# INTERGENERATIONAL TRANSMISSION OF RISKS FOR PSYCHOPATHOLOGY FROM PARENTS TO THEIR CHILDREN: GENDER-SPECIFIC PATHWAY

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**NATIONAL UNIVERSITY OF MODERN LANGUAGES**

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By

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NATIONAL UNIVERSITY OF MODERN LANGUAGES FACULTY OF SOCIAL SCIENCES

# THESIS AND DEFENSE APPROVAL FORM

**The undersigned certify that they have read the following thesis, examined the defense, are satisfied with the overall exam performance, and recommend the thesis to the Faculty of Social Sciences for acceptance.**

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Candidate of **Master of Philosophy** at the National University of Modern Languages do hereby declare that the thesis **"Intergenerational Transmission of risks for Psychopathology from Parents to their Children: Gender-Specific pathway"** submitted by me in partial fulfillment of MPhil degree, is my original work, and has not been submitted or published earlier. I also solemnly declare that it shall not, in future, be submitted by me for obtaining any other degree from this or any other university or institution.

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# ABSTRACT

**Title:** Intergenerational Transmission of Risks for Psychopathology from Parents to their Children: Gender-Specific Pathway

This research investigates the intergenerational transmission of risks for psychopathology from parents to their children: gender-specific pathway, mediated by parenting practices, stressful life events and psychological dysregulation and moderating role of temperament styles and social cognitive skills between mediators and adolescent's psychopathology. The research was carried out in two phases namely the pilot study and main study. The cultural appropriateness and language difficulty of the scales in Urdu was carried out and two scales namely Student Stress Inventory (SSI) and Social Cognitive screening questionnaire (SCSQ), were translated in Urdu for present study. The main study comprised of a sample of 100 families including 50 (parents with psychopathology) and 50 (parents without psychopathology) and their two adolescents one girl and one boy within the age range 12-19 years (Mean=16.87, SD = 2.00)) from Islamabad and Rawalpindi. The variables were assessed by using Alabama parenting questionnaire-child form (APQ; Shelton, Frick, & Wooton, 1996), Adult self-report (Achenbach and Rescorla 2003), abbreviated dysregulation inventory (ADI; Mezzich, Tarter, Giancola, & Kirisci, 2001), youth self-report (Achenbach, 2001), Early Adolescents Temperament Questionnaire-revised (Ellis & Rothbart, 2001) and Social Cognitive Screening Questionnaire (Roberts, 2011). The results obtained revealed that the proposed model for the research was validated and accepted as the association of the parents' psychopathology from both father and mother were significantly positively related to adolescent's psychopathology. The interaction of parenting practices, stressful life events and psychological dysregulation with the parents' psychopathology and adolescent's psychopathology also revealed to be a significant contributor in the transmission of psychopathology from parents to their children. The impact of moderators namely Effortful control, negative affect and social cognitive skills was also found to be significant contributor in the association of research variables. The results of intergenerational transmission of

psychopathology from parents to their children: gender specific pathway, showed that Fathers internalizing disorders had a significant association with internalizing and externalizing disorders for girls but not for boys. Fathers externalizing disorders was significantly related to externalizing disorders for girls and boys. Mothers internalizing disorders was significant related to boys externalizing disorders only and mothers externalizing disorders had a significant association with internalizing and externalizing disorders for girls and internalizing disorders for boys. To summarize, the current study will be a valuable addition to the field of psychopathology since it will raise awareness about transmission of psychopathology and the mechanisms involved in this transmission, allowing for the development and implementation of timely preventative measures and therapies.

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# DEDICATION

This thesis is dedicated to my Father for his love, endless support and encouragement.

# CHAPTER I

# INTRODUCTION

Pakistan is the fifth most populous country in the world with a population of over 210 million (U.S Census Bureau, 2020) Pakistan has a young population with 40.49 percent falling in the range of 10-29 years of age. According to the United Nations International Children's Emergency Fund (UNICEF, 2011), adolescents alone form 23% of the total population of Pakistan which is the fifth largest (41 million) in the world. World Health Organization (WHO) defines adolescents as individuals who have their ages between 10-19 years (WHO, 2005).

Adolescence defines as a phase of transition and acquiring skills that are required to move from the childhood to adulthood phase. The word adolescence is derived from the Latin word “adolescere” which means to grow from childhood to adulthood. According to G. Stanley Hall’s (1904) the adolescence is the phase that contains constant transition and he defined this period as a phase of “storm and stress” in which all young children have some kind of emotional and behavioral change and later they develop more stable emotions and behavior in adulthood. However, the term adolescents lack a specific general definition because throughout in research literature varying ages have been referred as adolescents. Adolescence is a period of transition in which a person's physical, sexual, cognitive, identity, and relationships with parents and peers undergo significant changes. These transitional changes are followed by different types of stressors like educational, interpersonal, environmental, etc. and these stressors is likely to impair their adjustment in later life (Seiffge-Krenke et al., 2010), Negative events and stressors may be more harmful and affect brain function, resulting in major psychiatric consequences later in life (Fine & Sung,

2014). Furthermore, this is the very crucial phase of life in which many psychological problems emerge, some studies find out the association between age and the onset of psychopathology mainly depression and anxiety among adolescents, they found that most depressive disorders first appear 13 to 16. (Hoek et al., 2012, Orgilés et al., 2012; Lewinsohn et al., 2000).

## 1.1 Rationale of the Study

Around 20% of children worldwide suffer from mental problems, with a prevalence of psychiatric morbidity ranging from 10% to 20% among children in community samples. Parental psychopathology transmitted through parenting styles to their offspring's and linked to a significantly higher risk of psychological problems in children. (Beardslee et al., 2011; Elgar et al., 2007; Goodman & Gotlib, 1999, 2002). Parents psychopathology difficulties often use faulty parenting practices including less verbal and emotional responsiveness to their children and having unpredictable behavior like irritability, low involvement, and poor monitoring (Cummings et al., 2005; Capaldi et al., 2003; Gearing et al., 2012; Hops et al., 2003; Lovejoy et al., 2000; Prevatt, 2003; Mowbray et al., 2002; Conger et al., 2003; Oyserman et al., 2000). Children of parents having psychopathology with negative parenting consistently show higher levels of developmental, emotional, and behavioral difficulties than children having parents with positive parenting behavior. (Vostanis et al., 2006; Berg-Nielsen, 2002; Donatelli et al., 2010; Johnson, 2001; Goodman et al., 2011).

As highlighted in the above mentioned theoretical findings considerable empirical support exists documenting parental psychopathology interferes with parenting quality and is associated with a significant greater risk of behavioral problems and other psychopathology in children (Beardslee et al., 2011; Downey & Coyne, 1990;

Elgar, Mills, McGrath, Waschbusch, & Brownridge, 2007; Goodman & Gotlib, 1999, 2002). Parents with psychopathology exhibit range of difficulties with parenting including decreased verbal and emotional responsiveness as well as more negative and unpredictable parenting behaviors such as irritability, harsh, punitive and inconsistent discipline, low warmth/involvement, nurturance and poor monitoring (Cummings et al., 2005; Gearing et al., 2012; Lovejoy et al., 2000; Mowbray et al., 2002; Oyserman et al., 2000). Children of these parents consistently show increased levels of developmental, emotional, and behavioral problems relative to those in the general community (Anderson & Hammen, 1993; Beardslee et al., 1998; Donatelli et al., 2010; Goodman et al., 2011; Maybery et al., 2005; Miller et al., 2002; Mordoch & Hall, 2002).

In Pakistani context, researchers explored the impact of parenting practices on child development (Akhter et al., 2011; Sabih, 2020; Fatima, & Sheikh, 2009; Sarwar, 2016; Loona, 2013; Kausar, & Shafique, 2008) and these studies focused behavioral problems of the children and adolescents either with parenting practices or child-parent relationship. Sabih et al (2020) conducted a study on parental psychopathology and its link with child behavioral problems on clinical and general population. It is hard to find any research evidence in which parental psychopathology was explored with reverence to the mechanism responsible for this transmission of disease to their offspring adolescent children. The present study not only explored the psychopathology in terms of externalizing and internalizing problems in parents and children of clinically diagnosed parent with depression and parent with no psychopathology but also investigated the mediating role of parenting practices. Some previous literature is available on the prevalence of emotional and behavioral

problems in children of normal parents (Syed & Hussein, 2009; Hussein, 2008; Masood, 2008; Saleem & Mahmood, 2013).

Literature is scarce and mostly focuses on mother psychopathology mainly depression and anxiety and its transmission to their female children. The current study simultaneously examined the transmission of internalizing and externalizing symptoms across the generations, with special attention to the gender-specific pathway of influence. By including both mother and father with or without psychopathology, the relative influence of each parent on their children problematic behaviors was explored.

## 1.2 Statement of the Problem

There is a high rate of child related problems, these problems somehow transmitted through parents to their children. A large body of research suggests that symptoms of mental illness in parents become reflected in family and parent–child interactions, affecting the nature and quality of caregiving and, in turn, both short and long-term child outcomes (Beardslee, Gladstone & O'Conner, 2011; Downey & Coyne, 1990; Goodman & Gotlib, 1999, 2002). There is reason to believe that these parenting processes are part of a larger set of factors that contribute to patterns of intergenerational transmission of problems (Zahn-Waxler, Duggal & Gruber, 2002). That parental psychopathology is one of the leading factor behind the poor or dysfunctional parenting practices. Parental psychopathology is now considered to be the important point of intervention for at-risk children and youth. The goal of the present study is to evaluate the relationship between parental psychopathology and adolescent's psychopathology and to study the mediating role of parenting practices, stressful life events and psychological dysregulation. Moreover, it attempts to explore moderating role of adolescents' temperament styles and social cognitive skills on the

relationship between parenting practices, stressful life events, psychological dysregulation and adolescent's psychopathology.

## 1.3 Research Objectives

The below mentioned are the objectives of the current study:

1. To determine the relationship between parents' psychopathology and adolescent's psychopathology with reference to child characteristics.
2. To determine the mediating role of parenting practices, psychological dysregulation and stressful life events between parent's and adolescent's psychopathology.
3. To determine the moderating role of temperament, social cognitive skills and gender between parent's and adolescent's psychopathology.
4. To determine the gender-specific pathway of psychopathology from parents to children.

## 1.4 Research Questions

Below mentioned are the formulated research questions of the current study;

- What is the impact of parental psychopathology on child development?
- How parenting practices, stressful life events and psychological dysregulation influencing the development of psychopathology in adolescents?
- What is the facilitating role of child temperament styles and their social cognitive skills in developing psychopathology?
- What is the role of parent's gender and child gender in the development of psychopathology in children?

On the basis of above mentioned questioned, following hypotheses were formulated;

**Research Hypotheses**

1. Parental psychopathology is positively associated with externalizing and internalizing disorders among adolescents.
2. Parents with psychopathology report less positive parenting and involvement by father and mother.
3. Parents with psychopathology report high poor monitoring, corporal punishment, and inconsistent discipline.
4. Adolescents of the family with psychopathology report high on internalizing and externalizing disorders as compared to adolescents of the family with no psychopathology.
5. Parenting practices, stressful life events, and dysfunctional neuroregulatory mechanisms positively associated with adolescent's psychopathology.

    5a. Poor monitoring, inconsistent discipline practices, and corporal punishment are positively associated with internalizing and externalizing disorders among adolescents.

    5b. Parent involvement and positive parenting practices are negatively associated with internalizing and externalizing disorders among adolescents.
6. Parental psychopathology is a positive predictor of social cognitive dysfunction and adolescent psychopathology.
7. Parenting practices, stressful life events, and dysregulation mediates between parental psychopathology and adolescent's psychopathology.
8. Temperament moderates the effect of parenting practices and dysregulation on externalizing and internalizing disorders among adolescents.

8a. Effortful control, Affiliativeness are negatively associated with internalizing and externalizing disorders among adolescents.

8b. Negative affect and Surgency are positive associated with internalizing and externalizing disorders among adolescents.

9. Stressful life events moderates the effect of parenting practices and dysregulations on internalizing and externalizing disorders among adolescents.
10. Gender moderates the effect of parental psychopathology on externalizing and internalizing disorders among adolescents.
11. Social cognitive skills moderates the effect of parenting practices and Dysregulations on externalizing and internalizing disorders among adolescents.

## 1.5 Null Hypotheses

1. There is no correlation exists between parental psychopathology and adolescents psychopathology (internalizing and externalizing).
2. Parenting practices, psychological dysregulation and stressful life events do not mediate between parental psychopathology and adolescent's psychopathology.
3. Temperament styles and social cognitive skills do not moderate the relationship between parental psychopathology and adolescent's psychopathology.
4. There is no gender specific link exists between parental psychopathology and adolescents psychopathology.

## 1.6 Conceptual Framework

A theoretical model is a phenomenon in the field of research which is often framed to explain the possible relationship between the study variables. It is worth important to have a mechanism or process to enlighten how parental psychopathology predicts psychopathology in adolescents. For the current study the integrated model presented by Goodman and Gotlib (1999) about the transmission of risk to children of depressed mothers through direct and indirect mechanisms. This research aims to explore the mechanisms for the intergenerational transmission of risk from parents' psychopathology not only depression including both internalizing and externalizing disorders from parents to their children's psychopathology. this study aims to explore the indirect effect of parent's psychopathology on adolescent's psychopathology through parenting practices and stressful events and psychological dysfunction. Another aim of the study was to explore the moderating role of temperament styles and social cognitive skills between parenting practices and adolescent's psychopathology.

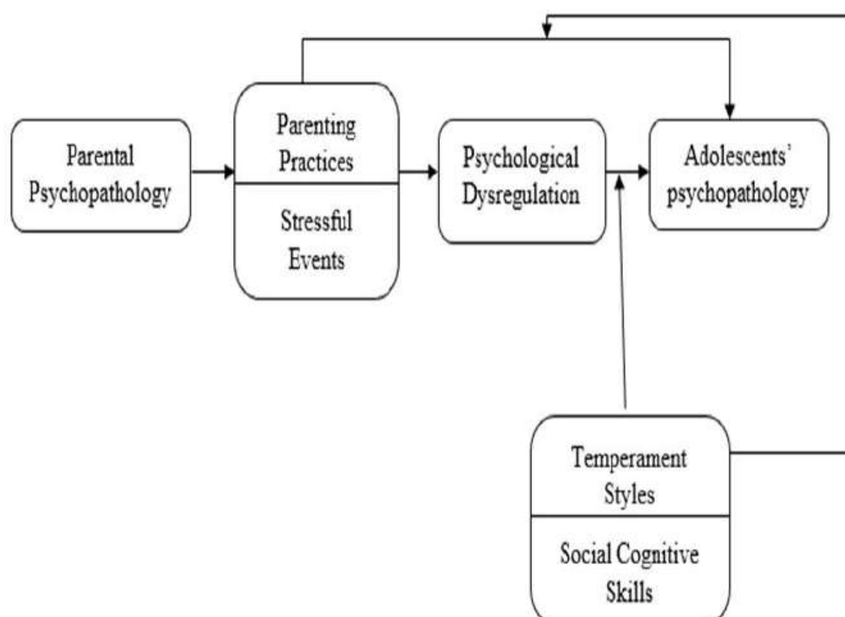


**Figure 1.0.1:** *Conceptual Model of the Present Study*

## 1.7 Significance of the Study

The current research will be an important addition in the field of psychopathology as it will create awareness on the significant psychological impact of parent's psychopathology on their children psychopathology thus helping in the development and implementation of well-timed preventative measures and relative interventions. The present study will provides direction to mental health professionals that will assist parents and their children with relevant psychopathologies. In addition to this, the research calls attention towards the requirement of interventions pointed towards the prevention of developing negative psychological predicaments among the adolescents by creating awareness regarding and stopping the development of relative negative parenting schemes, maternal and parental psychopathology.

## 1.8 Methodology

For the present study, the sample was divided into two groups one was the control group and the second was a clinical group. Control group families were selected through different schools and colleges, after taking permission from the federal directorate of education schools and colleges were approached. The purpose of the study was briefly explained to the principals of schools and colleges after taking permission from high authorities adolescents were approached. Only those Participants who fulfilled the inclusion criteria and consented to participate in the study were selected. Participants were assured about the privacy and the confidentiality of the information; they were assured that their information will only be used for this research. and the researcher also allows the participants at any point they want to quit from the study they can return the booklet and leave the study. They were informed that there were no set-in-stone reactions to the things, and they have expressed gratitude toward their corporation. Booklet was given to the participants

containing the informed consent, demographic sheet, and questionnaire. For the control group from educational institutes adolescents were approached and through adolescents, their parents and their sibling were approached, another set of questionnaires for mother, father, and one teenager sibling of the opposite gender were sent. After two days these booklets were collected by the researcher from these participants.

The clinical families were approached through the psychiatric department, those patients either mother or father who fulfills the inclusion criteria who are diagnosed with MDD and have a duration of illness not less than one year, married living together, and having one son and one daughter in adolescents' phase were selected. Informed consent was taken from both parents and their adolescents. They were assured about the privacy, confidentiality, and anonymity of their responses.

## 1.9 Delimitations

•It was a cross-sectional study. So it cannot be used over a long period of time.

•It does not help determine cause and effect.

•Sample over and under-reporting.

•Relatively lower response rate.

## 1.10 Operational Definition

**Parents with Psychopathology.** clinical families having a one-year history of psychiatric disease and diagnosed with MDD (major depressive disorder) either mother or father are operationally defined as parents with psychopathology.

**Parents without Psychopathology.** Control families with no history of psychiatric disease and who have never undergone any psychiatric treatment are operationally classified as parents without psychopathology.

**Parenting Practices**. Parenting practices are operationally defined as the specific behaviors and attitudes toward their children which have a direct impact on the child's development. According to Alabama parenting practices are characterized as parents' involvement, poor monitoring, positive parenting, inconsistent discipline, and corporal punishment. For the present study, it is measured by using the Alabama parenting questionnaire child report form. A high score on parenting practice indicates parents using that parenting style.

**Adolescent Psychopathology**. it is defined as "the maladaptive emotional and behavioral patterns that are assessed in terms of internalizing and externalizing problems" (Achenbach, 1991). Adolescents internalizing and externalizing problems are measure by the scores on YSR (Youth self-report). The higher the score on internalizing problems indicated high on internalizing problems and higher scores on externalizing domain indicate high on externalizing disorders.

**Temperament.** Temperament is defined as "constitutionally based individual differences in reactivity and self-regulation" (Rothbart, 2011, p.10). it is measured by using EATQ-R which contain three domain effortful control, negative affect, Affiliativeness, and surgency. High scores on the domain indicating adolescents having that temperament style. (Ellis & Rothbart, 2001).

**Stressful life events**: For the present study Stressful life events are operationally defined as the scores on the student stress inventory (SS1) which measures the level of stress among students. It contains 40 items based on four

domains of stress, physical (items 1-10), interpersonal (items 11-20), academic (items 21-30), and environmental (items 31-40). The SSI suggested scores range of total scale severe stress ( 122-160), moderate stress (81-121), and mild stress (40-80). It contains 4 subscales which are physical stress, interpersonal stress, academic stress, and environmental stress. Scores on subscales 30-40 indicate severe stress, 19-29 moderate stress, and scored 10-18 show mild stress.

**Social Cognitive Dysregulations**. Psychological dysregulation refers to deficiencies in cognitive functioning, behavioral inhibition, and emotional regulation. For the present study, dysregulations are operationally defined as the low scores in the cognitive dysregulation subscale and higher scores on emotional and behavioral dysregulation subscales on the Urdu version of Abbreviated Dysregulation Inventory (ADI) by Mezzich et al., 2001.

**Social cognitive skills**. Social cognition involves all the abilities that enable us to understand social agents and to interact with them. In this process, it is crucial to be able to predict the behavior of others, by detecting, analyzing, and interpreting their intentions. For the present study, social cognitive skills are operationally defined as high scores on the Urdu version of the Social Cognitive Screening questionnaire (SCSQ) range 0-40; higher scores indicate better social cognition.

# CHAPTER 2

# LITERATURE REVIEW

## 2.1 Psychopathology in Adolescence

Adolescence is a term that can be characterized as "a developmental period of transition between childhood and adulthood that involves biological, cognitive, and socio-emotional changes" (Santrock, 2005). During the adolescence phase, the children have different behavioral and emotional problems, like depression, anxiety, and irritability. and sometimes they show risk-taking behaviors like drug abuse and conduct disorder. Many researchers found that there is a rise in internalizing and externalizing disorders when there is a transition from childhood to adolescence (Angold & Costello, 1993; Furniss et al., 2006; Hicks et al., 2007; McElroy et al., 2007;Zoccolillo,1992).

The results of research and clinical activity have frequently demonstrated that history of any psychological problems in childhood might continue into adolescence. Roberts and colleagues (2007) conducted a study to trace the developmental pathways of psychological problems from childhood to adulthood, The results show that during adolescence problems like personality disorders and eating disorders emerge for the first time. Research finding also indicates that childhood depression or behavioral issues may appear during the childhood phase and will continue to occur in adolescence years too (Cyranowski et al., 2000). There was an epidemiological study, which carried out to see the prevalence of psychological problems with the transition from childhood to adolescence. The study comprised of 10,000 children with different age range and found that the psychiatric disorders rose in adolescents, 8.6% in 8-10 years old, 9.6% at 11-12 years old and at age 13-15 12.2% increases (ford et al.,

2003). Psychopathology can be studied in two broad categories, externalizing and internalizing problems or disorders.

**Externalizing problems** are defined *as "the behaviors characterized by an under control of emotions including difficulties with interpersonal relationships and rule-breaking as well as displays of irritability and belligerence" (*Achenbach & Edelbrock, 1978). Externalizing problems are usually observable and can be easily identified. Thoughts and emotions of externalizing children are manifested outside and which are mainly physical and verbal aggression, having acting out tendencies, delinquency, vandalism, and hyperactive behavior (Zahn-Waxler et al., 2000). The research was conducted by Quay (1986) to identify and classify the different types of externalizing problems. He classified externalizing disorder into three major types which are *Attention Deficit Hyperactive Disorder* (ADHD), Socialized *Aggressive Conduct Disorder* and *Unsocialized Aggressive Conduct Disorder*. There is no specific criteria for diagnosing externalizing disorders but there are some disorders like Conduct Disorder, Pyromania, Oppositional Defiant Disorder, Kleptomania, Attention Deficit Hyperactive Disorder, Intermittent Explosive Disorders, Kleptomania, are referred to as externalizing disorders. Linda (2009) conducts a study and found that mostly the boys show externalizing disorders as compared to girls.

**Internalizing problems** are defined as *"an over control of emotions including social withdrawal, demand for attention, feelings of worthlessness or inferiority, and dependency"* (Achenbach & Edelbrock, 1978). The common symptoms of internalizing disorders are feelings of sadness, having low self-esteem, fears, and self-harm, etc. As compared to externalizing disorders internalizing problems are sometimes difficult to identify or notice. While discussing the prevalence of internalizing disorders girls have a higher prevalence as compared to

boys (Linda, 2009). DSM 5 (2013) does not have specific diagnostic criteria for internalizing disorder but depressive disorder, anxiety disorder, obsessive-compulsive disorder, and stressor-trauma-related disorders are included in this category. A study was done to find out the prevalence of behaviorally and emotionally disturbed children and adolescents, the findings show that 8.30% of adolescents were emotionally and behaviorally disturbed (Abdel-Fattah et al., 2004). Another study was conducted to find out the prevalence of psychological disorders in adolescence they found the prevalence of 20.30% of adolescents with anxiety disorders, they also find out the boys are at more risk to develop any psychological disorder as compared to girls. (Costello et al., 1996).

Major depressive disorder is the most serious global health issue and it became the most commonly diagnosed mental disorder among adolescents, having the first episode of depression in late childhood. The global estimate of anxiety, emotional problems is growing worldwide. Similarly, co-morbid illnesses, such as emotional difficulties, have been proven to have a substantial influence on children's and teenagers' psychosocial, emotional, and mental health. (Knopf et al., 2008). Many longitudinal studies indicate that many individuals develop internalizing problems like depression in adolescence it indicates that as a child the person may suffer from any form of psychological distress like excessive anxiety (Zahn-Waxler et al., 2000; Rubin et al., 1995). It can be concluded that if a person shows any type of psychopathology or internalizing or externalizing problem in adolescence it does not mean that it is a problem that occurred in adolescence.

## 2.2 Gender: Linking with Psychopathology

Most of the literature has study the relationship between gender and emotional and behavior problems, they have found out that girls are high on internalizing disorders as compared to boys and boys have high scores on externalizing disorders than girls. A lot of research indicate that while studying the gender differences on the onset of the first episode of depression between boys and girls, the result indicates that girls have been reported large number first onset of depression as compared to boys, frequency of depression is twice reported by girls than boys (Anderson et al., 1987; Cohen et al., 1993; Essau et al., 2000, Hankin et al., 1998; Kovacs, 2001). Some researchers have examined the gender differences on anxiety disorder, they indicate that girls have a high prevalence rate of anxiety as compared to boys, the statistical results of prevalence of anxiety among girls and boys are 30.5% and 19.2% respectively (Bruce et al., 2005; Kessler et al., 1994). In Norway, a study was carried out to explore the externalizing and internalizing problems among adolescents age range from 15-18 years. They used Youth self-report (Achenbach & Rescorla, 2001), the results indicated that girls have a high score on internalizing disorders and high on attention problems and boys score high on conduct disorders and delinquent behavior (Heyerdahl et al., 2004).

Gender can play a moderating role in the development of psychopathology among adolescents on different domains of adversities like parental psychopathology, parenting attitude/behavior, stressors, low income, etc. Parental depression is considered as the risk factor for the development of psychopathology in their offsprings. There are many pieces of research available which indicate that girls living with depressed mothers are highly vunerable to develop internalizing disorders as compared to boys (Boyle & Pickles 1997, Sheeber et al., 2002; Goodman & Tully,

2006). Gurian (1987) explains that the daughters of depressed mothers are at high risk for developing depression because most of the time girls spend their time at home with depressed mothers and have strong emotional attachment and bonding with their mothers that is why they have a high prevalence rate of depression as compared to boys. Some other studies (Aube et al., 2000, Davies & Lindsay, 2004) also support these findings girls spend more time at home and more concerned with interpersonal relationships, therefore their over-involvement in family problems become the major cause of development of internalizing disorders (depression) as compared to boys as they are less concerned with family issues. Girls sometimes feel distressed, fearful, and have guilt whenever there is a conflict arises in the family but boys show more externalizing behaviors in conflicting situations (Gore et al. 1993). Another study conducted by Rudolph and Hammen (1999) states that girls are more reactive to interpersonal stressors, therefore, girls are more prone to develop depression as compared to boys. A large body of literature has similar results for girls' interpersonal concerns and their vulnerability to have internalizing disorder (depression) as compared to boys (Shih et al., 2006; Leadbeater et al., 1995; Hankin et al., 2007; Zahn-Waxier, 1993).

A study conducted by Qadri and collegues (2005), highlighted that there is a difference in the process of socialization in in Pakistan from other cultures. The girls have to accept the decision made by males and have to fulfill the demand of the parents, which place girls in a subordinated position. Girls can better regulate their emotions than boys, so child gender has an impact on the socialization process of emotional regulation (Zeman & Shipman, 1997). Parents have different parenting styles towards their sons and daughters. Some research indicate that most of the time parents have emotional experiences and more focus on the emotions than their sons

(Leaper, 2002). Parents use different types of parenting styles for their sons and daughters, literature revels that mostly fathers and mothers use different styles, fathers are more authoritarian in parenting and mothers used authoritative parenting. Even there are differences in how daughters and sons perceived parenting styles of their parents. Sons perceived parenting by father as authoritarian and permissive parenting by mothers, in contrast daughters perceive fathers as having authoritative parenting styles (Conrade & Ho, 2001; Kausar & Shafique, 2008; Mckinney & Renk, 2008; Bolkan et al., 2010; Russell et al., 1998).

## 2.3 Mechanism of Risk Transmission: Theortical Models

There are commonly three theoretical models which indicate the role of parental psychopathology in children's psychological development. The following models tell the relationship between parental psychopathology and the negative outcomes in their children.

### 2.3.1 The Biological Model

The biological model explains psychopathology is linked to biological abnormalities. Biological abnormalities, genetics, and chemical imbalance play an important role in psychopathology (Wyatt & Midkiff, 2006). According to this model, many disorders run in families, and through inheritance, these disorders are passed to their children. Twin studies, family studies, and some adoption studies provide evidence of the genetic transmission of psychopathologies from parents to their adolescents. Family and twin studies have provided strong evidence for the contribution of genetic factors to the risk of depression. For instance, a meta-analysis of twin research data shows that the heritability rate for depression is 37% (95% CI: 31%–42%), and data from family studies show a two- to threefold increase in the risk

of depression in first-degree offspring of patients with depression (sullivan et al., 2000). Both twin/family and molecular genetic studies have reported heritability and stability of psychopathology over time. Studies of Bipolar Disorder (Birmaher et al., 2010; Hillegers et al., 2005). in high-risk families also show that children of parents with Bipolar Disorder are susceptible to psychiatric disorders and symptoms in adolescence, and early adulthood.These results suggest that genetic factors may underlie the persistence of symptoms from parents to children.

### 2.3.2 The Environmental Model

This model focus on factors other than biological mainly parenting styles, interpersonal relations, and family functioning. Several studies indicate the relationship between the parenting styles and their negative outcome in children like children of parents who have a history of anxiety disorder are more likely to have anxiety in later life. According to this model children sometimes learn anxious behavior from their parents. (Eley et al., 2015; Cummings et al., 2005; Callendar et al. 2012). Several studies find out the mediating role of family discords between the parents and children psychopathology (Davies and Windle, 2001; Burke, 2003).

### 2.3.3 Diathesis-Stress Model

Zuckerman (1999) proposed the diathesis-stress model, this model incorporates both biological and psychological events which cause psychopathology in individuals. It was the first model that combine both factors and their predictive role in psychological disorders. According to this model, those individuals who have some vulnerability to develop any psychological disorder are more likely to develop disorders when they are exposed to stressful life events like having trauma,

maltreatment in childhood, facing negative parenting, living with parents having any psychopathology. This model explains even the small exposure to these stressful events causes psychopathology because they are already having the vulnerability to develop disorders that is why this model is also known as the vulnerability-stress model.

### 2.3.4 Integrated Model

Goodman and Gotlib (1999) proposed a comprehensive integrated model for the transmission of psychopathology from parents to their children. In this model, they proposed some mechanism through which parental psychopathology is transmitted to their children and cause psychopathology to their children. They propose mainly four mechanisms for the transmission of psychopathology, one of the mechanisms is genetics. (See figure 1).

The Integrative Model for the transmission of risk to children of depressed mothers (Goodman & Gotlib, 1999) explained four mechanisms through which the pathology from depressed mothers transmitted to their children. In this model, the term "mechanism" is used consistently with the statistical concept of mediation. Mechanisms are conceptualized as intervening or causal variables by which maternal depression has its effects on the development of psychopathology in the children. These mechanisms are *genetics; innate neuroregulatory dysfunction; exposure to mother's negative cognitions, behaviors, and affect;* and *exposure to stressful environments.*

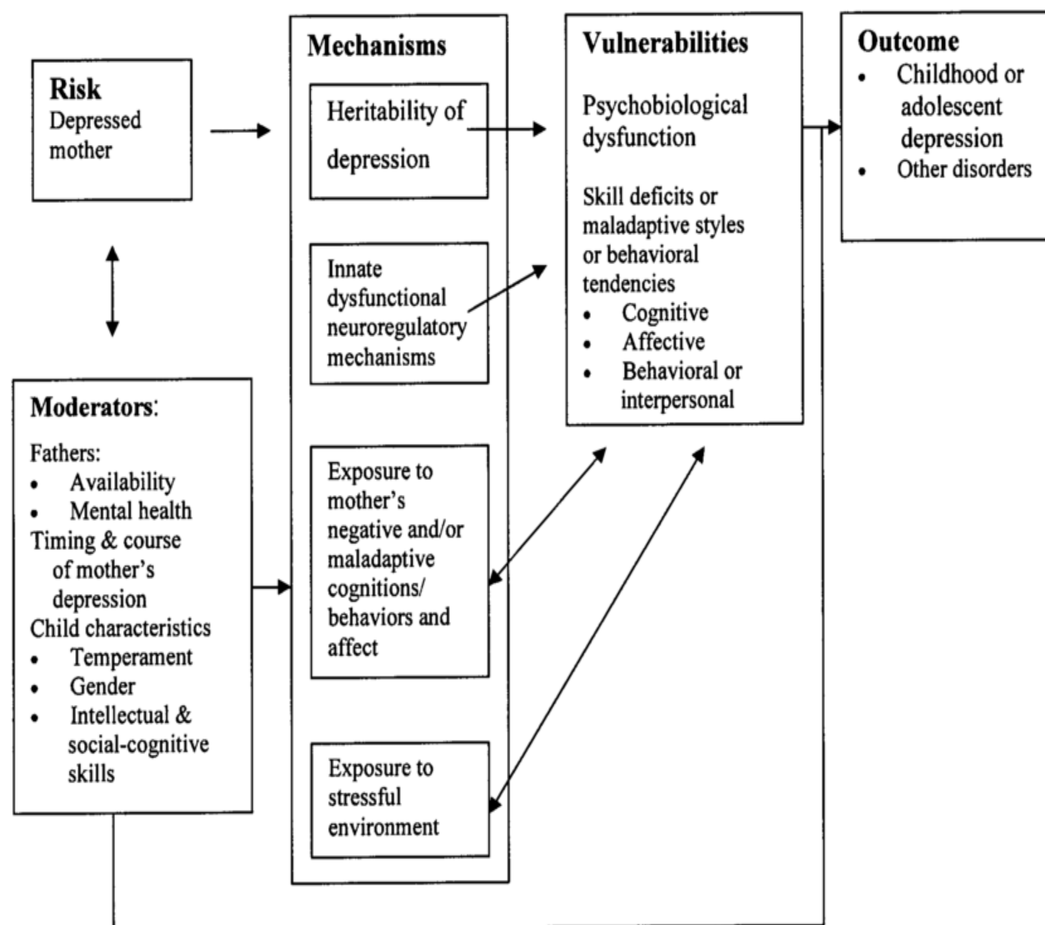


**Figure 2.1:** *An Integrative Model for the Transmission of Risk to Children of Depressed Mothers (Source: Goodman & Gotlib, 1999).*

According to this model the presence of risk associate with the occurrence of any kind of the proposed mechanisms for the transmission of psychopathology from parents to their children increases the liklehood for the manifestation of vulnerabilities in the offspring in one or more functional domains (Goodman, 2003). These functional domains include psychobiological, dysfunctional cognitions, having low self-esteem, and hopelessness. Another domain is affective which has difficulties in emotion regulation and the last one is the behavioral or interpersonal domain having poor social cognitive skills to solve daily life problems. So, these mechanisms cause

several kinds of vulnerabilities to develop psychopathology in children of depressed mothers (Goodman, 2007).

Integrated model also explains some moderating factors which buffer the effect of parent’s psychopathology. These proposed moderators are fathers’ involvement with their children, child temperament style, social-cognitive skills of children, gender of the child, and the duration of mother illness. The interactions of these vulnerabilities and moderators increase the likelihood of the development of psychopathology in childhood or adolescence, or, at a minimum, deficits in social, emotional, or cognitive functioning (Goodman & Tully, 2009). In light of the aforementioned models, it can be stated that parenting is an important method for transferring the risk of parental psychopathology to children. Assuming that parental internalizing and externalizing disorders influence their parenting practices, the current study adds to the previous literature by examining parenting practices of parents with psychopathology and without psychopathology and its impacts on the adolescents internalizing and externalizing disorders.

## 2.4 Parental Psychopathology

According to Goldman (2000), the term psychopathology refers to the study of mental disorders, whereas the term parental psychopathology refers to the study of mental illness of parents including both emotional and behavioral disorders. Parents play an important role on the life of their children. First, the parents pass their genes to their children which play a role on the development of any mental illness. Studies that have addressed the issue of effect of parental psychopathology have mainly focused on parental depression. Depression is among the most common mental disorders and there is almost 45% estimated lifetime risk of developing depression

and related disorders among children who have a depressed parent (Hammen et al., 1990). The association between parental depression and a range of adverse psychosocial outcomes among offspring has been extensively reported in a number of systematic reviews and studies (Beardslee et al., 1998, 2011; Gelfand & Teti, 1990; Goodman et al., 2011; Goodman, 2007; Goodman & Gotlib, 1999, 2002; England & Sim, 2009).

According to research conducted by Miles (2011), autism spectrum disorder has a high genetic component which means the major cause of autism spectrum disorder is genetic. A large number of family, twin, and adaptation researchers found that genetic factors play a significant role in the etiology of mental disorders like depression (Kendler et al., 2006), and anxiety (Sullivan et al., 2000, Hettema et al., 2001). Schizophrenia tends to run in families. Twin and adaptation study by Kety (1988) explains 60 to 80% of genetics contribute to the development of schizophrenia.

Another component related to parent-child association is parenting practices, parents use different types of parenting and have different impacts on child development. A research was conducted to identify the negative impact of dysfunctional parenting on child outcomes. Researchers found that the authoritarian and permissive types of parenting strategies cause low self-esteem to their children (Martínez & García, 2008). Parental psychopathology plays an important role in adolescents' psychopathology, Connell and Goodman (2002) found that parental emotional and behavioral problems and adolescents' internalizing and externalizing disorders are associated with each other. Goodman and Gotlib (1999) found that children have a high level of risk for developing depression who have depressed mothers, and those fathers who have drug or alcohol addiction or are high on risk-taking behavior their children are more likely to develop both emotional and

behavioral disorders. (Bierut et al., 1998; Marmorstein et al., 2009; Clarck et al., 1997; Hicks et al. 2004; Ekblad et al., 2010; Luthar et al., 1993). There was a study conducted to find out the relationship between parental psychopathology and adaptive functioning of their children, the result indicates that the children whose parents with a history of affective disorders have a poor adaptive function as compared to those children whose parents had no psychiatric history of affective disorder (Beardslee et al., 1988)

Thomas and Forehand (1991) study maternal and parental depression and its relationship with the internalizing and externalizing disorders among sons and daughters. They found that maternal depression is strongly associated with the internalizing disorders of daughters and parental depression is strongly associated with sons internalizing disorders. In contrast, there was a study (Ge et al., 1995) found the association between parental and maternal depression and depression in sons and daughter. They concluded that parental depression has a significant relationship with their daughter depression and the maternal depression is act as a predictor for son's depression but not for their daughters. Hicks et al. (2004) showed no significant differences in parent gender for transmission of externalizing disorders to their childrens, while one study found that both parent figures have equivalent effects on their adolescents (Dierker et al., 1999). According to (Luthar et al., 1997) psychopathology is a strong predictor of mood disorders in adolescents than parental psychopathology Connell and Goodman (2002) found both mother and father psychopathology have equal impacts on their children's externalizing disorders, but only maternal psychopathology is a robust predictor of their children's internalizing illnesses.

A meta study by Connell and Goodman (2002) find out that the externalzing disorders in children have strong association with the maternal and paternal externalzing disorders. On the other hand, the internalzing disorders in children is having strong association with maternal and paternal internalzing disorders and this relationship get more strong when the mother is having mental illness. Parents having psychopathology like depression, anxiety, schizophrenina and personality disorders have difficulty in their parenting like depressed parents have more negative attitude and affect toward their childrens (Lyons-Ruth et al., 2000; Goodman et al.,1994). Schizophrenic parents also have poor parenting skills which directly effect their children development (Marcus et al., 1987). Anxious parents show less affection, having poor parenting skills, more crtitical and when they interact with their children they show catastrophizing behaviour and all these negative parenting attitudes cause negative impact on child devlopemnt (Hirshfeld et al., 1997; Whaley et al., 1999). So we can conclude that parnets having any psychopathology have difficulty in their pareting practices and which cause serious negative impact on their children development.

A comparative study between the psychiatric ill parents and health parents was conducted in Pakistan to determine the rate of prevalence of psychopathologies in children of those parents having a mental illness, they took a sample from psychiatric institutes, and for the control group they took samples from different schools of Lahore, they administered the strength and difficulties questionnaire (SDQ) to collect data, the results show that the Children of parents with mental illness had two times higher prevalence of psychopathologies, having emotional difficulties and high rate of prevalence of conduct problems in these adolescents. While discussing gender

differences the boys show a high prevalence of conduct problems and girls show more emotional problems. (Imran et al., 2009)

There was another research conducted to study the impact of depressed mothers on their adolescents they find out that maternal depression is significantly positively related to behavioral problems including disruptive behaviors and are at high risk to develop depression as well (Goodman & Gotlib, 1999) but while discussing the parental depression they find that parental depression less contributed for the development of psychopathology in adolescents as compared to maternal psychopathology. there are a smaller number of researches that specifically study the role of fathers and the impact of father's psychopathology in the development of psychopathology to their children, but a lot of researches mainly focused on maternal psychopathologies (Ramchandani & Psychogiou, 2009).

Jacob and Johnson (1997) study the role of both parental and maternal depression and their association with the adjustment problems of their children and communication between parent and child, they find out that children have adjustment problems and have impaired communication with their parents, which means both parental and maternal depression play an important role in the development of psychopathology in their children. Those children who are exposed to their parental psychopathologies may have poor social functioning, poor adjustment, having behavioral and emotional problems, receive inadequate parenting, receive less support from others and face more negative life events, having poor physical, psychological and social health as compared to those children whose parents are not having any mental illness. (Beardslee et al., 1998; Smith, 2004; Connell & Goodman, 2002; Donatelli et al., 2010; Carter et al. 2001; England & Sim, 2009; Goodman et al., 2011).

A meta-analysis study was conducted by Connell and Goodman (2002) to study the internalizing and externalizing disorders and their association with parental and maternal psychopathology. they concluded that maternal psychopathology is significantly associated with the development of internalizing problems among adolescents and paternal psychopathology is more associated with the development of externalizing disorders in their children. Some other studies also find out same results mentioned above (Flouri, 2010; Oyserman et al., 2002; Olino et al., 2006; Connell & Goodman, 2002; Psychogiou et al., 2008; Stallard et al., 2004).

Mowbray et al. (2002) describes depressed mothers as having the propensity to be more critical, inconsistent and non-interactive than well mothers. Langrock and colleagues (2002) emphasize parental withdrawal (avoidant or unresponsive behavior towards the child) and intrusiveness as core manifestations of maternal depression, which result in children's use of a variety of mechanisms. Depressed mothers appear to be more punitive (Murray & Cooper, 2003), more irritable and hostile, less engaged and attuned to their children (Lovejoy et al., 2000) and exhibit more inconsistent and extreme parenting styles; they could be overly permissive or highly reactive while parenting (Errazuriz et al., 2012). They are unable to address their children's needs while coping with the burden of their own depressive symptoms.

