:	Non-Teachable Skill				.026	
	Warmth	-.024	.007	-.091***		
Block 3:	Teachable Skill				.041	.015
	Monitoring	.029	.006	.128***		

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

Table 68

Hierarchical Regression Analysis Summary for Parental Monitoring Predicting Quality of Relationship in Later Adolescent Boys (N = 1457)

Block and Predictor Variable		B	SE B	β	R^2	ΔR^2
Block 1:	Covariates				.006	
	Age	-.020	.011	-.048		
	African American	.000	.036	.000		
	Hispanic	.066	.047	.040		
	Other Ethnicity	-.090	.042	-.062*		
Block 2:	Non-Teachable Skill				.060	
	Warmth	.091	.010	.234***		
Block 3:	Teachable Skill				.064	.004
	Monitoring	-.023	.009	-.069**		

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

Table 69

Hierarchical Regression Analysis Summary for Parental Monitoring and Quality of Relationship Predicting Depression in Later Adolescent Boys (N = 1454)

Block and Predictor Variable		B	SE B	β	R^2	ΔR^2
Block 1:	Covariates				.017	
	Age	.022	.007	.076**		
	African American	.038	.024	.042		
	Hispanic	.020	.031	.018		
	Other Ethnicity	.092	.028	.095***		
Block 2:	Non-Teachable Skill				.025	
	Warmth	-.023	.007	-.090***		
Block 3:	Mediation Predictors				.107	.082
	Monitoring	.025	.006	.109***		
	Quality of Relationship	-.178	.017	-.267***		

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

Table 70

Hierarchical Regression Analysis Summary for Parental Presence Predicting Depression in Early Adolescent Girls (N = 691)

Block and Predictor Variable		B	SE B	β	R^2	ΔR^2
Block 1:	Covariates				.086	
	Age	.103	.018	.206***		
	African American	.070	.037	.070		
	Hispanic	.217	.051	.171***		
	Other Ethnicity	.061	.047	.053		
Block 2:	Non-Teachable Skill				.106	
	Warmth	-.040	.010	-.145***		
Block 3:	Teachable Skill				.106	.000
	Parental Presence	-.008	.016	-.018		

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

Table 71

Hierarchical Regression Analysis Summary for Parental Presence Predicting Quality of Relationship in Early Adolescent Girls (N = 688)

Block and Predictor Variable		B	SE B	β	R^2	ΔR^2
Block 1:	Covariates				.073	
	Age	-.171	.025	-.249***		
	African American	.015	.051	.011		
	Hispanic	-.157	.071	-.090*		
	Other Ethnicity	-.005	.064	-.003		
Block 2:	Non-Teachable Skill				.141	
	Warmth	.101	.014	.267***		
Block 3:	Teachable Skill				.142	.001
	Parental Presence	.019	.021	.032		

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

Table 72

Hierarchical Regression Analysis Summary for Parental Presence and Quality of Relationship Predicting Depression in Early Adolescent Girls (N = 688)

Block and Predictor Variable		B	SE B	β	R^2	ΔR^2
Block 1:	Covariates				.085	
	Age	.101	.018	.201***		
	African American	.072	.037	.072		
	Hispanic	.218	.051	.173***		
	Other Ethnicity	.062	.047	.054		
Block 2:	Non-Teachable Skill				.104	
	Warmth	-.039	.010	-.142***		
Block 3:	Mediation Predictors				.204	.099
	Parental Presence	-.002	.015	-.004		
	Quality of Relationship	-.248	.027	-.340***		

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

Table 73

Hierarchical Regression Analysis Summary for Parental Presence Predicting Depression in Later Adolescent Girls (N = 1481)

Block and Predictor Variable		B	SE B	β	R^2	ΔR^2
Block 1:	Covariates				.021	
	Age	.013	.009	.040		
	African American	.049	.028	.046		
	Hispanic	.033	.038	.025		
	Other Ethnicity	.149	.032	.133***		
Block 2:	Non-Teachable Skill				.057	
	Warmth	-.059	.008	-.192***		
Block 3:	Teachable Skill				.057	.001
	Parental Presence	.015	.012	.032		

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

Table 74

Hierarchical Regression Analysis Summary for Parental Presence Predicting Quality of Relationship in Later Adolescent Girls (N = 1482)

Block and Predictor Variable		B	SE B	β	R^2	ΔR^2
Block 1:	Covariates				.003	
	Age	-.025	.013	-.049		
	African American	.051	.043	.031		
	Hispanic	-.010	.059	-.005		
	Other Ethnicity	-.073	.050	-.043		
Block 2:	Non-Teachable Skill				.073	
	Warmth	.124	.012	.265***		
Block 3:	Teachable Skill				.073	.001
	Parental Presence	.025	.018	.034		

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

Table 75

Hierarchical Regression Analysis Summary for Parental Presence and Quality of Relationship Predicting Depression in Later Adolescent Girls (N = 1479)

