

Introduction:

Background:

Internalizing Symptoms:

Internalizing symptoms are symptoms cannot necessarily be seen.

- Examples of internalized symptoms include, suicidal thoughts, being withdrawn, and unexplained bodily problems.
- High levels of internalized symptoms are associated with a higher risk for difficulties in social adjustment and increased risk for substance use (Brumariu & Kerns, 2010).

Expressed Emotion:

Expressed Emotion (EE) is how the caregiver describes their child and the nature of their relationship with their child.

- High expressed emotion indicates a caregiver who is critical or disapproving of their child, with few positive things to say.
- Excessive negative comments have been linked to creating a hostile and stressful environment (Frye, & Garber, 2005).
- Criticism correlates with non-suicidal self injury adolescents (Tschan, 2022).
- Narrative coherence in how the child is described has been associated with child behavior problems. (Sher-Censor & Yates, 2015).
- The Five-Minute Speech Sample can be used to measure Expressed Emotion by measuring warmth, disapproval, criticism, and narrative coherence (Cher-Sensor & Yates, 2015).

Caveats in the Literature:

When reviewing the literature, several issues with expressed emotion research were found:

- Expressed Emotion should be measured in a variety of ways and account for cultural differences (Nelemans, et al., 2013).
- Criticism may be underrepresented in correlational data (Hooley and Parker 2006).
- Narrative Coherence is influenced by education (Sher-Censor, et al., 2018).

Hypothesis:

We hypothesize: a) a negative correlation between positive EE and the child's internalizing symptoms; b) a positive correlation between negative EE and the child's internalizing symptoms; and c) a negative correlation between EE coherence and the child's internalizing symptoms.

Method:

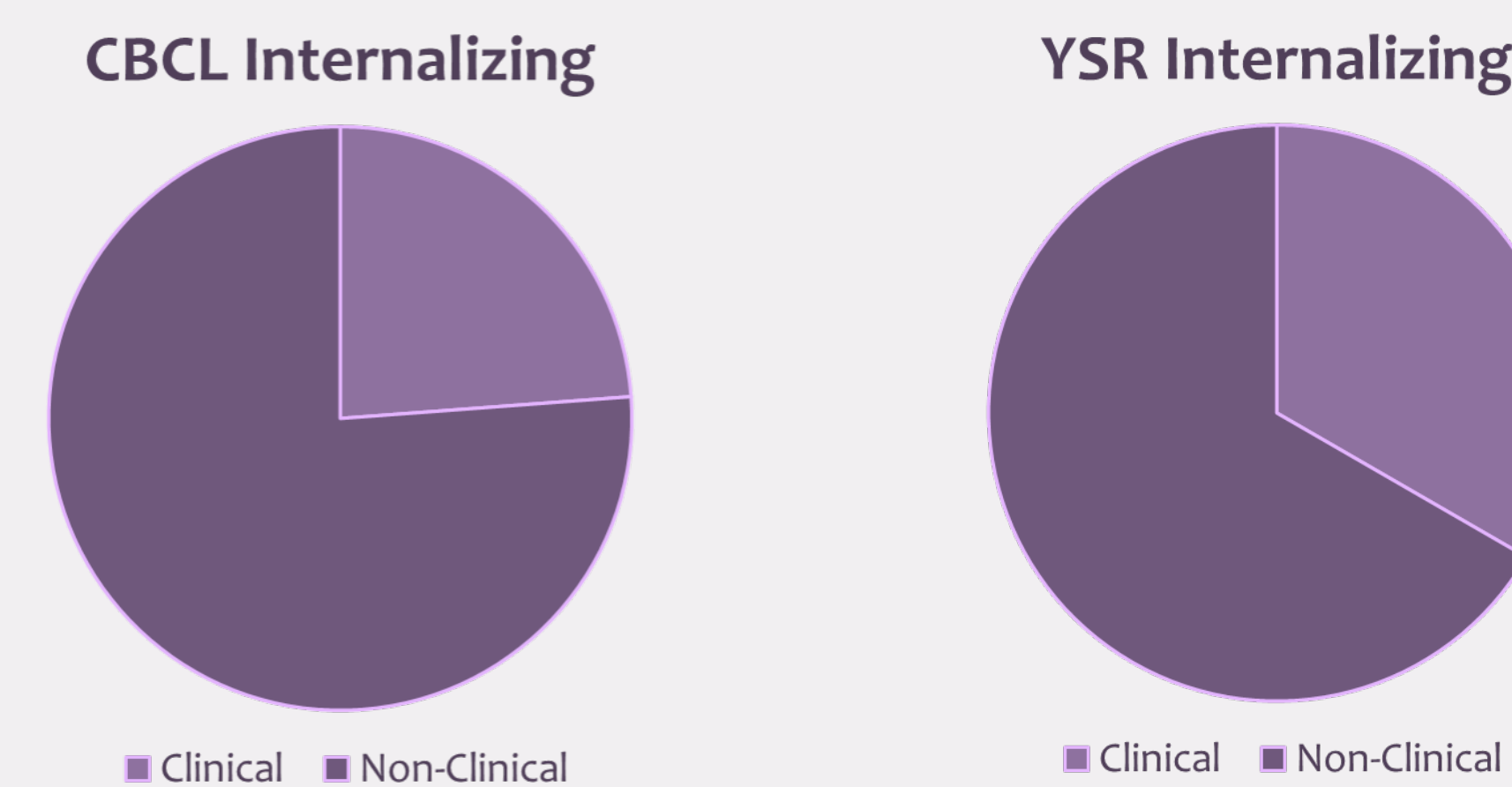
Participants:

- Twenty-one families living in rural Kentucky, primarily low-moderate income and Caucasian
- Majority of primary caregivers were mothers
- Children's age ranged from 16-18; average age 16.8 years old
- Children were about half male and half female

Measures:

Child Behavior Checklist (CBCL):

The Child Behavior Checklist measures adolescent internalizing and externalizing symptoms with a separate self-report (YSR) and parent report (CBCL). It is 112 items on a 0-2 scale. Adolescents scoring at or above the 93rd percentile are considered clinical.



Five-Minute Speech Sample (FMSS):

The Five-Minute Speech Sample (FMSS: Magaña-Amato 1993) is an exercise that requires parents to talk about their child and the parent-child relationship for five uninterrupted minutes. We determined the total number of positive and negative remarks the parent made and then divided by the minutes they spoke.

Positive Remarks are defined by the parent displaying approval towards the child's achievements, character, or attitude

Ex. "She's a wonderful child." "Very sweet to their siblings."

Negative Remarks indicate a critical or irritated view towards the child.

Ex. "She back talks." "He's going to be a sociopath one day."

Narrative Coherence was rated separately, using a published 7-point scale (Cher-Sensor & Yates, 2015). Narrative coherence is a parent's ability to communicate thoughts effectively, and generally providing a positive view of their child. The extreme ends of the scale are: 1- *the caregiver is not engaged and providing a description of the child* 7- *the caregiver constructs a comprehensive, integrative, and complex portrayal of the child and their relationship* (Cher-Sensor & Yates, 2015).

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Results:

No correlations were found between positive remarks and internalizing symptoms, negative remarks and internalizing symptoms, or coherence and internalizing symptoms. Analyses were completed via Pearson correlations.

Table 1

Correlations between FMSS and CBCL data^a

Variable	N	M	SD	1	2	3	4	5
1. FMSS Positive Per Min.	17	.16	14.19	----				
2. FMSS Negative Per Min.	17	.08	6.00	.03	----			
3. FMSS Coherence	17	3.94	1.00	.48	-.12	----		
4. CBCL Internalizing Symptoms	21	54.33	11.80	-.36	.28	-.24	----	
5. YSR Internalizing Symptoms	21	55.14	10.00	-.07	-.18	.21	.36	----

a. Listwise $p > .05$, demonstrating no significance.

Discussion:

Limitations:

- Small sample size limits power of analyses
- Social desirability may lead to a positive bias in the FMSS data
- Regional mental health stigma may lead to decreased reporting of symptoms

Future Research:

- Using measures besides self-report, particularly observational and/or interview assessments
- Refining the Narrative Coherence scale to better fit parent-teen data

Conclusion:

Our results failed to provide support for our hypotheses, as we found no correlational significance between our variables.

References:

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