## 2.5 Parenting Practices

Parenting practices play an important role in the development of adolescents. The term parenting is described as the strategies and specific behaviors used by the parents to communicate and socialized with their children (Lightfoot et al., 2009). Adolescence is the time of transition a lot of changes in different domains of individuals take place like physical, psychological, sexual, cognitive, and relationships with parents. Sometimes these changes are followed by parents'

psychopathology which makes adolescents vulnerable to develop any psychopathology. While studying clinical researchers, researchers find out that approximately millions of adolescents are living with a parent having a mental illness. (Mayberry et al., 2005) that is why parental psychopathology plays an important role in the development of psychopathology in their children. A lot of researchers study the relationship between parental psychopathology and their impact on the development of their adolescents, a study was conducted to find out the prevalence of psychological disturbances of children having parents with mental illness, they find that those parents who have psychiatric disorders there is a high prevalence of psychopathologies among their children and these adolescents have poor adaptive functioning as compared to those adolescents whose parents are not having any mental illness (Beardslee et al., 1988). Baumrind (1967) was the one who first categorized parenting in their different dimensions, which are authoritarian, authoritative, and permissive patterns of parenting which are commonly used by the parents to communicate to their children. Later Maccoby and Martin (1983) added one more dimension of parenting which was Neglectful.

The difference between these parenting styles is the authoritarian parents are controlling their children and are strict, rigid, and less responsive behavior toward their children. Parents having an authoritarian type of parenting style tend to use more commands, lacking sympathy and affection toward their children (Baurmrind, 1967). There are numbers of studies conducted to find out the negative impact of authoritarian parenting on children, they concluded that there are a lot of negative outcomes of this parenting styles these children have poor emotional adjustment, insecure, having low self-esteem, withdrawal and depression, less socialized, having

lower academic achievements and prone to aggression. (Baumrind, 1967, Baumrind, 1971, Daniels, & Kissinger, 2006, Dallaire et al., 2006; Dornbusch et al.,1987),

While the authoritative style of parenting parents is controlling their children but sometimes, they allow them to argue, these children have more optimism and competence in different domains of social, emotional, and academic as compared to those children who are having authoritarian parenting. showing higher levels of optimism (Baldwin et al., 2007).

Permissive parenting is less demanding and less controlling for their children and this type of parenting lacks discipline. Some researchers stated that the children having permissive parenting tend to show anger, hostility, and anxiety because of having low warmth, facing rejection by their parents (Muris et al., 2006; Muris et al., 2004). These types of children lack self-regulation and whenever they face challenging situations there are fewer chances to preserve, they have a lower threshold for frustration, while these negative outcomes extend to their late life in adulthood they develop problematic patterns of drinking (Baumrind, 1971; Baumrind & Black, 1967; Maccoby & Martin, 1983, Patock-Peckham & Morgan-Lopez, 2006 ) On the other hand, the new dimension added was neglectful this type of parenting involves less responsive and less demanding and controlling.

While discussing the mediating role of parenting styles between parental psychopathology and adolescent psychopathology the literature indicates that parenting plays an important role in mediating between parent-child psychopathology. The research was conducted to study the mediating role of parenting of depressed mothers and depression in their children the result indicates that there is a significant mediating effect of parenting in the development of depression in children because the child was rated neglect and abuse (Bifulco and Colleagues, 2002). There are some

theorists which also support the mediating role of inadequate parenting in the development of psychopathology in children of parents having a mental illness (Garber & Martin, 2002; Goodman & Gotlib, 1999). Another study was conducted by Leinonen et al. (2002) also find a similar finding which is parenting plays a mediating role between the internalizing disorders of the children of depressed parents. Poor parenting practices used by parents have been linked to the transmission of problematic behavior from generation to generation (Capaldi et al., 2003; Prevatt, 2003; Conger et al., 2003; Hops et al., 2003).

Empirical studies indicate the mediating role of depressed mother and negative impact on their children, who receives cold, hostile parenting by depressed mothers have a high risk of developing disruptive behavior problems, and those children who receive less social support from mothers develop internalizing problems (McCarty & McMahon, 2003). Some researchers identify the mediating characteristics of parenting and its role between maternal depression and negative outcomes in their children, those Children having dysfunctional communication and critical attitude of parents have negative outcomes including negative self-concept, externalizing problems, and depressive disorder (Hammen et al., 1990, Hilsman 2001, Nelson, 2001) In the contract there are some studies which did not find any significant mediating role of parenting (Kim and colleagues, 2003). Results from different observational studies of parents-child interactions and communication, find out that mothers having depression have a more negative affect and less positive attitude while interacting with their children as compared to those mothers who are not diagnosed with any mental illness (Murray et al., 1993). These are some studies that indicate the inadequate parenting practices like parental rejection, poor monitoring, and psychological control mediate between parental psychopathology and their

adolescent's psychopathology including both externalizing and internalizing disorders. In a large, longitudinal, population-based study of Canadian youth ages 10 to 15, children's reports of both positive parenting behaviors and negative parenting behaviors mediated the relationship between parental depressive symptoms and children's internalizing and or externalizing problems (Du Rocher Schudlich & Cummings 2007; Weinfield et al. 2009; Elgar et al., 2007). Children with parents who are uninvolved and unsupportive, and children who are subjected to negative parenting may develop a negative schema of the self and world, resulting in selective attention to negative events, avoidance, social withdrawal, and depression (Rehm, 1977; Stark et al., 1990).

## 2.6 Stressful Life Events

Stressful event is conceptually defined as "*the person experienced, witnessed, or was confronted with an event where there was the threat of or actual death or serious injury. The event may also have involved a threat to the person's physical or psychological well-being or the physical or psychological well-being of another person*" (APA, 2013). Shwarzer and Schulz (2001) categorized stressful life events into two categories according to Schwarzer and Schulz there are two dimensions of stressful life events it can be normative and non-normative events, normative events are described as those events which occur occasionally or are expected in the normal life of adolescents like shifting from one place to another, changing school, wedding, deaths in the family, death of parents and examinations on the other side the non-normative events are those events which do not occur occasionally and are not expected by a person like accidents, physical or mental illness, unforeseen events, etc (McKenry & Price, 2005).

Several researches indicate stressful life events as the risk factor for physical and psychological illnesses including both internalizing and externalizing disorders in adolescents. (Rabkin & Struening, 1976; Tessner et al., 2011; While discussing the sources of these stressful events, there are some sources like school-related, interpersonal relationships, expectations of parents and teachers, peer support and relationship, and environmental stresses. (Alvord & Palmiter, 2009). Stress-related to academic is mostly related with the negative expectations of the individual toward his/her test or assignment given as homework etc a research was conducted by Bauwens & Hourcade (1992) explain the academic stress related to test as fear of failing, negative expectations regarding their grades, they also find out that the academic stress is high in girls as compared to boys. Another stressor in an adolescent's life is related to interpersonal relationships like parental psychopathology, adverse parenting, parental bonding, and parents' high expectations over-involvement regarding child grades also cause stress to the adolescents (Hale, 1998).

A study was carried out to determine the various domains of family stressors among depressed and non-depressed parents, they find out that parental divorce, family discord, marital conflicts) were more present among the families having depressed parents and it acts as a risk factor for depression among their children. (Fendrich et al., 1990). Goodman, Borgan, et al. (1993) also reported the link between family discord and its negative impact on children functioning. Divorce and separation of the parents is also a major stressor for children, and it mostly occurs in families with parental mental illnesses. (Downey & Coyne, 1990)

There are some environmental stressors like socio economic status which is considered as the major stressors to adolescents, there was a study conducted by

Beidel and Turner (1997) which indicate that those children who belong to low socio-economic status experience more stress as compared to those children who belong to moderate to middle socio-economic status and these levels of socio-economic status act as a risk factor for externalizing and internalizing disorders among adolescents of anxious and depressed parents. Research has shown that most of the time children expressed their stresses as physical symptoms like stomach ache, sleep problems, headache, weight loss (Marion, 1995). Some researches indicate that if a person is having persistent stress it will affect the mental and physical health of the person and also have a negative impact on academic performance and reduce self-esteem (Kaplan & Saddock, 2000, Niemi & Vainiomaki, 1999).

The mediating role of stressful life events in the development of psychopathology among adolescents, cross-sectional research was conducted on school students and they find out that children having stressful life events displayed more negative emotions and anxiety (Swearingen & Cohen, 1985). longitudinal studies were conducted to find out the predictive role of stressful life events between aggressive and delinquent behavior (Allwood et al., 2012; Lee et al., 2012; Compas et al., 2001).

In Pakistan there are some studies which were conducted to find out the prevalence of depression and anxiety and their relationship with stressful life events among adults, they found that high rate of anxiety and depression are related to stressful life events (Husain et al., 2000; Rab et al., 2008). A research was conducted to find out the predictors of psychopathology to the children of depressed mothers, they find out that children having mother diagnosed with depression were at risk to develop emotional and behavioral disorders because they are exposed to more stressful enviornemnt at home like having parents with psychopathology, which

increases interpersonal conlficts at home and poor parenting. These all factors ae the predictor of psychopathology in children of depressed mothers. (Adrian and Hammen, 1993).

## 2.7 Social Cognitive Dysfunction

Social cognitive dysregulation is explained as psychological dysregulation, it is defined as the deficiency in mainly three domains which are behavioral, cognitive, and emotional when an individual faces any challenging situation. (Tarter et al., 2003). Fabes et al (1992) they indicate that those children who have behavioral disorders like aggression and violence depict deficits in the domain of cognitive, behavioral, and emotional. Some different researchers stated that there are some negative life events like family conflicts, poverty which lead to cognitive dysregulation in children (Janoff-Bulman, 1992; Rose & Abramson, 1992). Bruce et al., (2006) concluded that most of the time children are exposed to adverse parenting styles, these types of maladaptive parenting contribute to the development of specific schemas of self and about the world, so these types of schemas become the risk factor for the cognitive dysregulation.

Numerous studies tried to explain the specific pattern of parenting and its impact on child development, like when parenting is supportive, showing warmth, giving autonomy and positive reinforcement these factors help the children to develop positive schemas about the world and themselves, in contrast when parents are abusing, not being supportive, high on controlling, and have inconsistency in their behaviors these types of parenting behaviors are the predictor of negative views of the self and word (Ainsworth, 1979; Beck, 1967; Blatt & Homann, 1992; Bowlby, 1969, 1980; Young, 1999). There was a study conducted to find out the predictive role of the parent-child relationship including two dimensions caring and overprotection, and

cognitive dysregulation in the development of depression among adolescents, they took a sample of 150 boys from different colleges and universities, the result indicates that self-criticism, helplessness, self-blame, father overprotection are the predictor of depression to their children, but they also find out that fathers caring behavior is a negative predictor of depression (Singh et al., 2011).

Emotional dysregulation is defined as the inability to regulate emotions and not able to control emotions, according to Cole et al., (1994) stated that most of the time children learn emotion regulation in their early stages of development parents play an important role in the emotional development of their children, children learn how to self-regulate and inhibit these emotional arousals, when there is a deficit in the emotional regulation and not properly learned in early stages of development they have a negative impact on the social, behavioral and psychological function in adolescents. Numerous researches studied the association between emotional dysregulation and different psychopathologies these are depression, anxiety, drug abuse, aggression, borderline personality disorder, and disruptive behavior disorders (Bardeen et al., 2012; Mitchell et al., 2012).

Another sreserach was carried out to for better understanding of emotions among anxious and non-anxious children, the sample consisted of 17 clinical referred children and 21 non referred children, through the interview they studied the understanding of children about emotion regulation, they found that referred children have a poor understanding of emotional regulations as compared to non-referred children. So, we can say that children having anxiety have difficulty in managing their negative emotions (Southam-Gerow & Kendall, 2000). Some researchers studied the emotional understanding in aggressive children, the results indicate that children who are involved in a high level of aggressive behaviors have a poor understanding of

emotions and poor control of negative emotions (Bohnert et al., 2003; Eisenberg et al., 2000). Another study was conducted to find out the association between body dissatisfaction, eating disorder and emotional regulation, the result indicates that those adolescents' girls who have high BMI and having disorganized eating behaviors reported poor understating of emotional regulation and have difficulty in controlling and coping with these emotions, so emotional dysregulation is associated with eating disorders in girls (Sim & Zeman, 2005, 2006).

## 2.8 Temperament Styles

Temperament is known as, *"constitutionally based individual differences in reactivity and self-regulation"* (Rothbart, 2011, p. 10). Temperament defined as differently based on different theoretical backgrounds but the following are the main characters on which all there is consensus; the temperament is manifests from childhood, it is consistent over time and it has a neurological basis (De Pauw & Mervielde, 2010). Broadly discussing the temperament, it can be defined as the individual differences in emotions, thoughts, and cognitions and these differences are persistent and stable throughout the life of an individual but sometimes it can alter by environment and social experiences. Rutherbart & Rueda (2005) explain temperament as individual differences based on reactivity and self-regulation, the term reactivity is defined as the excitability of the behavioral and psychological system in response to novel situations it can be expressed as fear, anger, and positive affect. On the other hand, self-regulation is explained as the tendency of adolescents to control action and emotions and modulate reactive processes. Putnam, Ellis, and Ruthbart (2001) conducted a study on adolescents and categorize the temperament into broad 4 categories which are surgency, negative affectivity, effortful control, and affiliation.

The term surgency is explained as the extraversion trait of personality, in which the individual experience a high level of pleasure and a low level of shyness and fear, it is also explained as positive emotionality. (Clark & Watson, 2008; Olino et al., 2014; Tellegen & Waller, 2008; John et al, 2008). Surgency play a predictive role in the development of psychopathology including internalizing and externalizing disorders, high level of surgency is a risk factor for externalizing disorders (aggression, sensation seeking) in contrast low level of surgency is a risk factor for internalizing disorder (depression and shyness) (Karp et al., 2004; Stifter et al., 2008; Hankin et al., 2017; Ormel et al., 2005; Rothbart & Putnam, 2002).

The second category of temperament is negative affectivity, it is defined as irritability, frustration, anger, fear, and sadness when an individual experiences ant stress (Rothbart et al., 2001). Negative affectivity is considered as the risk factor for developing both externalizing and internalizing disorders. Negative affectivity contains two major components i.e. irritability/fear and anger/frustration, irritability/fear is a considered a risk factor for internalizing disorders like depression and anger/frustration is refer as the risk factor for externalizing disorders, and most probably negative affectivity is related to aggressive behavior problems of the children (Eisenberg et al.,2001; Zeman et al., 2002; Rubin et al., 2006 Lengua, 2006). There was another study conducted by Muris and collegues (2007) they found that there is a strong positive relationship between the reactive domain of temperament (negative affectivity) to externalizing and internalizing disorders whereas the regulatory temperament has a negative relationship between psychopathologies. They also found a strong positive relationship between negative affectivity and extraversion personality. Some researchers found that when an individual is high on negative affectivity it mean their psychological and behavioral arouse quickly which produce

sadness, fear, and frustration, on the other hand when an individual is low on negative affectivity their arousal system is also low and they will not quickly trigger by the stressors in this situation low negative affectivity plays a role as a protective factor against stressors and internalizing disorders. (Compas et al., 2001; Brown & Rosellini, 2011, Fox et al., 2010)

The third domain of temperament is effortful control, it is defined as "*the efficiency of executive attention—including one's ability to inhibit a dominant response and/or to activate a subdominant response, to plan, and to detect errors by voluntarily modifying one's own attention and behavior*" (Rothbart & Bates, 2006, p.129). It is also defined as the persons ability to control his/her attention and produce an appropriate response toward the environmental and social stressors, it refers to the self-regulatory mechanism of behavior and attention. Several studies conducted to study the protective and predictive role of effortful control, some studies indicate that a low level of effortful control is a risk factor for externalizing disorders, including attentional, aggressive, and destructive behavioral disorders (Eisenberg et al., 2001, Calkins & Fox, 2002; Oldehinkel et al., 2004; Loukas and Roalson 2006; Kochanska & Knaack, 2003; Hughes et al., 2000; Olson et al., 2005). In contrast, some studies explain the protective role of effortful control against aggressive behavior, depression, anxiety, having high social competence, increasing empathy, prosocial behaviors, and have good academic grades, some researchers find out that high effortful control children have bolstering conflict resolution skills. (Moris & Age, 2009; Lengua, 2006; Lonigan, Vasey, Phillips, & Hazen, 2004).

There is another study conducted to study the moderating role of effortful control and its relationship with parenting and adjustment problems in children, they find out that effortful control plays a protective role, it buffers the negative effect of

parenting (including physical punishment, inconsistent discipline) on psychopathology (Lengua, 2008). A longitudinal reserach was conducted to find out the moderating role of effortful control between parenting and internalizing disorders among children, the result indicates that those children who have a low level of effortful control are vulnerable to authoritarian parenting. (Muhtadie et al., 2013). The processing of effortful is like the individual can shift his/her attention, have a tendency to control their problematic behavioral responses and produce appropriate behavior response toward risk factors, those individuals who have a high-level tendency on effortful control, and they have high tendency to shift their attention from negative things and more focus on the positivity they may able to reduce emotional distress (Eisenberg et al., 2009).

Lastly, there is another domain of temperament which is affiliativeness, it is defined as desire for close relationships and attachment with significant others. In this domain the child desire to have strong attachment and have a close relationship, mostly girls are high on this domain of temperament as compared to boys, that is why the girls are at high risk for internalizing disorders because this style of temperament makes girls more sensitive to their interpersonal stressors (Cyranowski et al., 2000; Hoffmann & Su, 1998, Oldehinkel, Wittchen, & Schuster, 1999) on the other side there was a study conducted to find out the protective role of affiliativeness trait of temperament, they found that through social support against high affiliative needs it protects against the negative outcomes (DeVries et al., 2003).

## 2.9 Social Cognitive Skills

Social cognition refers to the cognitive and emotional functions required to understand and predict other people's mental states and behavior. Social

cognitive skills are considered as the brain-based abilities of the individual which they used to complete any task. It involves different processes which are attention, learning, memory, problem-solving skills, and lastly decision making (Deary, 2012). There are two types of cognitive abilities verbal and nonverbal. Verbal cognitive abilities are defined as the ability to utilize dialect to perform different daily life tasks, it is also defined as the ability to interpret the information perceived from the environment and problem-solving using dialect (Cianciolo & Sternberg, 2004; Logsdon, 2010). On the other side, non-verbal cognitive abilities do not require verbal language skills, it is more related to the ability to spatial abilities, an individual solve problems using fictional information. There are many sources of non-verbal expressions like gestures, facial expressions, gaze, postures, and eye contact, non-verbal cognitive abilities are more like fluid intelligence (Logsdon, 2010). Green et al., (2005) studied the social cognition of schizophrenic patients, they found that schizophrenic patients have cognitive deficits in different domains of cognitions which are emotion processing, social perception, attributional bias, metacognition, and lastly the theory of mind (ToM). Matern and collegeus (1999) suggest that individual experienced stressful life events and have many stressors in their daily life but having higher cognitive skills, they have better academic grades and have good mental health outcomes.

Emotional processing is defined as the combination of emotion and cognition of the individual, the emotional processing consists of major four components which are *identifying the emotions*, the identification emotions mean the expressions expressed in faces of others or in pictures. Second is *facilitating emotions*, the term facilitating emotions indicate that how well an individual examines the usefulness of different emotions and choosing which one best assist in doing specific task and

behavior. The third one is *Understanding emotions* it indicates the understanding of changes and blends among emotions, and lastly *Managing emotions* it is more like emotional regulation (Goldsmith & Davidson, 2004; Gross, 2002; Mayer et al., 2001; Salovey & Sluyter, (2001).

Theory of mind (ToM) is termed as social intelligence, it is the ability of the individual to judge and predict the intentions, beliefs, and behaviors of other peoples, enabling the individual to engage in social interactions daily (Premack & Woodruff, 1978). Some individuals with autism (Speaks, 2011), Asperger's disorder (Happe et al., 1996; Spek et al., 2010) schizophrenia (Sprong et al.,2007) disorder exhibit a deficit in theory of mind and perform poorly on related tasks. According to Recent theories conceptualizing theory of Mind (ToM) into two main components which are the social–perceptual and the social–cognitive component (Tager Flusberg and Sullivan, 2000; Premack and Woodruff, 1978; Sabbagh et al., 2004). The social–perceptual component involves the ability to decode the mental states of others based on immediately available observable information. The social-cognitive component involves the ability to reason about mental states in the service of explaining or predicting the actions of others. Depressed individual depicts dysfunctional interpersonal interactions, research was conducted by Wang et al (2008) which study the theory of mind in depressed patients the sample composed of three groups, one group was composed of 23 depressed patients with psychotic symptoms, the second group was composed of 33 nonpsychotic depressed patients and control group composed of 53 normal individuals. Depressed patients with or without psychotic symptoms both were high on impairment on social perceptual and social cognitive domains of theory or mind and have high scores on hostile suspiciousness, depressed

patients with psychotic symptoms were worse than depressed patients without psychotic symptoms.

Social perception is known as the ability of the person to interpret the situation, judge the situation and respond to these situations according to the social context of the presented stimulus information. Penn et al, (2002) studied the social perception of schizophrenic patients and non-clinical sample the sample was composed of 35 schizophrenic patients and 46 non-clinical individuals, the result indicates that schizophrenic patients have impaired on all tasks of social processing context. According to Trope (1986) conclude that social perception contains Identifications of other's behaviors and the interpretation followed by deriving reason behind the cause of behavior like someone is crying and derived reason of the behavior is the person is crying because his son is leaving for college. This suggests that social perception is influenced not only by the apprehension of the stimulus itself but also by the context in which it occurs.

Attribution is another major component of social cognition which refers as the skill of the person to assign the causes of certain actions, events, and behaviors. There are mainly three domains of attribution one is internal attribution and the second one is external attribution and personal attribution. In external attribution, the person points to the situation as the cause of certain events and behavior, in internal attribution the person attributes the cause toward oneself and personal attribution is related to the attribution toward significant others. Sometimes these types of attribution become biased because the individual is biased while allocating the attribution of certain behaviors and actions then this attribution becomes attributional biases there are many types of attributional biases like self-serving biases, confirmation bias, fundamental attributional errors, blaming others, personalization,

overgeneralization, mislabeling and assuming the worst outcomes, etc. self-serving cognitive errors is a risk factor for the externalizing disorders and behavioral problems (Barriga et al., 2000) such as delinquent behaviors and sociopathic conducts disorders (Andreu et al.,2013; Vrućinić & Vasiljević, 2021; Barriga et al., 2000; Samenov, 2004; Capuano, 2011; Wallinius et al., 2011; Helmond et al., 2015)

Numerous studies identify non-verbal cognitive abilities as the protective factor against negative life events and psychopathologies in adolescents (Grant et al., 2006; Masten,2007). Nonverbal cognitive abilities are defined as a person's thinking and reasoning skills to think, plan, decisions making, and problem-solving abilities which constitute, at one time or another, the basics for successfully dealing with everyday life problems. (Eysenck & Keane, 2005; Breslau et al., 2006). Some studies find out the nonverbal cognitive skills play a protective role for adolescents psychosocial adjustment including both emotional and behavioral adjustment who exposed to high levels of stress (Medin et al., 2001; Flouri & Panourgia, 2011; Plomin & Kovas, 2005). Cheng and Furnham (2010) studied the attributional style and self-esteem as the predictor of psychological well-being, the results indicate that positive attributional style is the predictor of happiness, having an optimistic attributional style enhances happiness and psychological well-being.

Rehna, (2017) studied the relationship between negative life events, adolescents' psychopathologies, and moderating role of cognitions and personality, she stated that verbal cognitive skills and self-serving cognitive errors are the strong negative predictors of emotional and behavioral disorders among adolescents and verbal cognitive abilities buffered the effect of negative life events on adolescent psychopathologies. Studies show that cognitive skills and depression have negative

association in children and adolescence, and these cognitive skills play an protective factor against depression (Collishaw et al., 2004; Franz et al., 2011; Masten et al., 1999; Hartlage et al., 1993).

## 2.10 Pakistani Culture and Adolescents Mental Health

Pakistan is the fourth most populous country in the world, and half of the population of Pakistan is having age under 18 years (Rehman & Hussain, 2001). With the increase in the youth population in Pakistan, mental health illnesses are also rapidly increasing in the country among youth. In Pakistan, the severely neglected area is the mental health area. In the budget, the proportion allocated for health budget to GDP is only 2.62% (The World Bank, 2012), and the budget allocated for mental health is only 0.4 from the total health budget in Pakistan. (WHO, 2005). The mental health services for children and adolescents in this large country (Pakistan) has only three mental services for children and adolescents which is very small in number as proportion to the total population of the county, the number of child psychiatrists is also very small in number there are only six child psychiatrists in the mental health care profession. (Tareen et al., 2009).

Pakistan is a collective society, adolescents' phase in this culture is more stressful in which the children have to follow and conform to the norms, rules, and regulations of the society, the children have to respect the members of the family especially the authoritative figures of the family-like grandparents, parents, uncles, aunts, and elder siblings. (Fuligni et al., 1999). Socialization procedures in Pakistan differ from those in Western society; for example, boys are raised to be autonomous and self-sufficient, whilst girls are raised to be obedient, responsible, and nurturing (Barry et al., 1975. The girls have a domestic role to do home chores like cleaning, cooking, etc. but the boys do not involve in domestic responsibilities (Caplan et al,

1991). Sometimes there is a difference in the socialization practices in upper and lower class like upper social class equally treat their children both son and daughter (Nelson & Rizvi, 1984). A study was conducted in Pakistan, to study the impact of pubertal change among adolescents, the results show that in this culture the pubertal change is perceived negatively for the girl than boys. The researcher concluded that the girls do not have appropriate knowledge about the changes during puberty and lack of information regarding health-related problems, most of the information they get from cable and the internet, may further cause stress to them (Ali et al., 2004; Qazi, 2003).

Cross-sectional research was conducted in Pakistan to explore the symptoms of depression among adolescents, the result indicates the prevalence of depressive symptoms was 11.76 %, the results also indicate that the boys have a higher percentage of prevalence (12.66%) as compared to girls which are 11.06%. they also report that the symptoms of depression increase with the increase in age, like 9.4% from age 12-14 years, 11.82% from age 15-17%, and 14.17% from age 18-20%. (Saleha et al., 2014). Another study was conducted to explore the prevalence of social anxiety among adolescent students in Pakistan, the result indicates the high prevalence of anxiety in adolescents 22.5% of the study sample scored high on the social anxiety scale. Sarwat et al., (2009) conduct a study to find out the prevalence rate of depression and anxiety they found that 9.5% were children visiting psychiatric outpatient units, and 11% of children having anxiety. Qidwai et al. (2010) found the prevalence of depression among adolescents they found that 66% of the girls have depression and 34% in boys. The results indicate there is a high prevalence of social anxiety in Pakistani youth which is alarmingly increasing.

The avoidance of social situations and the fear of social performance, which are the symptoms of social phobia are more commonly diagnosed in adolescence and middle childhood. In adolescence, panic disorder is more frequently occur than childhood phase because the researchers associate the panic disorder with puberty when the individual enters the phase of adolescence puberty hit which can be the cause of the panic disorder. (Hayward et al., 1992). Another psychopathology Obsessive-compulsive disorder also occurs during middle childhood and adolescence in which the individual has repeated intrusive automatic thoughts and behaviors. (Swedo et al., 1989; Riddle, 1998).

A study was carried out in Pakistan to find out the prevalence of emotional and behavioral problems among two hundred and twenty-five school students aged range from 9 to 11 attending different private and government schools, the results indicate that the prevalence of antisocial disorders was 9.3% among Pakistani school students. (Javed et al.,1992). Another study was conducted in the department of psychiatry of Aga Khan University Hospital in Pakistan demographic characteristics of child and referral sources data were collected from the 290 new referrals to the clinic over 3 years; the findings indicate that aggressive behavior was the most common source of referral. (Syed et al., 2007).

# CHAPTER 3

# RESEARCH METHODOLOGY

## 3.1 Introduction

The present study was designed to study the impact of parental psychopathology, parenting, social cognitive dysregulation, and stressful life events on their adolescent children and to study the moderating role of child characteristics including child temperament, social cognitive skills, and gender. To measure parents' psychopathology, child psychopathology, social cognitive skills, temperament, social cognitive dysregulation, and parenting already developed and translated scales were used after taking permission and consent from the authors of the questionnaires. To measure cognitive skills (Social cognitive screening questionnaire SCSQ) and for stressful life events (student stress inventory SSI) was translated in Urdu. The chapter of research methodology includes research design, instruments which were used to measure the study variables, validation and verification of these tools along with sampling technique, population, details about collection of data and statistical plan.

## 3.2 Research Design

The present study is cross-sectional, correlational and was conducted in three phases.

1. Phase 1- Translation of scales
2. Phase II- Pilot study
3. Phase III- Main study.

### 3.2.1 Phase I (Translation of Scales)

This phase was carried out in two steps:

1. Translation of Social Cognitive Screening Questionnaire (SCSQ) and Student Stress Inventory (SSI)
2. Try out of these scales

**Step-1: Translation of Social Cognitive Screening Questionnaire (SCSQ) and Student Stress Inventory (SSI).** Step one of the present study was to translate the SSCQ and SSI scales. The Social-cognitive screening questionnaire (SSCQ) is used to measure the social-cognitive skills of adolescents and was originally developed by Roberts et al (2011). To measure stressful life events of the adolescent's life student stress inventory (SSI) is used and was originally developed by Arip et al., (2015). The translation was done in two stages, one is the forward translation in which the scale translated from English to Urdu and the next stage was the committee approach.

**Stage-I: Forward Translation.** Forward translation of both scales was done by bilingual experts who have good knowledge and command of both Urdu and English languages. The forward translation method is in which the source language (English) is converted into a targeted language (Urdu). For forward translation three experts were approached, they were Ph.D. and MPhil scholars, they translated the scale in Urdu.

**Stage-II: Committee Approach.** After getting 3 translations by bilingual experts, a committee approach was approached. The committee was composed of two psychology Ph.D. supervisors and one MPhil scholar and the researcher. They reviewed all three translations and the most appropriate and authentic translation was selected for scales. Several modifications were suggested by the committee to address issues of cultural relevance. These included replacing "Bingo Game" with "different

activities and play like cricket, football, exercise, walk," and "Susan/Stan" with "Ayesha/ Omer" (common Pakistani names) in vignette 8; and adjusting the price of toothpaste mentioned in vignette 6 from US dollars to Pakistani Rupee. All experts agreed that the translated SCSQ was culturally relevant with the above modifications.

**Step-II: finalization and try out of these scales.** After getting the final version of translated scales, the scales were administered to 10 adolescents' students, they were asked to give feedbacks and they also were asked to mark or mentioned any statement or any word which they found difficult to understand or found confusing. After the tryout phase and the feedback received it was found that all the translated items were understood able by adolescents' students.

### 3.2.2 Phase II (Pilot Study)

**Objectives**

Objectives of the pilot study were:

- To determine the psychometric properties of the scales.
- To explore the correlation of the study variables.

**Sample**

The sample is composed of two groups one control group and one clinical group, clinical group includes one parent with psychopathology and the control group includes parents without psychopathology. The pilot study includes 40 families (both parents and two adolescent children (one girl and one boy). These families were further divided into 20 control families and 20 clinical families. Both control and clinical group sample was selected through different educational institutes and hospitals of Islamabad and Rawalpindi. The participants were selected through the

purposive sampling technique. Only those families were selected who fulfill the inclusion/exclusion criteria for selection. Inclusion/exclusion for clinical and control groups is explained below:

**Inclusion/Exclusion Criteria for Clinical Group (parents with psychopathology)**

The inclusion/exclusion criteria for clinical families were one parent (either father or mother) having a one-year history of psychopathology diagnosed with MDD (major depressive disorder). Both Parents must be alive and living together and must have two adolescent children (12-19 years), one boy and one girl. Parents and adolescents must be literate can read and understand the Urdu language and given instructions.

**Inclusion/Exclusion Criteria for Control Group (parents without psychopathology)**

Inclusion/ exclusion criteria for the control group was that families with no history of psychiatric disease and who have never undergone any psychiatric treatment. Parents living together and having adolescents children one boy and one girl. Parents and adolescents must be literate can read and understand the Urdu language

**Table 3.1**

*Demographics of the pilot study sample*

| Variables | *f (%)* | *M (SD)* |
|---|---|---|
| Age of Adolescent children | | 16.87 (2.00) |
| Age of Parents | | 45.30 (2.71) |
| Gender | | |

| | | |
|---|---|---|
| Fathers | 40 (50%) | |
| Mothers | 40 (50%) | |
| Sons | 40 (50%) | |
| Daughters | 40 (50%) | |
| Education | | |
| 8th | 6 (7.5%) | |
| 9th | 7 (8.8%) | |
| 10th | 11 (13.8%) | |
| 1st year | 26 (32.5%) | |
| 2nd year | 30 (37.5%) | |
| Birth order | | 3.37 (1.60) |
| No of siblings | | 5.35 (1.75) |
| Family structure | | |
| Joint | 34 (42.5%) | |
| Nuclear | 46 (57.5%) | |
| Mother Occupation | | |
| working lady | 7 (8.8%) | |
| house wife | 73 (91.3%) | |
| Family income | | |
| lower class | 8 (10.0%) | |
| Middle class | 46 (57.5%) | |
| Upper class | 26 (32.5%) | |

**Results**

In the pilot study phase of the current study, descriptive analysis and alpha reliability analysis was performed to measure the reliability of the scales that were

chosen to measure the study variables. After that correlation analysis was performed to assess the correlation between study variables. The results of all the analysis that were carried out in pilot study phase are mentioned below.

**Table 3.2**

*Reliability Estimates and Descriptive Statistics of the Study Scales (N=40)*

| Subscales | No. of Items | α | *M* | *SD* | Skewness | Kurtosis |
|---|---|---|---|---|---|---|
| **ADI** | 30 | .81 | | | | |
| Emotional dysregulation | 10 | .75 | 10.97 | 6.07 | .012 | -.625 |
| Behavioral dysregulation | 10 | .72 | 12.30 | 5.47 | -.452 | -.682 |
| Cognitive dysregulation | 10 | .82 | 12.96 | 6.39 | .190 | .228 |
| **SSI** | 40 | .93 | 121.38 | 23.10 | -1.277 | 2.687 |
| Physical stress | 10 | .80 | 31.62 | 7.24 | -.745 | .901 |
| Interpersonal stress | 10 | .83 | 31.01 | 6.59 | -1.399 | 2.175 |
| Academic stress | 10 | .89 | 31.11 | 7.15 | -1.032 | .770 |
| Environmental stress | 10 | .76 | 27.63 | 6.12 | -.210 | .571 |
| **EATQ-R** | 65 | | | | | |
| Effortful control | 16 | .57 | 3.34 | .44 | .338 | .022 |
| Affiliativeness | 14 | .53 | 3.26 | .72 | 1.649 | 8.6 |
| Negative effect | 19 | .70 | 2.84 | .48 | -.192 | .159 |
| Surgency | 16 | .50 | 7.57 | 1.7 | .228 | .089 |
| **APQ-Child** | 42 | .88 | | | | |
| Mother involvement | 10 | .82 | 30.13 | 7.90 | .147 | -.772 |

| | | | | | | |
|---|---|---|---|---|---|---|
| Father involvement | 10 | .85 | 31.01 | 8.18 | -.073 | -1.041 |
| Positive parenting | 6 | .87 | 21.21 | 5.57 | -.378 | -.413 |
| Poor monitoring | 10 | .85 | 22.25 | 8.13 | .445 | -.765 |
| Inconsistent discipline | 6 | .37 | 15.45 | 3.66 | .154 | -.116 |
| Corporal punishment | 3 | .75 | 7.25 | 2.71 | .199 | -.447 |
| **YSR** | | | | | | |
| Internalizing Problems | 31 | .89 | | | | |
| Externalizing problems | 32 | .89 | | | | |
| **SCSQ** | 40 | .79 | 16.80 | 3.42 | -.299 | -.001 |
| **ASR** | | | | | | |
| Internalizing problems | 39 | .84 | | | | |
| Externalizing problems | 35 | .90 | | | | |

Table 3.2 shows that all the scales have good reliability, hence, reflecting that all the scales are reliable for the current sample. mean, standard deviation, skewness and kurtosis were calculated for all study scales. The values of skewness and kurtosis illustrate that the data is normally distributed because the values are between -1 to +1.

**Table 3.3**

*Item-Total Correlation for Student Stress Inventory (SSI) (N = 40)*

| Item No. | Item-total Correlation | Item No. | Item-total Correlation |
|---|---|---|---|
| Personal stress | | Interpersonal stress | |
| 1 | .51** | 11 | .57** |
| 2 | .53** | 12 | .33** |
| 3 | .42** | 13 | .67** |
| 4 | .56** | 14 | 60** |
| 5 | .62** | 15 | .52** |
| 6 | .47** | 16 | .45** |
| 7 | .64** | 17 | .67** |
| 8 | .49** | 18 | .49** |
| 9 | .60** | 19 | .39** |
| 10 | .31** | 20 | .47** |
| Academic stress | | Environmental stress | |
| 21 | .31** | 31 | .31** |
| 22 | .59** | 32 | .34** |
| 23 | .69** | 33 | .57** |
| 24 | .77** | 34 | .66** |
| 25 | .71** | 35 | .62** |

| | | | |
|---|---|---|---|
| 26 | .70** | 36 | .58** |
| 27 | .56** | 37 | .33** |
| 28 | .64** | 38 | .67** |
| 29 | .73** | 39 | .56** |
| 30 | .59** | 40 | .60** |

**Table 3.4**

*Item-Total Correlation for Social Cognitive Screening Questionnaire (SCSQ) (N = 40)*

| Item No. | Item-total Correlation | Item No. | Item-total Correlation |
|---|---|---|---|
| Theory of Mind | | Schematic Analysis | |
| 1C | .27** | 1B | .26** |
| 2C | .38** | 2B | .32** |
| 3B | .39** | 3A | .52** |
| 4B | .24** | 4A | .38** |
| 5A | .28** | 5B | .32** |
| 6A | .37** | 6C | .37** |
| 7C | .23** | 7A | .42** |
| 8C | .40** | 9B | .38** |
| 9A | .29** | 10B | .34** |
| 10C | .37** | | |

| Hostility Bias | | Verbal Memory | |
|---|---|---|---|
| 2C | .38** | 1A | .35** |
| 3B | .35** | 2A | .52* |
| 5A | .28** | 3C | .47** |
| 6A | .37** | 4C | .35** |
| 9A | .29** | 5C | .37** |
| | | 6B | .49** |
| | | 7B | .33** |
| | | 8B | .29** |
| | | 9C | .52** |
| | | 10A | .38** |

Tables 3.3 and 3.4 show the item-total correlation of the items of the Student Stress Inventory (SSI) and Social Cognitive Screening questionnaire (SCSQ). All the items are significant at $p < 0.01$. Significant positive correlations suggest that all the items correlated with the total score of the scale and contribute to the measurement of the construct of stressors

**Table 3.5**

*Correlation between study variables (N=40)*

| | | 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 | 9 | 10 | 11 | 12 |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| 1 | InternalizingChild | - | .70** | .17* | .18* | -.24* | .20 | .28* | .40** | -.21 | -.15 | .41** | .25* |
| 2 | ExternalizingChild | | - | .22* | .21* | -.37** | .30** | .30** | .39** | -.21 | -.11 | .31** | .28* |
| 3 | InternalizingParent | | | - | .85** | -.27* | -.02 | .16 | .02 | -.20 | -.18 | -.04 | .08 |
| 4 | ExternalizingParent | | | | - | -.27* | -.02 | .06 | -.04 | -.15 | -.06 | -.11 | .04 |
| 5 | PositiveParenting | | | | | - | -.26* | .03 | -.15 | .71** | .65** | -.25* | -.28* |
| 6 | PoorMonitoring | | | | | | - | .36** | .28* | -.02 | .11 | .31** | .18 |
| 7 | InconsistentDiscipline | | | | | | | | .32** | .09 | .22 | .16 | .20 |
| 8 | CorporalPunishment | | | | | | | | - | -.15 | -.07 | .39** | .22* |
| 9 | MotherInvolvement | | | | | | | | | - | .81** | -.16 | -.24* |
| 10 | FatherInvolement | | | | | | | | | | - | -.25* | -.28* |
| 11 | PhysicalStress | | | | | | | | | | | - | .68** |
| 12 | InterpersonalStress | | | | | | | | | | | | - |

Note : *p < .05, **p <.01, ***p<.001

| | | 13 | 14 | 15 | 16 | 17 | 18 | 19 | 20 | 21 | 22 | 23 |
|---|---|---|---|---|---|---|---|---|---|---|---|---|
| 1 | InternalizingChild | .40** | .26* | .39** | .48** | .45** | .15 | -.47** | .16 | -.08 | .12 | -.29** |
| 2 | ExternalizingChild | .33** | .32** | .36** | .50** | .44** | .18 | -.47** | .18 | -.08 | .10 | -.35** |
| 3 | InternalizingParent | .14 | .04 | .06 | .00 | .04 | -.02 | -.15 | -.08 | -.17 | -.01 | -.17 |
| 4 | ExternalizingParent | .07 | -.04 | -.01 | .02 | .14 | .04 | -.12 | -.09 | -.14 | -.04 | -.23* |
| 5 | PositiveParenting | -.29** | -.08 | -.26* | -.08 | -.21 | -.27* | .49** | .18 | .21 | -.25* | .32** |
| 6 | PoorMonitoring | .23* | .14 | .25* | .22* | .19 | .03 | -.19 | .10 | .00 | .24* | -.35** |
| 7 | InconsistentDiscipline | .24* | .35** | .29* | .27* | .27* | .01 | -.10 | .20 | .11 | .08 | -.11 |
| 8 | CorporalPunishment | .21 | .08 | .26* | .30** | .28* | .16 | -.39** | .14 | -.22 | .01 | -.10 |
| 9 | MotherInvolvement | -.30** | -.03 | -.21 | -.01 | -.15 | -.37** | .50** | .09 | .17 | -.27* | .23* |
| 10 | FatherInvolement | -.29** | -.02 | -.23* | -.08 | -.12 | -.22* | .35** | .14 | .23* | -.11 | .14 |
| 11 | PhysicalStress | .72** | .50** | .84** | .44** | .37** | .10 | -.36** | .06 | -.27* | -.09 | -.37** |
| 12 | InterpersonalStress | .76** | .63** | .88** | .44** | .36** | .15 | -.27* | .14 | -.20 | .07 | -.37** |
| 13 | AcademicStress | - | .62** | .91** | .43** | .45** | .17 | -.45** | .14 | -.22* | .10 | -.37** |
| 14 | EmvironmentalStress | | - | .81** | .51** | .39** | -.09 | -.18 | .26* | -.05 | .04 | -.30** |
| 15 | TotalStressScores | | | - | .53** | .46** | .08 | -.37** | .18 | -.20 | .04 | -.41** |

| | | 16 | 17 | 18 | 19 | 20 | 21 | 22 | 23 |
|---|---|---|---|---|---|---|---|---|---|
| 16 | EmotionalDysregulation | - | .63** | .07 | -.31** | .39** | .11 | -.08 | -.26* |
| 17 | BehavioralDysregulation | | - | .12 | -.43** | .36** | .10 | .16 | -.22* |
| 18 | CognitiveDysregulation | | | - | -.46** | -.02 | -.24* | -.11 | -.18 |
| 19 | EffortfulControl | | | | - | -.21 | .23* | -.08 | .23* |
| 20 | NegatieAffect | | | | | - | .42** | .04 | .03 |
| 21 | Affiliatieness | | | | | | - | .16 | .17 |
| 22 | Surgency | | | | | | | - | -.06 |
| 23 | SocialCognitiveSkills | | | | | | | | - |

Note : *p < .05, **p <.01, ***p<.001

Table 3.5 shows the correlation between all study variables it indicates the significant positive relation between internalizing and externalizing disorders of parents and children. Child internalizing and externalizing problems have a significant positive relationship with physical, interpersonal, academic, and environmental stressors, behavioral dysregulation, and emotional dysregulation. Corporal punishment and inconsistent discipline have a positive relationship with child internalizing and externalizing disorders. Effortful control and social cognitive skills significantly negatively correlate with children internalizing and externalizing disorders.