Block and Predictor Variable		B	SE B	β	R^2	ΔR^2
Block 1:	Covariates				.023	
	Age	.014	.009	.040		
	African American	.046	.028	.043		
	Hispanic	.033	.038	.025		
	Other Ethnicity	.149	.032	.133***		
Block 2:	Non-Teachable Skill				.060	
	Warmth	-.058	.008	-.191***		
Block 3:	Mediation Predictors				.195	.135
	Parental Presence	.021	.011	.045		
	Quality of Relationship	-.249	.016	-.381***		

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

Table 76

Hierarchical Regression Analysis Summary for Parental Presence Predicting Depression in Early Adolescent Boys (N = 619)

Block and Predictor Variable		B	SE B	β	R^2	ΔR^2
Block 1:	Covariates				.038	
	Age	.044	.016	.110**		
	African American	.087	.033	.107**		
	Hispanic	.022	.046	.021		
	Other Ethnicity	.132	.040	.143***		
Block 2:	Non-Teachable Skill				.074	
	Warmth	-.041	.009	-.189***		
Block 3:	Teachable Skill				.079	.005
	Parental Presence	.027	.014	.074		

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

Table 77

Hierarchical Regression Analysis Summary for Parental Presence Predicting Quality of Relationship in Early Adolescent Boys (N = 626)

Block and Predictor Variable		B	SE B	β	R^2	ΔR^2
Block 1:	Covariates				.006	
	Age	-.043	.022	-.077		
	African American	.004	.046	.003		
	Hispanic	.021	.063	.014		
	Other Ethnicity	-.038	.055	-.030		
Block 2:	Non-Teachable Skill				.073	
	Warmth	.083	.012	.273***		
Block 3:	Teachable Skill				.073	.001
	Parental Presence	-.017	.019	-.034		

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

Table 78

Hierarchical Regression Analysis Summary for Parental Presence and Quality of Relationship Predicting Depression in Early Adolescent Boys (N = 619)

Block and Predictor Variable		B	SE B	β	R^2	ΔR^2
Block 1:	Covariates				.038	
	Age	.044	.016	.110**		
	African American	.087	.033	.107**		
	Hispanic	.022	.046	.021		
	Other Ethnicity	.132	.040	.143***		
Block 2:	Non-Teachable Skill				.074	
	Warmth	-.041	.009	-.189***		
Block 3:	Mediation Predictors				.167	.093
	Parental Presence	.022	.013	.060		
	Quality of Relationship	-.226	.028	-.309***		

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

Table 79

Hierarchical Regression Analysis Summary for Parental Presence Predicting Depression in Later Adolescent Boys (N = 1456)

Block and Predictor Variable		B	SE B	β	R^2	ΔR^2
Block 1:	Covariates				.017	
	Age	.022	.007	.077**		
	African American	.038	.024	.041		
	Hispanic	.023	.031	.021		
	Other Ethnicity	.090	.028	.093***		
Block 2:	Non-Teachable Skill				.026	
	Warmth	-.024	.007	-.092***		
Block 3:	Teachable Skill				.026	.000
	Parental Presence	.004	.011	.009		

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

Table 80

Hierarchical Regression Analysis Summary for Parental Presence Predicting Quality of Relationship in Later Adolescent Boys (N = 1460)

Block and Predictor Variable		B	SE B	β	R^2	ΔR^2
Block 1:	Covariates				.006	
	Age	-.020	.011	-.047		
	African American	.003	.036	.002		
	Hispanic	.065	.047	.040		
	Other Ethnicity	-.090	.042	-.062*		
Block 2:	Non-Teachable Skill				.061	
	Warmth	.091	.010	.236***		
Block 3:	Teachable Skill				.064	.003
	Parental Presence	.036	.016	.057*		

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

Table 81

Hierarchical Regression Analysis Summary for Parental Presence and Quality of Relationship Predicting Depression in Later Adolescent Boys (N = 1455)

Block and Predictor Variable		B	SE B	β	R^2	ΔR^2
Block 1:	Covariates				.017	
	Age	.022	.007	.076**		
	African American	.038	.024	.041		
	Hispanic	.020	.031	.018		
	Other Ethnicity	.092	.028	.095***		
Block 2:	Non-Teachable Skill				.026	
	Warmth	-.024	.007	-.091***		
Block 3:	Mediation Predictors				.097	.071
	Parental Presence	.011	.011	.026		
	Quality of Relationship	-.184	.017	-.267***		

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

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APPENDIX
Appendix A: Institutional Review Board Approval

TEACHERS COLLEGE
COLUMBIA UNIVERSITY
OFFICE OF SPONSORED PROGRAMS

Institutional Review Board

March 25, 2013

Elizabeth Katcher
45 West 67th Street, Apt 17A
New York, NY 10023

Dear Elizabeth,

Thank you for submitting your study entitled, "*A Longitudinal Study of Parenting and Maladaptive Outcomes in Adolescents: The Unique Contributions of Attention and Engagement*;" the IRB has determined that your study is **Exempt** from committee review [Category 4].

Please keep in mind that the IRB Committee must be contacted if there are any changes to your research protocol. The number assigned to your protocol is **13-232**. Feel free to contact the IRB Office [212-678-4105 or hersch@tc.edu] if you have any questions.

Best wishes for your research work.

Sincerely,



Karen Froud, Ph.D.
Associate Professor of Speech and Language Pathology
Chair, IRB

cc: File, OSP