### 3.2.3 Phase III (Main Study)

The third phase of the research was the main study, the main study aimed to test the hypotheses of the study. The hypotheses and objectives of the main study are mentioned in chapter one.

## 3.3 Research Instruments

Followings are the instruments used in the study:

### 3.3.1 Demographic Sheet

A demographic sheet along with informed consent is made which includes the different demographics made for the present study. The demographic sheet contains different demographics there are age, gender, class, number of siblings, birth order, family structure, monthly income, etc. (see Appendix A)

### 3.3.2 Adult Self Report (ASR)

It is used to measure Parent internalizing and externalizing problems. It contains 123 items, scored on a three-point rating scale 0= not true to 2= very true. Depressed, withdrawn and somatic domains are included in internalizing disorders and externalizing disorders composed of rule-breaking and aggressive domains. ASR T-scores were calculated. Cronbach's alpha for the ASR subscales ranged between .72 - .90. (Achenbach and Rescorla 2003; Ferdinand et al. 1995). (see Appendix B)

### 3.3.3 Youth Self Report (YSR)

It is used to measure adolescents internalizing and externalizing problems. It contains 102 items, that are made up of eight subscales. The internalizing problems are composed of withdrawn, somatic complaints, and anxious/depressed subscales, and externalizing problems contain delinquent and aggressive behavior subscales. The scale has a three-point rating scale ranging from 0 (not true) to 2 (very true). Cronbach alpha coefficients between 70 to 90 have been reported (Achenbach, 1991). (see Appendix C)

### 3.3.4 Abbreviated Dysregulation Inventory (ADI)

It is used to measure psychological dysregulation. The Abbreviated Dysregulation Inventory (ADI) is a self-report containing 30-item used to measure three domains of dysregulation which are emotional dysregulation, behavioral dysregulation, and cognitive dysregulation among adolescents. ADI is scored on a 4-point rating scale from 0 (never true) to 3 (always true). Cronbach alpha coefficient between 70 to 80 has been reported (Mezzich et al., 2001). (see Appendix D)

### 3.3.5 The Alabama Parenting Questionnaire (APQ)

Alabama parenting questionnaire was used to measure parenting (APQ; Shelton, Frick, & Wooton, 1996). The APQ consists of 42 items with a 5-point rating scale (1= "never" to 5 = "always"). It is scored on subscales: Parental monitoring and supervision, inconsistent punishment, corporal punishment, positive parenting, involvement, and other discipline practices. Urdu version (Mushtaq, 2015) was used for the present study only child forms were used for the study. High scores on the subscale indicate more use of that parenting style. (see Appendix E)

### 3.3.6 Early Adolescent Temperament Questionnaire-Revised (EATQ-R)

Adolescent temperament was assessed using the 65-item Early Adolescent Temperament Questionnaire-Revised (Ellis & Rothbart, 2001). The EATQ-R scales assess three broad dimensions of temperament; effortful control, negative affectivity, and surgency (Muris, Meesters, & Blijlevens, 2007). Ratings were made on a 5-point scale ranging from "1= (almost never true)" to "5 = (almost always true)". Cronbach's alphas ranging from 0.65 to 0.82 (Ellis & Rothbart, 2001). (see Appendix F)

### 3.3.7 Social Cognition Screening Questionnaire (SCSQ)

The Social Cognition Screening Questionnaire (SCSQ) contains five subscales: verbal working memory, schematic inference, theory of mind (ToM), metacognition, and hostility bias. The task comprised 10 short vignettes presenting an interaction between a fictional character and the study participant. The subject then answered three Yes-or-No questions about the vignette, which were used to derive subscale scores for the SCSQ. The sum of correct answers for the verbal working memory, schematic inference, and ToM subscales was calculated (range 0–10; higher scores indicated better performance). The total metacognition score was obtained by

summing the scores for the 10 vignettes (range 0–10; higher scores indicate better metacognitive ability). The SCSQ total score was calculated as the sum of all the subscales except for the hostility bias scale, because the items used for calculating this scale overlapped with those used for the ToM scale. (see Appendix G)

### 3.3.8 Student Stress Inventory (SSI)

The student stress inventory (SSI) was used to measure the stress among adolescents, composed of 40 items to measure stress on 4 subscales which are physical, interpersonal, academic, and environmental. Each subscale consists of 10 items on a 4-point rating scale ranging from "1= never, 4= always". Total scores on the scale indicate stress, the scores range 40-80 indicate mild stress, 81-121 for moderate stress, and 122-160 indicate severe stress among adolescents. While interpretation based on the scores of subscales, 10-18 scores indicate mild stress in that particular subscale domain, 19-29 indicate moderate stress and 30-40 indicate severe stress. (See Appendix H)

## 3.4 Sampling Technique and Population

The pilot study includes 40 families (both parents and two adolescent children (one girl and one boy). These families were further divided into 20 control families and 20 clinical families. The sample of the main study consists of 100 families ( both parent and their adolescent children: one boy and one girl child) divided into two groups: 50 clinical families (parents with psychopathology) diagnosed with MDD (major depressive disorder) and 50 control groups (parents without psychopathology). In present study total sample was 200 parents and 200 adolescent children. The sample was selected through purposive convenience sampling technique from different hospitals of Islamabad and Rawalpindi and the group 2 (parents without

psychopathology) was selected through recruiting adolescents from different schools and colleges after confirming inclusion-exclusion criteria, which are described in the pilot study phase. More than 150 adolescents were approached but some participants have withdrawn from the research after completing half questionnaire and some adolescents return unfilled parents and siblings forms. Only 50 control group families were recruited who filled all questionnaires related to both parents and sibling of opposite gender.

**Table 3.6**

*Frequencies And Percentages of Demographic Characteristics of The Clinical and Control Group (N=100)*

| *Parents without psychopathology (Control group)* | | | *Parents with psychopathology (Clinical group)* | | |
|---|---|---|---|---|---|
| Variables | *F (%)* | *M (SD)* | Variables | *F (%)* | *M (SD)* |
| No of families | 50 | | No of families | 50 | |
| Father | 50 (50%) | | Father | 50 (50%) | |
| Mother | 50 (50%) | | Mother | 50 (50%) | |
| Age range parents | | 43.30 (2.71) | Age range parents | | 43.69 (2.80) |
| Adolescents children | | | Adolescents children | | |
| Girls | 50 (50%) | | Girls | 50 (50%) | |
| Boys | 50 (50%) | | Boys | 50 (50%) | |
| Age range (12-19) | | 16.51 (2.10) | Age range (12-19) | | 16.69 (2.22) |
| Education | | | Education | | |

| | | | | | |
|---|---|---|---|---|---|
| 8th | 14 (14 %) | | 8th | 14 (14%) | |
| 9th | 11 (11 %) | | 9th | 11 (11%) | |
| 10th | 17 (17 %) | | 10th | 14 (14%) | |
| 1st year | 27 (27 %) | | 1st year | 25 (25%) | |
| 2nd year | 31 (31 %) | | 2nd year | 36 (36%) | |
| Birth order | | 2.80 (1.30) | Birth order | | 3.0 (1.58) |
| No of siblings | | 4.64 (1.52) | No of siblings | | 4.68 (1.82) |
| Family system | | | Family system | | |
| Joint | 19 (38%) | | Joint | 26 (52%) | |
| Nuclear | 31 (62%) | | Nuclear | 24 (48%) | |
| Mother occupation | | | Mother occupation | | |
| Working lady | 6 (12%) | | Working lady | 7 (14%) | |
| House wife | 44 (88%) | | House wife | 43 (86%) | |
| Family Income | | | Family Income | | |
| lower | 10 (20%) | | lower | 2 (4%) | |
| Middle | 25 (50%) | | Middle | 26 (52%) | |
| upper | 15 (30%) | | upper | 22 (44%) | |

## 3.5 Data Collection

For the present study, the sample was divided into two groups one was the control group and the second was a clinical group. Control group families were

selected through different schools and colleges, after taking permission from the federal directorate of education schools and colleges were approached. The purpose of the study was briefly explained to the principals of schools and colleges after taking permission from high authorities adolescents were approached.

Only those Participants who fulfilled the inclusion criteria and consented to participate in the study were selected. Participants were assured about the privacy and the confidentiality of the information; they were assured that their information will only be used for this research. and the researcher also allows the participants at any point they want to quit from the study they can return the booklet and leave the study. They were informed that there were no set-in-stone reactions to the things, and they have expressed gratitude toward their corporation. Booklet was given to the participants containing the informed consent, demographic sheet, and questionnaire. For the control group from educational institutes adolescents were approached and Through adolescents, their parents and their sibling were approached, another set of questionnaires for mother, father, and one teenager sibling of the opposite gender were sent. After two days these booklets were collected by the researcher from these participants.

The clinical families were approached through the psychiatric department, those patients either mother or father who fulfills the inclusion criteria who are diagnosed with MDD and have a duration of illness not less than one year, married living together, and having one son and one daughter in adolescents' phase were selected. Informed consent was taken from both parents and their adolescents. They were assured about the privacy, confidentiality, and anonymity of their responses.

## 3.6 Data Analysis

The statistical analysis for this research was conducted according to the objectives and hypotheses of the study through SPSS-23, Process Macro and Structural equation 65 modeling (SEM) through AMOS 23. Descriptive analysis was conducted for the psychometric properties of study variables by reporting mean, standard deviation, skewness and kurtosis. Reliability analysis was applied to check the suitability of the translated measures through Cronbach's alpha value. For demographic information, mean and standard deviation was calculated for continuous variables, whereas frequency and percentages were calculated for categorical data. Correlation analysis was carried out to explore the possible relationship among the study variables. Mediation and moderation analysis were carried out by using SPSS Process Macro and gender specific pathway for transmission of risks for psychopathology was explored through SEM in AMOS.

## 3.7 Research Ethics

The present study followed all ethical standards strictly and was carried out following the institutional research committee's ethical guidelines. Board of Advance Studies and Research (BASR), National university of modern languages Islamabad approved the study proposal. For the present study, permission was taken by the federal directorate of education Islamabad for the control group sample, and for the clinical group sample, permission was taken by heads of psychiatric departments. Informed consent was taken from all participants who fulfill the inclusion criteria of the present study. They were informed that there were no set-in-stone reactions to the things, and they have expressed gratitude toward their corporation. no incentive was offered to any person for participation in research.

# CHAPTER 4

# ANALYSIS AND INTERPRETATION OF THE DATA

This section holds the results of the main study analyses regarding hypothesis testing. This study was designed to explore the association of Parent psychopathology and adolescent's internalizing and externalizing disorders among young adults. The sequential mediation between parents internalizing and externalizing disorders on adolescents internalizing and externalizing disorders through parenting practices, stressful life events, and psychological dysregulation. The study also aimed to explore moderation of temperament styles and social cognitive skills between parenting practices, stressful life events, psychological dysregulation, and adolescents' internalizing and externalizing disorders. It was also aimed in the research to investigate the gender-specific pathway of transmission of psychopathology from parents to their children. The primarily focus of the study was moderation-mediation analysis that's why demographics were not the focus of study. They were beyond the desired objectives of this research. On the other hand, most of the multivariate regression analysis run on demographics was not significant so only significant analyses were reported in result section.

## 4.1 Descriptive Analysis and Reliability Evaluation of the Variables

Table 4.1 shows the alpha reliability and descriptive statistics for all the study measures used in the present study. The result shows that all alpha values of the scales lie in a satisfactory range indicating good reliability of the scales. Values of kurtosis and skewness also lie in an acceptable range (-2 to +2) providing evidence that the data was normally distribute (Privitera, 2011).

**Table 4.1**

*Reliability estimates and Descriptive statistics of the study variables (N=100 families)*

| Scales | No of items | *α* | *M* | *SD* | skewness | kurtosis |
|---|---|---|---|---|---|---|
| APQ-C | 42 | .89 | | | | |
| Positive parenting | 6 | .86 | 20.66 | 5.72 | -.176 | -.903 |
| Inconsistent discipline | 6 | .40 | 15.27 | 3.71 | .179 | .042 |
| Corporal punishment | 3 | .63 | 7.00 | 2.47 | .292 | .042 |
| Poor monitoring | 10 | .82 | 22.09 | 7.52 | .502 | -.389 |
| Father involvement | 10 | .87 | 30.0 | 8.74 | .085 | -.825 |
| Mother involvement | 10 | .85 | 30.18 | 8.61 | .240 | -.697 |
| SSI | 40 | .94 | 117.38 | 25.84 | -.930 | .841 |
| Physical stress | 10 | .88 | 30.50 | 7.97 | -.809 | .141 |
| Interpersonal stress | 10 | .80 | 30.13 | 6.89 | -1.090 | .949 |
| Academic stress | 10 | .90 | 29.95 | 7.69 | -.805 | -.005 |
| Environmental stress | 10 | .82 | 26.80 | 7.19 | -.277 | -.278 |
| ADI | 30 | .84 | | | | |

| | | | | | | |
|---|---|---|---|---|---|---|
| Emotional dysregulation | 10 | .80 | 10.98 | 6.18 | .165 | -.504 |
| Behavioral dysregulation | 10 | .73 | 11.59 | 5.36 | -.166 | -.828 |
| Cognitive dysregulation | 10 | .84 | 13.19 | 6.59 | .043 | -.288 |
| YSR | 118 | .96 | | | | |
| Internalizing problems | 31 | .89 | 19.99 | 10.53 | .116 | -.973 |
| Externalizing problems | 32 | .91 | 17.14 | 11.45 | .373 | -1.044 |
| EATQ-r | 85 | .81 | | | | |
| Effortful control | 16 | .57 | 3.32 | .462 | .499 | .337 |
| Negative effect | 19 | .79 | 2.87 | .588 | .097 | .080 |
| Affiliativeness | 14 | .74 | 3.27 | .773 | .210 | 2.526 |
| Surgency | 16 | .52 | 7.54 | 1.71 | .189 | -.372 |
| SCSQ | 40 | .82 | 16.52 | 4.05 | -.058 | .108 |
| ASR | 134 | .97 | | | | |
| Internalizing problems | 39 | .94 | 26.78 | 17.19 | .547 | -.517 |
| Externalizing problems | 35 | .93 | 20.67 | 14.85 | .925 | .205 |

Note: a = Cronbach Alpha; M = Mean, SD = Standard Deviation;

Table 4.1 shows the alpha reliability and descriptive statistics for all the study measures used in the present study. The result shows that all alpha values of the scales lie in a satisfactory range indicating good reliability of the scales. Values of kurtosis and skewness also lie in an acceptable range (-2 to +2) providing evidence that the data was normally distribute (Privitera, 2011). parametric test assumptions are met. Therefore, it was analyzed that parametric tests can be used to test the hypothesis.

## 4.2 Relationship between Study Variables

Pearson Product Moment correlation was performed to measure the relationship between the study variables.

**Table 4.2**

*Correlation of all study variables (N=100 families)*

| | | 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 | 9 | 10 | 11 | 12 |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| 1 | InternalizingChild | - | .76** | .16* | .26* | -.33** | .25** | .11 | .25** | -.26** | -.25** | .35** | .31** |
| 2 | ExternalizingChild | | - | .27* | .20** | -.44** | .30** | .12 | .24** | -.34** | -.28** | .32** | .35** |
| 3 | InternalizingParent | | | - | .79** | -.14* | .19** | .13 | .08 | -.07 | -.01 | .11 | .08 |
| 4 | ExternalizingParent | | | | - | -.21** | .18* | .04 | -.01 | -.17* | -.06 | .09 | .11 |
| 5 | PositiveParenting | | | | | - | -.14 | .27** | -.07 | .77** | .71** | -.21** | -.23** |
| 6 | PoorMonitoring | | | | | | - | .43** | .46** | -.01 | .09 | .30** | .21** |
| 7 | InconsistentDiscipline | | | | | | | - | .43** | .30** | .31** | .14 | .12 |
| 8 | CorporalPunishment | | | | | | | | - | -.07 | -.03 | .23** | .17* |
| 9 | MotherInvolvement | | | | | | | | | - | .84** | -.15* | -.19** |
| 10 | FatherInvolement | | | | | | | | | | - | -.13 | -.19** |
| 11 | PhysicalStress | | | | | | | | | | | - | .76** |
| 12 | InterpersonalStress | | | | | | | | | | | | - |

*p= < 0.05, **p= < 0.01

| | | 13 | 14 | 15 | 16 | 17 | 18 | 19 | 20 | 21 | 22 | 23 |
|---|---|---|---|---|---|---|---|---|---|---|---|---|
| 1 | InternalizingChild | .39** | .29** | .38** | .39** | .39** | .19** | -.43** | .17* | -.09 | .21** | -.29** |
| 2 | ExternalizingChild | .35** | .26** | .36** | .35** | .40** | .28** | -.47** | .10 | -.15* | .23** | -.35** |
| 3 | InternalizingParent | .09 | .03 | .09 | .01 | .03 | -.04 | -.18** | .01 | -.09 | .06 | -.14* |
| 4 | ExternalizingParent | .16* | .03 | .11 | .05 | .08 | .03 | -.21** | -.04 | -.16* | .02 | -.21** |
| 5 | PositiveParenting | -.22** | .03 | -.17* | -.06 | -.14 | -.42** | .44** | .18** | .36** | -.28** | .36** |
| 6 | PoorMonitoring | .26** | .16* | .29** | .23** | .23** | .09 | -.33** | .16* | .01 | .24** | -.30** |
| 7 | InconsistentDiscipline | .15* | .23** | .20** | .26** | .22** | -.06 | -.03 | .21** | .17* | .03 | -.01 |
| 8 | CorporalPunishment | .18* | .09 | .20** | .21** | .18* | .11 | -.28** | .11 | -.09 | .07 | -.09 |
| 9 | MotherInvolvement | -.22** | .03 | -.14* | .05 | -.13 | -.36** | .38** | .10 | .26** | -.27** | .22** |
| 10 | FatherInvolement | -.23** | .04 | -.14* | -.06 | -.14 | -.31** | .33** | .13 | .27** | -.13 | .14 |
| 11 | PhysicalStress | .69** | .57** | .86** | .29** | .20** | .12 | -.27** | .15* | -.14 | .16* | -.25** |
| 12 | InterpersonalStress | .77** | .67** | .89** | .28** | .20** | .15* | -.25** | .17* | -.13 | .17* | -.25** |
| 13 | AcademicStress | - | .69** | .89** | .29** | .22** | .17* | -.39** | .13 | -.16* | .16* | -.25** |
| 14 | EmvironmentalStress | | - | .83** | .31** | .19** | -0.04 | -.09 | .21** | .03 | .12 | -.19** |
| 15 | TotalStressScores | | | - | .35** | .25** | .11 | -.28** | .20** | -0.1 | .17* | -.27** |

| | | 16 | 17 | 18 | 19 | 20 | 21 | 22 | 23 |
|---|---|---|---|---|---|---|---|---|---|
| 16 | EmotionalDysregulation | - | .71** | .02 | -.24** | .30** | .07 | .07 | -.15* |
| 17 | BehavioralDysregulation | | - | .03 | -.31** | .30** | .11 | .22** | -.11 |
| 18 | CognitiveDysregulation | | | - | -.38** | -.08 | -.34** | .06 | -.29** |
| 19 | EffortfulControl | | | | - | -.17* | .20** | -.21** | .29** |
| 20 | NegatieAffect | | | | | - | .62** | .16* | .01 |
| 21 | Affiliatieness | | | | | | - | .14* | .25** |
| 22 | Surgency | | | | | | | - | -.14 |
| 23 | SocialCognitiveSkills | | | | | | | | - |

*Note : *p < .05, **p <.01, ***p<.001*

Table 4.2 shows the correlation between the study variables, the results show that internalizing and externalizing disorders of adolescents have a significant positive relationship with parental psychopathology including internalizing and externalizing disorders. Parenting practices (poor monitoring and corporal punishment) have a significant positive relationship with internalizing and externalizing disorders of adolescents and involvement of both parents has a significant negative relationship with adolescent's psychopathology. Stress full life events have a significant negative relationship with adolescent's psychopathology.

Dysfunctional neuroregulatory mechanisms (Emotional, Behavioral, Cognitive) have a significant positive relationship with adolescent's psychopathology. negative effect temperament has a positive relationship with internalizing and externalizing disorders of adolescents. Externalizing disorders of adolescents have a negative relationship with affiliativeness temperament style. Effortful control and surgency temperament styles have a significant negative relationship with adolescent's psychopathology. social-cognitive skills (SCSQ) have a negative relationship with both internalizing and externalizing disorders of adolescents.

## 4.3 Mean Differences among Families with and without Psychopathology

One-way ANOVA was performed to determine the group differences on adolescents Psychopathology among parental Psychopathology groups (family with no psychopathology, family with father and mother psychopathology) and difference between clinical group (parents with psychopathology) and control group (parents without psychopathology) on parenting practices.

**Table 4.3**

*Mean Differences on Adolescents Psychopathology among Parental Psychopathology groups (family with no psychopathology, family with father and mother psychopathology) (N=200)*

| | family with no psychopathology (n=50) | | family with father psychopathology (n=28) | | Family with mother psychopathology (n=22) | | | | |
|---|---|---|---|---|---|---|---|---|---|
| Variables | M | SD | M | SD | M | SD | F | p | η2 |
| Internalizing problems | 18.98 | 9.93 | 20.85 | 10.63 | 21.20 | 11.72 | .940 | .392 | .01 |
| Externalizing problems | 15.48 | 10.44 | 20.37 | 11.75 | 16.81 | 12.59 | 3.38 | .036 | .03 |

**Table 4.4**

*Posthoc Analysis of Group Differences on the Adolescents Psychopathology (internalizing and externalizing problems) (N=200 families)*

| Variables | (I) Family Pathology Status | (J) Family Pathology Status | Mean Difference (I-J) | SE | 95% CI | |
|---|---|---|---|---|---|---|
| | | | | | LL | UL |
| Internalizing problems | Family with no psychopathology | Family with father psychopathology | -1.87 | 1.76 | -6.13 | 2.37 |

| | | | | | | |
|---|---|---|---|---|---|---|
| | Family with father psychopathology | Family with no psychopathology | 1.88 | 1.76 | -2.37 | 6.13 |
| | Family with mother psychopathology | Family with no psychopathology | 2.22 | 1.90 | -2.38 | 6.83 |
| Externalizing problems | Family with no psychopathology | Family with father psychopathology | -4.89* | 1.88 | -9.45 | -.33 |
| | Family with father psychopathology | Family with no psychopathology | 4.90* | 1.89 | .33 | 9.45 |
| | Family with mother psychopathology | Family with no psychopathology | 1.33 | 2.04 | -3.60 | 6.28 |

*Note=* *p < .05

Table 4.4 revealed that adolescents having a father with psychopathology and parents without psychopathology scored high on externalizing problems. No significant difference was found in internalizing problems child having a family with and without psychopathology.

**Table 4.5**

*Difference between Clinical Group (Parents with Psychopathology) and Control Group (Parents without Psychopathology) on Parenting Practices.*

| | Parents with psychopathology (n=100) | | Parents without psychopathology (n=100) | | | | |
|---|---|---|---|---|---|---|---|
| Variables | M | SD | M | SD | t (198) | p | Cohen's D |
| Positive | 19.83 | 6.18 | 21.49 | 5.12 | 2.067 | .040 | .30 |

| | | | | | | | |
|---|---|---|---|---|---|---|---|
| parenting | | | | | | | |
| Poor monitoring | 23.23 | 7.50 | 20.96 | 7.40 | -2.154 | .032 | .40 |
| Inconsistent discipline | 15.05 | 3.77 | 15.57 | 3.64 | .991 | .323 | - |
| Corporal punishment | 6.86 | 2.62 | 7.22 | 2.32 | 1.027 | .306 | - |
| Mother involvement | 29.54 | 8.87 | 30.83 | 8.35 | 1.059 | .291 | - |
| Father Involvement | 30.06 | 8.45 | 29.89 | 9.07 | -.137 | .891 | - |

Table 4.5 shows that those parents who were having psychopathology scored low on positive parenting, and parents without psychopathology scored high on positive parenting. On poor monitoring, parents with psychopathology scored high as compared to parents without psychopathology who scored low on poor monitoring.

## 4.4 Mediation by Parenting Practices, stressful life events, and Psychological Dysregulation

To determine the mediating role of parenting practices and dysregulation (emotional, behavioral, and cognitive) between parents' psychopathology (Internalizing and externalizing) and adolescents' psychopathology (internalizing and externalizing) sequential mediation analyses were run using SPSS macro developed by Preacher and Hayes (2008). For sequential mediation analysis model, 6 was used,

to measure the indirect effect and to generate a confidence interval for these effects, 5000 sample with bootstrapping, creating a 95% confidence interval was used. The indirect effect was considered significant if the confidence interval did not cover zero. Only significant results have been reported. The results of these analyses along with their respective explanation are mentioned in the following tables.

**Table 4.6**

*Sequential Mediation Analysis of Indirect effect of Internalizing Parent on the Child Internalizing Problem through Poor Monitoring and Emotional Dysregulation (N=200)*

| | *B* | *SE* | *P* | 95% CL | |
|---|---|---|---|---|---|
| | | | | LL | UL |
| | Mediator (Poor Monitoring) | | | | |
| Predictor (Internalizing Parent) | .085 | .031 | .006 | .025 | .146 |
| | Mediator (Emotional Dysregulation) | | | | |
| Predictors (Internalizing Parent) | -.012 | .026 | .65 | -.062 | .039 |
| Poor Monitoring | .194 | .058 | .001 | .080 | .309 |
| | DV (Internalizing Child) | | | | |
| Predictors (Internalizing Parent) | .078 | .040 | .063 | -.004 | .155 |
| Poor Monitoring | .205 | .904 | .031 | .019 | .390 |
| Emotional Dysregulation | .605 | .112 | .000 | .384 | .826 |
| Total Effect (Internalizing Parent) | .096 | .043 | .028 | .010 | .128 |
| Indirect Effect | *B* | Boot SE | Boot 95%CL | | |

| | | | LL | UL |
|---|---|---|---|---|
| INP → PM→ INPC | .018 | .011 | .000 | .042 |
| INP→ED→INPC | -.007 | .016 | -.040 | .024 |
| INP → PM → ED→INPC | .010 | .006 | .002 | .024 |

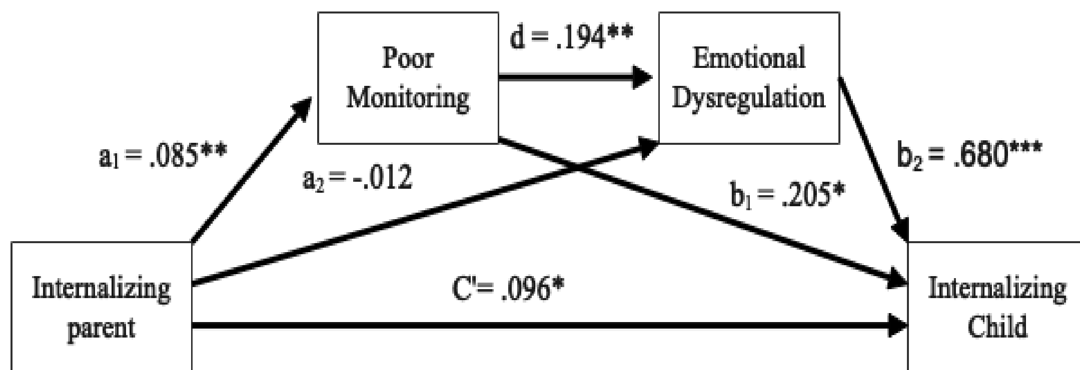


**Figure 4.1**: *Sequential Mediation Analysis of Indirect effect of Internalizing Parent on the Child Internalizing Problem through Poor Monitoring and Emotional Dysregulation*

Table 4.6 shows the sequential mediation analysis for mediating role of poor monitoring and emotional dysregulation between internalizing parents and externalizing children. The results show a positive relationship between internalizing parents and poor monitoring ($a_1$ path) the results were significant. There is a significant positive relationship between poor monitoring and emotional dysregulation (d path). A significant positive relationship was found between emotional dysregulation and child internalizing problems ($b_2$ path). No significant direct relationship was found between internalizing parent and emotional dysregulation ($a_2$ path), but there is a significant positive relationship found between poor monitoring and internalizing child ($b_1$ path). Lastly, the indirect effect of internalizing parents

through poor monitoring and emotional dysregulation on internalizing child found significantly positive (c' path).

**Table 4.7**

*Sequential Mediation Analysis of Indirect effect of Internalizing Parent on the Child Externalizing Problem through Poor Monitoring and Emotional Dysregulation (N=200)*

| | *B* | *SE* | *P* | 95% CL | |
|---|---|---|---|---|---|
| | | | | LL | UL |
| | Mediator Variable (Poor Monitoring) | | | | |
| Predictor (Internalizing Parent) | .085 | .031 | .006 | .025 | .146 |
| | Mediator (Emotional Dysregulation) | | | | |
| Predictors (Internalizing Parent) | -.012 | .026 | .650 | -.062 | .039 |
| Poor Monitoring | .194 | .058 | .001 | .080 | .309 |
| | DV (Externalizing Child) | | | | |
| Predictors (Internalizing Parent) | .087 | .044 | .050 | .000 | .174 |
| Poor Monitoring | .321 | .102 | .002 | .119 | .523 |
| Emotional Dysregulation | .554 | .122 | .000 | .313 | .795 |
| Total Effect (Internalizing Parent) | .117 | .047 | .014 | .024 | .210 |
| Indirect Effect | *B* | Boot SE | Boot 95%CL | | |
| | | | LL | UL | |
| INP → PM→ EXPC | .027 | .013 | .005 | .057 | |

| | | | | |
|---|---|---|---|---|
| INP→ED→EXPC | -.006 | .015 | -.038 | .022 |
| INP → PM → ED→EXPC | .009 | .005 | .002 | .022 |

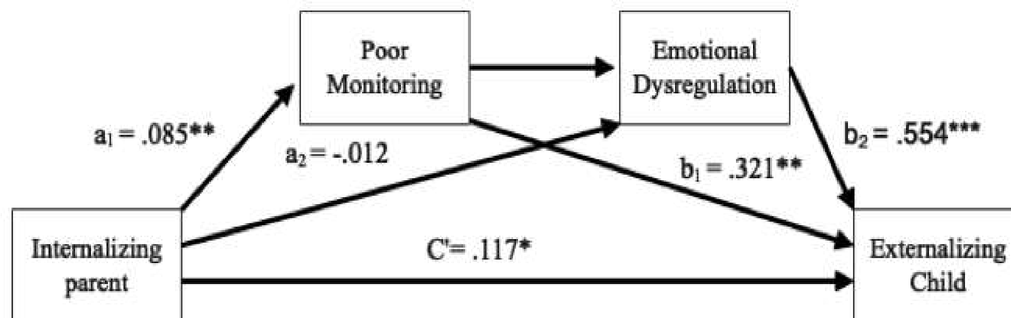


**Figure 4.2**: *Sequential Mediation Analysis of Indirect effect of Internalizing Parent on the Child Externalizing Problem through Poor Monitoring and Emotional Dysregulation*

Table 4.7 shows the sequential mediation analysis for mediating role of poor monitoring and emotional dysregulation between internalizing parents and externalizing children. The results show a positive relationship between internalizing parents and poor monitoring (a1 path) the results were significant. There is a significant positive relationship between poor monitoring and emotional dysregulation (d path). Significant positive relationship found between emotional dysregulation and child externalizing problems (b2 path). No significant direct relationship found between internalizing parent and emotional dysregulation (a2 path), but there is significant positive relationship found between poor monitoring and externalizing child (b1 path). Lastly, the indirect effect of internalizing parents through poor monitoring and emotional dysregulation on externalizing child found significant positive (c' path).

**Table 4.8**

*Sequential Mediation Analysis of Indirect effect of Externalizing Parent on the Child Internalizing Problem through Poor Monitoring and Emotional Dysregulation (N=200)*

| | *B* | *SE* | *P* | 95% CL | |
|---|---|---|---|---|---|
| | | | | LL | UL |
| | Mediator (Poor Monitoring) | | | | |
| Predictor ( Externalizing Parent) | .090 | .036 | .013 | .020 | .161 |
| | Mediator (Emotional Dysregulation) | | | | |
| Predictors (Externalizing Parent) | .003 | .030 | .929 | -.056 | .061 |
| Poor Monitoring | .188 | .058 | .001 | .074 | .303 |
| | DV (Internalizing Child) | | | | |
| Predictors (Externalizing Parent) | .082 | .047 | .083 | -.011 | .174 |
| Poor Monitoring | .212 | .094 | .025 | .027 | .396 |
| Emotional Dysregulation | .597 | .112 | .000 | .375 | .819 |
| Total Effect (Externalizing Parent) | .113 | .050 | .027 | .013 | .212 |

| Indirect Effect | *B* | Boot SE | Boot 95%CL | |
|---|---|---|---|---|
| | | | LL | UL |
| EXP→PM→INPC | .019 | .012 | .000 | .046 |
| EXP→ED→INPC | .002 | .018 | -.035 | .038 |
| EXP → PM → ED→INPC | .010 | .006 | .001 | .025 |

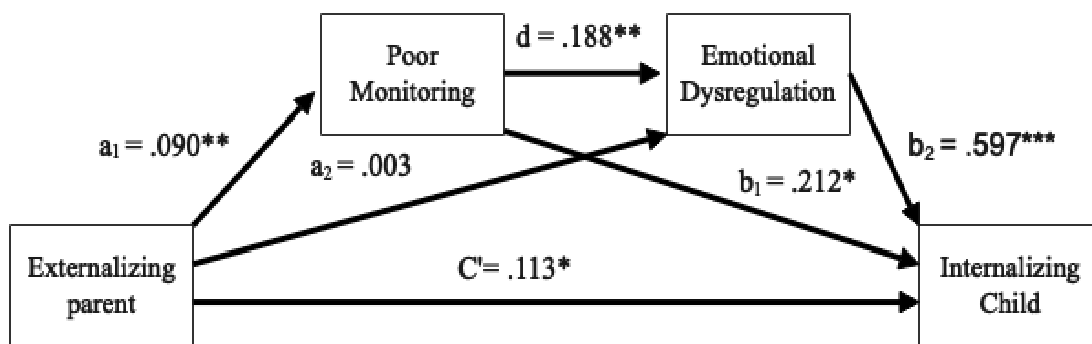


**Figure 4.3:** *Sequential Mediation Analysis of Indirect effect of Externalizing Parent on the Child Internalizing Problem through Poor Monitoring and Emotional Dysregulation*

Table 4.8 shows the sequential mediation analysis for mediating role of poor monitoring and emotional dysregulation between externalizing parents and internalizing children. The results show a positive relationship between internalizing parents and poor monitoring ($a_1$ path) the results were significant. There is a significant positive relationship between poor monitoring and emotional dysregulation (d path). The significant positive relationship was found between emotional dysregulation and child internalizing problems ($b_2$ path). No significant direct relationship found between externalizing parent and emotional dysregulation ($a_2$ path), but there is significant positive relationship found between poor monitoring and internalizing child ($b_1$ path). The results indicate the significant direct relationship between externalizing parent and internalizing child (c path). Lastly, the indirect effect of externalizing parents through poor monitoring and emotional dysregulation on internalizing children found a significant positive mediating role of poor monitoring and emotional dysregulation (c’ path).

**Table 4.9**

*Sequential Mediation Analysis of Indirect effect of Externalizing Parent on the Child Externalizing Problem through Poor Monitoring and Emotional Dysregulation (N=200)*

| | *B* | *SE* | *P* | 95% CL | |
|---|---|---|---|---|---|
| | | | | LL | UL |
| | Mediator (Poor Monitoring) | | | | |
| Predictor (Externalizing Parent) | .090 | .036 | .013 | .020 | .161 |
| | Mediator (Emotional Dysregulation) | | | | |
| Predictors (Externalizing Parent) | .003 | .030 | .929 | -.056 | .061 |
| Poor Monitoring | .188 | .058 | .001 | .074 | .303 |
| | DV (Externalizing Child) | | | | |
| Predictors (Externalizing Parent) | .120 | .051 | .019 | .020 | .220 |
| Poor Monitoring | .320 | .102 | .002 | .120 | .520 |
| Emotional Dysregulation | .545 | .122 | .000 | .305 | .784 |
| Total Effect (Externalizing Parent) | .159 | .054 | .004 | .052 | .267 |

| Indirect Effect | *B* | Boot SE | Boot 95%CL | |
|---|---|---|---|---|
| | | | LL | UL |
| EXP→PM→EXPC | .029 | .015 | .003 | .062 |
| EXP→ED→EXPC | .001 | .016 | -.031 | .033 |
| EXP → PM → ED→EXPC | .009 | .006 | .001 | .023 |

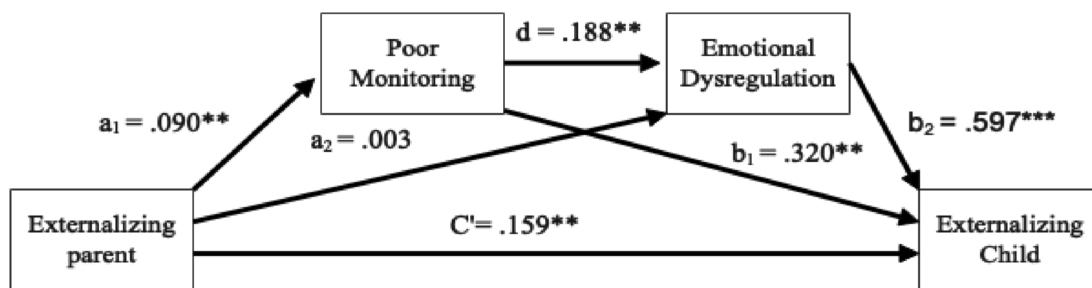


**Figure 4.4***:* *Sequential Mediation Analysis of Indirect effect of Externalizing Parent on the Child Externalizing Problem through Poor Monitoring and Emotional Dysregulation*

Table 4.9 shows the sequential mediation analysis for mediating role of poor monitoring and emotional dysregulation between externalizing parents and externalizing children. The results show a positive relationship between externalizing parents and poor monitoring (a1 path) the results were significant. There is a significant positive relationship between poor monitoring and emotional dysregulation (d path). Significant positive relationship found between emotional dysregulation and child externalizing problems (b2 path). No significant direct relationship found between externalizing parent and emotional dysregulation (a2 path), but there is significant positive relationship found between poor monitoring and externalizing child (b1 path). The results indicate the significant direct relationship between externalizing parents and externalizing children (c path). Lastly, the indirect effect of externalizing parents through poor monitoring and emotional dysregulation on externalizing children found a significant positive mediating role of poor monitoring and emotional dysregulation (c’ path).

**Table 4.10**

*Sequential Mediation Analysis of Indirect effect of Internalizing Parent on the Child Internalizing Problem through Poor Monitoring and Behavioral Dysregulation (N=200)*

| | *B* | *SE* | *P* | 95% CL | |
|---|---|---|---|---|---|
| | | | | LL | UL |
| | Mediator (Poor Monitoring) | | | | |
| Predictor (Internalizing Parent) | .085 | .031 | .006 | .025 | .146 |
| | Mediator (Behavioral Dysregulation) | | | | |
| Predictors (Internalizing Parent) | -.005 | .022 | .810 | -.049 | .038 |
| Poor Monitoring | .169 | .050 | .001 | .070 | .268 |
| | DV (Internalizing Child) | | | | |
| Predictors (Internalizing Parent) | .072 | .040 | .076 | -.008 | .152 |
| Poor Monitoring | .205 | .094 | .030 | .020 | .391 |
| Behavioral Dysregulation | .692 | .130 | .000 | .437 | .948 |
| Total Effect (Internalizing Parent) | .096 | .043 | .028 | .010 | .182 |

| Indirect Effect | *B* | Boot SE | Boot 95% CL | |
|---|---|---|---|---|
| | | | LL | UL |
| INP→PM→INPC | .018 | .010 | .000 | .041 |
| INP→BD→INPC | -.004 | .018 | -.041 | .031 |
| INP → PM → BD→INPC | .010 | .006 | .002 | .024 |

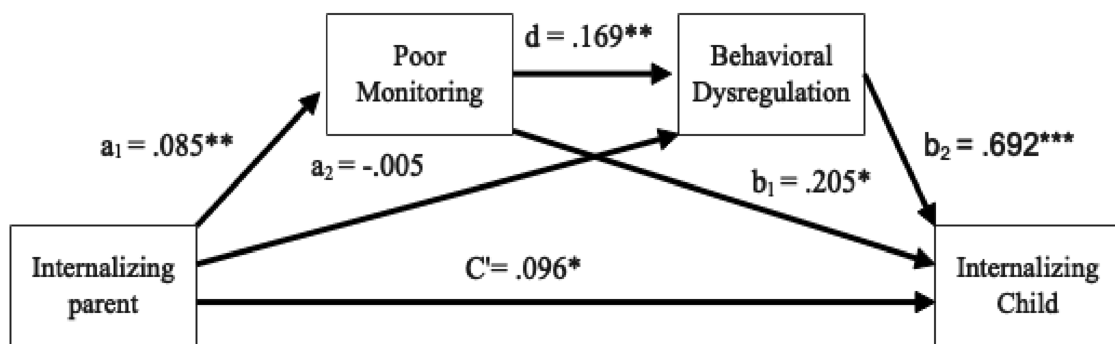


**Figure 4.5:** *Sequential Mediation Analysis of Indirect effect of Internalizing Parent on the Child Internalizing Problem through Poor Monitoring and Behavioral Dysregulation*

Table 4.10 shows the sequential mediation analysis for mediating role of poor monitoring and behavioral dysregulation between internalizing parents and internalizing children. The results show a positive relationship between internalizing parents and poor monitoring (a1 path) the results were significant. There is a significant positive relationship between poor monitoring and behavioral dysregulation (d path). A significant positive relationship was found between behavioral dysregulation and child internalizing problems (b2 path). No significant direct relationship was found between internalizing parent and behavioral dysregulation (a2 path), but there is a significant positive relationship found between poor monitoring and internalizing child (b1 path). The results indicate the significant direct relationship between internalizing parent and internalizing child (c path). Lastly, the indirect effect of internalizing parents through poor monitoring and behavioral dysregulation on externalizing children found a significant positive mediating role of poor monitoring and emotional dysregulation (c' path).

**Table 4.11**

*Sequential Mediation Analysis of Indirect effect of Internalizing Parent on the Child Externalizing Problem through Poor Monitoring and Behavioral Dysregulation (N=200)*

| | *B* | *SE* | *P* | 95% CL | |
|---|---|---|---|---|---|
| | | | | LL | UL |
| | Mediator (Poor Monitoring) | | | | |
| Predictor (Internalizing Parent) | .085 | .031 | .006 | .025 | .146 |
| | Mediator (Behavioral Dysregulation) | | | | |
| Predictors (Internalizing Parent) | -.005 | .022 | .810 | -.049 | .038 |
| Poor Monitoring | .169 | .050 | .001 | .070 | .268 |
| | DV (Externalizing Child) | | | | |
| Predictors (Internalizing Parent) | .084 | .043 | .052 | -.001 | .170 |
| Poor Monitoring | .304 | .101 | .003 | .105 | .502 |
| Behavioral Dysregulation | .740 | .138 | .000 | .467 | 1.013 |
| Total Effect (Internalizing Parent) | .117 | .047 | .014 | .024 | .210 |

| Indirect Effect | *B* | Boot SE | Boot 95%CL | |
|---|---|---|---|---|
| | | | LL | UL |
| INP→PM→EXPC | .026 | .013 | .005 | .055 |
| INP→BD→EXPC | -.004 | .019 | -.042 | .031 |
| INP → PM → BD→EXPC | .011 | .006 | .002 | .025 |

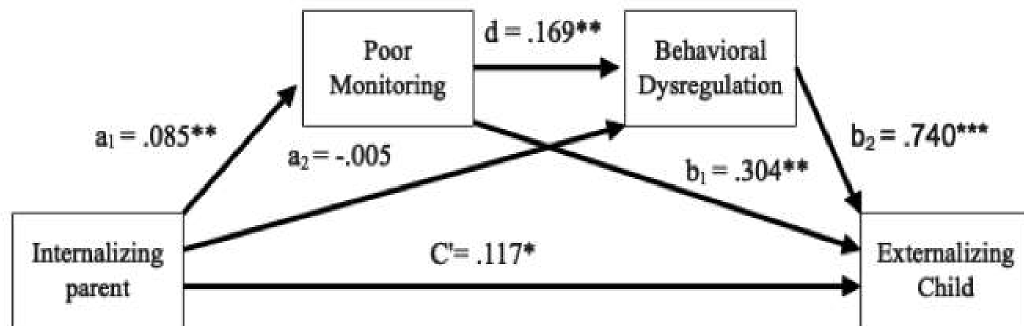


***Figure 4.6:*** *Sequential Mediation Analysis of Indirect effect of Internalizing Parent on the Child Internalizing Problem through Poor Monitoring and Behavioral Dysregulation*

Table 4.11 shows the sequential mediation analysis for mediating role of poor monitoring and behavioral dysregulation between internalizing parents and externalizing children. The results show a positive relationship between internalizing parents and poor monitoring (a1 path) the results were significant. There is a significant positive relationship between poor monitoring and behavioral dysregulation (d path). A significant positive relationship was found between behavioral dysregulation and child internalizing problems (b2 path). No significant direct relationship was found between internalizing parent and behavioral dysregulation (a2 path), but there is a significant positive relationship found between poor monitoring and internalizing child (b1 path). The results indicate the significant direct relationship between internalizing parent and internalizing child (c path). Lastly, the indirect effect of internalizing parents through poor monitoring and behavioral dysregulation on externalizing child found a significant positive mediating role of poor monitoring and emotional dysregulation (c' path).

**Table 4.12**

*Sequential Mediation Analysis of Indirect effect of Externalizing Parent on the Child Internalizing Problem through Poor Monitoring and Behavioral Dysregulation (N=200)*

| | *B* | *SE* | *P* | 95% CL | |
|---|---|---|---|---|---|
| | | | | LL | UL |
| | Mediator (Poor Monitoring) | | | | |
| Predictor (Externalizing Parent) | .090 | .036 | .013 | .020 | .161 |
| | Mediator (Behavioral Dysregulation) | | | | |
| Predictors (Externalizing Parent) | .015 | .026 | .57 | -.036 | .065 |
| Poor Monitoring | .162 | .050 | .001 | .063 | .261 |
| | DV (Internalizing Child) | | | | |
| Predictors (Externalizing Parent) | .073 | .047 | .120 | -.019 | .166 |
| Poor Monitoring | .214 | .094 | .024 | .029 | .399 |
| Behavioral Dysregulation | .680 | .130 | .000 | .424 | .937 |
| Total Effect (Externalizing Parent) | .133 | .050 | .027 | .013 | .212 |
| Indirect Effect | *B* | Boot SE | Boot 95%CL | | |
| | | | LL | UL | |
| EXP→PM→INPC | .019 | .011 | .000 | .044 | |
| EXPC-BD→INPC | .010 | .021 | -.031 | .052 | |
| EXP → PM → BD→INPC | .010 | .006 | .001 | .026 | |

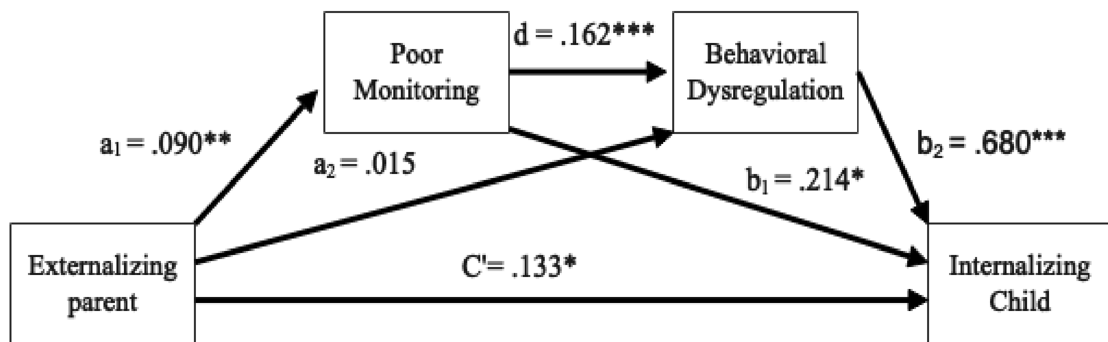


**Figure 4.7***:* *Sequential Mediation Analysis of Indirect effect of Externalizing Parent on the Child Internalizing Problem through Poor Monitoring and Behavioral Dysregulation*

Table 4.12 shows the sequential mediation analysis for mediating role of poor monitoring and behavioral dysregulation between externalizing parents and internalizing children. The results show a positive relationship between externalizing parents and poor monitoring (a1 path) the results were significant. There is a significant positive relationship between poor monitoring and behavioral dysregulation (d path). A significant positive relationship was found between behavioral dysregulation and child internalizing problems (b2 path). No significant direct relationship was found between externalizing parents and behavioral dysregulation (a2 path), but there is a significant positive relationship found between poor monitoring and internalizing child (b1 path). The results indicate the significant direct relationship between externalizing parent and internalizing child (c path). Lastly, the indirect effect of externalizing parents through poor monitoring and behavioral dysregulation on internalizing children found a significant positive mediating role of poor monitoring and emotional dysregulation (c’ path).

**Table 4.13**

*Sequential Mediation Analysis of Indirect effect of Externalizing Parent on the Child Externalizing Problem through Poor Monitoring and Behavioral Dysregulation (N=200)*

| | *B* | *SE* | *P* | 95% CL | |
|---|---|---|---|---|---|
| | | | | LL | UL |
| | Mediator (Poor Monitoring) | | | | |
| Predictor (Externalizing Parent) | .090 | .036 | .013 | .020 | .161 |
| | Mediator (Behavioral Dysregulation) | | | | |
| Predictors (Externalizing Parent) | .015 | .026 | .572 | -.036 | .065 |
| Poor Monitoring | .162 | .050 | .001 | .063 | .261 |
| | DV (Externalizing Child) | | | | |
| Predictors (Externalizing Parent) | .111 | .050 | .028 | .012 | .209 |
| Poor Monitoring | .306 | .100 | .002 | .109 | .503 |
| Behavioral Dysregulation | .723 | .138 | .000 | .450 | .995 |
| Total Effect (Externalizing Parent) | .159 | .054 | .004 | .052 | .267 |

| Indirect Effect | *B* | Boot SE | Boot 95%CL | |
|---|---|---|---|---|
| | | | LL | UL |
| EXP→PM→EXPC | .028 | .014 | .003 | .059 |
| EXP→BD→EXPC | .011 | .022 | -.035 | .052 |
| EXP → PM → BD→EXPC | .011 | .007 | .001 | .027 |

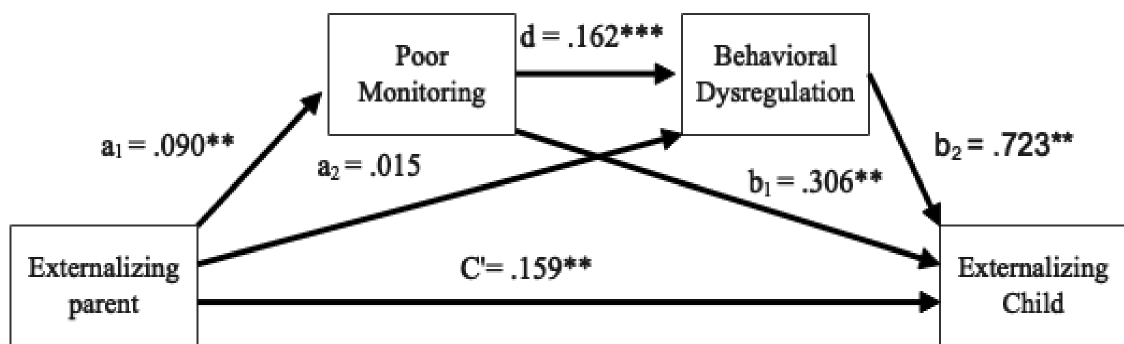


**Figure 4.8:** *Sequential Mediation Analysis of Indirect effect of Externalizing Parent on the Child Externalizing Problem through Poor Monitoring and Behavioral Dysregulation*

Table 4.13 shows the sequential mediation analysis for mediating role of poor monitoring and behavioral dysregulation between externalizing parents and externalizing children. The results show a positive relationship between externalizing parents and poor monitoring (a1 path) the results were significant. There is a significant positive relationship between poor monitoring and behavioral dysregulation (d path). A significant positive relationship was found between behavioral dysregulation and child externalizing problems (b2 path). No significant direct relationship was found between externalizing parents and behavioral dysregulation (a2 path), but there is a significant positive relationship found between poor monitoring and internalizing child (b1 path). The results indicate the significant direct relationship between externalizing parents and externalizing children (c path). Lastly, the indirect effect of internalizing parents through poor monitoring and behavioral dysregulation on externalizing child found a significant positive mediating role of poor monitoring and emotional dysregulation (c' path).

**Table 4.14**

*Sequential Mediation Analysis of Indirect effect of Internalizing Parent on the Child Internalizing Problem through Poor Monitoring and Cognitive Dysregulation (N=200)*

| | *B* | *SE* | *P* | 95% CL | |
|---|---|---|---|---|---|
| | | | | LL | UL |
| | Mediator (Poor Monitoring) | | | | |
| Predictor (Internalizing Parent) | .085 | .031 | .006 | .025 | .146 |
| | Mediator (Cognitive Dysregulation) | | | | |
| Predictors (Internalizing Parent) | -.023 | .028 | .040 | -.078 | .032 |
| Poor Monitoring | .092 | .063 | .147 | -.033 | .217 |
| | DV (Internalizing Child) | | | | |
| Predictors (Internalizing Parent) | .075 | .043 | .081 | -.009 | .159 |
| Poor Monitoring | .297 | .097 | .003 | .106 | .489 |
| Cognitive Dysregulation | .274 | .109 | .010 | .060 | .489 |
| Total Effect (Internalizing parents) | .096 | .043 | .028 | .010 | .182 |

| Indirect Effect | *B* | Boot SE | Boot 95% CL | |
|---|---|---|---|---|
| | | | LL | UL |
| INP→PM→INPC | .025 | .012 | .005 | .052 |
| INP→CD→INPC | -.006 | .010 | -.029 | .010 |
| INP → PM → CD→INPC | .002 | .002 | .000 | .007 |

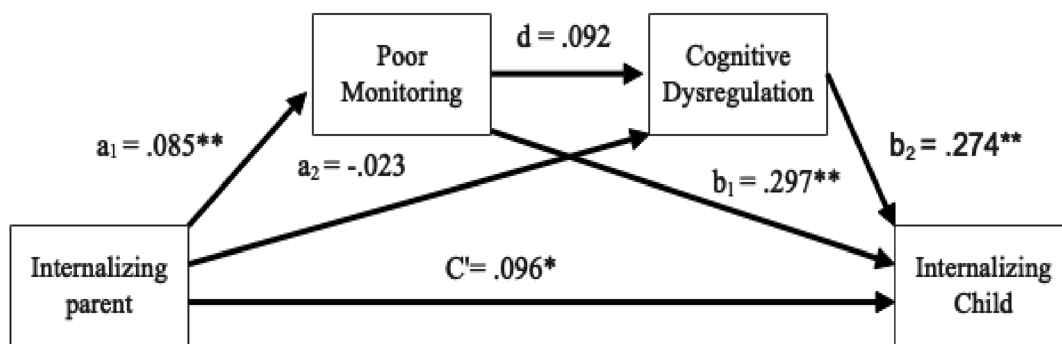


**Figure 4.9***:* *Sequential Mediation Analysis of Indirect effect of Internalizing Parent on the Child Internalizing Problem through Poor Monitoring and Cognitive Dysregulation*

Table 4.14 shows the sequential mediation analysis for mediating role of poor monitoring and cognitive dysregulation between internalizing parents and internalizing children. The results show a positive relationship between internalizing parents and poor monitoring (a1 path) the results were significant. There is no significant relationship between poor monitoring and cognitive dysregulation (d path). A significant positive relationship was found between cognitive dysregulation and child internalizing problems (b2 path). Significant direct and negative relationship found between internalizing parent and cognitive dysregulation (a2 path). There is a significant positive relationship found between poor monitoring and internalizing child (b1 path). The results indicate the significant direct relationship between internalizing parent and internalizing child (c path). Lastly, the indirect effect of internalizing parents through poor monitoring and cognitive dysregulation on externalizing child found a significant positive mediating role of poor monitoring and cognitive dysregulation (c’ path).

**Table 4.15**

*Sequential Mediation Analysis of Indirect effect of Internalizing Parent on the Child Internalizing Problem through Positive Parenting and Behavioral Dysregulation (N=200)*

| | *B* | *SE* | *P* | 95% CL | |
|---|---|---|---|---|---|
| | | | | LL | UL |
| | Mediator (Positive Parenting) | | | | |
| Predictor (Internalizing Parent) | -.047 | .024 | .049 | -.093 | .000 |
| | Mediator (Behavioral Dysregulation) | | | | |
| Predictors (Internalizing Parent) | .003 | .022 | .887 | -.041 | .047 |
| Positive Parenting | -.126 | .067 | .062 | -.257 | .006 |
| | DV (Internalizing Child) | | | | |
| Predictors (Internalizing Parent) | .066 | .039 | .088 | -.010 | .143 |
| Positive parenting | -.498 | .117 | .000 | -.728 | -.269 |
| Behavioral Dysregulation | .688 | .123 | .000 | .445 | .931 |
| Total Effect (Internalizing Parent) | .096 | .043 | .028 | .010 | .182 |

| Indirect Effect | *B* | Boot SE | Boot 95% CL | |
|---|---|---|---|---|
| | | | LL | UL |
| INP→PP→INPC | .023 | .013 | .001 | .050 |
| INP→BD→INPC | .002 | .017 | -.033 | .036 |
| INP → PP → BD→INPC | .004 | .003 | .000 | .012 |

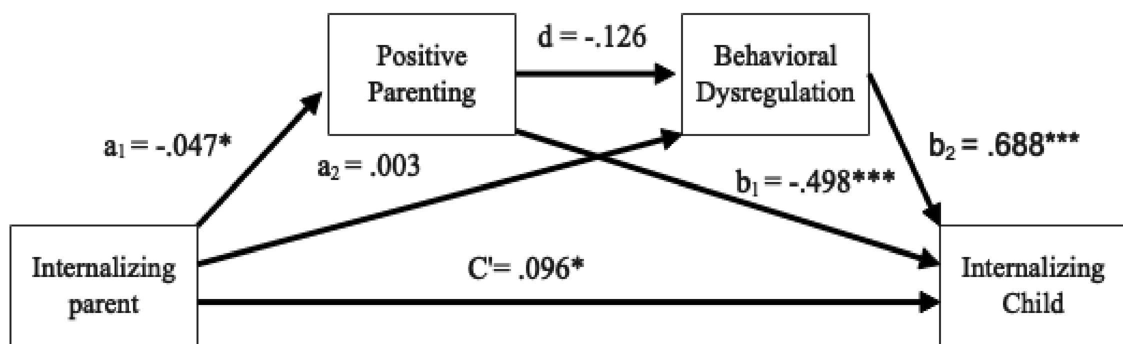


**Figure 4.10:** *Sequential Mediation Analysis of Indirect effect of Internalizing Parent on the Child Internalizing Problem through Positive Parenting and Behavioral Dysregulation*

Table 4.15 shows the sequential mediation analysis for mediating role of positive parenting and behavioral dysregulation between internalizing parents and internalizing children. The results show that the negative relationship between internalizing parents and positive parenting (a1 path) the results were significant. There is no significant relationship found between positive parenting and behavioral dysregulation (d path). A significant positive relationship was found between behavioral dysregulation and child internalizing problems (b2 path). No significant direct relationship was found between internalizing parent and behavioral dysregulation (a2 path), but there is a significant negative relationship found between positive parenting and internalizing child (b1 path). The results indicate the significant direct relationship between internalizing parent and internalizing child (c path). Lastly, the indirect effect of internalizing parent through positive parenting and behavioral dysregulation on internalizing child found a significant positive mediating role of positive parenting and behavioral dysregulation (c’ path).

**Table 4.16**

*Sequential Mediation Analysis of Indirect effect of Internalizing Parent on the Child Externalizing Problem through Positive Parenting and Behavioral Dysregulation (N=200)*

| | *B* | *SE* | *P* | 95% CL | |
|---|---|---|---|---|---|
| | | | | LL | UL |
| | Mediator (Positive Parenting) | | | | |
| Predictor (Internalizing Parent) | -.047 | .024 | .049 | -.093 | .000 |
| | Mediator (Behavioral Dysregulation) | | | | |
| Predictors (Internalizing Parent) | .003 | .022 | .887 | -.041 | .47 |
| Positive Parenting | -.126 | .067 | .062 | -.257 | .006 |
| | DV (Internalizing Child) | | | | |
| Predictors ( Internalizing Parent) | .075 | .040 | .062 | -.004 | .153 |
| Positive Parenting | -.763 | .120 | .000 | -.999 | -.527 |
| Behavioral Dysregulation | .730 | .126 | .000 | .481 | .979 |
| Total Effect (Internalizing Parent) | .117 | .047 | .014 | .024 | .210 |

| Indirect Effect | *B* | Boot SE | Boot 95%CL | |
|---|---|---|---|---|
| | | | LL | UL |
| INP→PP→EXPC | .036 | .018 | .002 | .073 |
| INP→BD→EXPC | .002 | .018 | -.033 | .036 |
| INP → PP → BD→EXPC | .004 | .003 | .000 | .012 |

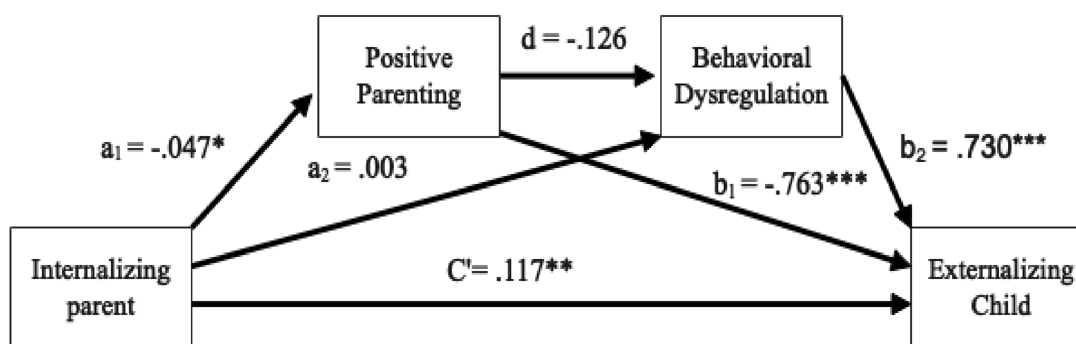


**Figure 4.11:** *Sequential Mediation Analysis of Indirect effect of Internalizing Parent on the Child Externalizing Problem through Positive Parenting and Behavioral Dysregulation*

Table 4.16 shows the sequential mediation analysis for mediating role of positive parenting and behavioral dysregulation between internalizing parents and externalizing children. The results show that the negative relationship between internalizing parents and positive parenting (a1 path) the results were significant. There is no significant relationship found between positive parenting and behavioral dysregulation (d path). A significant positive relationship was found between behavioral dysregulation and child externalizing problems (b2 path). No significant direct relationship was found between internalizing parent and behavioral dysregulation (a2 path), but there is a significant negative relationship found between positive parenting and externalizing child (b1 path). The results indicate the significant direct relationship between internalizing parent and externalizing child (c path). Lastly, the indirect effect of internalizing parent through positive parenting and behavioral dysregulation on externalizing child found a significant positive mediating role of positive parenting and behavioral dysregulation (c’ path).

**Table 4.17**

*Sequential Mediation Analysis of Indirect effect of Externalizing Parent on the Child Internalizing Problem through Positive Parenting and Behavioral Dysregulation (N=200)*

| | *B* | *SE* | *P* | 95% CL | |
|---|---|---|---|---|---|
| | | | | LL | UL |
| | Mediator (Positive Parenting) | | | | |
| Predictor (Externalizing Parent) | -.084 | .027 | .002 | -.137 | -.030 |
| | Mediator (Behavioral Dysregulation) | | | | |
| Predictors (Externalizing Parent) | .019 | .026 | .464 | -.033 | .072 |
| Positive Parenting | -.116 | .068 | .087 | -.250 | .017 |
| | DV (Internalizing Child) | | | | |
| Predictors (Externalizing Parent) | .051 | .046 | .271 | -.040 | .141 |
| Positive Parenting | -.499 | .118 | .000 | -.732 | -.265 |
| Behavioral Dysregulation | .683 | .124 | .000 | .439 | .927 |
| Total Effect (Externalizing Parent) | .113 | .050 | .027 | .013 | .212 |

| Indirect Effect | *B* | Boot SE | Boot 95%CL | |
|---|---|---|---|---|
| | | | LL | UL |
| EXP→ PP→INPC | .042 | .017 | .013 | .080 |
| EXP→BD→INPC | .013 | .021 | -.027 | .056 |
| EXP → PP → BD→INPC | .007 | .005 | .000 | .018 |

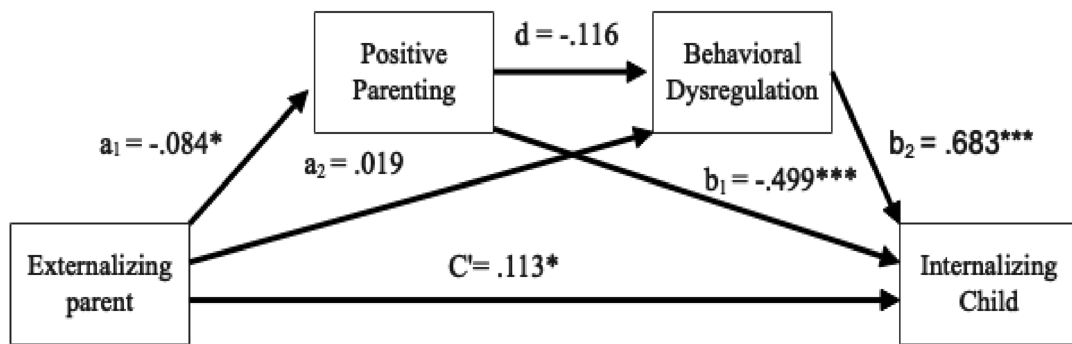


**Figure 4.12:** *Sequential Mediation Analysis of Indirect effect of Externalizing Parent on the Child Internalizing Problem through Positive Parenting and Behavioral Dysregulation*

Table 4.17 shows the sequential mediation analysis for mediating role of positive parenting and behavioral dysregulation between externalizing parents and internalizing child. The results show that negative relationship between externalizing parents and positive parenting (a1 path) the results were significant. There is no significant relationship found between positive parenting and behavioral dysregulation (d path). Significant positive relationship found between behavioral dysregulation and child internalizing problems (b2 path). No significant direct relationship found between externalizing parent and behavioral dysregulation (a2 path), but there is significant negative relationship found between positive parenting and internalizing child (b1 path). The results indicate the significant direct relationship between externalizing parent and internalizing child (c path). Lastly, the indirect effect of externalizing parent through positive parenting and behavioral dysregulation on internalizing child found significant positive mediating role of positive parenting and behavioral dysregulation (c' path).

**Table 4.18**

*Sequential Mediation Analysis of Indirect effect of Externalizing Parent on the Child Externalizing Problem through Positive Parenting and Behavioral Dysregulation (N=200)*

| | *B* | *SE* | *P* | 95% CL | |
|---|---|---|---|---|---|
| | | | | LL | UL |
| | Mediator (Positive Parenting) | | | | |
| Predictor (Externalizing Parent) | -.084 | .027 | .002 | -.137 | -.030 |
| | Mediator (Behavioral Dysregulation) | | | | |
| Predictors (Externalizing Parent) | .019 | .026 | .46 | -.033 | .072 |
| Positive Parenting | -.116 | .068 | .08 | -.250 | .017 |
| | DV (Externalizing Child) | | | | |
| Predictors (Externalizing Parent) | .075 | .047 | .113 | -.018 | .168 |
| Positive Parenting | -.753 | .121 | .000 | -.993 | -.514 |
| Behavioral Dysregulation | .722 | .127 | .000 | .472 | .972 |
| Total Effect (Externalizing Parent) | .159 | .054 | .004 | .052 | .267 |

| Indirect Effect | *B* | Boot SE | Boot 95%CL | |
|---|---|---|---|---|
| | | | LL | UL |
| EXP→ PP→EXPC | .063 | .017 | .022 | .113 |
| EXP→BD→EXPC | .014 | .022 | -.031 | .058 |
| EXP → PP → BD→EXPC | .007 | .005 | .000 | .020 |

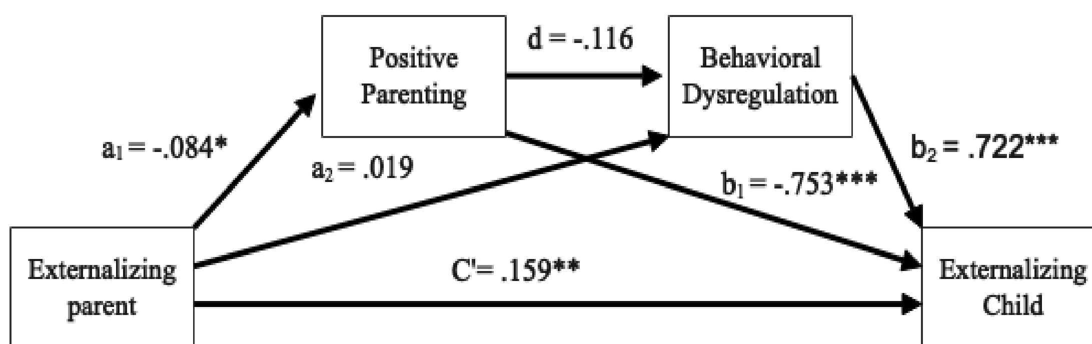


**Figure 4.13**: *Sequential Mediation Analysis of Indirect effect of Externalizing Parent on the Child Externalizing Problem through Positive Parenting and Behavioral Dysregulation*

Table 4.18 shows the sequential mediation analysis for mediating role of positive parenting and behavioral dysregulation between externalizing parents and externalizing child. The results show that negative relationship between externalizing parents and positive parenting (a1 path) the results were significant. There is no significant relationship found between positive parenting and behavioral dysregulation (d path). Significant positive relationship found between behavioral dysregulation and child externalizing problems (b2 path). No significant direct relationship found between externalizing parent and behavioral dysregulation (a2 path), but there is significant negative relationship found between positive parenting and internalizing child (b1 path). The results indicate the significant direct relationship between externalizing parent and internalizing child (c path). Lastly, the indirect effect of externalizing parent through positive parenting and behavioral dysregulation on internalizing child found significant positive mediating role of positive parenting and behavioral dysregulation (c’ path).

**Table 4.19**

*Sequential Mediation Analysis of Indirect effect of Externalizing Parent on the Child Externalizing Problem through Mother Involvement and Cognitive Dysregulation (N=200)*

| | *B* | *SE* | *P* | 95% CL | |
|---|---|---|---|---|---|
| | | | | LL | UL |
| | Mediator (Mother Involvement) | | | | |
| Predictor (Externalizing Parent) | -.101 | .041 | .015 | -.182 | -.019 |
| | Mediator (Cognitive Dysregulation) | | | | |
| Predictors (Externalizing Parent) | -.014 | .0303 | .637 | -.074 | .049 |
| Mother involvement | -.277 | .052 | .000 | -.379 | -.175 |
| | DV (Externalizing Child) | | | | |
| Predictors (Externalizing Parent) | .123 | .052 | .019 | .021 | .225 |
| Mother involvement | -.322 | .094 | .001 | -.508 | -.136 |
| Behavioral Dysregulation | .324 | .121 | .008 | .084 | .563 |
| Total Effect (Externalizing Parent) | .159 | .054 | .004 | .052 | .267 |

| Indirect Effect | *B* | Boot SE | Boot 95% CL | |
|---|---|---|---|---|
| | | | LL | UL |
| EXP→ MI→EXPC | .032 | .018 | .004 | .075 |
| EXP→CD→EXPC | -.005 | .013 | -.034 | .018 |
| EXP → MI → CD→EXPC | .009 | .006 | .001 | .022 |

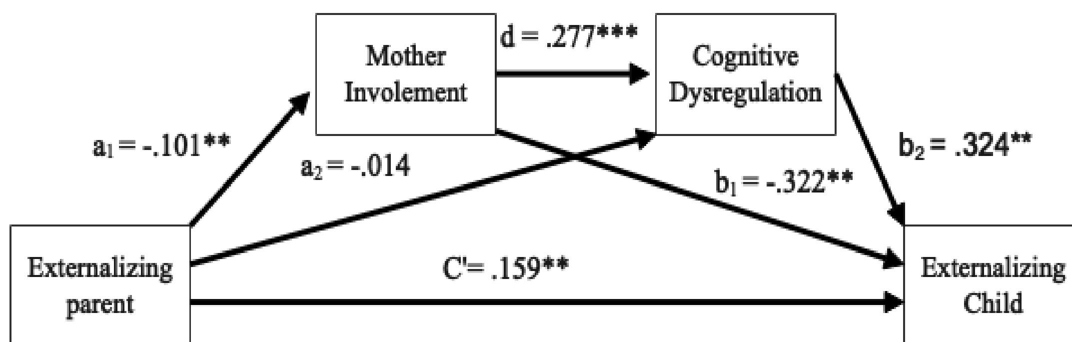


**Figure 4.14:** *Sequential Mediation Analysis of Indirect effect of Externalizing Parent on the Child Externalizing Problem through Mother Involvement and Cognitive Dysregulation*

Table 4.19 shows the sequential mediation analysis for mediating role of mother involvement and cognitive dysregulation between externalizing parents and externalizing child. The results show that negative relationship between externalizing parents and mother involvement (a1 path) the results were significant. There is significant direct relationship found between mother involvement and cognitive dysregulation (d path). Significant positive relationship found between cognitive dysregulation and child externalizing problems (b2 path). No significant direct relationship found between externalizing parent and cognitive dysregulation (a2 path), but there is significant negative relationship found between mother involvement and externalizing child (b1 path). The results indicate the significant direct relationship between externalizing parent and externalizing child (c path). The indirect effect of externalizing parent through mother involvement and cognitive dysregulation on externalizing child found significant positive mediating role of mother involvement and cognitive dysregulation (c' path).

**Table 4.20**

*Sequential Mediation Analysis of Indirect effect of Externalizing Parent on the Child Internalizing Problem through Academic Stress and Emotional Dysregulation (N=200)*

| | *B* | *SE* | *P* | 95% CL | |
|---|---|---|---|---|---|
| | | | | LL | UL |
| | Mediator (Academic Stress) | | | | |
| Predictor (Externalizing Parent) | .083 | .036 | .024 | .011 | .155 |
| | Mediator (Emotional Dysregulation) | | | | |
| Predictors (Externalizing Parent) | .001 | .029 | .989 | -.057 | .058 |
| Academic Stress | .233 | .056 | .000 | .122 | .344 |
| | DV (Internalizing Child) | | | | |
| Predictors (Externalizing Parent) | .070 | .045 | .124 | -.019 | .159 |
| Academic Stress | .392 | .091 | .000 | .213 | .571 |
| Emotional Dysregulation | .519 | .110 | .000 | .302 | .737 |
| Total Effect (Externalizing Parent) | .113 | .050 | .027 | .013 | .212 |

| Indirect Effect | *B* | Boot SE | Boot 95% CL | |
|---|---|---|---|---|
| | | | LL | UL |
| EXP→ AS→INPC | .032 | .019 | .001 | .073 |
| EXP→ED→INPC | .001 | .015 | -.029 | .032 |
| EXP → AS → ED→INPC | .010 | .006 | .000 | .024 |

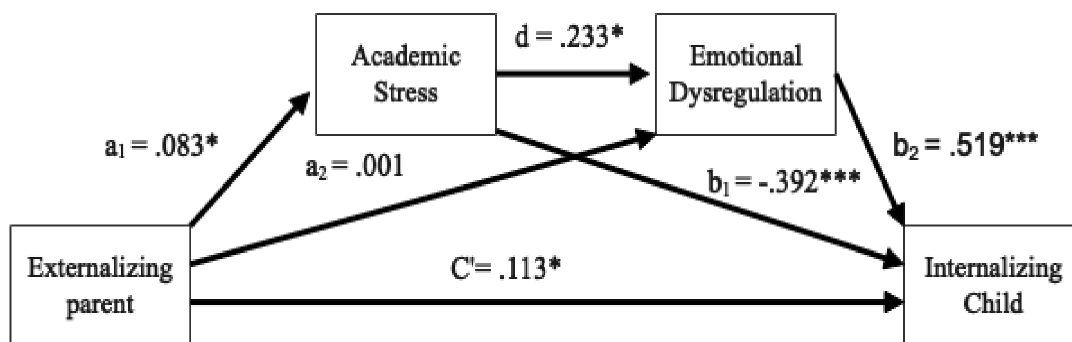


**Figure 4.15:** *Sequential Mediation Analysis of Indirect effect of Externalizing Parent on the Child Internalizing Problem through Academic Stress and Emotional Dysregulation*

Table 4.20 shows the sequential mediation analysis for mediating role of academic stress and emotional dysregulation between externalizing parents and internalizing child. The results show that positive and direct relationship between externalizing parents and academic stress (a1 path) the results were significant. There is significant relationship found between academic stress and emotional dysregulation (d path). Significant positive relationship found between emotional dysregulation and child internalizing problems (b2 path). No significant direct relationship found between externalizing parent and emotional dysregulation (a2 path), but there is significant negative relationship found between academic stress and internalizing child (b1 path). The results indicate the significant direct relationship between externalizing parent and internalizing child (c path). The indirect effect of externalizing parent through academic stress and emotional dysregulation on internalizing child found significant positive mediating role of academic stress and emotional dysregulation (c' path).

**Table 4.21**

*Sequential Mediation Analysis of Indirect effect of Externalizing Parent on the Child Externalizing Problem through Academic Stress and Emotional Dysregulation (N=200)*

| | *B* | *SE* | *P* | 95% CL | |
|---|---|---|---|---|---|
| | | | | LL | UL |
| | Mediator (Academic Stress) | | | | |
| Predictor (Externalizing Parent) | .083 | .036 | .024 | .011 | .155 |
| | Mediator (Emotional Dysregulation) | | | | |
| Predictors (Externalizing Parent) | .001 | .029 | .98 | -.057 | .058 |
| Academic Stress | .233 | .056 | .000 | .122 | .344 |
| | DV (Externalizing Child) | | | | |
| Predictors (Externalizing Parent) | .199 | .050 | .019 | .020 | .218 |
| Academic Stress | .373 | .101 | .000 | .174 | .571 |
| Emotional Dysregulation | .503 | .122 | .000 | .262 | .744 |
| Total Effect (Externalizing Parent) | .159 | .054 | .004 | .052 | .267 |

| Indirect Effect | *B* | Boot SE | Boot 95% CL | |
|---|---|---|---|---|
| | | | LL | UL |
| EXP→ AS→EXPC | .031 | .017 | .001 | .069 |
| EXP→ED→EXPC | .001 | .015 | -.028 | .031 |
| EXP → AS → ED→EXPC | .010 | .006 | .000 | .023 |

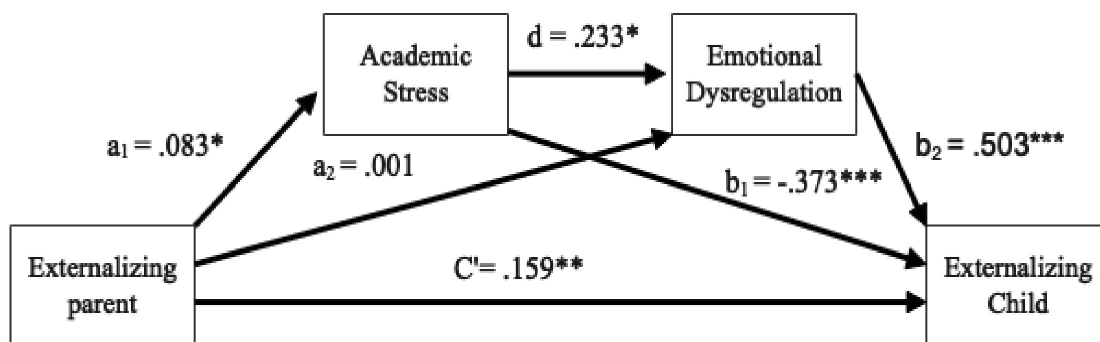


**Figure 4.16**: *Sequential Mediation Analysis of Indirect effect of Externalizing Parent on the Child Externalizing Problem through Academic Stress and Emotional Dysregulation*

Table 4.21 shows the sequential mediation analysis for mediating role of academic stress and emotional dysregulation between externalizing parents and externalizing children. The results show a positive and direct relationship between externalizing parents and academic stress (a1 path) the results were significant. There is significant relationship found between academic stress and emotional dysregulation (d path). Significant positive relationship found between emotional dysregulation and child externalizing problems (b2 path). No significant direct relationship found between externalizing parent and emotional dysregulation (a2 path), but there is significant negative relationship found between academic stress and externalizing child (b1 path). The results indicate the significant direct relationship between externalizing parent and internalizing child (c path). The indirect effect of externalizing parents through academic stress and emotional dysregulation on externalizing child found a significant positive mediating role of academic stress and emotional dysregulation (c’ path).

**Table 4.22**

*Sequential Mediation Analysis of Indirect effect of Externalizing Parent on the Child Internalizing Problem through Academic Stress and behavioral Dysregulation (N=200)*

| | *B* | *SE* | *P* | 95% CL | |
|---|---|---|---|---|---|
| | | | | LL | UL |
| | Mediator (Academic Stress) | | | | |
| Predictor (Externalizing Parent) | .083 | .036 | .024 | .011 | .155 |
| | Mediator (Behavioral Dysregulation) | | | | |
| Predictors (Externalizing Parent) | .017 | .026 | .520 | -.034 | .067 |
| Academic Stress | .152 | .050 | .002 | .054 | .250 |
| | DV (Internalizing Child) | | | | |
| Predictors (Externalizing Parent) | .060 | .045 | .186 | -.029 | .149 |
| Academic Stress | .418 | .089 | .000 | .243 | .593 |
| Behavioral Dysregulation | .621 | .125 | .000 | .376 | .867 |
| Total Effect (Externalizing Parent) | .113 | .050 | .027 | .013 | .212 |

| Indirect Effect | *B* | Boot SE | Boot 95%CL | |
|---|---|---|---|---|
| | | | LL | UL |
| EXP→ AS→INPC | .035 | .019 | .001 | .077 |
| EXP→BD→INPC | .010 | .018 | -.026 | .048 |
| EXP → AS → BD→INPC | .008 | .005 | .000 | .019 |

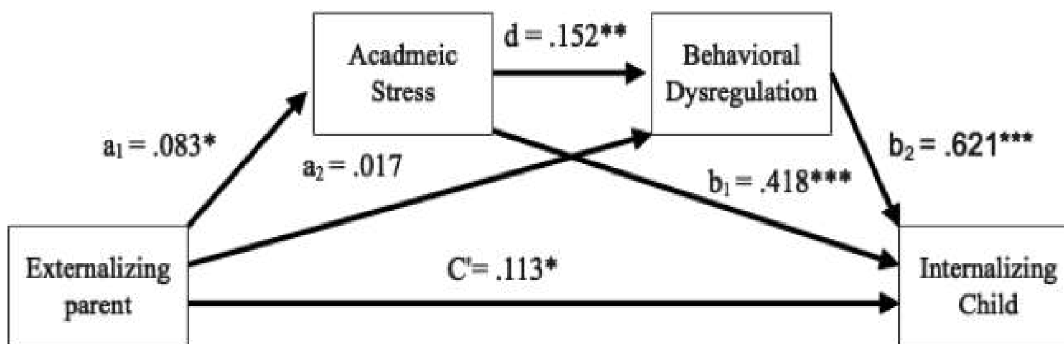


**Figure 4.17**: *Sequential Mediation Analysis of Indirect effect of Externalizing Parent on the Child Internalizing Problem through Academic Stress and Emotional Dysregulation*

Table 4.22 shows the sequential mediation analysis for mediating role of academic stress and behavioral dysregulation between externalizing parents and internalizing children. The results show a positive and direct relationship between externalizing parents and academic stress (a1 path) the results were significant. There is a significant relationship found between academic stress and behavioral dysregulation (d path). A significant positive relationship was found between behavioral dysregulation and child internalizing problems (b2 path). No significant direct relationship found between externalizing parent and behavioral dysregulation (a2 path), but there is significant direct relationship found between academic stress and internalizing child (b1 path). The results indicate the significant direct relationship between externalizing parent and internalizing child (c path). The indirect effect of externalizing parents through academic stress and behavioral dysregulation on internalizing children found a significant positive mediating role of academic stress and behavioral dysregulation (c' path).

**Table 4.23**

*Sequential Mediation Analysis of Indirect effect of Externalizing Parent on the Child Externalizing Problem through Academic Stress and Behavioral Dysregulation (N=200)*

| | *B* | *SE* | *P* | 95% CL | |
|---|---|---|---|---|---|
| | | | | LL | UL |
| | Mediator (Academic Stress) | | | | |
| Predictor (Externalizing Parent) | .083 | .036 | .024 | .011 | .155 |
| | Mediator (Behavioral Dysregulation) | | | | |
| Predictors (Externalizing Parent) | .107 | .026 | .520 | -.034 | .067 |
| Academic Stress | .152 | .050 | .002 | .054 | .250 |
| | DV (Externalizing Child) | | | | |
| Predictors (Externalizing Parent) | .107 | .049 | .030 | .010 | .204 |
| Academic Stress | .383 | .097 | .000 | .192 | .574 |
| Behavioral Dysregulation | .703 | .136 | .000 | .435 | .971 |
| Total Effect (Externalizing Parent) | .159 | .054 | .004 | .052 | .267 |

| Indirect Effect | *B* | Boot SE | Boot 95%CL | |
|---|---|---|---|---|
| | | | LL | UL |
| EXP→ AS→EXPC | .032 | .018 | .000 | .069 |
| EXP→BD→EXPC | .012 | .021 | -.029 | .052 |
| EXP → AS → BD→EXPC | .009 | .005 | .000 | .020 |

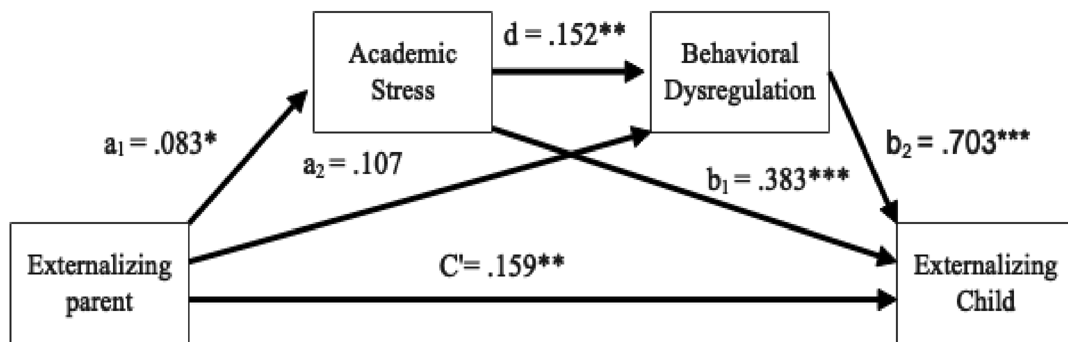


**Figure 4.18**: *Sequential Mediation Analysis of Indirect effect of Externalizing Parent on the Child Externalizing Problem through Academic Stress and Behavioral Dysregulation*

Table 4.23 shows the sequential mediation analysis for mediating role of academic stress and behavioral dysregulation between externalizing parents and externalizing children. The results show a positive and direct relationship between externalizing parents and academic stress (a1 path) the results were significant. There is a significant relationship found between academic stress and behavioral dysregulation (d path). A significant positive relationship was found between behavioral dysregulation and child externalizing problems (b2 path). No significant direct relationship found between externalizing parent and behavioral dysregulation (a2 path), but there is significant relationship found between academic stress and externalizing child (b1 path). The results indicate the significant direct relationship between externalizing parents and externalizing child (c path). The indirect effect of externalizing parents through academic stress and behavioral dysregulation on externalizing child found a significant positive mediating role of academic stress and behavioral dysregulation (c' path).

**Table 4.24**

*Sequential Mediation Analysis of Indirect effect of Externalizing Parent on the Child Internalizing Problem through Academic Stress and Cognitive Dysregulation (N=200)*

| | *B* | *SE* | *P* | 95% CL | |
|---|---|---|---|---|---|
| | | | | LL | UL |
| | Mediator (Academic Stress) | | | | |
| Predictor (Externalizing Parent) | .083 | .036 | .024 | .011 | .155 |
| | Mediator (Cognitive Dysregulation) | | | | |
| Predictors (Externalizing Parent) | .001 | .032 | .971 | -.062 | .064 |
| Academic Stress | .149 | .062 | .017 | .027 | .270 |
| | DV (Internalizing Child) | | | | |
| Predictors (Externalizing Parent) | .070 | .047 | .141 | -.023 | .163 |
| Academic Stress | .483 | .093 | .000 | .301 | .666 |
| Cognitive Dysregulation | .198 | .105 | .062 | -.010 | .406 |
| Total Effect (Externalizing Parent) | .113 | .050 | .027 | .013 | .212 |

| Indirect Effect | *B* | Boot SE | Boot 95%CL | |
|---|---|---|---|---|
| | | | LL | UL |
| EXP→ AS→INPC | .040 | .021 | .002 | .085 |
| EXP→CD→INPC | .000 | .009 | -.019 | .016 |
| EXP → AS → CD→INPC | .002 | .003 | .000 | .010 |

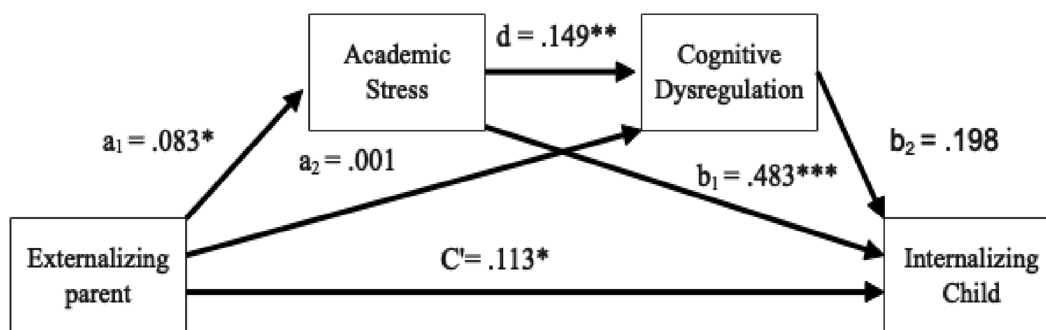


**Figure 4.19**: *Sequential Mediation Analysis of Indirect effect of Externalizing Parent on the Child Internalizing Problem through Academic Stress and Cognitive Dysregulation*

Table 4.24 shows the sequential mediation analysis for mediating role of academic stress and cognitive dysregulation between externalizing parents and internalizing child. The results show a positive and direct relationship between externalizing parents and academic stress (a1 path) the results were significant. There is significant relationship found between academic stress and cognitive dysregulation (d path). No significant relationship found between cognitive dysregulation and child internalizing problems (b2 path). No significant direct relationship found between externalizing parent and cognitive dysregulation (a2 path), but there is significant negative relationship found between academic stress and internalizing child (b1 path). The results indicate the significant direct relationship between externalizing parent and internalizing child (c path). The indirect effect of externalizing parents through academic stress and cognitive dysregulation on internalizing child found a significant positive mediating role of academic stress and emotional dysregulation (c’ path).

**Table 4.25**

*Sequential Mediation Analysis of Indirect effect of Externalizing Parent on the Child Externalizing Problem through Academic Stress and Cognitive Dysregulation (N=200)*

| | *B* | *SE* | *P* | 95% CL | |
|---|---|---|---|---|---|
| | | | | LL | UL |
| | Mediator (Academic Stress) | | | | |
| Predictor (Externalizing Parent) | .083 | .036 | .024 | .011 | .155 |
| | Mediator (Cognitive Dysregulation) | | | | |
| Predictors (Externalizing Parent) | .001 | .032 | .971 | -.062 | .064 |
| Academic Stress | .149 | .062 | .017 | .027 | .270 |
| | DV (Internalizing Child) | | | | |
| Predictors (Externalizing Parent) | .118 | .051 | .021 | .018 | .219 |
| Academic Stress | .432 | .099 | .000 | .236 | .628 |
| Cognitive Dysregulation | .388 | .113 | .001 | .165 | .611 |
| Total Effect (Externalizing Parent) | .159 | .054 | .004 | .052 | .267 |

| Indirect Effect | *B* | Boot SE | Boot 95%CL | |
|---|---|---|---|---|
| | | | LL | UL |
| EXP→ AS→EXPC | .036 | .019 | .002 | .075 |
| EXP→CD→EXPC | .000 | .015 | -.034 | .028 |
| EXP → AS → CD→EXPC | .005 | .004 | .000 | .015 |

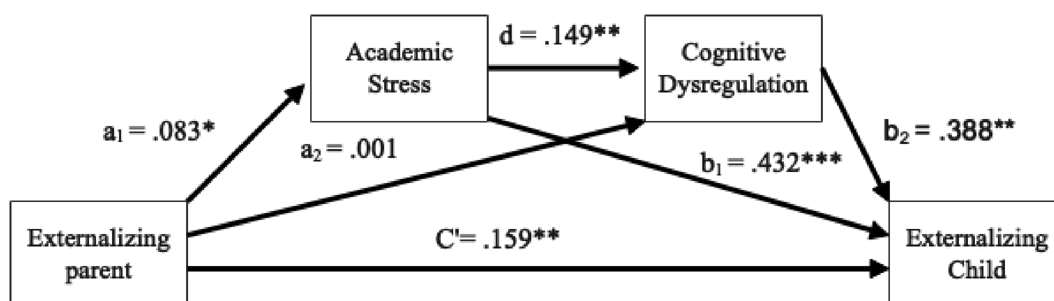


**Figure 4.20:** *Sequential Mediation Analysis of Indirect effect of Externalizing Parent on the Child Externalizing Problem through Academic Stress and Cognitive Dysregulation*

Table 4.25 shows the sequential mediation analysis for mediating the role of academic stress and cognitive dysregulation between externalizing parents and externalizing children. The results show a positive and direct relationship between externalizing parents and academic stress (a1 path) the results were significant. There is significant relationship found between academic stress and cognitive dysregulation (d path $\beta$ = .149, p>.05). The direct and significant positive relationship was found between cognitive dysregulation and child externalizing problems (b2 path). No significant direct relationship found between externalizing parent and cognitive dysregulation (a2 path), but there is significant relationship found between academic stress and externalizing child (b1 path). The results indicate the significant direct relationship between externalizing parents and externalizing children (c path). The indirect effect of externalizing parents through academic stress and cognitive dysregulation on externalizing child found the significant positive mediating role of academic stress and cognitive dysregulation (c’ path).

## 4.5 Moderation by Temperament and Social Cognitive Skills

Moderation analysis using SPSS was run to study the moderating role temperament styles (Effortful Control, Negative Affect, affiliativeness, and surgency) and social cognitive skills between parenting practices, dysregulations (Emotional, behavioral and cognitive), and adolescents' psychopathology (internalizing and externalizing problems).

**Parenting practices and child internalizing problems**

Five types of parenting practices were included in the present study, positive parenting, poor monitoring, parents' involvement (Mother and father), corporal punishment, and Inconsistent discipline. while performing separate moderation analyses for each temperament style the results indicate that surgency and affiliativess do not play any significant moderating role between parenting practices and adolescents' psychopathology, so only significant results have been reported. The following table indicates the moderating role of effortful control between child internalizing problem and positive parenting practices, along with a Mod graph.

**Table 4.26**

*Moderation of the effect of Positive Parenting on Internalizing Problem Child by Effortful Control among Adolescents (N=200)*

| Predictors | | | Internalizing problem child | |
|---|---|---|---|---|
| | | | 95% CI | |
| | B | t | LL | UL |
| Constant | 19.044*** | 26.591*** | 17.631 | 20.456 |
| Positive Parenting | -1.621* | -2.218* | -3.062 | -.180 |
| Effortful Control | -4.632*** | -5.943*** | -6.169 | -3.09 |
| Positive Parenting x Effortful Control | 2.159** | 3.166** | .841 | 3.50 |
| $R^2$ | .251 | | | |
| $\Delta R^2$ | .038 | | | |
| F | 21.846*** | | | |
| ΔF | 10.024** | | | |

B= Unstandardized coefficients; LL= Lower limits; UL = Upper limit
*p<.05, **. p< .01 , *** p<.001

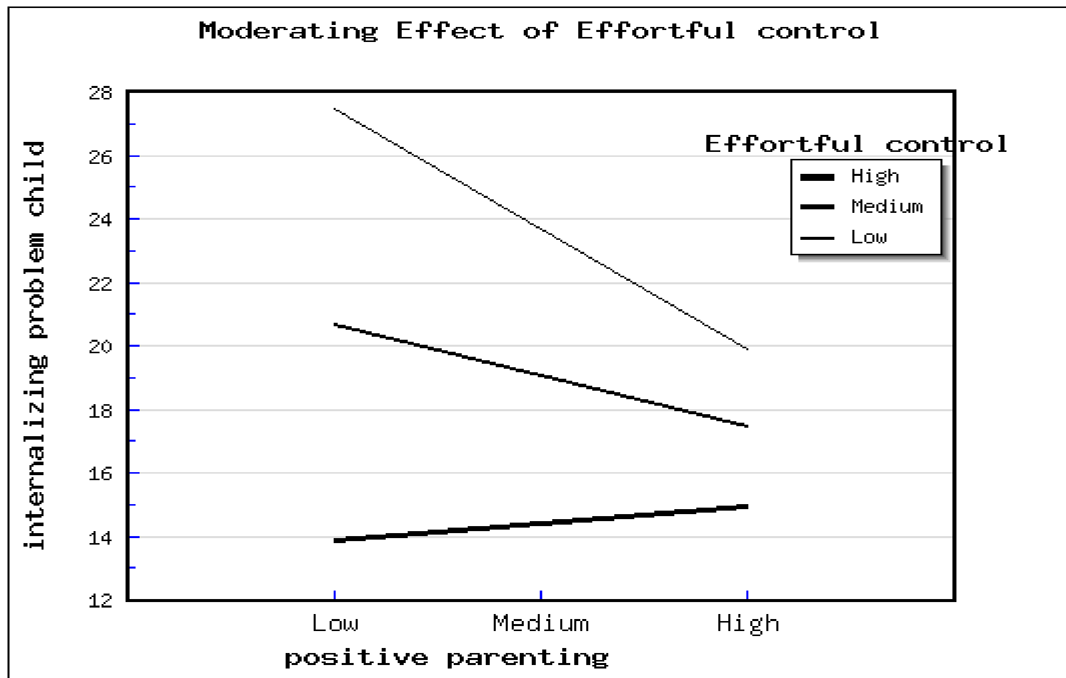


**Figure 4.21:** *Moderation of the effect of Positive Parenting on Internalizing Problem Child by Effortful Control among Adolescents (N=200)*

Table 4.26 indicates the moderation of effortful control between child internalizing problems and positive parenting. The results revealed that interaction of positive parenting and effortful control is significant ($\beta = .21; p < .05$). the $R^2$ value indicates that 25 % variance is produced by the interaction of positive parenting and effortful control. The finding shows that effortful control moderated the relationship between positive parenting and child internalizing problems. Further Mod graph was plotted the graph showed the relationship between internalizing child and positive parenting on three levels of effortful control. The graph shows that in the case of low effortful control the negative relationship between positive parenting and internalizing child problems is relatively stronger and this relationship gets weaker when there is high effortful control.

**Table 4.27**

*Moderation of the effect of Positive Parenting on Externalizing Problem Child by Effortful Control among Adolescents (N=200)*

| Predictors | | | Externalizing problem child | |
|---|---|---|---|---|
| | | | 95% CI | |
| | B | t | LL | UL |
| Constant | 16.402 | 21.97*** | 14.931 | 17.874 |
| Positive Parenting | -3.154 | -4.143*** | -4.65 | -1.65 |
| Effortful Control | -4.619 | -5.681*** | -6.221 | -3.017 |
| Positive Parenting x Effortful Control | 1.685 | 2.371* | | |
| $R^2$ | .311 | | | |
| $\Delta R^2$ | .020 | | | |
| F | 48.381*** | | | |
| $\Delta F$ | 5.623* | | | |

B= Unstandardized coefficients; LL= Lower limits; UL = Upper limit
*p<.05, **. p< .01 , *** p<.001

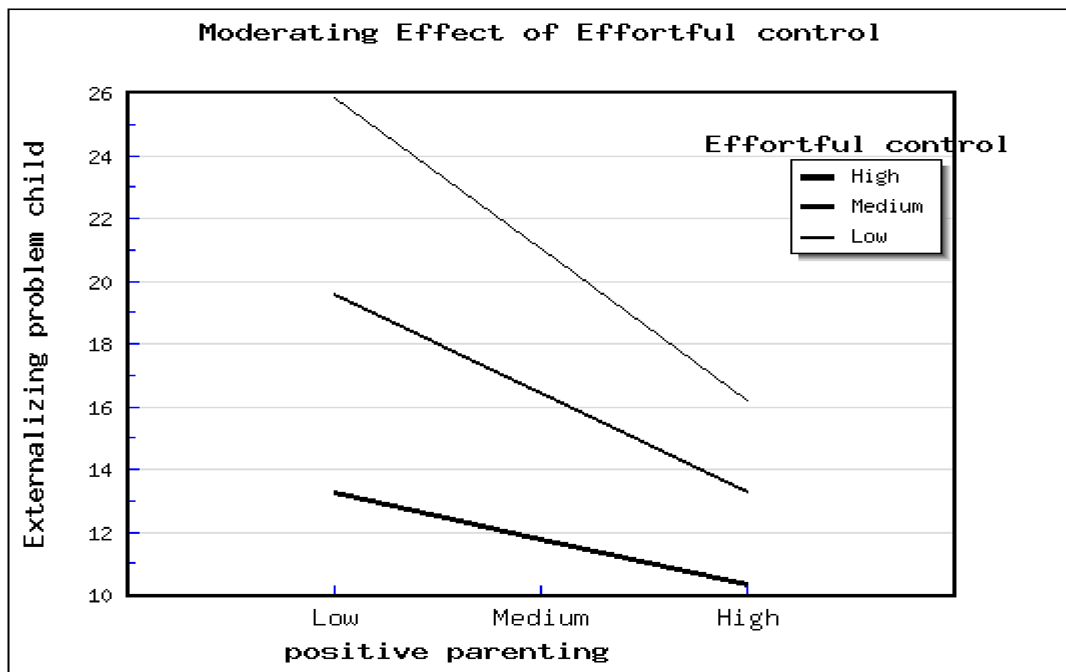


**Figure 4.22:** *Moderation of the effect of Positive Parenting on Externalizing Problem Child by Effortful Control among Adolescents*

Table 4.27 indicates the moderation of effortful control between child externalizing problems and positive parenting. The results revealed that interaction of positive parenting and effortful control is significant ($\beta = .15$; $p < .05$). The $R^2$ value indicates that 31% variance is produced by the interaction of positive parenting and effortful control. The finding shows that effortful control moderated the relationship between positive parenting and child internalizing problems. The further mod graph was plotted the graph showed the relationship between externalizing child and positive parenting on three levels of effortful control (low, medium, and high). The graph shows that effortful control reversed the effect of positive parenting on internalizing problems of the child.

**Table 4.28**

*Moderation of the effect of Positive Poor Monitoring on Internalizing Problem Child by Negative Effect Adolescents (N=200)*

| Predictors | | | Internalizing problem child | |
|---|---|---|---|---|
| | | | 95% CI | |
| | B | t | LL | UL |
| Constant | 20.247 | 27.911*** | 18.816 | 21.677 |
| Poor Monitoring | 2.517 | 3.464** | 1.084 | 3.950 |
| Negative Affect | 1.44 | 1.992* | .014 | 2.876 |
| Poor Monitoring x Negative Affect | -1.551 | -1.924* | .039 | 3.140 |
| $R^2$ | .097 | | | |
| $\Delta R^2$ | .017 | | | |
| F | 7.036*** | | | |
| ΔF | 3.702* | | | |

B= Unstandardized coefficients; LL= Lower limits; UL = Upper limit
*p<.05, **. p< .01 , *** p<.001

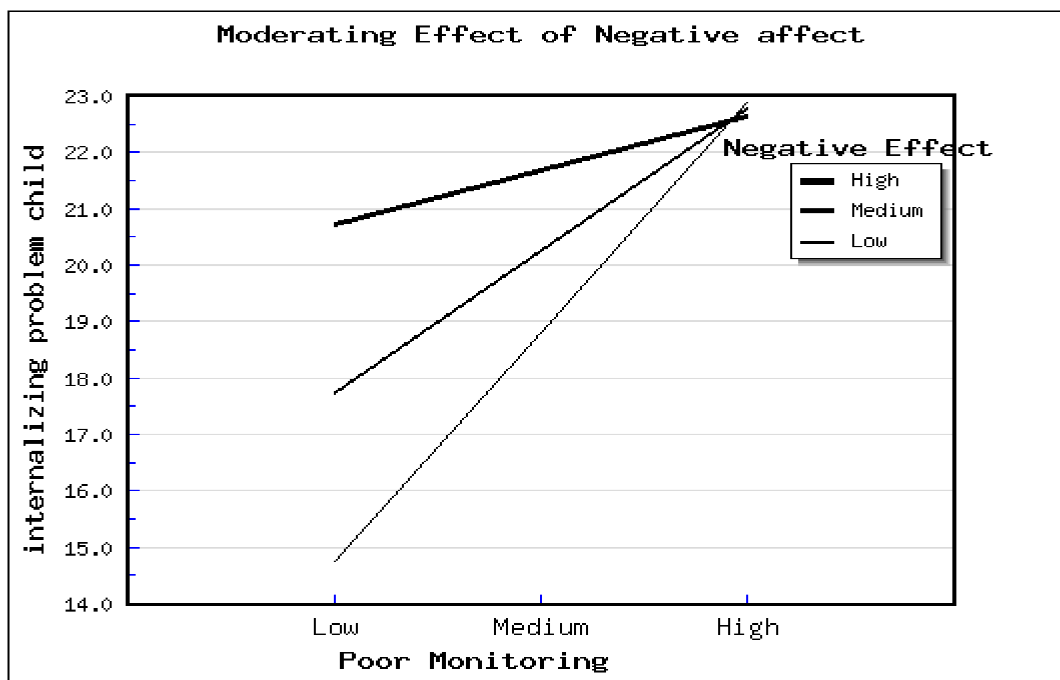


**Figure 4.23:** *Moderation of the effect of Poor Monitoring on Internalizing Problem Child by Negative Effect Adolescents*

Table 4.28 indicate the moderation of negative affect between child internalizing problems and poor monitoring. The results revealed that the interaction of poor monitoring and negative affect is significant ($\beta = .13$; $p < .05$). The $R^2$ value indicates 9.7% variance is produced by the interaction of positive parenting and effortful control. The finding shows that negative affect moderated the relationship between poor monitoring and child internalizing problems. Further Mod graph was plotted the graph showed the relationship between internalizing child and poor monitoring on three levels of negative affect (low, medium, and high). The graph shows that high level of negative affect neutral the relationship between poor monitoring and internalizing problem child and medium and low level of negative affect strengthens the relationship between poor monitoring and child internalizing problems.

**Table 4.29**

*Moderation of the effect of Mother Involvement on Internalizing Problem Child by Effortful Control among Adolescents (N=200)*

| Predictors | | | Internalizing problem child | |
|---|---|---|---|---|
| | | | 95% CI | |
| | B | t | LL | UL |
| Constant | 19.485 | 27.187*** | 18.072 | 20.89 |
| Mother involvement | -1.052 | -1.453 | -2.481 | .376 |
| Effortful control | -4.611 | -6.032*** | -6.118 | -3.103 |
| Mother involvement x Effortful control | 1.335 | 1.938* | .024 | 2.694 |
| $R^2$ | .212 | | | |
| $\Delta R^2$ | .015 | | | |
| F | 17.57*** | | | |
| $\Delta F$ | 3.754 | | | |

B= Unstandardized coefficients; LL= Lower limits; UL = Upper limit

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

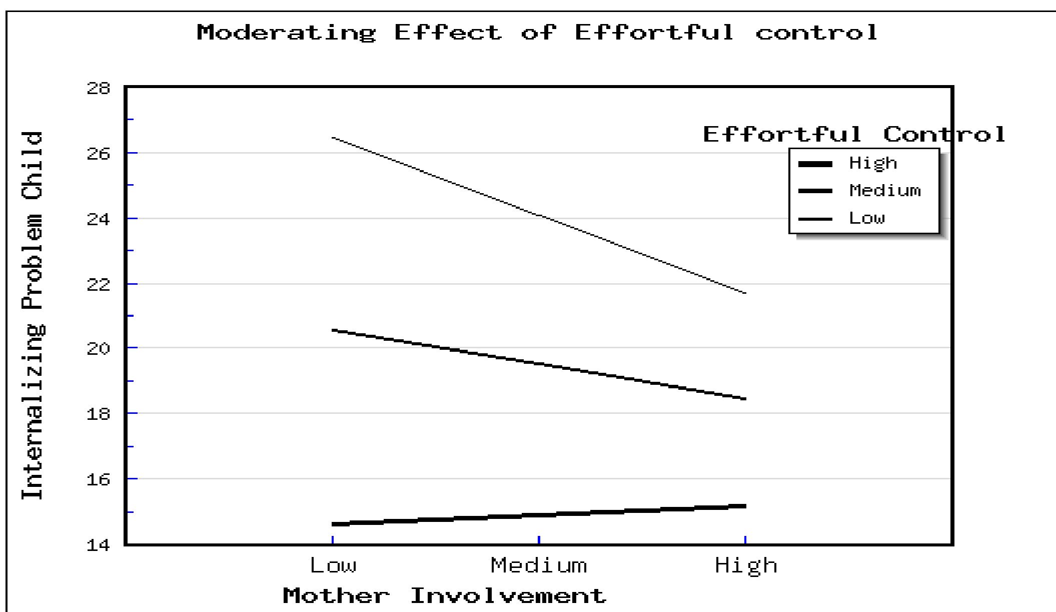


**Figure 4.24**: *Moderation of the effect of Mother Involvement on Internalizing Problem Child by Effortful Control among Adolescents*

Table 4.29 indicates the moderation of effortful control between child internalizing problems and mother involvement. The results revealed that interaction of mother involvement and effortful control is significant (β = .13; $p < .05$). The $R^2$ value indicates 21 % variance produced by the interaction of mother involvement and effortful control. The finding shows that effortful control moderated the relationship between mother involvement and child internalizing problems. Further Mod graph was plotted the graph showed the relationship between internalizing child and mother involvement on three levels of effortful control (low, medium, and high). The graph shows that in the case of low effortful control the relationship between mother involvement and externalizing problems is relatively stronger and it gets weaker when there is high effortful control.

**Table 4.30**

*Moderation of the effect of Father Involvement on Internalizing Problem Child by Effortful Control among Adolescents (N=200)*

| Predictors | | | Internalizing problem child | |
|---|---|---|---|---|
| | | | 95% CI | |
| | B | t | LL | UL |
| Constant | 19.528 | 28.061*** | 18.15 | 20.901 |
| Father involvement | -1.392 | -1.969* | -2.787 | .002 |
| Effortful control | -4.59 | -6.29*** | -6.039 | -3.158 |
| Father involvement x Effortful control | 1.442 | 2.22* | .162 | 2.72 |
| $R^2$ | .219 | | | |
| $\Delta R^2$ | .020 | | | |
| F | 18.35*** | | | |
| ΔF | 4.939* | | | |

B= Unstandardized coefficients; LL= Lower limits; UL = Upper limit

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

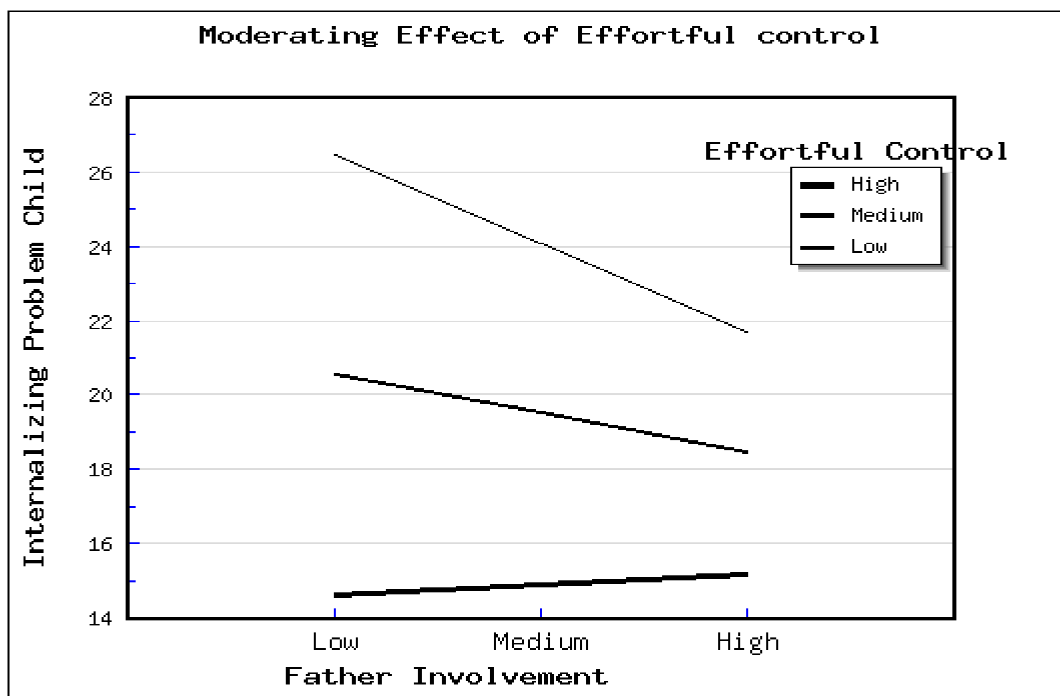


**Figure 4.25**: *Moderation of the effect of Father Involvement on Internalizing Problem Child by Effortful Control among Adolescents*

Table 4.30 indicate the moderation of effortful control between child internalizing problems and father involvement. The results revealed that interaction of father involvement and effortful control is significant (β = .21; $p < .05$). The $R^2$ value indicates that 32% variance is produced by the interaction of father involvement and effortful control. The finding shows that effortful control moderated the relationship between father involvement and child internalizing problems. The graph shows that the relationship between mother involvement and externalizing problems is relatively stronger in the case of low effortful control and weaker in the case of high effortful control. The results indicated that effortful control reduced the strength of the relationship between father involvement and internalizing problems among adolescents.

**Table 4.31**

*Moderation of the effect of Father Involvement on Externalizing Problem Child by Effortful Control among Adolescents (N=200)*

| Predictors | | | Externalizing problem child | |
|---|---|---|---|---|
| | | | 95% CI | |
| | B | t | LL | UL |
| Constant | 16.641 | 22.586*** | 15.188 | 18.094 |
| Father Involvement | -1.740 | -2.325* | -3.217 | -.264 |
| Effortful Control | -5.363 | -6.936*** | -6.88 | -3.83 |
| Father Involvement x Effortful Control | 1.557 | 2.267* | .203 | 2.991 |
| $R^2$ | .259 | | | |
| $\Delta R^2$ | .019* | | | |
| F | 22.80*** | | | |
| ΔF | 5.139* | | | |

B= Unstandardized coefficients; LL= Lower limits; UL = Upper limit *p<.05, ** p< .01 ,*** p<.001

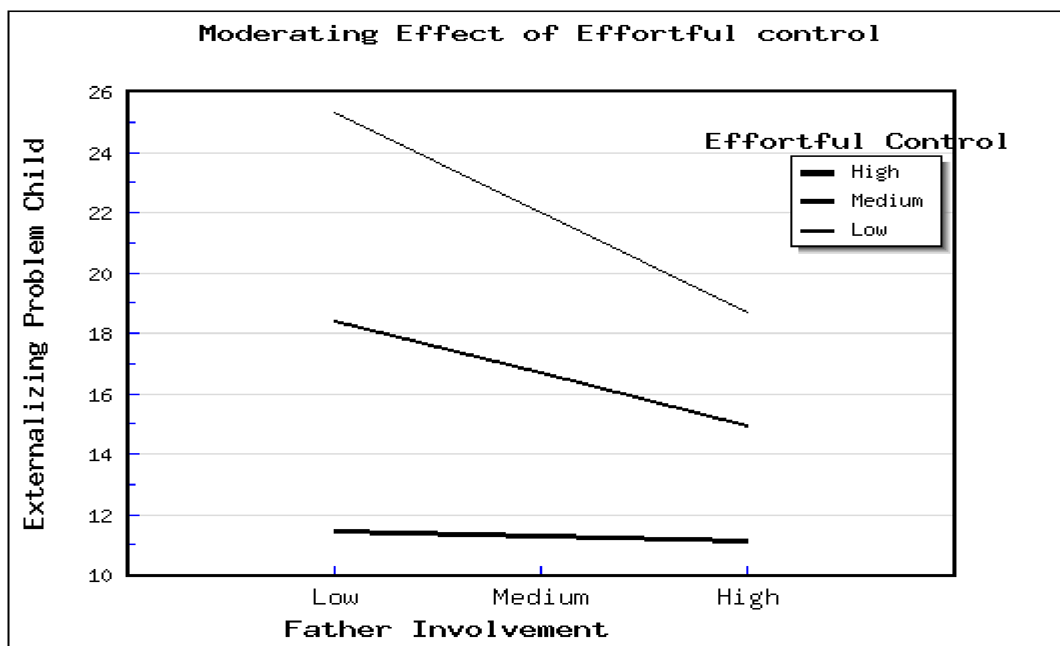


**Figure 4.26**: *Moderation of the effect of Father Involvement on Externalizing Problem Child by Effortful Control among Adolescents*

Table 4.31 indicates the moderation of effortful control between child externalizing problems and father involvement. The results revealed that interaction of father involvement and effortful control is significant ($\beta = .21; p < .05$). The R2 value indicates that 26 % variance was produced by the interaction of father involvement and effortful control. The finding shows that effortful control moderated the relationship between father involvement and child externalizing problems. Further Mod graph was plotted the graph showed the relationship between externalizing child and father involvement on three levels of effortful control (low, medium, and high). The graph shows that the relationship between father involvement and externalizing problems is relatively stronger in the case of low effortful control and weaker in the case of high effortful control. The results indicated that as the effortful control increases the impact of father involvement and externalizing disorders got minimized.

**Table 4.32**

*Moderation of the effect of Cognitive Dysregulation on Internalizing Problem Child by Negative Effect among Adolescents (N=200)*

| Predictors | | | Internalizing problem child | |
|---|---|---|---|---|
| | | | 95% CI | |
| | B | t | LL | UL |
| Constant | 19.875 | 27.678*** | 18.46 | 21.30 |
| Cognitive Dysregulation | 1.823 | 2.485* | .376 | 3.269 |
| Negative Affect | 2.290 | 3.110** | .838 | 3.743 |
| Cognitive Dysregulation x Negative Affect | -1.500 | -2.175* | -2.860 | -.140 |
| $R^2$ | .091 | | | |
| $\Delta R^2$ | .022 | | | |
| F | 6.53*** | | | |
| $\Delta F$ | 4.73* | | | |

B= Unstandardized coefficients; LL= Lower limits; UL = Upper limit

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

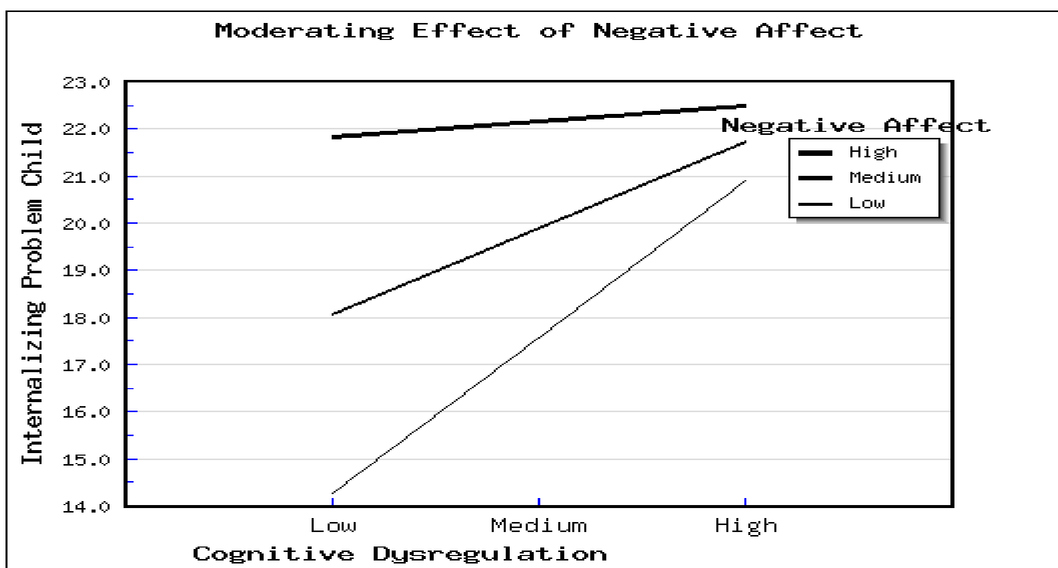


**Figure 4.27**: *Moderation of the effect of Cognitive Dysregulation on Internalizing Problem Child by Negative Effect among Adolescents*

Table 4.32 indicates the moderation of negative affect between child internalizing problems and cognitive dysregulation. The results revealed that interaction of cognitive dysregulation and negative affect is significant ($\beta = .21$; $p < .05$). The R2 value indicates that 9.1 % variance is produced by the interaction of cognitive dysregulation and negative affect. The finding shows that negative affect moderated the relationship between cognitive dysregulation and child internalizing problems. Further Mod graph was plotted the graph showed the relationship between internalizing child and cognitive dysregulation on three levels of negative affect (low, medium, and high). The graph shows that the relationship between cognitive dysregulation and negative affect is relatively stronger in the case of low negative affect and weaker in the case of high negative affect. The results show that when negative affect is high no significant relationship between cognitive dysregulation and child internalizing problems. When negative affect is low strong positive relationship between internalizing problems and cognitive dysregulation.

**Table 4.33**

*Moderation of the effect of Cognitive Dysregulation on Externalizing Problem Child by Negative Effect among Adolescents (N=200)*

| Predictors | | | Externalizing problem child | |
|---|---|---|---|---|
| | | | 95% CI | |
| | B | t | LL | UL |
| Constant | 17.017 | 22.094*** | 15.49 | 18.53 |
| Cognitive dysregulation | 2.97 | 3.77*** | 1.418 | 4.520 |
| Negative Affect | 1.80 | 2.278* | .242 | 3.357 |
| Cognitive Dysregulation x Negative Affect | -1.608 | -2.175* | -3.067 | -.150 |
| $R^2$ | .114 | | | |
| $\Delta R^2$ | .021 | | | |
| F | 8.41*** | | | |
| ΔF | 4.73* | | | |

B= Unstandardized coefficients; LL= Lower limits; UL = Upper limit

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

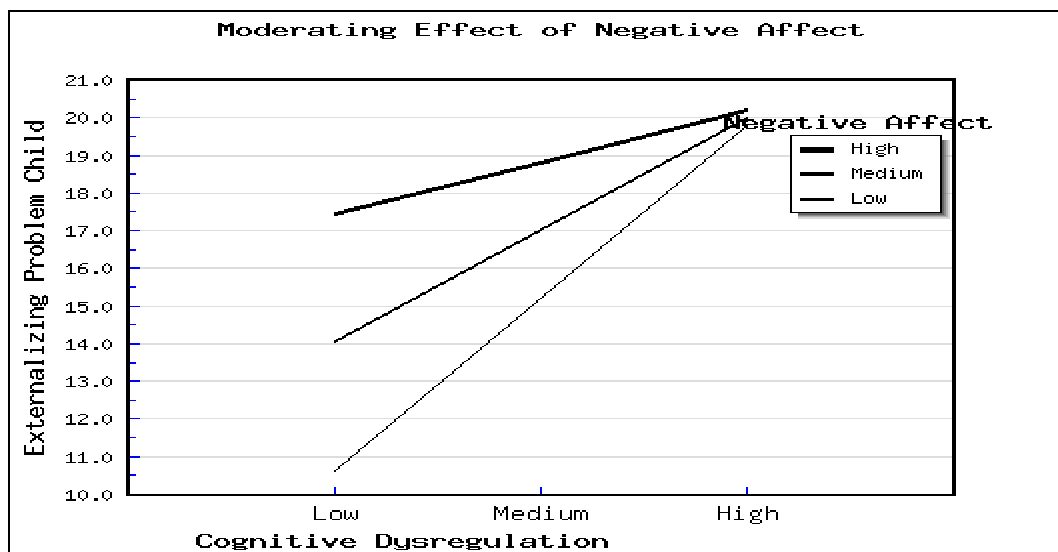


**Figure 4.28***: Moderation of the effect of Cognitive Dysregulation on Externalizing Problem Child by Negative Effect among Adolescents*

Table 4.33 indicates the moderation of negative affect between child externalizing problems and cognitive dysregulation. The results revealed that interaction of cognitive dysregulation and negative affect is significant ($\beta = .21$; $p < .05$). The R2 value indicates that 11 % variance is produced by the interaction of cognitive dysregulation and negative affect. The finding shows that negative affect moderated the relationship between cognitive dysregulation and child externalizing problems. Further Mod graph was plotted the graph showed the relationship between externalizing child and cognitive dysregulation on three levels of negative affect (low, medium, and high). The graph shows that a high level of negative affect weakens the effect of cognitive dysregulation on externalizing problem child and medium and low levels of negative affect strengthen the effect of cognitive dysregulation on externalizing problems of the child.

**Table 4.34**

*Moderation of the effect of Poor Monitoring on Internalizing Problem Child by Social Cognitive Skills among Adolescents (N=200)*

| Predictors | | | Internalizing problem child | |
|---|---|---|---|---|
| | | | 95% CI | |
| | B | t | LL | UL |
| Constant | 20.47 | 27.76*** | 19.016 | 21.92 |
| Poor Monitoring | 1.814 | 2.462* | .361 | 3.266 |
| Social Cognitive Skills | -2.609 | -3.537*** | -4.064 | -1.154 |
| Poor Monitoring x Social Cognitive Skills | -1.60 | 2.041* | .054 | 3.131 |
| $R^2$ | .132 | | | |
| $\Delta R^2$ | .018 | | | |
| F | 9.959*** | | | |
| ΔF | 4.165* | | | |

B= Unstandardized coefficients; LL= Lower limits; UL = Upper limit

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

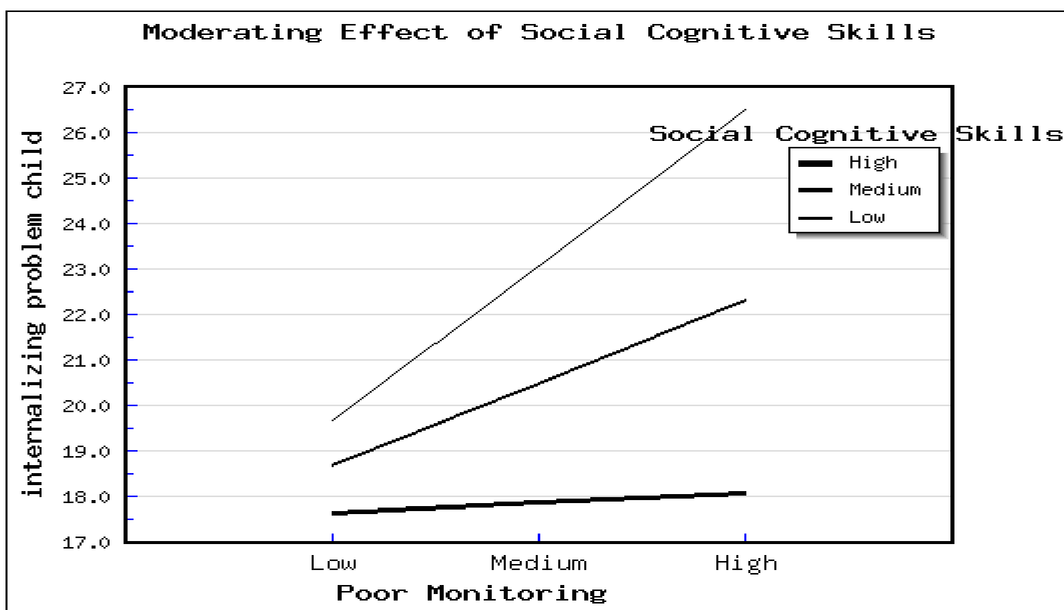


**Figure 4.29**: *Moderation of the effect of Poor Monitoring on Internalizing Problem Child by Social Cognitive Skills among Adolescents*

Table 4.34 indicates the moderation of social cognitive skills between child internalizing problems and poor monitoring. The results revealed that the interaction of poor monitoring and social cognitive skills is significant (β = -.21; $p < .05$). The $R^2$ value indicates 13% variance is produced by the interaction of poor monitoring and social-cognitive skills. The finding shows that social cognitive skills moderated the relationship between poor monitoring and child internalizing problems. Further Mod graph was plotted the graph showed the relationship between internalizing child and poor monitoring on three levels of social cognitive skills (low, medium, and high). Figure 31 demonstrated that in case of high social cognitive skills the relationship between poor monitoring and internalizing problems is mitigated as compared to low social cognitive skills. The graph shows that a high level of social cognitive skills weakens the effect of cognitive dysregulation on externalizing problem child and medium and low levels of social cognitive skills strengthen the effect of cognitive dysregulation on externalizing problems of the child.

**Table 4.35**

*Moderation of the effect of Emotional Dysregulation on Internalizing Problem Child by Social Cognitive Skills among Adolescents (N=200)*

| Predictors | | | Internalizing problem child | |
|---|---|---|---|---|
| | | | 95% CI | |
| | B | t | LL | UL |
| Constant | 20.209 | 30.08*** | 18.88 | 21.53 |
| Emotional Dysregulation | 3.700 | 5.503*** | 2.374 | 5.026 |
| Social Cognitive Skills | -2.254 | -3.302*** | -3.601 | -.908 |
| Emotional Dysregulation x Social Cognitive Skills | -1.411 | 1.925* | .034 | 2.856 |
| $R^2$ | .222 | | | |
| $\Delta R^2$ | .015 | | | |
| F | 18.602*** | | | |
| $\Delta F$ | 3.707* | | | |

B= Unstandardized coefficients; LL= Lower limits; UL = Upper limit

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

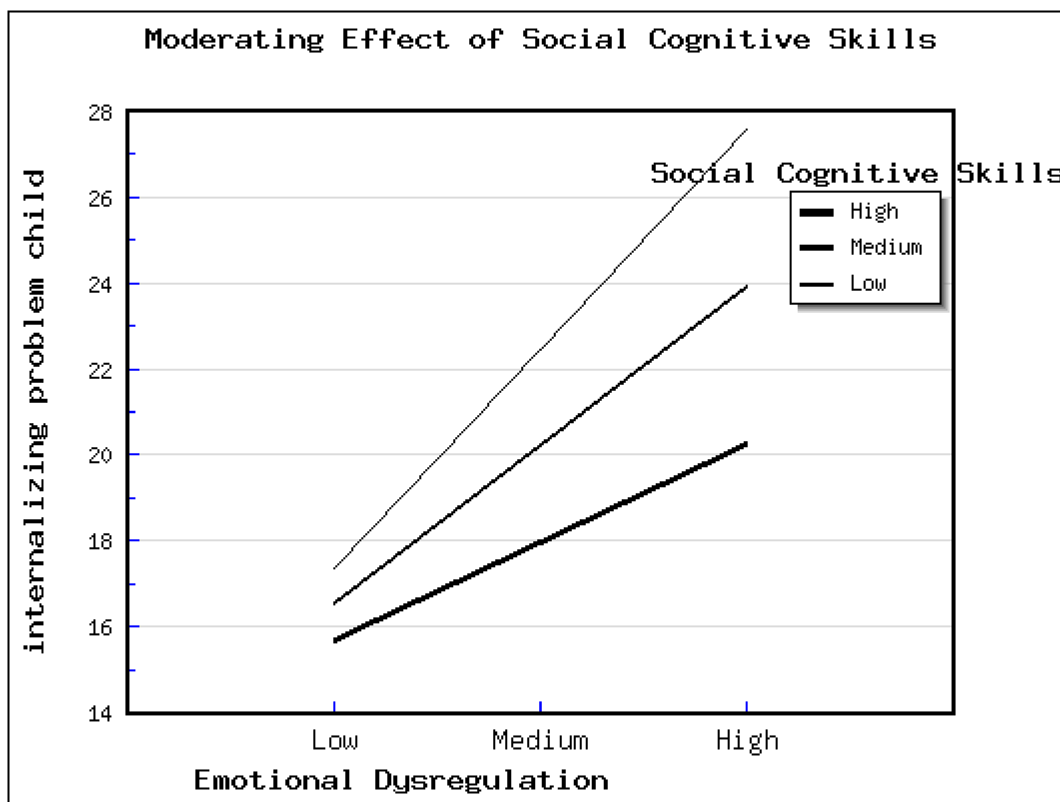


**Figure 4.30**: *Moderation of the effect of Emotional Dysregulation on Internalizing Problem Child by Social Cognitive Skills among Adolescents*

Table 4.35 indicates the moderation of social cognitive skills between child internalizing problems and emotional dysregulation. The results revealed that interaction of emotional dysregulation and social cognitive skills is significant (β = -.21; p < .05). The R2 value indicates 22% variance is produced by the interaction of emotional dysregulation and social-cognitive skills. The finding shows that social cognitive skills moderated the relationship between emotional dysregulation and child internalizing problems. Further Mod graph was plotted the graph showed the relationship between internalizing child and emotional dysregulation on three levels of social cognitive skills (low, medium, and high). Figure 32 illustrated that the relationship between emotional dysregulation and internalizing problems is attenuated when social skills is high as compared to when social cognitive skills is low.

## 4.6 Gender-Specific Path Analysis

To study the intergenerational transmission of risks for psychopathology from parents to their children, gender-specific path analysis using AMOS was used. In SEM maximum likelihood estimation was employed as a global test of the model. The goodness of fit of the models was evaluated by the chi-square ($\chi2$), Root Mean Square Error of Approximation (RMSEA), Goodness of Fit Index (GFI), Tucker-Lewis Fit Index (TLI), Comparative Fit Index (CFI), Normed Fit Index (NFI), and Incremental Fit Index (IFI). RMSEA < 0.10 represent an acceptable fit, whereas, the GFI, TLI, CFI, NFI, and IFI values > 0.90 and $\chi$ 2 /df < 3.0 are considered acceptable.

**Table 4.36**

***Structural Equation Model (SEM) Path Coefficients and Significance Levels***

| Path | | | Estimates | SE | CR | *P* |
|---|---|---|---|---|---|---|
| ExterG | ← | ExterM | .237 | .062 | 3.832 | *** |
| InterG | ← | ExterM | .267 | .063 | 4.233 | *** |
| InterG | ← | InterF | .156 | .038 | 4.076 | *** |
| ExterB | ← | ExterF | .172 | .045 | 3.828 | *** |
| InterB | ← | InterF | .039 | .064 | .599 | .54 |
| ExterG | ← | ExterF | .131 | .064 | 2.054 | .040 |
| ExterG | ← | InterF | .165 | .067 | 2.483 | .013 |
| InterG | ← | InterM | .061 | .047 | 1.295 | .19 |
| ExterB | ← | InterM | .140 | .039 | 3.554 | *** |
| InterB | ← | ExterM | .133 | .071 | 1.885 | .05 |

*Note*= ExterG = Externalizing girl, ExterM= Externalizing mother, InterG= Internalizing girl, InterF= Internalizing father, ExterB= Externalizing boy, ExterF= Externalizing father, InterM= Internalizing mother, InterB= Internalizing boy, Estimates = The unstandardized regression weights, SE = standard error, CR = Critical ratio, *p*= significant values

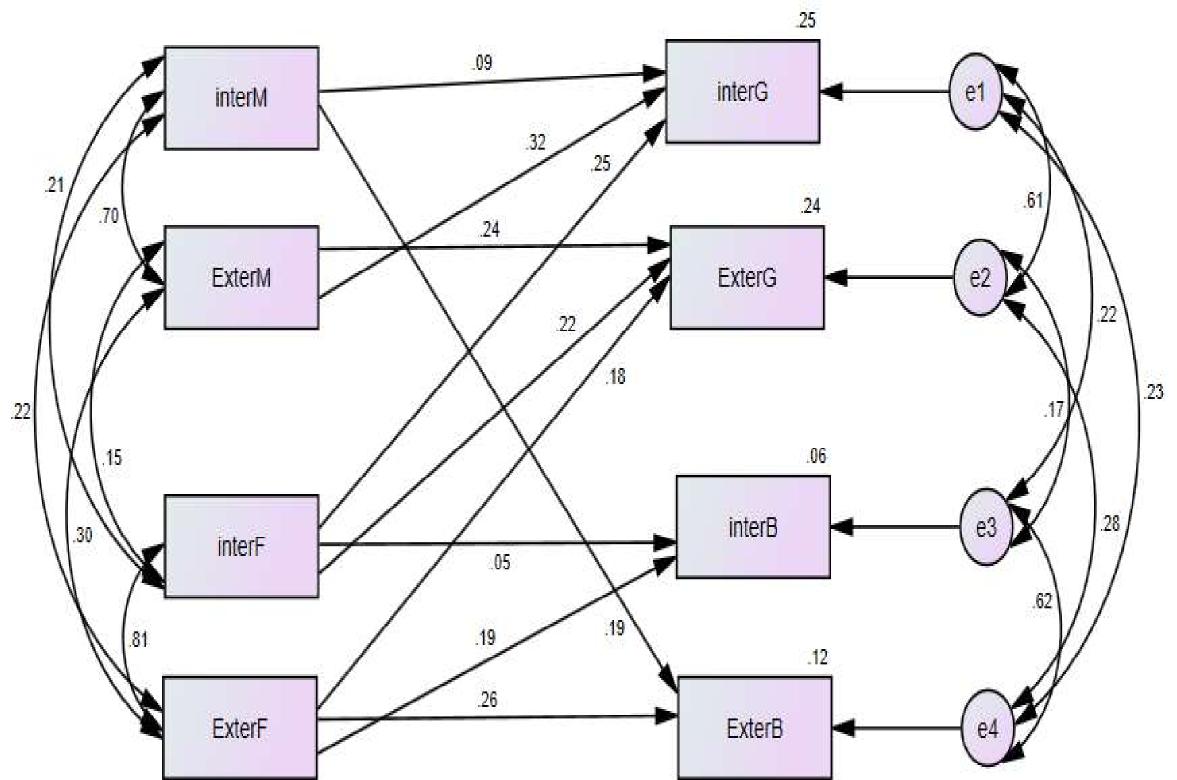


**Figure 4.31:** *The Gender-Based Path Model of Transmission of Risk for Psychopathology from Parent to Their Adolescent Children*

The gender-based path model of transmission of risk of psychopathology from parent to their adolescent children and standardized coefficients for each variable are shown in Figure 33. Structure equation model depicting significant regression and correlation paths in the model. All the path coefficients were statistically significant at the level of $p < 0.01$. The fit indices for the modified model were acceptable: p < .0.11, $\chi 2(06) = 12.951$, RMSEA = 0.076, GFI = 0.98, TLI = 0.96, CFI = 0.99, NFI = 0.98, IF

# CHAPTER 5

# SUMMARY, FINDINGS, DISCUSSION, CONCLUSION AND RECOMMENDATIONS

## 5.1 Summary

The current study was conducted to measure the relationship between parental psychopathology including both internalizing and externalizing disorders, parenting practices, stressful life events and psychological dysregulation among adolescents. The present research aims to examine differences in parenting practices and internalizing and externalizing disorders among adolescents having parents with psychopathology (Major Depressive Disorder) and without psychopathology. Additionally, the another objective of the study was to find out the moderating role of child characteristics temperament styles and social cognitive skills on the relationship between parenting styles and stressful life events and psychological dysregulation among adolescents psychopathology.

## 5.2 Findings

The results show that internalizing and externalizing disorders of adolescents have a significant positive relationship with parental psychopathology. Negative Parenting practices (poor monitoring and corporal punishment) have a significant positive relationship with adolescents psychopathology and involvement of both parents has a significant negative relationship with adolescent's psychopathology. Stress full life events have a significant negative relationship with adolescent's psychopathology. Psychological dysregulation (Emotional, Behavioral, Cognitive) have a significant positive relationship with adolescent's psychopathology. Temperament style (Effortful control) and Social-cognitive skills alleviated the effect

of parent's psychopathology on adolescent's psychopathology. The present study also found the gender-specific pathway of transmission of psychopathology from both father and mother to their children.

## 5.3 Discussion

The primary objective of this study was to determine the relationship between parent's psychopathology and adolescent's psychopathology with reference to child characteristics. Another objective was to determine the mediating role of parenting practices and stressful life events and moderating role of temperament, social cognitive skills between parent's and adolescent's psychopathology. the current study also investigated the gender-specific pathway of psychopathology from parents to children. to determine the role of parental psychopathology among adolescents. Employing the technique of convenience sampling, data were collected from 100 families (both parent and their adolescent children: one boy child and one girl child) divided into two groups: 50 clinical families (parents with psychopathology) and 50 control families having parents without psychopathology (see Table 3.1 & 3.6). The sample was selected through purposive convenience sampling technique from different hospitals of Islamabad and Rawalpindi and the group 2 parents without psychopathology was selected through recruiting adolescents from different schools and colleges after confirming inclusion-exclusion criteria. Instruments Youth self-report (YSR), Adult self-report (ASR), Alabama parenting questionnaire Child report (APQ), abbreviated Dysregulation Inventory (ADI), Early adolescent temperament questionnaire-revised (EATQ-R), Student stress inventory (SSI), and Social-cognitive screening questionnaire (SCSQ) scales were used to collect the information on study variables.

The present study was conducted in three phases, the main objective of phase I was the translation of student stress inventory (SSI) and social cognitive screening questionnaire (SCSQ) in Urdu. The objective of phase II (pilot study) was to determine the psychometric properties of all study scales. Findings suggested that the entire instruments had satisfactory psychometric properties. Descriptive statistics were computed and skewness of the data was within the desired range of +1 and -1 (see Table 3.2) which indicates that data is normally distributed. Two scales Student stress inventory and Social-cognitive screening skills were translated in Urdu for the present study and the results of reliability and inter-item correlation show significant correlation which suggests the appropriateness of these two scales (see Table 3.3 & 3.4). The third phase (Main study) of the research aimed at testing proposed hypotheses.

The primary objective of this study was Parental psychopathology is positively associated with externalizing and internalizing disorders among adolescents, the results show that internalizing and externalizing disorders of adolescents have a significant positive relationship with parental psychopathology including internalizing and externalizing disorders (see Table 3.5). Several studies have found parental psychopathology as a risk factor for transmission of internalizing and externalizing psychopathology to their children (Connell & Goodman, 2002; Goodman et al., 2011). The first hypothesis was supported by the results, the results show significant differences on scores of externalizing children having father with psychopathology than the scores of children living with normal parents. (see Table 4.3 ).

Another objective of the study was to find out the relationship between parenting practices and internalizing and externalizing problems among adolescents having parents with psychopathology. it was hypothesized that Poor monitoring,

inconsistent discipline practices, and corporal punishment are positively associated with adolescent's psychopathology, and Parent involvement and positive parenting practices are negatively associated with internalizing among adolescents. The results revealed that Parenting practices (poor monitoring and corporal punishment) have a significant positive relationship with internalizing and externalizing disorders of adolescents and involvement of both parents and positive parenting have a significant negative relationship with adolescent's psychopathology (see Table 4.2). the research has shown that those parents who are depressed tend to do unhealthy parenting practices that are linked to the child's social-emotional and cognitive deficits (Maccoby, 1983).

It was hypothesized that Parents with psychopathology report less positive parenting and involvement by father and mother and report high on poor monitoring, corporal punishment, and inconsistent discipline, the results revealed that those parents who were having psychopathology scored low on positive parenting, and normal parents scored high on positive parenting. On poor monitoring, parents with psychopathology scored high as compared to parents without psychopathology who scored low on poor monitoring. No significant differences were found in the corporal and inconsistent discipline (see Table 4.5). These results are consistent with previous researches which indicate that parental psychopathology has a negative impact on parenting practices and that these parents have significantly less adequate parenting skills and have difficulty carrying out their parenting responsibilities (Goodman & Brumley, 1990; Jaser et al., 2008; Lovejoy et al., 2000).

To study the relationship between dysregulation (emotional, behavioral, and cognitive) between adolescents' psychopathology. the results indicate that psychological dysregulation (Emotional, Behavioral, Cognitive) have a significant

positive relationship with adolescent internalizing and externalizing disorders (see Table 4.2). Fabes et al (1992) indicate that those children who have behavioral disorders depict deficits in the domain of cognitive, behavioral, and emotional. These results are consistent with previous studies which found the emotion dysregulation has been linked to externalizing behaviors in children (Morris et al. 2010; Valiente et al. 2007), as well as internalizing problems in children and adolescents (Aldao et al. 2010; Neumann et al. 2010).

It was hypothesized that Affiliativeness and Effortful control are negatively associated with adolescents internalizing and externalizing problems. The findings indicate that effortful control has a significant negative relationship with both internalizing and externalizing disorders among adolescents but no significant relationship was found with affiliativeness. Several researches found effortful control as the major contributor to successful social development in children (see Table 4.2) (Eisenberg et al., 2000; Kochanska et al., 2000; Posner and Rothbart, 1998). These results are consistent with the previous studies results, effortful control having an inverse relationship with child psychopathology. Another hypothesis was negative affect and surgency have a positive relationship with internalizing and externalizing disorders among adolescents but the results indicate that there is significant positive relationship exists between surgency with adolescents internalizing and externalizing disorders. No significant relationship was found between negative affect and child externalizing disorders (see Table 4.2). These results are consistent with the previous literature on surgency and its relationship with child psychopathology, a number of researches found a high level of surgency results in externalizing problems among adolescents, and a low level of surgency leads to internalizing symptoms (Derryberry & Reed, 1994; Rothbart & Putnam, 2002; Fowles, 1993; Windle, 1994).

To study the relationship between stressful life events and adolescent's internalizing and externalizing disorders, it was hypothesized that stressors including physical stress, interpersonal stress, academic stress, and environmental stress have a positive relationship with adolescents internalizing and externalizing disorders. The results confirmed that all these four stressors have a significant positive relationship with both internalizing and externalizing disorders among adolescents (see Table 4.2). Recent studies demonstrated a high level of stress leads to a high level of psychological problems, these problems include anxiety, panic attack, and depression (Eisenberg et al., 2011; Morris et al., 2010). It was hypothesized that social cognitive skills have a negative relationship with adolescents internalizing and externalizing disorders, the results show that there is significant negative relationship exists between social cognitive skills and adolescent's internalizing and externalizing disorders. These results are consistent with Prior studies which report an inverse relationship between cognitive abilities and depression among adolescents and adulthood, higher cognitive abilities are a protective factor against depression (Collishaw et al., 2004; Franz et al., 2011; Hartlage et al.,1993).

To determine the mediating role of parenting practices and dysregulation (emotional, behavioral, and cognitive) between parents' psychopathology and adolescents' psychopathology sequential mediation analysis was run using SPSS macro developed by Preacher and Hayes (2008). For the sequential mediation analysis model, 6 was used, to measure the indirect effect of parents' psychopathology through parenting practices and dysregulation on adolescent's psychopathology. the results of Sequential mediation analysis of the indirect effect of internalizing and externalizing parents on the child internalizing and externalizing problem through poor monitoring and emotional, behavioral, and cognitive dysregulation revealed the significant

positive indirect effect of internalizing and externalizing parents through poor monitoring and emotional, behavioral, and cognitive dysregulation on internalizing and externalizing child disorders (see Table 4.6 – Table 4.13). The serial models demonstrated that internalizing and externalizing parents significantly correlated with poor monitoring in the first step, and further poor monitoring positively predicted emotional and behavioral dysregulation, which was associated with a greater risk of internalizing and externalizing disorders among adolescents.

Sequential Mediation Analysis of Indirect effect of internalizing parent on the child internalizing disorders through poor monitoring and cognitive dysregulation, the results revealed an only significant positive indirect effect of internalizing parent on internalizing disorders of adolescents through poor monitoring and cognitive dysregulation (see Table 4.14). The serial models demonstrated that internalizing parent significantly correlated with poor monitoring in the first step, and poor monitoring positively predicted cognitive dysregulation, which was associated with a greater risk of internalizing disorders among adolescents. In contrast, no significant indirect effect of internalizing and externalizing parents on externalizing problems of adolescents was found. The possible explanation of this serial mediation might be that poor monitoring leaves children to resolve their conflicts with avoidance, escape, and withdrawal, which may increase the chance of the development of internalizing problems among adolescents (Downey & Coyne, 1990). Adolescents of parents having psychopathology show early signs of cognitive vulnerability to depression, such as being more prone to blame themselves for negative outcomes and less likely to recall positive self-descriptive adjectives (Hammen & Brennan, 2001; Jaenicke et al., 1987). So, linking the results of the present study to the previous literature it was

indicated that parent's psychopathology has a great impact on their children through poor monitoring and cognitive dysfunction.

Positive parenting has a significant negative relationship with adolescent’s psychopathology. the results of sequential mediation analysis of the indirect effect of internalizing and externalizing parents on adolescent’s psychopathology through positive parenting and emotional and cognitive dysregulation, no significant mediation was found. On the other hand, the indirect effect of parent’s psychopathology on adolescent’s psychopathology through positive parenting and behavioral dysregulation, a significant indirect effect was found (see Table 4.15 – Table 4.18). The serial models demonstrated that internalizing and externalizing parents impact adolescents internalizing and externalizing disorders through positive parenting and behavioral dysregulation. Parents' and adolescent’s psychopathology negatively correlate with positive parenting. Behavioral dysregulation significantly positively correlates with the internalizing and externalizing disorders among adolescents. These results are consistent with previous researches which demonstrated that both positive and negative parenting practices play mediating role between parental depressive symptoms and children’s psychopathology (Elgar et al., 2007, Cummings et al. (2008). The results found no significant mediating role of Corporal punishment, inconsistent discipline, and father involvement between parents and adolescent psychopathology. the serial mediation analysis of the indirect effect of externalizing parents on externalizing children through mother involvement and cognitive dysregulation was significant (see Table 4.19).

It was hypothesized that parents internalizing and externalizing disorders on internalizing and externalizing disorders among adolescents through stressful events and psychological dysregulation (emotional, behavioral, and cognitive). No

significant indirect effect was found between internalizing parents and internalizing children through physical, interpersonal, and environmental stressors and emotional and behavioral dysregulation. The results revealed that there is a significant indirect effect of externalizing parents on internalizing and externalizing children through academic stress and all domains of psychological dysregulation (see Table 4.20 – Table 4.25). These results are supported by previous researches, externalizing disorders and internalizing difficulties are more likely to emerge in children, whose parents have externalizing disorders. (Bierut et al. 1998; Clarck et al. 1997; Hicks et al. 2004; Luthar et al. 1993). A large number of studies reported academic stress as the most frequent stressor reported by adolescents (Elkind, 1981; Sheridan & Smith, 1987; Armacost, 1989; Sears & Milburn, 1991. Lack of sufficient social cognitive skills among adolescents to deal with the academic stressor in turn cause internalizing and externalizing problems (Chazan et al., 1994; Winkley, 1996; Nordahl & Sørlie, 1998).

It was hypothesized that temperament styles moderate between the parenting practices and adolescent's psychopathology. while performing separate moderation analyses for each temperament styles the results indicate that surgency and affiliativeness do not play any significant moderating role between parenting practices and adolescents' psychopathology. the results revealed that in the case of moderating role of effortful control between positive parenting and internalizing (see Table 4.26) and externalizing disorders (see Table 4.27) among adolescents turned out to be significant. The association between positive parenting and internalizing and externalizing child difficulties is stronger in low effortful control cases and weaker in high effortful control cases, as seen in the graph. (see Figure 4.21 and 4.22). These

findings are consistent with the previous studies (Eisenberg et al., 2005; Muhtadie et al., 2013; Lengua, 2008).

In the case of moderating role of negative affect, it plays a significant moderating role between poor monitoring as a predictor and internalizing child problems as an outcome, no significant results were found with externalizing child problems (see Table 4.28). The graph shows that a high level of negative affect neutral the impact of poor monitoring on internalizing problem child and medium and low level of negative affect strengthens the relationship between poor monitoring and child internalizing problems. (see Figure 4.23). Some studies examine the two-way interaction between stressors and negative affectivity, some researchers found that when the individual is high on negative affectivity it mean their psychological and behavioral arouse quickly which produce sadness, fear, and frustration on the other hand when the individual is low on negative affectivity their arousal system is also low and they will not quickly trigger by the stressors in this situation low negative affectivity play a role as a protective factor against stressors and internalizing disorders. (Compas et al., 2001; Brown & Rosellini, 2011, Fox et al., 2010)

Similarly, in the case of mother involvement as a predictor and child internalizing problems as an outcome, the effortful control play a significant moderating role (see Table 4.29). The graph shows that in the case of low effortful control the link between child externalizing disorders and mother involvement is stronger and in the case of high effortful control, this association gets weaker. (see Figure 4.24). Effortful control is typically defined as a child's ability to suppress a dominant response in favor of a more acceptable subdominant response. Previous studies found low levels of effortful control have been primarily linked to

externalizing disorders (Eisenberg et al., 2001; Hill et al., 2006; Oldehinkel et al., 2004).

Father involvement as predictor and child internalizing (see Table 4.30) and externalizing problems (see Table 4.31) as the outcome, the results of effortful control come out as significant. The graph shows that the relationship between father involvement and internalizing and externalizing problems among adolescents is relatively negative and stronger in the case of low effortful control and weaker in the case of high effortful control. The results indicated that as the effortful control increases the impact of father involvement on adolescent's psychopathology got minimized (see Figure 4.25 and 4.26). Flouri and Buchanan (2003) reported that a greater quantity of father involvement predicted decreased levels of emotional and behavioral problems to their children, Children who have high-quality relationships with their fathers have been found to exhibit lower levels of internalizing and externalizing behavior problems (Bronte-Tinkew et al, 2006; White & Gilbreth, 2001) and the relationship of effortful control with parents' involvement is consistent with the previous studies (Eisenberg et al., 2005; Lengua, 2008; Lengua et al., 2000).

Another hypothesis was the moderating role of temperament style and its moderating role between psychological dysregulation, no significant moderating role results found for emotional and cognitive dysregulation Finding shows that negative affect moderated the relationship between cognitive dysregulation and child internalizing and externalizing problems (see Table 4.32 and 4.33). The graph shows that the relationship between cognitive dysregulation and child psychopathology is relatively stronger in the case of low negative affect and weaker in the case of high negative affect. The results indicated that negative affect reduced the strength of the

relationship between cognitive dysregulation and internalizing and externalizing problems among adolescents. (see Figure 4.27 and 4.28)

To study the moderating role of social cognitive skills, moderation analysis was run to study the moderating role of social cognitive skills between Cognitive dysregulation and child psychopathology. no significant moderation exists for positive parenting, corporal punishment, inconsistent discipline, and parent involvement (mother and father). There is only significant moderation found by social cognitive skills between poor monitoring and child internalizing problems (see Table 4.34). The finding shows that social cognitive skills moderated the relationship between poor monitoring and child internalizing problems. Further Mod graph was plotted the graph showed the relationship between internalizing child and poor monitoring on three levels of social cognitive skills (low, medium, and high). Figure 4.29 illustrated that the relationship between poor monitoring and internalizing problems is attenuated when social skills is high as compared to when social cognitive skills are low. Present study results are consistent with previous researches which found that children of depressed mothers may be protected against adverse outcomes concurrently and in the future if they have better social-cognitive skills (Beardslee et al., 1987; Downey & Walker, 1989, Masten et al., 1999).

It was hypothesized that social cognitive skills moderate the impact of psychological dysregulation (emotional, behavioral, and cognitive) on child internalizing and externalizing disorders. The finding shows that social cognitive skills moderated the relationship between emotional dysregulation and child internalizing problems (see Table 4.35). Further Mod graph was plotted the graph showed the relationship between internalizing child and emotional dysregulation on three levels of social cognitive skills (low, medium, and high). Figure 4.30 illustrated

that the relationship between emotional dysregulation and internalizing problems is attenuated when social skills is high as compared to when social cognitive skills are low. Numerous studies have documented emotional dysregulation in children and adolescents manifest in the form of internalizing and externalizing problems, such as anxiety, depression, aggression, and suicidal ideation (Bender et al., 2012; Cole et al., 2009; Kliewer et al., 2004; Neumann et al., 2011; Pisani et al., 2013; Silk et al., 2003). The social-cognitive skills play moderating role between emotional dysregulation and internalizing problems, these results are supported by some previous researches Present study results are consistent with previous researches (Beardslee et al., 1987; Downey & Walker, 1989, Masten et al., 1999). which found that children of depressed mothers may be protected against adverse outcomes concurrently and in the future if they have better social-cognitive skills.

Another most important objective of the study was the intergenerational transmission of risk for psychopathology from parents to their children, gender-specific pathway. The role of gender in the intergenerational transmission is still a mystery. Internalizing behaviors research frequently focuses only on maternal impact, whereas externalizing behaviors research typically focuses on paternal influence. This method ignores both parents' contributions to the child's adjustment (Brennan et al., 2002; Capaldi, Pears, et al., 2008; Connell and Goodman, 2002). The current study examined the transmission of both internalizing and externalizing symptoms from parents to their children based on the parents’ and offspring’s gender. It was hypothesized that both mothers’ and fathers’ internalizing and externalizing disorders would play a significant role in the intergenerational transmission of psychopathology risk. To study gender-specific path, analysis using a structural equation modelling framework (SEM) was used. In SEM maximum likelihood estimation was employed

as a global test of the model. The goodness of fit of the models was evaluated by the chi-square ($\chi2$), Root Mean Square Error of Approximation (RMSEA), Goodness of Fit Index (GFI), Tucker-Lewis Fit Index (TLI), Comparative Fit Index (CFI), Normed Fit Index (NFI), and Incremental Fit Index (IFI) (see Table 4.36). The results showed that Fathers internalizing disorders had a significant association with internalizing and externalizing disorders for girls but not for boys. Similarly, fathers externalizing disorders were significantly related to externalizing disorders for girls and boys. Mothers internalizing disorders were significantly related to boys externalizing disorders only. Finally, mothers externalizing disorders had a significant association with internalizing and externalizing disorders for girls and internalizing disorders for boys (see Figure 4.31). These results have been consistent with prior findings in the transmission of problem behaviors across generations (Capaldi et al., 2003; Conger et al., 2003; Hops et al., 2003).

## 5.4 Conclusion

The present study found that parent's psychopathology (internalizing and externalizing) problems led to the development of psychopathology (internalizing and externalizing) problems in their children including son and daughter. As expected, parenting practices used by parents mainly poor monitoring, corporal punishment and insistent discipline have a positive association with adolescents internalizing and externalizing problems. The present study found significant group differences for poor parenting and positive parenting on parents with psychopathology and parents without psychopathology. stressful life events and psychological dysregulation exacerbated the effect of parent's psychopathology on adolescent's psychopathology. Temperament style (Effortful control) and Social-cognitive skills alleviated the effect of parent's psychopathology on adolescent's psychopathology. The present study also

found the gender-specific pathway of transmission of psychopathology from both father and mother to their children. The results showed that Fathers internalizing disorders had a significant association with internalizing and externalizing disorders for girls but not for boys. Similarly, fathers externalizing disorders were significantly related to externalizing disorders for girls and boys. Mothers internalizing disorders were significantly related to boys externalizing disorders only. Finally, mothers externalizing disorders had a significant association with internalizing and externalizing disorders for girls and internalizing disorders for boys.

## 5.5 Limitations and Suggestions of the Study

However, there are some limitations of the present study and the study's shortcomings may provide suggestions for future research. One of the limitations of the study may be the generalization of the results, the present research includes adolescents of age range 12-19 so these findings can only be generalized to those children who fall in this age range. The data of control group families were collected from government public schools and colleges only, Caution must be exercised before applying these findings to children of public schools and colleges.

Secondly, for the present study inclusion criteria of the clinical group was one parent either father or mother diagnosed with MDD (major depressive disorder) thus future research can replicate these findings by including other disorders like schizophrenia, anxiety, OCD (obsessive-compulsive disorder) etc.

Another possible drawback of this study is that it depended exclusively on the adolescent's self-report to study the parenting practices, it is equally important to include parents' perceptions of their parenting style so in the future, the researcher should include parents reports to study the parenting practices and also incorporate

another method to study the parenting practices by using structured observation method to get the bigger picture how parents and adolescents interact and communicate to each other it will minimize the over and under-reporting of parenting practices.

Fourth, while the current study focuses solely on parenting techniques, future research should also look into other elements like poor communication patterns of parents and children, the interparental conflict between parents and their children, marital conflicts, and a chaotic household environment because these all are the factors that affect family functioning.

A general measure of Temperament was used to assess coping, an indigenously developed scale regarding different coping styles of adolescents to get a better understanding of how children of mentally ill parents cope living in the stressful home environment. Lastly, genetics play an important role in the transmission of psychopathology from generation to generation, the present study could not focus on this important variable. Experimental investigations on the function of genetics as a mechanism of risk transfer from parent to the child could be conducted in the future.

## 5.6 Future Implications

The present study offers numerous notable advantages, including the utilization of both parent and their children one son and one daughter to study the intergenerational transmission of psychopathology from parents to their children focusing on the gender-specific pathway. The findings from the current study significantly contribute to the literature by examining both parent’s psychopathology and their children's psychopathology at the same time. Another major contribution of

the present research was to study parenting practices used by both parents with psychopathology and parents having no psychopathology and its impact on the development of psychopathology to their offspring's boy and girl. The present study found significant differences in poor monitoring and positive parenting by parents with psychopathology and parents without psychopathology. Based on the results of the present study regarding parenting practices, it highlights the need for intervention programs mainly focusing on the use of positive parenting practices with their children.

Moreover, to study the relationship of parent's psychopathology to their children's psychopathology and the role of stressful life events, psychological dysregulation, will shed light on the mechanism behind the development of internalizing and externalizing problems in adolescence and identification of protective factor-like temperament style (effortful control) and social cognitive skills against the development of psychopathology among adolescents. As a result, intervention approaches should include a component to assist teenagers in improving effortful control and adopting more healthy and adaptive coping methods. Coping skills training may be offered to children for them to utilize healthy and adaptive coping techniques to deal with stress in different areas of their lives. Future work can have specific parents related outcome measure to decide about the case-control conditions. This is because having a control group from community doesn't necessarily imply for absence of problem. It only suggests no reporting of problem in clinical settings or no diagnosis.

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**ayesha ahsan <ayeshaahsan982@gmail.com>**

# Fwd: Info relate to Social Cognition Screening Questionnaire (SCSQ)

2 messages

**Asia Mushtaq** <asia.mushtaq@gmail.com> Sun, May 17, 2020 at 4:32 AM
To: ayeshaahsan982@gmail.com

---------- Forwarded message ---------
From: **Roberts, David** <RobertsD5@uthscsa.edu>
Date: Wed, May 13, 2020, 5:08 PM
Subject: Re: Info relate to Social Cognition Screening Questionnaire (SCSQ)
To: Asia Mushtaq <asia.mushtaq@gmail.com>

Hi Dr. Mushtaq,

Thank you for your message. This sounds like a very interesting project.

We have used the scale in normals and in schizophrenia patients. One of the limitations of the scale (and of many social cognitive measures) is its limited psychometric properties. We do not have good data on its use in adolescents. Also, we have found that the scale is definitely culture-dependent. So, of you would like to use it, you will need to modify it for cultural appropriateness and do at least a small norming study (e.g., N=30) in your cultural setting. I would be happy to communicate w you through that process if you are interested.

If you want to use it, you certainly have my permission to translate.

Let me know.

Best,

David

---

**From:** Asia Mushtaq <asia.mushtaq@gmail.com>
**Date:** Wednesday, May 13, 2020 at 5:45 AM
**To:** "Roberts, David" <RobertsD5@uthscsa.edu>
**Subject:** Info relate to Social Cognition Screening Questionnaire (SCSQ)

Hello Dr Roberts

Hope you are well in this critical time of epidemic. Im Asia Mushtaq (Assistant Professor in Psychology) at National University of Modern Languages (NUML) Islamabad, Pakistan. one of my graduate student is working on intergenerational link between parental psychopathology and adolescent's problem behaviors (based on Dr Sherryl Hope Goodman's theory). According to her theory social cognitive skills/deficits are moderating this relationship.

for measuring social cognitive skills in adolescents and their parent we are searching for a scale and we find Social Cognition Screening Questionnaire (SCSQ) very much related and interesting. therefore,

1. first of all, we want to know can we use this scale with adolescent, their parents, or either of them (as so far the literature we searched, find this measure is used with schizophrenic patients only) ....**CAN WE USE IT WITH NORMAL POPULATION to measure their social cognitive deficits???**
2. **If** yes, then We need this scale and its details, scoring etc to use in our study.
3. we need your permission for its translation into Urdu Language **(national** language of Pakistan).

Hope to hear from you soon.

Warm regards

*Asia Mushtaq*

"When it is dark enough, you can see the stars".
----Persian proverb-----

---

**Asia Mushtaq** <asia.mushtaq@gmail.com> Thu, Jul 16, 2020 at 12:51 AM
To: ayeshaahsan982@gmail.com

---------- Forwarded message ---------
From: **Roberts, David** <RobertsD5@uthscsa.edu>
Date: Thu, Jul 16, 2020, 12:06 AM
Subject: Re: Info relate to Social Cognition Screening Questionnaire (SCSQ)
To: Asia Mushtaq <asia.mushtaq@gmail.com>

Here you go. Please let me know how I can be of more help.
Dave

---

**From:** Asia Mushtaq <asia.mushtaq@gmail.com>
**Date:** Friday, July 3, 2020 at 4:54 AM
**To:** "Roberts, David" <RobertsD5@uthscsa.edu>
**Subject:** Re: Info relate to Social Cognition Screening Questionnaire (SCSQ)

Hello David

Hope you are well and the situation related to COVID 19 will be much controlled and settled in the US. this email is just a kind reminder to share Social Cognition Screening Questionnaire (SCSQ) with us and its scoring procedure so my graduate student can start her work on its translation adaption related tasks.

Thank you again for your cooperation.

Warm regards

*Asia Mushtaq*

"When it is dark enough, you can see the stars".
----Persian proverb-----

On Fri, May 15, 2020 at 1:29 PM Asia Mushtaq <asia.mushtaq@gmail.com> wrote:

> Hi Dr. David
>
> Thank you for the prompt reply.
>
> Yes, you are right with social cognitive measures the major limitation is establishing the psychometric properties. The sample size we decided for this research is minimum 300 adolescents so we can also establish its psychometric properties for Pakistani population (if you are interested you can join us with this project and your expertise really help us a lot). Actually, one of my area of interest is social cognitive processes. I did my MPhil and PhD research with aggressive children's social information processing styles and culturally adapted SIP measures originally developed by Dr Kenneth Dodge and colleagues. My PhD research was an intervention program "Coping Power Program (Lochman, 2008)" and did its cultural adaptation translation too. Therefore, I'm sure with your guidance we can culturally adapt Social Cognition Screening Questionnaire (SCSQ) and definitely check its cultural appropriateness on small norming group (e.g., N= 30 or greater).
>
> Kindly share this measure so we can look it in detail.
>
> [Quoted text hidden]

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**2 attachments**

**SCSQ Form A 6 0.pdf**
41K

**SCSQ Form A 6.0 Scoring Instructions 8 1 2015.pdf**
72K

ayesha ahsan <ayeshaahsan982@gmail.com>

# permission to use STUDENT STRESS INVENTORY

3 messages

**ayesha ahsan** <ayeshaahsan982@gmail.com> Tue, Jun 23, 2020 at 1:22 PM
To: aziz.shah@fppm.upsi.edu.my

Hello Mohammad Aziz Shah

Hope you are well in this critical time of epidemic. I am ayesha (Mphil student) at National University of Modern Languages (NUML) Islamabad, Pakistan. i am a student and working on my thesis intergenerational link between parental psychopathology and adolescent's problem behaviors (based on Dr Sherryl Hope Goodman's theory), for my thesis i need this instrument can you please give me permission to use this scale and relevant details about scale like scoring, interpretation and psychometric properties, please give me permission to use this scale.

looking forward for your quick response as my research thesis is in process.

Thank you

sincerely,

Ayesha

Mphil student

NUML, University islamabad

Pakistan.

**Prof. MAS - Mohammad Aziz Shah** <aziz.shah@fpm.upsi.edu.my> Wed, Jun 24, 2020 at 5:45 AM
To: ayesha ahsan <ayeshaahsan982@gmail.com>

Deer Ayesha.,
I am Mohammad Aziz Shah Mohamed Arip give my full permission to you use Student Stress Inventory (SSI) and all data in the research for your academic purpose. Thank you and good luck for your academic research.
[Quoted text hidden]
--
**PROF. DR. MOHAMMAD AZIZ SHAH MOHAMED ARIP**
Department of Psychology and Counselling
Faculty of Human Development (FHD)
Sultan Idris Education University
35900 Tanjong Malim, Perak, Malaysia.
Tel: +60-05-4587509 H/P: +6019-3388 799
H/P: +6019-3388799
Email: aziz.shah@fpm.upsi.edu.my <aziz.shah@fppm.upsi.edu.my>

**MANUAL AND INTERPRETATION OF SSI - EDITION 2019 - NEW A.pdf**
394K

**ayesha ahsan** <ayeshaahsan982@gmail.com> Wed, Jun 24, 2020 at 12:16 PM
To: "Prof. MAS - Mohammad Aziz Shah" <aziz.shah@fpm.upsi.edu.my>

Thank you so much sir.

[Quoted text hidden]

ayesha ahsan <ayeshaahsan982@gmail.com>

## permission to use Urdu translated YSR/11-18, ASR/18-59 scales

15 messages

**ayesha ahsan** <ayeshaahsan982@gmail.com> Mon, Jul 20, 2020 at 3:58 PM
To: mail@aseba.org

Hello sir

Hope you are well in this critical time of epidemic. I am ayesha (Mphil student) at National University of Modern Languages (NUML) Islamabad, Pakistan. i am a student and working on my academic research thesis **intergenerational link between parental psychopathology and adolescent's problem behaviors** (based on Dr Sherryl Hope Goodman's theory), for my thesis i need **youth self report (YSR 11-18) and adult self report (ASR 18-59)** instrument for my research, can you please give me these scales in Urdu version.

I am a graduate student, here in Pakistan the research is not funded by any organization, as a student I am not able to pay for these scales. These scales will be only used for academic research purpose while acknowledging the author of the scale in my academic research. I hope you understand, please help me to complete my research thesis by providing these scales in urdu translated.

looking forward to your quick response as my research thesis is in process.

I shall be very Thankful to you for this act of kindness.

sincerely,

Ayesha

Mphil student

NUML, University islamabad

Pakistan.

**ASEBA - Achenbach System** <ASEBA@uvm.edu> Mon, Jul 20, 2020 at 5:24 PM
To: ayesha ahsan <ayeshaahsan982@gmail.com>

Hello,

You would have to fill out a Site License application to order in URDU. The cost would be similar to ordering the English version.

https://aseba.org/translations/

Kind Regards,

Katja

ASEBA

1 South Prospect Street
UVM Medical Center, St. Joseph's Wing, Room 3207
Burlington, VT 05401-3456
Customer Service Tel: (802) 656-5130

Technical Support Tel: (802) 735-1540

Technical Support Email: techsupp@aseba.org

Website: www.aseba.org

**Have you read our frequently asked questions? You can find them here: https://answers.aseba.org**

www.aseba.org

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**ayesha ahsan** <ayeshaahsan982@gmail.com> Mon, Jul 20, 2020 at 5:33 PM
To: asia.mushtaq@gmail.com

[Quoted text hidden]

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**ayesha ahsan** <ayeshaahsan982@gmail.com> Mon, Jul 20, 2020 at 6:52 PM
To: ASEBA - Achenbach System <ASEBA@uvm.edu>

Hello madam
as i mentioned before i am a student and i am not able to afford the cost of the scales. i am not having any funding for this research so it is difficult for me to pay the cost of these scales. please do me a favor and allow me to use these scales free of cost. I shall be very thankful to you for this act of kindness. These scales will only be used for my research.
[Quoted text hidden]

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**ASEBA - Achenbach System** <ASEBA@uvm.edu> Mon, Jul 20, 2020 at 6:58 PM
To: ayesha ahsan <ayeshaahsan982@gmail.com>

We also are non-profit and do research.

[Quoted text hidden]

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**ayesha ahsan** <ayeshaahsan982@gmail.com> Tue, Jul 21, 2020 at 6:42 PM
To: asia.mushtaq@gmail.com

---------- Forwarded message ---------
From: **ASEBA - Achenbach System** <ASEBA@uvm.edu>
[Quoted text hidden]
[Quoted text hidden]

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**ayesha ahsan** <ayeshaahsan982@gmail.com> Wed, Jul 22, 2020 at 9:04 PM
To: ASEBA - Achenbach System <ASEBA@uvm.edu>

i know you are non profit but please help me i can not afford to pay for the scales i am a graduate student and unemployed,i need these scales for my research project, is there any alternate way for the research students who are not able to pay for these scales?
[Quoted text hidden]

**ASEBA - Achenbach System** <ASEBA@uvm.edu> Thu, Jul 23, 2020 at 4:53 PM
To: ayesha ahsan <ayeshaahsan982@gmail.com>

Hello Ayesha,

Please fill out a Site License Application so we can determine what we can do for you.

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**Scoring-License-Application.docx**
33K

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**ayesha ahsan** <ayeshaahsan982@gmail.com> Fri, Jul 24, 2020 at 3:57 PM
To: ASEBA - Achenbach System <ASEBA@uvm.edu>

Hello
hope you are doing well. I filled out a site license application. will be waiting for your kind response.
thank you.
[Quoted text hidden]

**Site-License-Application-Ayesha.docx**
39K

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**Pascal, Jessie** <jessie.pascal@med.uvm.edu> Fri, Jul 24, 2020 at 7:44 PM
To: "ayeshaahsan982@gmail.com" <ayeshaahsan982@gmail.com>

Dear Ayesha,

My Name is Jessie Pascal, and I will be your point of contact for site licensing. I see that you are a student. Would you mind filling out the student discount form? You can find the application here.

Sincerely,

Jessie

*Jessie Pascal*

*ASEBA/Research Center for Children, Youth & Families*

*University of Vermont*

*UHC- St. Joseph's Wing, Room #3207*

*1 South Prospect Street*

*Burlington, VT 05401*

*USA*

☎: 802.656.2590

*Web: https://aseba.org/*

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**From:** ASEBA - Achenbach System

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**ayesha ahsan** <ayeshaahsan982@gmail.com> Sun, Jul 26, 2020 at 5:33 PM
To: "Pascal, Jessie" <jessie.pascal@med.uvm.edu>

Hello jessie.. hope you are doing well. I attached the application form to this email.
[Quoted text hidden]

**Application-for-Student-Discount Ayesha.pdf**
432K

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**Pascal, Jessie** <jessie.pascal@med.uvm.edu> Mon, Jul 27, 2020 at 9:07 PM
To: ayesha ahsan <ayeshaahsan982@gmail.com>
Cc: "Snell, Kathleen R" <kathy.snell@med.uvm.edu>

Dear Ayesha,

Thank you for filling out the student discount application.

I am pleased to offer you a site license agreement at no cost. I will generate a site license agreement and will return today with more information.

Sincerely,

Jessie

*Jessie Pascal*

*ASEBA/Research Center for Children, Youth & Families*

*University of Vermont*

*UHC- St. Joseph's Wing, Room #3207*

*1 South Prospect Street*

*Burlington, VT 05401*

*USA*

☎: 802.656.2590

*Web: https://aseba.org/*

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**ayesha ahsan** <ayeshaahsan982@gmail.com> Mon, Jul 27, 2020 at 9:09 PM
To: Asia Mushtaq <asia.mushtaq@gmail.com>

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**ayesha ahsan** <ayeshaahsan982@gmail.com> Tue, Jul 28, 2020 at 8:18 AM
To: "Pascal, Jessie" <jessie.pascal@med.uvm.edu>

Thank you, thank you so very much..will be waiting for your email.
[Quoted text hidden]

---

**ayesha ahsan** <ayeshaahsan982@gmail.com> Thu, Jul 1, 2021 at 10:23 AM
To: "Pascal, Jessie" <jessie.pascal@med.uvm.edu>

Hello Jessie
hope you are doing well, i have difficulty finding an ASR (Adult Self Report) T scoring profile for male and female. Can you please send me a T scoring profile of ASR (Adult self report) scale.

regards
Ayesha
Mphil student
NUML university Islamabad

---

Virus-free. www.avast.com

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Virus-free. www.avast.com

## اجازت نامہ

اسلام وعلیکم !

نیشنل یونیورسٹی آف ماڈرن لنگویجز اسلام آباد ایک تحقیقاتی ادارہ ہے جہاں مختلف موضوعات پر تحقیق کی جاتی ہے۔ آگے دیے گے سوالنامے بھی ایک تحقیق کا حصہ ہیں جن کا مقصد طالب علموں پر /بچوں کے مسائل کا مطالعہ کرنا ہے تاکہ ان سے نمٹنے کے طریقوں اور وقت کی منصوبہ بندی کی جاسکے۔ آپ سے درخواست ہے کہ تمام ہدایت کو غور سے پڑھیں اور پوری سچائی اور ایمانداری سے جواب دیں جو آپ کے تجربات اور کیفیات کی صحیح ترجمانی کرتا ہو۔ کوئی بھی جواب صحیح یا غلط نہیں ہے۔ مہربانی فرما کر اس بات کا خیال رکھیں کہ کوئی بھی سوال بغیر جواب کے نہ رہے۔ ہم آپ کو یقین دلاتے ہیں کہ آپ سے حاصل کی گئی معلومات صرف تحقیقاتی مقاصد کے لیے استعمال کی جائیں گئیں۔ برائے مہربانی درج ذیل معلومات فراہم کر دیں۔

شکریہ

نام : -----------------------

عمر : -----------------------

جماعت: -----------------------

جنس : لڑکا / لڑکی

بہن بھائیوں کی تعداد : -------------------

بہن بھائیوں میں آپ کا نمبر : -------------------

والد کی تعلیمی قابلیت : --------------------

والدہ کی تعلیمی قابلیت: --------------------

والدہ: ورکنگ لیڈی / ہاؤس وائف

خاندان کی ماہانہ آمدنی: --------------------

خاندانی نظام: مشترکہ / علیحدہ

**نیچے لوگوں سے متعلق ایک فہرست ہے ہر سوال پر پچھلے 6 مہینے میں اپنے متعلق بتانے کیلئے 0، 1 یا 2 پر دائرہ لگائیں۔**

**برائے مہربانی تمام سوالوں کے جواب دیجئے چاہے اس میں سے کچھ آپ پر لاگو نہ ہو۔**

**0 = درست نہیں 1 = کسی حد تک درست / کبھی کبھار درست 2 = بہت حد تک درست / اکثر درست**

1 0 1 2 میں بہت بھلکڑ ہوں

2 0 1 2 میں اپنے مواقع کا اچھا استعمال کرتا / کرتی ہوں

3 0 1 2 میں بہت زیادہ بحث کرتا / کرتی ہوں

4 0 1 2 میں اپنی صلاحیت کے مطابق کام کرتا / کرتی ہوں

5 0 1 2 میں دوسروں کو اپنے مسائل کا ذمہ دار ٹھہراتا / ٹھہراتی ہوں

6 0 1 2 میں منشیات کا علاج معالجے کے علاوہ استعمال کرتا / کرتی ہوں
(شراب اور تمبا کو کو نکال کر) وضاحت کیجئے ______________

______________

7 0 1 2 میں ڈینگیں مارتا ہوں

8 0 1 2 مجھے غور کرنے اور زیادہ دیر تک توجہ مرکوز کرنے میں مشکل پیش آتی ہے

9 0 1 2 میں کچھ خیالات کو دماغ سے نہیں نکال پاتا / پاتی ہوں (وضاحت کیجئے)

______________

10 0 1 2 مجھے ٹک کر بیٹھنے میں مشکل پیش آتی ہے

11 0 1 2 میں دوسروں کا بہت محتاج ہوں

12 0 1 2 میں اکیلا محسوس کرتا ہوں

13 0 1 2 میں الجھا ہوا محسوس کرتا ہوں اور مجھے کچھ سجھائی نہیں دیتا

14 0 1 2 میں بہت روتا / روتی ہوں

15 0 1 2 میں کافی ایماندار ہوں

16 0 1 2 میں کینہ پرور ہوں

17 0 1 2 میں بہت زیادہ جاگتی آنکھوں سے خواب دیکھتا / دیکھتی ہوں

18 0 1 2 میں جان بوجھ کر خود کو نقصان پہنچانے یا مارنے کی کوشش کرتا / کرتی ہوں

19 0 1 2 میں بہت زیادہ توجہ حاصل کرنے کی کوشش کرتا / کرتی ہوں

20 0 1 2 میں اپنی چیزوں کو تباہ و برباد کر دیتا / دیتی ہوں

21 0 1 2 میں دوسروں کی چیزوں کو تباہ و برباد کر دیتا / دیتی ہوں

22 0 1 2 میں اپنے مستقبل کے بارے میں پریشان ہوتا / ہوتی ہوں

23 0 1 2 میں کام پر یا کہیں اور اصول توڑتا / توڑتی ہوں

24 0 1 2 میں اتنا اچھا نہیں کھاتا / کھاتی جتنا مجھے کھانا چاہیے

25 0 1 2 میں دوسرے لوگوں کے ساتھ سلوک سے نہیں رہتا / رہتی

26 0 1 2 میں کچھ ایسا کرنے کے بعد جو مجھے نہیں کرنا چاہیے، شرمندگی محسوس نہیں کرتا / کرتی

27 0 1 2 میں دوسروں سے حسد محسوس کرتا / کرتی ہوں

28 0 1 2 مجھے خاندان کے ساتھ سلوک سے رہنے میں مشکل پیش آتی ہے

29 0 1 2 میں کچھ خاص جانوروں، جگہوں اور صورت حال سے خوفزدہ ہوں (وضاحت کیجئے)

______________

30 0 1 2 جنس مخالف سے میرے تعلقات بہت اچھے نہیں ہیں

31 0 1 2 میں خوفزدہ ہوں کہ میں کچھ برا سوچ یا کر نہ جاؤں

32 0 1 2 میں محسوس کرتا ہوں کہ مجھے بہترین ہونا چاہیے

33 0 1 2 مجھے لگتا ہے کہ کوئی مجھ سے محبت نہیں کرتا

34 0 1 2 مجھے محسوس ہوتا ہے کہ دوسرے مجھے نقصان پہچانے کے لیے تیار ہیں

35 0 1 2 میں کمتر / حقیر محسوس کرتا / کرتی ہوں

36 0 1 2 میں بہت زیادہ زخمی ہوتا / ہوتی ہوں، حادثات کا شکار رہتا / رہتی ہوں

37 0 1 2 میں بہت زیادہ لڑائی جھگڑوں میں پڑتا / پڑتی ہوں

38 0 1 2 پڑوسیوں سے میرے تعلقات بُرے ہیں

39 0 1 2 میں ایسے لوگوں کے ساتھ گھومتا پھرتا ہوں جو مشکلات کو دعوت دیتے ہیں

40 0 1 2 میں ایسی آوازیں یا باتیں سنتا ہوں جو لوگوں کے خیال میں موجود نہیں
(وضاحت کیجئے) ______________

41 0 1 2 میں بے اختیار ہو کر سوچے سمجھے بغیر کام کرتا / کرتی ہوں

42 0 1 2 میں دوسرے لوگوں کے ساتھ رہنے کی بجائے اکیلا رہنا پسند کرتا / کرتی ہوں

43 0 1 2 میں جھوٹ بولتا / بولتی ہوں، دھوکا دیتا / دیتی ہوں

44 0 1 2 میں اپنی ذمہ داریوں سے مغلوب / بے بس محسوس کرتا / کرتی ہوں

45 0 1 2 میں پریشانی اور ذہنی تناؤ کا شکار ہوں

46 0 1 2 میرے جسم کے حصے بے ساختہ یا بے چین حرکات کرتے ہیں (وضاحت کیجئے)

______________

47 0 1 2 مجھ میں اعتماد کی کمی ہے

48 0 1 2 دوسرے مجھے پسند نہیں کرتے

49 0 1 2 میں کچھ چیزیں دوسرے لوگوں سے بہتر کر سکتا / سکتی ہوں

50 0 1 2 میں بہت زیادہ خوف یا تشویش کا شکار ہوں

51 0 1 2 میں محسوس کرتا / کرتی ہوں کہ میرا سر گھوم رہا ہے یا مجھے چکر آرہے ہیں

52 0 1 2 میں بہت احساس جرم رکھتا ہوں / رکھتی ہوں

53 0 1 2 مجھے مستقبل کی منصوبہ بندی میں مشکل پیش آتی ہے

54 0 1 2 میں بغیر کسی وجہ کے تھکاوٹ محسوس کرتا / کرتی ہوں

55 0 1 2 بے حد خوشی اور اداسی کے درمیان میرا مزاج بدلتا رہتا ہے

56 جسمانی مسائل (بغیر کسی طبعی وجہ کے)

a 0 1 2 دکھنا یا درد (معدہ اور سر درد کے علاوہ)

b 0 1 2 سر درد

c 0 1 2 متلی، بیمار محسوس کرنا

d 0 1 2 آنکھوں کے مسائل (اگر چشموں سے ٹھیک نہ ہوں) وضاحت کیجئے ______

e 0 1 2 جلد کی رگڑ یا دوسرے جلدی مسائل

f 0 1 2 معدے کا درد

g 0 1 2 قے / ابکائی آنا

h 0 1 2 دل کا بہت تیز دھڑکنا

l 0 1 2 جسم کے حصوں میں لرزش یا سنسناہٹ کا احساس ہونا

57 0 1 2 میں لوگوں پر جسمانی طور پر حملہ آور ہوتا / ہوتی ہوں

58 0 1 2 میں اپنی جلد یا جسم کے دوسرے حصوں کو نوچتا / نوچتی ہوں
وضاحت کیجئے ______________

59 0 1 2 میں ان چیزوں کو مکمل کرنے میں ناکام رہتا / رہتی ہوں جو مجھے کر لینے چاہیں

60 0 1 2 میں بہت کم چیزوں سے لطف اندوز ہوتا ہوں

61 0 1 2 کام میں میری کارکردگی بُری ہے

62 0 1 2 میں پھوہڑ یا بے ڈھنگا ہوں / بے ڈھنگی ہوں



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## برائے مہربانی اس بات کو یقینی بنائیں کہ آپ نے تمام سوالات کے جوابات دیئے ہیں

**0 = درست نہیں** **1 = کسی حد تک درست / کبھی کبھار درست** **2 = بہت حد تک درست / اکثر درست**

63 میں اپنے ہم عمروں کی بجائے بڑی عمر کے لوگوں کے ساتھ رہنا پسند کرتا / کرتی ہوں 0 1 2

64 مجھے ترجیحات مقرر کرنے میں مشکل پیش آتی ہیں 0 1 2

65 میں بات کرنے سے انکار کرتا / کرتی ہوں 0 1 2

66 میں بعض حرکات کو بار بار دہراتا / دہراتی ہوں (وضاحت کیجئے) ____________ 0 1 2

67 مجھے دوست بنانے یا بنائے رکھنے میں مشکل پیش آتی ہے 0 1 2

68 میں بہت زیادہ چیختا چلاتا ہوں 0 1 2

69 میں رازداری برتنے والا / والی ہوں چیزیں خود تک محدود رکھتا / رکھتی ہوں 0 1 2

70 میں ایسی چیزیں دیکھتا / دیکھتی ہوں جو لوگوں کے خیال میں موجود نہیں ہوتیں (وضاحت کیجئے) ____________ 0 1 2

71 میں اپنے بارے میں حساس اور آسانی سے شرمندہ ہونے والا / والی ہوں 0 1 2

72 میں اپنے خاندان کے لئے پریشان ہوتا / ہوتی ہوں 0 1 2

73 میں اپنے خاندان کی ذمہ داریوں کو پورا کرتا / کرتی ہوں 0 1 2

74 میں دکھاوا یا مسخراپن کرنے والا / والی ہوں 0 1 2

75 میں بہت زیادہ بزدل یا شرمیلا / شرمیلی ہوں 0 1 2

76 میرا رویہ غیر ذمہ دارانہ ہے 0 1 2

77 میں دوسرے، بہت سے لوگوں کی نسبت دن اور / یا رات میں زیادہ سوتا / سوتی ہوں (وضاحت کیجئے) ____________ 0 1 2

78 مجھے فیصلے کرنے میں مشکل پیش آتی ہے 0 1 2

79 مجھے بولنے / بات کرنے میں مسائل ہیں (وضاحت کیجئے) ____________ 0 1 2

80 میں اپنے حق کیلئے آواز اٹھاتا / اٹھاتی ہوں 0 1 2

81 میں متلون مزاج ہوں (رویہ گھڑی گھڑی تبدیل ہوتا ہے) 0 1 2

82 میں چوری کرتا / کرتی ہوں 0 1 2

83 میں آسانی سے بوریت / اکتاہٹ کا شکار ہو جاتا / جاتی ہوں 0 1 2

84 میں ایسی چیزیں کرتا ہوں جو لوگوں کے خیال میں عجیب و غریب ہیں (وضاحت کیجئے) ____________ 0 1 2

85 میری سوچ ایسی ہے جو دوسروں کو عجیب و غریب لگے (وضاحت کیجئے) ____________ 0 1 2

86 میں ضدی، بدمزاج یا چڑچڑا ہوں 0 1 2

87 میرا موڈ اور احساسات اچانک تبدیل ہوتے ہیں 0 1 2

88 میں دوسرے لوگوں کے ساتھ ہونے سے لطف اندوز ہوتا / ہوتی ہوں۔ 0 1 2

89 میں خطرات / نقصان کا اندازہ کئے بغیر چیزوں میں جلد بازی کرتا / کرتی ہوں 0 1 2

90 میں بہت زیادہ شراب پیتا / پیتی ہوں۔ نشے میں دھت رہتا / رہتی ہوں 0 1 2

91 میں خود کو مارنے کے متعلق سوچتا ہوں 0 1 2

92 میں ایسی چیزیں کرتا / کرتی ہوں جن سے قانونی مسائل پیدا ہوں (وضاحت کیجئے) ____________ 0 1 2

93 میں بہت زیادہ بولتا / بولتی ہوں 2 1 0

94 میں دوسروں کو بہت زیادہ چڑاتا / چڑاتی ہوں 0 1 2

95 میں غصیلا یا گرم مزاج ہوں 0 1 2

96 میں جنسی عمل کے متعلق بہت زیادہ سوچتا / سوچتی ہوں 0 1 2

97 میں لوگوں کو تکلیف / آزار پہنچانے کی دھمکیاں دیتا / دیتی ہوں 0 1 2

98 میں دوسروں کی مدد کرنا پسند کرتا / کرتی ہوں 0 1 2

99 میں ایک ہی جگہ پر بہت دیر رہنے کو ناپسند کرتا / کرتی ہوں 0 1 2

100 مجھے سوئے رہنے میں مشکل پیش آتی ہے (وضاحت کیجئے) ____________ 0 1 2

101 جب کوئی بیماری یا چھٹیاں نہ ہوں تب بھی میں کام سے دور رہتا / رہتی ہوں 0 1 2

102 مجھ میں بہت زیادہ توانائی نہیں ہے 0 1 2

103 میں ناخوش، غمزدہ یا اداس ہوں 0 1 2

104 میں دوسروں سے زیادہ بلند آواز (پرشور) ہوں 0 1 2

105 لوگ سوچتے ہیں کہ میں غیر منظم ہوں 0 1 2

106 میں دوسروں سے منصفانہ رویہ رکھنے کی کوشش کرتا / کرتی ہوں 0 1 2

107 مجھے محسوس ہوتا ہے کہ میں کامیاب نہیں ہو سکتا / سکتی 0 1 2

108 میں چیزیں گمانے کا رجحان رکھتی / رکھتا ہوں 0 1 2

109 میں جدت پسند ہوں۔ نئی چیزیں کرنے کو پسند کرتا / کرتی ہوں 0 1 2

110 میری خواہش ہے کہ میں دوسری جنس کا ہوتا 0 1 2

111 میں دوسروں کے ساتھ گھلنے ملنے سے گریز کرتا ہوں / کرتی ہوں 0 1 2

112 میں بہت فکر کرتا / کرتی ہوں 0 1 2

113 میں جنس مخالف سے اپنے تعلقات کے بارے میں پریشان رہتا / رہتی ہوں 0 1 2

114 میں اپنے واجبات / قرضہ ادا کرنے میں یا دوسری مالی ذمہ داریوں کو پورا کرنے میں ناکام ہوتا / ہوتی ہوں 0 1 2

115 میں بہت بے آرام اور بے چین محسوس کرتا / کرتی ہوں 0 1 2

116 میں بہت جلدی پریشان ہو جاتا / جاتی ہوں 0 1 2

117 مجھے کریڈٹ کارڈ یا پیسوں کے (صحیح طریقے سے) استعمال میں مشکل پیش آتی ہے 0 1 2

118 میں بہت بے صبرا ہوں 0 1 2

119 میں تفصیلی جائزے / وضاحت میں اچھا نہیں ہوں 0 1 2

120 میں بہت تیز گاڑی چلاتا / چلاتی ہوں 0 1 2

121 میں مقررہ وقت (ملاقات) پر دیر سے پہنچتا / پہنچتی ہوں 0 1 2

122 مجھے نوکری پر رہنے میں مشکل پیش آتی ہے 0 1 2

123 میں بہت خوش باش انسان ہوں 0 1 2

124 پچھلے چھ مہینوں میں دن میں کتنی مرتبہ آپ نے تمباکو کا استعمال کیا (بغیر دھوئیں والے تمباکو سمیت) دن میں ____ مرتبہ 0 1 2

125 پچھلے چھ مہینوں میں کتنے دن آپ شراب میں دھت ہوئے ____ دن 0 1 2

126 پچھلے چھ مہینوں میں آپ نے کتنے دن منشیات کا غیر طبعی استعمال کیا (بشمول بھنگ، کوکین اور دوسری منشیات) (شراب اور نکوٹین کے علاوہ) ____ دن 0 1 2

برائے مہربانی اس بات کو یقینی بنائیں کہ آپ نے تمام سوالات کے جوابات دیئے ہیں



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برائے مہربانی تمام سوالات کے جواب دیجئے

ہدایات: ذیل میں ایک فہرست ہے جو بچوں/نوجوانوں سے متعلق سوالات پر مشتمل ہے ہر سوال آپ کے موجودہ یا گزشتہ چھ مہینوں کے دوران ہونے والے رویّوں کو بیان کرتا ہے۔ اگر سوال بالکل صحیح یا اکثر صحیح ہو تو برائے مہربانی 2 کے گرد دائرہ لگائیں۔ اگر سوال کچھ حد تک یا کبھی کبھی صحیح ہو تو 1 پر دائرہ لگائیں اور اگر سوال بالکل صحیح نہیں ہو تو 0 کے گرد دائرہ لگائیں۔

0۔ بالکل صحیح نہیں　　1۔ کچھ حد تک یا کبھی کبھی صحیح　　2۔ بالکل صحیح یا اکثر صحیح

1۔ میں اپنے سے چھوٹی عمر کے بچوں/نوجوانوں کی سی حرکتیں کرتا/ کرتی ہوں 2 1 0
2۔ میں اپنے والدین کی اجازت کے بغیر شراب پیتا/پیتی ہوں۔ ( وضاحت کیجئے) ________________ 2 1 0
3۔ میں بہت بحث کرتا/ کرتی ہوں 2 1 0
4۔ میں شروع کیئے گئے کاموں کو مکمل نہیں کر پاتا/پاتی ہوں 2 1 0
5۔ میں بہت کم لطف اندوز ہوتا/ہوتی ہوں۔ 2 1 0
6۔ مجھے جانور پسند ہیں۔ 2 1 0
7۔ میں شیخی بگھارتا/ بگھارتی ہوں، بڑی بڑی باتیں کرنا۔ 2 1 0
8۔ مجھے توجہ یا دھیان دینے میں مشکل ہوتی ہے۔ 2 1 0
9۔ میں اپنے دماغ سے کچھ خیالات کو نہیں ہٹا پاتا/پاتی۔ (وضاحت کیجئے) ________________ 2 1 0
10۔ مجھے ایک جگہ جم کے بیٹھنے میں مشکل ہوتی ہے۔ 2 1 0
11۔ میں بڑوں پر بہت زیادہ انحصار کرتا/ کرتی ہوں۔ 2 1 0
12۔ میں اکیلا پن محسوس کرتا/ کرتی ہوں۔ 2 1 0
13۔ میں اُلجھن محسوس کرتا/ کرتی ہوں یا صحیح طرح سوچ نہیں پاتا/پاتی 2 1 0
14۔ میں بہت روتا/روتی ہوں۔ 2 1 0
15۔ میں کافی ایماندار ہوں۔ 2 1 0
16۔ میں دوسروں کو تکلیف دیتا/دیتی ہوں۔ 2 1 0
17۔ میں خوابوں میں کھویا رہتا/رہتی ہوں۔ 2 1 0
18۔ میں جان بوجھ کے اپنے آپ کو نقصان پہنچانے کی یا جان سے مار ڈالنے کی کوشش کرتا/ کرتی ہوں۔ 2 1 0
19۔ میں بہت زیادہ توجہ حاصل کرنے کی کوشش کرتا/ کرتی ہوں۔ 2 1 0
20۔ میں اپنی چیزیں توڑ پھوڑ دیتا/دیتی ہوں۔ 2 1 0
21۔ میں دوسروں کی چیزیں توڑ پھوڑ دیتا/دیتی ہوں۔ 2 1 0
22۔ میں اپنے ماں باپ کی نافرمانی کرتا/ کرتی ہوں۔ 2 1 0
23۔ میں اسکول میں نافرمانی کرتا/ کرتی ہوں۔ 2 1 0
24۔ میں اچھی طرح کھانا نہیں کھاتا/ کھاتی جیسے مجھے کھانا چاہیے۔ 2 1 0
25۔ میں دوسرے بچوں/نوجوانوں کے ساتھ میل جول نہیں رکھتا/رکھتی ہوں 2 1 0
26۔ کوئی بھی ایسا کام کرنے کے بعد جو مجھے نہیں کرنا چاہیے مجھے شرمندگی محسوس نہیں ہوتی۔ 2 1 0
27۔ میں دوسروں سے جلتا/جلتی ہوں۔ 2 1 0
28۔ میں گھر، اسکول یا باہر کی پابندیوں کی خلاف ورزی کرتا/ کرتی ہوں 2 1 0
29۔ میں اسکول کے علاوہ چند مخصوص جانوروں، حالات یا جگہوں سے خوف محسوس کرتا/ کرتی ہوں۔ (وضاحت کیجئے) ________________ 2 1 0
30۔ میں اسکول جانے سے ڈرتا/ڈرتی ہوں۔ 2 1 0
31۔ مجھے کچھ غلط سوچنے یا کرنے کا خوف لگا رہتا ہے۔ 2 1 0
32۔ میں محسوس کرتا/ کرتی ہوں کہ مجھے بہترین ہونا چاہیے۔ 2 1 0
33۔ میں محسوس کرتا/ کرتی ہوں کہ کوئی مجھ سے پیار نہیں کرتا۔ 2 1 0
34۔ میں محسوس کرتا/ کرتی ہوں کہ لوگ میرے پیچھے پڑے ہوئے ہیں۔ 2 1 0
35۔ میں اپنے آپ کو بے کار یا کمتر سمجھتا/ سمجھتی ہوں۔ 2 1 0
36۔ مجھے اچانک بہت زیادہ چوٹ لگ جاتی ہے۔ 2 1 0
37۔ میں بہت سے لڑائی جھگڑوں میں پڑ جاتا/جاتی ہوں۔ 2 1 0
38۔ میرا بہت زیادہ مذاق اُڑایا جاتا ہے یا تنگ کیا جاتا ہے 2 1 0
39۔ میں اُن بچوں/نوجوانوں کے ساتھ گھومتا/ گھومتی ہوں جو مشکل میں پھنس جاتے ہیں۔ 2 1 0
40۔ مجھے ایسی آوازیں سنائی دیتی ہیں جو دوسروں کو سنائی نہیں دیتیں۔ وضاحت کیجئے ________________ 2 1 0
41۔ میں بغیر سوچے سمجھے کام کرتا/ کرتی ہوں۔ 2 1 0
42۔ میں دوسروں کے ساتھ رہنے کے بجائے اکیلے رہنا پسند کرتا/ کرتی ہوں۔ 2 1 0
43۔ میں جھوٹ بولتا/بولتی یا دھوکہ دیتا/دیتی ہوں۔ 2 1 0
44۔ میں دانتوں سے اپنی انگلیوں کے ناخن کترتا/ کترتی ہوں۔ 2 1 0
45۔ میں گھبرایا ہوا / گھبرائی ہوئی یا بے چین رہتا/رہتی ہوں۔ 2 1 0
46۔ میرے جسم کے بعض حصے پریشانی کے عالم میں غیر ارادی طور پر حرکت کرتے ہیں یا کھنچ جاتے ہیں۔ وضاحت کیجئے ________________ 2 1 0
47۔ مجھے ڈراؤنے خواب آتے ہیں۔ 2 1 0
48۔ مجھے دوسرے بچے/نوجوان پسند نہیں کرتے ہیں۔ 2 1 0
49۔ میں بعض چیزیں اکثر بچوں/نوجوانوں سے بہتر کر سکتا/ کر سکتی ہوں۔ 2 1 0
50۔ میں بہت زیادہ خوف زدہ یا بے چین رہتا/رہتی ہوں۔ 2 1 0
51۔ مجھے چکر آتے ہیں یا سر میں ہلکا پن محسوس ہوتا ہوں۔ 2 1 0
52۔ میں اپنے آپ کو بہت قصوروار محسوس کرتا/ کرتی ہوں۔ 2 1 0
53۔ میں بہت زیادہ کھاتا/ کھاتی ہوں۔ 2 1 0
54۔ میں بغیر کسی وجہ کے بہت زیادہ تھکن محسوس کرتا/ کرتی ہوں۔ 2 1 0
55۔ میرا وزن زیادہ ہے۔ 2 1 0
56۔ جسمانی مسائل بغیر کسی طبّی/ڈاکٹری وجہ کے
a ۔ جسم میں درد ہونا {سر یا پیٹ کے درد کے علاوہ} 2 1 0
b ۔ سر درد 2 1 0
c ۔ متلی محسوس کرنا، بیمار محسوس کرنا 2 1 0
d ۔ آنکھوں کے مسائل {چشمے سے درست ہونے کے علاوہ} وضاحت کیجئے ________________ 2 1 0
e ۔ جلد پر لال نشان پڑنا یا دوسرے جلد کے مسائل 2 1 0
f ۔ پیٹ کا درد 2 1 0
g ۔ اُلٹی آنا 2 1 0
h ۔ دیگر وضاحت کیجئے ________________ 2 1 0
57۔ میں لوگوں پر حملہ آور ہوتا/ہوتی ہوں۔ 2 1 0
58۔ میں اپنی جلد یا جسم کے دوسرے حصّوں کو نوچتا/نوچتی ہوں۔ وضاحت کیجئے ________________ 2 1 0

یقین کرلیں کہ آپ نے تمام سوالات کے جواب دے دیئے ہیں اس کے بعد اگلے صفحے پر جائیں

برائے مہربانی تمام سوالات کے جواب دیجئے

0۔ بالکل صحیح نہیں　　1۔ کچھ حد تک یا کبھی کبھی صحیح　　2۔ بالکل صحیح یا اکثر صحیح

| سوال | | | |
|---|---|---|---|
| 59۔ میرا کافی دوستانہ رویہ ہوتا ہے۔ | 2 | 1 | 0 |
| 60۔ مجھے نئی چیزیں آزمانا اچھا لگتا ہے۔ | 2 | 1 | 0 |
| 61۔ میں اسکول کا کام اچھے طریقے سے نہیں کرتا/ کرتی ہوں۔ | 2 | 1 | 0 |
| 62۔ میں بے ڈھنگا/ بے ڈھنگی یا بے ترتیب ہوں۔ | 2 | 1 | 0 |
| 63۔ میں اپنی عمر کے بچوں/ نوجوانوں کے بجائے اپنے سے بڑی عمر کے بچوں/ نوجوانوں کے ساتھ رہنا پسند کرتا/ کرتی ہوں۔ | 2 | 1 | 0 |
| 64۔ میں اپنی عمر کے بچوں/ نوجوانوں کے بجائے اپنے سے چھوٹی عمر کے بچوں/ نوجوانوں کے ساتھ رہنا پسند کرتا/ کرتی ہوں۔ | 2 | 1 | 0 |
| 65۔ میں بات کرنے سے انکار کر دیتا/ کر دیتی ہوں۔ | 2 | 1 | 0 |
| 66۔ میں کچھ کاموں کو بار بار کرتا/ کرتی ہوں۔ وضاحت کیجئے ______ | 2 | 1 | 0 |
| 67۔ میں گھر سے بھاگ جاتا/ جاتی ہوں۔ | 2 | 1 | 0 |
| 68۔ میں بہت زیادہ چیختا/ چیختی ہوں۔ | 2 | 1 | 0 |
| 69۔ میں باتیں چھپاتا/ چھپاتی ہوں، باتیں خود تک رکھتا/ رکھتی ہوں۔ | 2 | 1 | 0 |
| 70۔ مجھے وہ چیزیں نظر آتی ہے جو دوسروں کو نظر نہیں آتیں۔ (وضاحت کیجئے) ______ | 2 | 1 | 0 |
| 71۔ میری توجہ اپنے آپ پر رہتی ہے یا آسانی سے شرمندہ ہو جاتا/ ہو جاتی ہوں۔ | 2 | 1 | 0 |
| 72۔ میں آگ لگا دیتا/ دیتی ہوں۔ | 2 | 1 | 0 |
| 73۔ میں اپنے ہاتھوں سے اچھا کام کر لیتا/ لیتی ہوں۔ | 2 | 1 | 0 |
| 74۔ میں شیخی بازی یا مسخرہ پن کرتا/ کرتی ہوں۔ | 2 | 1 | 0 |
| 75۔ میں بہت شرمیلا/ شرمیلی یا ڈرپوک ہوں۔ | 2 | 1 | 0 |
| 76۔ میں دوسرے بچوں/ نوجوانوں کے مقابلے میں کم سوتا/ سوتی ہوں۔ | 2 | 1 | 0 |
| 77۔ میں دن اور/ یا رات میں دوسرے بچوں/ نوجوانوں کے مقابلے میں زیادہ سوتا/ سوتی ہوں۔ (وضاحت کیجئے) ______ | 2 | 1 | 0 |
| 78۔ میں توجہ نہیں دے پاتا/ پاتی یا توجہ آسانی سے ہٹ جاتی ہے۔ | 2 | 1 | 0 |
| 79۔ مجھے بولنے میں مسئلہ ہے۔ (وضاحت کیجئے) ______ | 2 | 1 | 0 |
| 80۔ میں اپنے حقوق کے لیئے کھڑا ہوتا/ ہوتی ہوں۔ | 2 | 1 | 0 |
| 81۔ میں اپنے گھر سے چیزیں چراتا/ چراتی ہوں۔ | 2 | 1 | 0 |
| 82۔ میں گھر سے باہر دوسری جگہوں سے چیزیں چراتا/ چراتی ہوں۔ | 2 | 1 | 0 |
| 83۔ میں بہت ساری چیزیں جمع کر لیتا/ لیتی ہوں، جن کی مجھے ضرورت نہیں ہوتی ہے۔ (وضاحت کیجئے) ______ | 2 | 1 | 0 |
| 84۔ میں ایسے کام کرتا/ کرتی ہوں جن کو لوگ عجیب وغریب سمجھتے ہیں۔ (وضاحت کیجئے) ______ | 2 | 1 | 0 |
| 85۔ میرے خیالات دوسروں کو عجیب وغریب لگتے ہیں۔ (وضاحت کیجئے) ______ | 2 | 1 | 0 |
| 86۔ میں ضدی ہوں۔ | 2 | 1 | 0 |
| 87۔ میرے مزاج یا احساسات اچانک بدل جاتے ہیں۔ | 2 | 1 | 0 |
| 88۔ مجھے لوگوں کے ساتھ رہنا اچھا لگتا ہے۔ | 2 | 1 | 0 |
| 89۔ میں شکی مزاج ہوں۔ | 2 | 1 | 0 |
| 90۔ میں گالیاں دیتا/ دیتی ہوں یا گندی زبان استعمال کرتا/ کرتی ہوں۔ | 2 | 1 | 0 |
| 91۔ میں اپنے آپ کو جان سے مار ڈالنے کے بارے میں سوچتا/ سوچتی ہوں | 2 | 1 | 0 |
| 92۔ مجھے دوسروں کو ہنسانا اچھا لگتا ہے۔ | 2 | 1 | 0 |
| 93۔ میں بہت زیادہ باتیں کرتا/ کرتی ہوں۔ | 2 | 1 | 0 |
| 94۔ میں دوسروں کو بہت تنگ کرتا/ کرتی ہوں۔ | 2 | 1 | 0 |
| 95۔ میں گرم مزاج ہوں۔ | 2 | 1 | 0 |
| 96۔ میں جنسی تعلقات کے بارے میں بہت زیادہ سوچتا/ سوچتی ہوں۔ | 2 | 1 | 0 |
| 97۔ میں لوگوں کو نقصان پہنچانے کی دھمکیاں دیتا/ دیتی ہوں۔ | 2 | 1 | 0 |
| 98۔ مجھے دوسروں کی مدد کرنا اچھا لگتا ہے۔ | 2 | 1 | 0 |
| 99۔ میں سگریٹ پیتا/ پیتی ہوں۔ تمباکو چباتا/ چباتی ہوں یا نسوار لیتا/ لیتی ہوں۔ | 2 | 1 | 0 |
| 100۔ مجھے سونے میں مشکل ہوتی ہے۔ (وضاحت کیجئے) ______ | 2 | 1 | 0 |
| 101۔ میں کلاس سے غائب ہو جاتا/ جاتی ہوں، یا اسکول سے غیر حاضر ہو جاتا/ جاتی ہوں۔ | 2 | 1 | 0 |
| 102۔ مجھ میں زیادہ طاقت نہیں ہے۔ | 2 | 1 | 0 |
| 103۔ میں ناخوش، اداس یا غمگین رہتا/ رہتی ہوں۔ | 2 | 1 | 0 |
| 104۔ میں دوسرے بچوں/ نوجوانوں کے مقابلے میں زیادہ اونچی آواز میں بات کرتا/ کرتی ہوں۔ | 2 | 1 | 0 |
| 105۔ میں بغیر طبی وجہ کے دوائیں استعمال کرتا/ کرتی ہوں۔ (شراب اور تمباکو شامل نہیں) وضاحت کیجئے ______ | 2 | 1 | 0 |
| 106۔ میں دوسروں کے ساتھ انصاف کرنا پسند کرتا/ کرتی ہوں۔ | 2 | 1 | 0 |
| 107۔ مجھے اچھا لطیفہ پسند ہے۔ | 2 | 1 | 0 |
| 108۔ میں زندگی کو آسان لینا چاہتا/ چاہتی ہوں۔ | 2 | 1 | 0 |
| 109۔ جب ہو سکے میں دوسروں کی مدد کرنے کی کوشش کرتا/ کرتی ہوں۔ | 2 | 1 | 0 |
| 110۔ میں خواہش کرتا/ کرتی ہوں کہ میں مخالف جنس کا ہوتا/ ہوتی۔ | 2 | 1 | 0 |
| 111۔ میں دوسروں سے گھلنے ملنے سے پرہیز کرتا/ کرتی ہوں | 2 | 1 | 0 |
| 112۔ میں بہت زیادہ پریشان ہوتا/ ہوتی ہوں۔ | 2 | 1 | 0 |

برائے مہربانی یہ یقین کرلیں کہ آپ نے تمام سوالات کے جواب دے دیئے ہیں

برائے مہربانی کچھ اور لکھئے جو آپ کے احساسات، رویئے یا دلچسپیوں کو واضح کرے۔

# Abbreviated Dysregulation Inventory (ADI)

ان بیانات کے ذریعے میں چاہوں گی کہ آپ مجھے بتائیں کہ آپ کے نزدیک ان میں سے آپ کے لیے زیادہ تر کیا صحیح ہے۔

| کبھی درست نہیں | کبھی کبھی درست | زیادہ تر درست | ہمیشہ درست |
|---|---|---|---|

| | بیانات | کبھی درست نہیں | کبھی کبھی درست | زیادہ تر درست | ہمیشہ درست |
|---|---|---|---|---|---|
| 1. | مجھے اپنے غصہ پر قابو پانے میں مشکل پیش آتی ہے۔ | | | | |
| 2. | مجھے اسکول میں یا گھر میں کھانے کے دوران سیٹ پر بیٹھے رہنے میں دقت ہوتی ہے۔ | | | | |
| 3. | میں اپنے تمام اہم مقاصد کے لیے ایک منصوبہ (plan) تیار کرتا ہوں۔ | | | | |
| 4. | پریشان رہنے کی وجہ سے میں سو نہیں پاتا۔ | | | | |
| 5. | اگر مجھے خاموش بیٹھنا پڑے تو چند منٹوں کے بعد ہی میں بہت بے چین ہو جاتا ہوں۔ | | | | |
| 6. | میں اپنے منصوبوں کو عملی شکل میں ڈھالتا ہوں۔ | | | | |
| 7. | جب میں غصے کی حالت میں ہوتا ہوں تو اپنے عمل(action)پر اختیار کھو دیتا ہوں۔ | | | | |
| 8. | مجھے کاموں پر توجہ قائم رکھنے میں مشکل پیش آتی ہے۔ | | | | |
| 9. | میں اپنے کاموں کے مستقبل میں نکلنے والے نتائج کے متعلق سوچتا ہوں۔ | | | | |
| 10. | میں اس قدر مایوسی کا شکار ہو جاتا ہوں کہ مجھے ایسا محسوس ہوتا ہے کہ میں ایک بم کی طرح پھٹ جاؤں گا۔ | | | | |
| 11. | جب لوگ مجھ سے اتفاق نہیں کرتے تو میں بحث کرنا شروع کر دیتا ہوں۔ | | | | |
| 12. | جب میرے سامنے کوئی مقصد ہو تو اسے حاصل کرنے کے لیے میں منصوبہ بندی کرتا ہوں۔ | | | | |
| 13. | میں بغیر کسی وجہ کے ہتھے سے اکھڑ جاتا ہوں۔ | | | | |
| 14. | معمولی معمولی باتوں یا مداخلت سے میرا کام رک جاتا ہے۔ | | | | |

| ہمیشہ درست | زیادہ تر درست | کبھی کبھی درست | کبھی درست نہیں | | |
|---|---|---|---|---|---|
| | | | | جیسے ہی میں دیکھتا ہوں کہ کام ٹھیک طرح سے نہیں ہو رہا ہے تو میں اسے درست کرنے میں لگ جاتا ہوں۔ | 15. |
| | | | | بعض دن ایسے ہوتے ہیں کہ میں تمام وقت ہی گھبرایا ہوا رہتا ہوں۔ | 16. |
| | | | | میں کبھی بے عملی کا شکار نظر نہیں آسکتا۔ | 17. |
| | | | | میں منصوبہ بنانے سے پہلے غور کرتا ہوں کہ کیا ہو گا۔ | 18. |
| | | | | جب میں تھکا ہوا ہوں تو جذباتی طور پر گھبراہٹ کا شکار ہو جاتا ہوں۔ | 19. |
| | | | | اکثر اوقات میں جو کام کر رہا ہوتا ہوں اس پر توجہ نہیں دے پاتا۔ | 20. |
| | | | | میں اپنی غلطیوں پر غور کرتا ہوں تاکہ آئندہ وہ سرزد نہ ہوں۔ | 21. |
| | | | | مجھے اکثر یہ خوف رہتا ہے کہ کہیں میں اپنے احساسات (feelings) پر قابو نہ کھو دوں۔ | 22. |
| | | | | میں آسانی سے بوریت کا شکار ہو جاتا ہوں۔ | 23. |
| | | | | میں اپنے مقاصد کے حصول کے طریقوں پر غور و فکر کرنے پر وقت صرف کرتا ہوں۔ | 24. |
| | | | | غصے کی حالت میں، میں زور سے دروازہ بند کرتا ہوں۔ | 25. |
| | | | | میری توجہ بڑی آسانی سے ہٹ جاتی ہے۔ | 26. |
| | | | | اسکول میں یا کسی کام میں ناکامی مجھے زیادہ محنت پر اکساتی ہے۔ | 27. |
| | | | | بغیر کسی وجہ کے میرا مزاج بگڑتا رہتا ہے۔ | 28. |
| | | | | میں پہلے سے سوچے بغیر پیسہ خرچ کر دیتا ہوں۔ | 29. |
| | | | | جب تک کام مکمل نہ ہو جائے میں اس پر لگا رہتا ہوں۔ | 30. |

## Alabama Parenting Questionnaire (APQ)

## (Child Form)

نام:_______________ عمر:________ کلاس__________

ہدایات: درج ذیل بیانات آپکے خاندان کے متعلق ہیں۔ برائے مہربانی جو باتیں آپکے خاندان میں خاص طور پر پائی جاتی ہیں اُن کی نشاندہی کیجیے۔ اگر آپکے والد یا والدہ آپکے ساتھ نہیں رہ رہے تو ان کے متعلق سوالات کو آپ حل نہ کریں۔

ممکنہ جوابات ہیں 1) کبھی نہیں 2) بہت ہی کم 3) کبھی کبھار 4) اکثر اوقات 5) ہمیشہ

| نمبر شمار | سوالات | کبھی نہیں | بہت ہی کم | کبھی کبھار | اکثر اوقات | ہمیشہ |
|---|---|---|---|---|---|---|
| 1. | آپ اپنی والدہ سے دوستانہ گفتگو کرتے ہیں۔ | | | | | |
| | a) کیا والد سے کبھی کرتے ہیں؟ | | | | | |
| 2. | جب آپ اچھا کام کرتے ہیں تو کیا آپکے والدین آپکو سراہتے ہیں۔ | | | | | |
| 3. | آپکے والدین آپکو سزا کی دھمکی دیتے ہیں مگر سزا نہیں دیتے۔ | | | | | |
| 4. | آپکی والدہ آپکے خاص کاموں میں مدد کرتی ہیں۔ مثلاً کھیل، اسکاؤٹ، مذہبی سرگرمیاں وغیرہ۔ | | | | | |
| | a) کیا والد آپکی مدد کرتے ہیں؟ | | | | | |
| 5. | آپکے والدین آپکے اچھے برتاؤ کے بدلے میں آپکو انعام دیتے ہیں یا کچھ اور خاص کرتے ہیں۔ | | | | | |
| 6. | آپ کوئی نوٹ نہیں چھوڑتے یا اپنے والدین کو یہ نہیں بتاتے کہ آپ کہاں جا رہے ہیں۔ | | | | | |
| 7. | آپ اپنی والدہ کے ساتھ گیمز کھیلتے ہیں یا کوئی اور تفریحی کام میں حصہ لیتے ہیں۔ | | | | | |
| | a) کیا اپنے والد کے ساتھ کرتے ہیں؟ | | | | | |

| نمبرشمار | سوالات | کبھی نہیں | بہت ہی کم | کبھی کبھار | اکثر اوقات | |
|---|---|---|---|---|---|---|
| 8. | غلطی کرنے کے بعد آپ اپنے والدین کو سزا ہو جانے کے ڈر کے باوجود بتا دیتے ہیں۔ | | | | | |
| 9. | آپ کی والدہ آپ سے پوچھتی ہیں کہ اسکول میں آپکا دن کیسا گزرا۔ | | | | | |
| | a) کیا آپکے والد آپ سے پوچھتے ہیں؟ | | | | | |
| 10. | شام کو آپ دیر تک باہر رہتے ہیں یعنی اُس وقت تک جب آپ کو گھر میں ہونا چاہیئے۔ | | | | | |
| 11. | آپکی والدہ آپکے ہوم ورک میں مدد کرتی ہیں۔ | | | | | |
| | a) کیا آپکے والد آپکی مدد کرتے ہیں؟ | | | | | |
| 12. | آپکو فرمانبردار بنانے کے معاملے کو لے کر آپکے والدین ہار مان چکے ہیں کیونکہ یہ بہت مشکل کام ہے۔ | | | | | |
| 13. | جب آپ کوئی اچھا کام کرتے ہیں تو آپکے والدین آپکی تعریف کرتے ہیں۔ | | | | | |
| 14. | آپکی والدہ آپکے آئندہ آنے والے دن کے معاملات کے بارے میں آپ سے پوچھتی ہیں۔ | | | | | |
| | a) کیا آپکے والد پوچھتے ہیں؟ | | | | | |
| 15. | آپکی والدہ آپ کو خاص (special) سرگرمی کے لئے لے کر جاتی ہیں۔ | | | | | |
| | a) کیا آپ کے والد لے کر جاتے ہیں؟ | | | | | |
| 16. | آپ کے والدین آپ کے اچھے رویئے پر آپ کی تعریف کرتے ہیں۔ | | | | | |
| 17. | آپ جن دوستوں کے ساتھ وقت گزارتے ہیں آپکے والدین اُن سے واقف نہیں۔ | | | | | |
| 18. | جب آپ کچھ اچھا کرتے ہیں تو آپ کے والدین آپ کو گلے لگاتے یا پیار کرتے ہیں۔ | | | | | |
| 19. | آپ گھر سے باہر جاتے وقت واپسی کے وقت کا تعین نہیں کرتے۔ | | | | | |

| نمبر شمار | سوالات | کبھی نہیں | بہت ہی کم | کبھی کبھار | اکثر اوقات | |
|---|---|---|---|---|---|---|
| .20 | آپ کی والدہ آپ سے آپ کے دوستوں کے متعلق بات کرتی ہیں۔ | | | | | |
| | a) کیا آپ کے والد کرتے ہیں؟ | | | | | |
| .21 | آپ رات کے وقت کسی بڑے کو ہمراہ لئے بغیر باہر جاتے ہیں۔ | | | | | |
| .22 | آپ کے والدین آپ کو مقررہ وقت سے پہلے سزا سے چھوٹ دے دیتے ہیں (یعنی اپنے مقرر کردہ وقت سے پہلے پابندیاں اٹھا لیتے ہیں)۔ | | | | | |
| .23 | آپ فیملی کی سرگرمیوں کو plan کرنے میں مدد دیتے ہیں۔ | | | | | |
| .24 | آپ کے والدین اتنا مصروف ہو جاتے ہیں کہ یہ بھی بھول جاتے ہیں کہ آپ کہاں ہیں اور کیا کر رہے ہیں۔ | | | | | |
| .25 | جب آپ کچھ غلط کر دیتے ہیں تو آپ کے والدین آپ کو سزا نہیں دیتے۔ | | | | | |
| .26 | آپ کی امی آپ کے سکول کی میٹنگ (meeting) میں جاتی ہیں مثلاً Parent Teacher Meeting وغیرہ۔ | | | | | |
| | a) کیا آپ کے والد جاتے ہیں؟ | | | | | |
| .27 | جب آپ گھر کے کاموں میں مدد کرتے ہیں تو آپ کے والدین اپنی پسند کا اظہار کرتے ہیں۔ | | | | | |
| .28 | آپ گھر سے دیر تک باہر رہتے ہیں جس کا علم آپ کے والدین کو نہیں ہوتا۔ | | | | | |
| .29 | آپ کے والدین گھر سے جاتے ہوئے آپ کو یہ بتا کر نہیں جاتے کہ وہ کہاں جا رہے ہیں۔ | | | | | |
| .30 | اپنے والدین کی امید کے برعکس آپ سکول سے تقریباً ایک گھنٹہ دیر سے گھر آتے ہیں۔ | | | | | |
| .31 | آپ کے والدین اپنے موڈ کے مطابق آپ کو سزا دیتے ہیں۔ | | | | | |
| .32 | آپ گھر پر اکیلے بغیر کسی بڑے کے ہوتے ہیں۔ | | | | | |

| | اکثر اوقات | کبھی کبھار | بہت ہی کم | کبھی نہیں | سوالات | نمبر شمار |
|---|---|---|---|---|---|---|
| | | | | | جب آپ کچھ غلط کر دیتے ہیں تو آپ کے والدین آپ کی ہاتھ سے پٹائی کرتے ہیں۔ | 33. |
| | | | | | بدتمیزی کرنے پر آپ کے والدین آپ کو نظرانداز کرتے ہیں۔ | 34. |
| | | | | | جب آپ کچھ غلط کرتے ہیں تو آپ کے والدین آپ کو تھپڑ مارتے ہیں۔ | 35. |
| | | | | | سزا کے طور پر آپ کے والدین پیسے یا اور کوئی مراعات آپ سے واپس لیتے ہیں۔ | 36. |
| | | | | | آپ کے والدین سزا کے طور پر آپ کو کمرے میں بھیج دیتے ہیں۔ | 37. |
| | | | | | جب آپ کچھ غلط کر دیتے ہیں تو آپ کے والدین آپ کو بیلٹ یا کسی اور چیز سے مارتے ہیں۔ | 38. |
| | | | | | جب آپ کچھ غلط کر دیتے ہیں تو آپ کے والدین آپ پر چیختے اور چلاتے ہیں۔ | 39. |
| | | | | | جب آپ بدتمیزی کرتے ہیں تو آپ کے والدین تحمل سے آپ کو سمجھاتے ہیں کہ جو رویہ آپکا تھا اُس میں کیا غلطی ہے۔ | 40. |
| | | | | | آپ کے والدین سزا کے طور پر آپ کو ایک کونے میں کھڑا ہونے کو یا بیٹھنے کو کہہ دیتے ہیں۔ | 41. |
| | | | | | سزا کے طور پر آپ کے والدین آپ سے زیادہ کام کرواتے ہیں۔ | 42. |

## Early Adolescent Temperament Questionnaire - Revised

## (EATQ-R) Short Form

درج ذیل میں ایسے بیانات دیئے جارہے ہیں جو لوگ خود کو بیان کرنے کے لیے استعمال کرتے ہیں۔ یہ بیانات بڑی تعداد میں رویوں اور سرگرمیوں کی نشاندہی کرتے ہیں۔ نیچے دیئے گئے بیانات کے جوابات کے لیے اس پر دائرہ لگائیں جو آپ پر بہترین لاگو ہوتا ہے۔ ان میں کوئی جواب غلط یا صحیح نہیں ہے۔ لوگ ان بیانات کے حوالے سے اپنے احساسات میں ایک دوسرے سے بہت مختلف ہیں۔ برائے مہربانی اس جواب پر دائرہ لگائیں جو آپ کو اپنے بارے میں بالکل ٹھیک لگتا ہے۔

ممکنہ جوابات ہیں: 1) تقریبا ہمیشہ غلط 2) اکثر غلط 3) کبھی درست کبھی غلط 4) اکثر صحیح 5) تقریبا ہمیشہ صحیح

| نمبر شمار | بیانات | تقریبا ہمیشہ غلط | اکثر غلط | کبھی درست کبھی غلط | اکثر صحیح | تقریبا ہمیشہ صحیح |
|---|---|---|---|---|---|---|
| 1 | میرے لیے ہوم ورک کے مسائل پر توجہ دینا آسان ہے۔ | | | | | |
| 2 | میں دن کے زیادہ تر حصے میں خوش رہتا/رہتی ہوں۔ | | | | | |
| 3 | میرے خیال میں کسی نئے شہر میں منتقل ہونا بہت دلچسپ ہوگا۔ | | | | | |
| 4 | میں گرم چلتی ہوئی ہوا کو اپنے چہرے پر محسوس کرنا پسند کرتا/کرتی ہوں۔ | | | | | |
| 5 | اگر میں کسی پر بہت غصہ ہوں تو میں ایسی باتیں کہہ جاتا/جاتی ہوں جو میں جانتا/جانتی ہوں کہ ان کے احساسات کو مجروح کریں گئیں۔ | | | | | |
| 6 | میں اپنے اردگرد ہونے والی معمولی تبدیلی کو بھی نوٹ کر لیتا/لیتی ہوں۔ جیسے کمرے کی لائٹ تیز ہوجائے۔ | | | | | |
| 7 | وقت پر کام کرنا میرے لیے مشکل ہے۔ | | | | | |
| 8 | میں جنس مخالف کے بچوں کے ساتھ شرم محسوس کرتا/کرتی ہوں۔ | | | | | |
| 9 | جب میں غصے میں ہوں تو چیزیں پھینکتا یا توڑ دیتا/دیتی ہوں۔ | | | | | |
| 10 | مقررہ وقت سے پہلے تحائف نہ کھولنا میرے لیے مشکل ہوتا ہے۔ | | | | | |
| 11 | میرے دوست میری نسبت کہیں زیادہ لطف اندوز ہوتے ہیں۔ | | | | | |
| 12 | میں معمولی تبدیلی کو بھی بھانپ لیتا/لیتی ہوں جو دوسرے لوگ نہیں بھانپتے۔ | | | | | |
| 13 | اگر میں کسی پر واقعی بہت غصہ ہو جاؤں تو شاید میں اسے ماروں۔ | | | | | |
| 14 | جب کوئی مجھے کسی کام سے روکتا ہے تو میرے لیے اس کام سے رکنا آسان ہوتا ہے۔ | | | | | |
| 15 | نئے لوگوں سے ملتے ہوئے مجھے شرم آتی ہے۔ | | | | | |
| 16 | مجھے پرندوں کی چہچاہٹ سننے میں لطف آتا ہے۔ | | | | | |
| 17 | میں چاہتا/چاہتی ہوں کہ میں اپنی نجی سوچیں(Private thoughts) کسی اور کے ساتھ بانٹنے کے قابل ہو جاؤں۔ | | | | | |
| 18 | میں اپنا کام شروع کرنے سے پہلے کچھ دیر کے لیے کوئی پُرلطف کام ضرور کرتا/کرتی ہوں حالانکہ تب بھی جب مجھے ایسا نہیں کرنا چاہیے۔ | | | | | |

| نمبر شمار | بیانات | تقریبا ہمیشہ غلط | اکثر غلط | کبھی درست کبھی غلط | اکثر صحیح | تقریبا ہمیشہ صحیح |
|---|---|---|---|---|---|---|
| 19 | میں واقعی کسی بڑے شہر میں رہنا پسند نہیں کروں گا/گی چاہیے وہ محفوظ ہی کیوں نہ ہو۔ | | | | | |
| 20 | اکثر بہت کم وقت لگتا ہے کہ میں روہانسا ہو جاؤں۔ | | | | | |
| 21 | میں شور شرابے سے کافی آگاہ رہتا/رہتی ہوں۔ | | | | | |
| 22 | میں ایسے لوگوں کے ساتھ بدتمیز ہو جاتا/جاتی ہوں جنہیں میں پسند نہیں کرتا/کرتی۔ | | | | | |
| 23 | مجھے آسمان سے بننے والے بادلوں کے نمونے (Pattern) کو دیکھنا پسند ہے۔ | | | | | |
| 24 | میں کسی دوسرے شخص کے تاثرات سے بتا سکتا/سکتی ہوں کہ وہ غصہ میں ہے۔ | | | | | |
| 25 | مجھے الجھن ہوتی ہے جب میں فون کال کرنے کی کوشش کروں اور لائن مصروف ہو۔ | | | | | |
| 26 | جتنا میں اپنے آپ کو کسی ایسے کام سے روکنے کی کوشش کرتا/کرتی ہوں جو مجھے نہیں کرنا چاہیے اتنا ہی زیادہ امکان ہوتا ہے کہ میں وہ کام کرتا/کرتی ہوں۔ | | | | | |
| 27 | میں جن لوگوں کو پسند کرتا/کرتی ہوں ان کے ساتھ گلے ملنے میں مجھے لطف آتا ہے۔ | | | | | |
| 28 | کھڑی ڈھلوان سے نیچے تیزی کے ساتھ سیکنگ (Sking) کرنا مجھے پاگل پن لگتا ہے۔ | | | | | |
| 29 | میں اس سے زیادہ اداس ہوتا/ہوتی ہوں جتنا دوسرے لوگوں کو احساس ہوتا ہے۔ | | | | | |
| 30 | اگر مجھے کوئی مشکل کام (Assignment) کرنے کو ملے تو میں اسے فوراً شروع کر دیتا/دیتی ہوں | | | | | |
| 31 | جن کی میں پرواہ کرتا/کرتی ہوں اس کی مدد کرنے کے لیے میں کچھ بھی کر سکتا/سکتی ہوں۔ | | | | | |
| 32 | میں خوفزدہ ہو جاتا/جاتی ہوں ایسے شخص کے ساتھ سواری کرنے میں جیسے سپیڈ (Speed) پسند ہو۔ | | | | | |
| 33 | مجھے درختوں کو دیکھنا اور ان کے درمیان چلنا پسند ہے۔ | | | | | |
| 34 | مجھے سکول میں ایک کلاس سے دوسری کلاس میں اپنی توجہ منتقل کرنے میں مشکل ہوتی ہے۔ | | | | | |
| 35 | میں اپنی فیملی کے بارے میں فکرمند رہتا/رہتی ہوں جب میں ان کے ساتھ نہیں ہوتا/ہوتی۔ | | | | | |
| 36 | میں بہت پریشان ہو جاتا/ہو جاتی ہوں اگر میں کچھ کرنا چاہتا/چاہتی ہوں اور میرے والدین مجھے نہ کرنے دیں۔ | | | | | |
| 37 | میں اداس ہو جاتا/جاتی ہوں جب بہت سی چیزیں غلط ہو رہی ہوں۔ | | | | | |
| 38 | جب میں پڑھنے کی کوشش کر رہا/رہی ہوں تو پیچھے سے آتی ہوئی آوازوں کو نظرانداز کرنا اور پڑھائی پر توجہ دینا مجھے مشکل لگتا ہے۔ | | | | | |
| 39 | میں مقررہ وقت سے پہلے اپنا ہوم ورک مکمل کر لیتا/لیتی ہوں۔ | | | | | |
| 40 | میں کسی مشکل میں پھنسنے سے ڈرتا/ڈرتی یوں۔ | | | | | |
| 41 | میں اپنے اردگرد ہونے والے مختلف معاملات پر بخوبی نظر رکھتا/رکھتی ہوں۔ | | | | | |
| 42 | میں کسی خطرناک کھیل میں حصہ لینے سے نہیں ڈروں گا/گی جیسے گہرے سمندر میں اترنا۔ | | | | | |
| 43 | میرے لیے راز کو راز رکھنا آسان ہے۔ | | | | | |
| 44 | دوسرے لوگوں کے ساتھ قریبی تعلقات رکھنا میرے لیے اہم ہے۔ | | | | | |

| تقریبا ہمیشہ صحیح | اکثر صحیح | کبھی درست کبھی غلط | اکثر غلط | تقریبا ہمیشہ غلط | بیانات | نمبر شمار |
|---|---|---|---|---|---|---|
| | | | | | میں شرمیلا/شرمیلی ہوں۔ | 45 |
| | | | | | میں سکول میں چند بچوں سے گھبراتا/گھبراتی ہوں جو دوسروں کو لاکر الماری میں دھکیل دیتے ہیں اور آپ کی کتابیں اِدھر اُدھر پھینک دیتے ہیں۔ | 46 |
| | | | | | میں جھنجھلاہٹ کا شکار ہو جاتا/جاتی ہوں جب مجھے ایسے کام سے روکا جائے جس سے میں محظوظ ہو رہا/رہی ہوں۔ | 47 |
| | | | | | میں کوئی بھی ایسی چیز کرنے سے خوفزدہ نہیں ہوں گا/گی جیسے پہاڑ پر چڑھنا۔ | 48 |
| | | | | | میں اپنے منصوبوں پر عین اس وقت کام کرنا چھوڑ دیتا/دیتی ہوں جب وہ بالکل مکمل ہونے کے قریب ہوتے ہیں۔ | 49 |
| | | | | | جب میں واقعی دوستوں پر بہت غصہ ہوں تو میں ان پر پھٹ پڑتا/پڑتی ہوں۔ | 50 |
| | | | | | میں اپنے والدین کے مرجانے یا چھوڑ جانے کے خیال سے پریشان ہوتا/ہوتی ہوں۔ | 51 |
| | | | | | میں ایسی جگہوں پر جانا پسند کرتا/کرتی ہوں جہاں بہت ہجوم ہو اور بہت زیادہ جوش وخروش پایا جاتا ہو۔ | 52 |
| | | | | | میں شرمیلا/شرمیلی نہیں ہوں۔ | 53 |
| | | | | | میں خاصا پُر جوش اور دوستانہ مزاج کا/کی حامل انسان ہوں۔ | 54 |
| | | | | | میں اس وقت بھی اداسی محسوس کرتا/کرتی ہوں جب میں لطف اندوز ہونا چاہیے جیسے عید کے موقع پر یا کسی ٹرپ(Trip) کے موقع پر۔ | 55 |
| | | | | | لمبی لائن میں لگ کر انتظار کرنا مجھے واقعی غصہ دلاتا ہے۔ | 56 |
| | | | | | گھر کے اندھیرے کمرے میں داخل ہونے سے میں اکثر خوف محسوس کرتا/کرتی ہوں۔ | 57 |
| | | | | | میں بغیر کسی وجہ کے لوگوں کو اذیت پہنچاتا/پہنچاتی ہوں۔ | 58 |
| | | | | | جب کوئی مجھے بتاتا ہے کہ کوئی کام کیسے کرنا ہے تو میں اس پر پوری توجہ دیتا/دیتی ہوں۔ | 59 |
| | | | | | میں بہت مایوس ہو جاتا/جاتی ہوں جب میں اپنے سکول کے کام میں غلطی کرتا/کرتی ہوں۔ | 60 |
| | | | | | میں ایک کام شروع کرتا/کرتی ہوں لیکن پھر اسے درمیان میں چھوڑ کر کوئی دوسرا کام کرنے لگتا/لگتی ہوں۔ | 61 |
| | | | | | جب لوگ مجھے بات کرتے ہوئے ٹوکیں تو میں جھنجھلا جاتا/جاتی ہوں۔ | 62 |
| | | | | | میں اپنے منصوبوں اور مقاصد پر قائم رہ سکتا/سکتی ہوں۔ | 63 |
| | | | | | میں پریشان ہو جاتا/جاتی ہوں اگر میں دیے گیے کام کو بہتر طریقے سے کرنے کے قابل نہ ہوں۔ | 64 |
| | | | | | مجھے خزاں رسیدہ پتوں کی چٹختی آواز پسند ہے۔ | 65 |

**Social Cognition Screening Questionnaire (SCSQ-A)**

## Story 1

تصور کریں کہ آپ کے اپارٹمنٹ بلڈنگ میں اگلے دروازے کا پڑوسی ایک اتوار کی صبح آپ کو فون پر کال کرتا/کرتی ہے۔ وہ پوچھتا/پوچھتی ہے،

**"کیا آپ نے کل رات گئے جو شور ہوا سنا؟"**

آپ کہتے ہیں کہ آپ ٹیلی ویژن دیکھ رہے تھے، اور کوئی شور نہیں سنا تھا۔ آپ کے پڑوسی کا کہنا ہے کہ،

**"آپ کو معلوم ہے، مجھے نیند کا مسئلہ ہے اور یہ بہت ضروری ہے کہ مجھے امن اور سکون حاصل ہو،"** پھر اس نے فون بند کر دیا۔

1. کیا آپ کے پڑوسی نے آپ کو اتوار کی صبح فون کیا؟ ہاں/نہیں
2. کیا آپ رات کو اپنے پڑوسی کی کال آنے سے پہلے سو گئے تھے؟ ہاں/نہیں
3. کیا آپ کے پڑوسی نے یہ سوچا تھا کہ آپ نے اسے رات گئے تک اٹھایا؟ ہاں/نہیں
4. آپ کو کتنا یقین ہے کہ آپ اس آخری جواب کے بارے میں ٹھیک ہیں؟

| بالکل بھی یقین نہیں ہے | تھوڑا سا غیر یقین | تقریباً یقین | بہت یقین ہے |
|---|---|---|---|

## Story 2

تصور کریں کہ آپ نوکری کی تلاش میں ہیں۔ آپ کا دوست آپ کو بتاتا ہے کہ پولیس اسٹیشن سے پار والی سڑک پر جو نیا ریسٹورانٹ ہے، وہ نوکری دے رہے ہیں۔ آپ جاب انٹرویو کے لیے کال کرتے ہیں۔ مینیجر کہتا ہے کہ،

**" میں آپ کو کل 4:45 کا وقت دے سکتا ہوں، رات کے کھانے کے رش ہونے سے پہلے۔"**

اگلے دن، بس دیر سے آتی ہے، اور آپ پانچ بجے سے پہلے ریسٹورانٹ میں نہیں پہنچ پاتے ہیں۔ مینیجر کہتا ہے کہ،

**"اب میں آپ کا انٹرویو نہیں لونگا۔"**

وہ آپ کے پاس سے گذرتے ہوئے باورچی خانے میں چلا جاتا ہے۔ آپ بے فائدہ بس میں بیٹھ کر ریسٹورانٹ تک آئے۔

1. کیا ریسٹورانٹ پولیس اسٹیشن کے کے ساتھ ہے؟ ہاں/نہیں
2. کیا یہ ایک مشہور ریستورانٹ ہے؟ ہاں/نہیں
3. کیا مینیجر آپ کے ساتھ بدتمیزی کرنے کی کوشش کر رہا تھا؟ ہاں/نہیں

4. آپ کو کتنا یقین ہے کہ آپ اس آخری جواب کے بارے میں ٹھیک ہیں؟

| بالکل بھی یقین نہیں ہے | تھوڑا سا غیر یقین | تقریبا یقین | بہت یقین ہے |
|---|---|---|---|

## Story 3

تصور کریں کہ ایک رات احادثاتی طور پر آپ کھانے کے لئے بہت زیادہ سپگیٹی اور ٹماٹر کی چٹنی پکا لیتے ہیں۔ آپ فیصلہ کرتے ہیں کہ اپنے دوست کو فون کریں اور اس کو دعوت دیں کہ وہ آپ کے گھر آئے اور آپ کے ساتھ کھانا کھائے وہ فون کا جواب نہیں دیتا/دیتی ہے، لہذا آپ میسج چھوڑ دیتے ہیں۔ آپ ان کا اتنا انتظار کرتے ہیں کہ کھانا ٹھنڈا ہو جاتا ہے، لیکن آپ کا دوست رات کے کھانے کے لئے نہیں آتا/آتی ہے۔ آخر کار، آپ ٹھنڈے نوڈلز کھاتے ہیں اور پھر چہل قدمی کے لیے باہر جاتے ہیں۔ چہل قدمی کرتے ہوئے، آپ دیکھتے ہیں کہ آپ کا/کی دوست کسی دوسرے شخص کے ساتھ مسکراتا/مسکراتی اور ہنستا/ہنستی فلم تھیٹر سے نکلتا/نکلتی ہے، جب وہ آپ کو دیکھتے ہیں تو، آپ کا/کی دوست حیران ہوتا ہے۔

1. کیا آپ نے اس رات جلدی رات کا کھانا کھایا؟ ہاں/نہیں
2. کیا آپ کے دوست کو امید تھی کہ آپ انہیں فلم تھیٹر میں نہیں دیکھیں گے؟ ہاں/نہیں
3. کیا آپ نے رات کے کھانے کے لئے پیزا بنایا تھا؟ ہاں/نہیں
4. آپ کو کتنا یقین ہے کہ آپ اس آخری جواب کے بارے میں ٹھیک ہیں؟

| بالکل بھی یقین نہیں ہے | تھوڑا سا غیر یقین | تقریبا یقین | بہت یقین ہے |
|---|---|---|---|

## Story 4

تصور کریں کہ آپ اسپتال جاتے ہیں کسی رشتہ دار سے ملنے جس کو حادثہ پیش آیا تھا۔ آپ تیسری منزل تک سیڑھی تلاش کرنے کی کوشش کر رہے ہیں، لیکن نشانیاں (sign) واضح نہیں ہیں اور آپ طویل راہداری میں گم ہو جاتے ہیں۔ آخر میں، آپ کو ایک دروازہ نظر آتا ہے جس پر لکھا ہے کہ،

**ا"صرف ڈاکٹر"۔**

آپ دروازے سے چلے جاتے ہیں، اور آپ کو سفید کوٹ میں بہت سے لوگ نظر آتے ہیں۔ ایک عورت آپ کی طرف دیکھتی ہے، اپنا سر ہلاتی ہے اور دروازے کی طرف اشارہ کرتی ہے۔ آخر کار آپ کو ایک سیڑھی ملتی ہے، اور آپ اپنے رشتہ دار کے کمرے میں پہنچ جاتے ہیں.

1. کیاسفید کوٹ میں لوگ نرسیں تھیں؟ ہاں / نہیں
2. کیاعورت چاہتی تھی کہ آپ وہاں سے چلے جائیں؟ ہاں / نہیں
3. یاآپ کے رشتے دار کا کمرہ تیسری منزل پر تھا؟ ہاں / نہیں
4. آپ کو کتنا یقین ہے کہ آپ اس آخری جواب کے بارے میں ٹھیک ہیں؟

| بالکل بھی یقین نہیں ہے | تھوڑا سا غیر یقین | تقریبا یقین | بہت یقین ہے |
|---|---|---|---|

## Story 5

تصور کریں کہ ایک نیا دوست آپ کو کھانے کی دعوت دیتا ہے۔ جب آپ دونوں ریسٹورانٹ پہنچتے ہیں، تو آپ وہاں ایک بڑی میز پر بیٹھے لوگوں کا گروپ دیکھتے ہو۔ وہ آپ کے دوست کو بلاتے ہیں، اور آپ دونوں ان کے ساتھ اس میز پر بیٹھ جاتے ہیں۔ وہ سب اچھے لباس میں ملبوس ہیں، اور وہ مسکراتے، قہقے لگاتے ایک دوسرے سے باتیں کر رہے ہیں۔ آپ کے دوست نے آپ کو خبر دار نہیں کیا کہ ریسٹورانٹ خاصا مہنگا ہے۔ آپ کو مینو سمجھنے میں مشکل پیش آ رہی اور آپ کے دوست کو آپ کے لئے آرڈر کرنا پڑتا ہے۔ میٹھے سے پہلے، آپ کا دوست آپ سے کہتا ہے،

**"میرے خیال میں اب ہمیں چلنا چاہیے"۔**

1. کیاآپ کا دوست آپ کی وجہ سے جانا چاہتا تھا؟ ہاں / نہیں
2. کیااس گروپ کے دوسرے افراد پہلے سے ہی ایک دوسرے کو جانتے تھے؟ ہاں / نہیں
3. کیایہ اچھا ریسٹورنٹ تھا؟ ہاں / نہیں
4. آپ کو کتنا یقین ہے کہ آپ اس آخری جواب کے بارے میں ٹھیک ہیں؟

| بالکل بھی یقین نہیں ہے | تھوڑا سا غیر یقین | تقریبا یقین | بہت یقین ہے |
|---|---|---|---|

## Story 6

تصور کیجیئے کہ آپ کچھ ٹوتھ پیسٹ خریدنے کے لئے کسی سستے سٹور پر جاتے ہیں۔ وہاں ایک لمبی لائن ہے، اور جب آپ آگے پہنچیں تو، وہاں صرف ایک ملازم ہے، جو تیزی سے کام کر رہا ہے۔ آپ کے ٹوتھ پیسٹ کی قیمت 200 روپے ہے۔ آپ نے کیشیئر کو 100 روپے کا نوٹ دیا، اور وہ آپ کو 300 روپے واپس کرتی ہے، پھر کہتی ہے،

**"اگلا آجائے؟"**

جب آپ باہر جاتے ہیں تو، آپ کو احساس ہوتا ہے کہ اس نے آپ کو کم پیسے واپس دیے ہیں۔ اسے آپ کو 800 روپے واپس دینے چاہیے تھے لیکن اس نے آپ کو صرف 300 روپے دیے۔

1. کیا کیشیئر نے آپ کو غلطی سے کم پیسے واپس کیے؟ ہاں / نہیں
2. کیا آپ نے دکان میں ہینڈ لوشن خریدا؟ ہاں / نہیں
3. کیا یہ سٹور زیادہ رش والا تھا؟ ہاں / نہیں
4. آپ کو کتنا یقین ہے کہ آپ اس آخری جواب کے بارے میں ٹھیک ہیں؟

| بالکل بھی یقین نہیں ہے | تھوڑا سا غیر یقین | تقریبا یقین | بہت یقین ہے |
|---|---|---|---|

## Story 7

تصور کریں کہ بارش کا دن ہے۔ آپ کچھ فوڈ میگزین دیکھنے کے لئے لائبریری جاتے ہیں۔ آپ کو میگزین مل جاتے ہیں، لیکن وہاں بیٹھنے کے لئے خالی جگہ نہیں ہیں۔ جو کرسی آپ کو مل سکتی ہے وہ کھیلوں کی کتابوں کے ڈھیر پر مشتمل ایک میز کے پاس ہے۔ بہر حال آپ بیٹھ جاتے ہیں۔ تب ایک اجنبی آپ کے پاس چلتا ہوا آتا ہے اور کہتا ہے،

**"ارے، کیا آپ نے میز پر کتابیں نہیں دیکھی؟"**

وہ آپ کو گھورتا ہے، اپنا سر ہلاتا ہے، اور پھر چلا جاتا ہے۔ آپ دوپہر کا باقی حصہ اپنے میگزین کو دیکھتے ہوئے گزارتے ہیں۔

1. کیا اس دن لائبریری میں رش تھا؟ ہاں / نہیں
2. کیا آپ کھانے کے بارے میں میگزین دیکھنا چاہتے تھے؟ ہاں / نہیں
3. کیا اجنبی آپ سے ناراض تھا؟ ہاں / نہیں
4. آپ کو کتنا یقین ہے کہ آپ اس آخری جواب کے بارے میں ٹھیک ہیں؟

| بالکل بھی یقین نہیں ہے | تھوڑا سا غیر یقین | تقریبا یقین | بہت یقین ہے |
|---|---|---|---|

## Story 8

تصور کریں کہ آپ جمعرات کی شام پارک (کرکٹ، فٹبال، ورزش، چہل قدمی) جاتے/جاتی ہیں۔ آپ کا سامنا عمر/عائیشہ سے ہوتا ہے، جو آپ کے پرانے پڑوسی تھے کہیں دوسری بلڈنگ میں شفٹ ہونے سے پہلے۔ آپ ہمیشہ سے عمر/عائیشہ کو پسند کرتے تھے، لہذا آپ اس سے بات چیت کرنے کی کوشش کرتے ہیں۔ وہ زیادہ بات نہیں کرتا/کرتی ہے۔ آپ اکتانے لگتے ہیں۔ جانے سے پہلے آپ اسے کہتے ہیں،

**"ہمیں کبھی ساتھ رات کا کھانا کھانا چاہئے۔"**

وہ کہتا/کہتی ہے،

**"میں آپ سے بعد میں ملوں گا/گی۔"**

آپ اگلے دن اسے فون کرتے ہیں اور میسج چھوڑتے ہیں۔ وہ آپ کو واپس فون نہیں کرتا/کرتی ہے، لہذا آپ اسے اگلے ہفتے کے دورانیہ میں مزید دو یا تین اور میسج چھوڑ دیتے ہیں۔ وہ پھر بھی اب تک آپ کو واپس فون نہیں کرتا/کرتی ہے۔

1. کیا آپ عمر/عائیشہ سے پہلے پارک چھوڑ جاتے ہیں؟ ہاں/نہیں
2. کیا عمر/عائیشہ ایک اپارٹمنٹ میں رہتے ہیں؟ ہاں/نہیں
3. کیا عمر/عائیشہ آپ کو نظرانداز کرنے کی کوشش کر رہا/رہی ہے؟ ہاں/نہیں
4. آپ کو کتنا یقین ہے کہ آپ اس آخری جواب کے بارے میں ٹھیک ہیں؟

| بالکل بھی یقین نہیں ہے | تھوڑا سا غیر یقین | تقریبا یقین | بہت یقین ہے |
|---|---|---|---|

## Story 9

تصور کریں کہ آپ کی کپڑے دھونے کی مشین خراب ہو گئی ہے، اور اگلی صبح آپ کو اپنے ناشتے کا سامان خریدنے کے لیے گندی شرٹ پہن لیتے ہیں اور دوکان پر ناشتہ خریدنے چلے جاتے ہیں۔ آپ شاپ پر قطار میں انتظار کر رہے ہیں، اور جب آپ آگے آتے ہیں تو کیشیئر آپ کی طرف دیکھتی ہے اور کہتی ہے،

**"میں آپ کو سرو کرنے کے قابل نہیں ہوں۔"**

وہ نیچے کی طرف دیکھتی ہے اور کہتی ہے،

**"میرے کیش رجسٹر میں کچھ مسئلہ ہے۔"**

آپ سڑک کے اوپر بنی ہوئی دوسری شاپ پر جانے کا فیصلہ کرتے/کرتی ہیں۔ جب آپ وہاں سے نکل رہے ہوتے/ہوتی ہیں تو آپ ایک عورت کے پاس سے گزرتے ہیں جس نے ایک کتاب پکڑی ہوئی ہے اور وہ ہنس رہی ہے۔

1. کیا دروازے کے ساتھ جو عورت تھی وہ آپ کو دیکھ کر ہنس رہی تھی؟ ہاں/نہیں
2. اس کہانی میں، کیا آپ ملک میں رہتے ہیں؟ ہاں/نہیں
3. کیا آپ نے اس دن خوبصورت شرٹ پہن رکھی تھی؟ ہاں/نہیں
4. آپ کو کتنا یقین ہے کہ آپ اس آخری جواب کے بارے میں ٹھیک ہیں؟

| بالکل بھی یقین نہیں ہے | تھوڑا سا غیر یقین | تقریبا یقین | بہت یقین ہے |
|---|---|---|---|

## Story 10

تصور کریں کہ آپ دسمبر میں شہر کے وسط میں ایک سڑک پر جا رہے ہیں۔ بھاری کوٹ میں ملبوس ایک آدمی آپ پاس آتا ہے اور کہتا ہے،

**"کیا میں آپ سے پانچ منٹ بات کر سکتا ہوں؟ میرے پاس آپ کے لیے اچھی خبر ہے"۔**

وہ گلی کو دائیں اور بائیں طرف دیکھتا ہے، اور پھر کہتا ہے،

**"چلیں اس عمارت کے پیچھے چل کر بات کرتے ہیں جہاں ہوا کا دباؤ کم ہو"۔**

آپ کو ایک میٹنگ کے لیے دیر ہو رہی ہے آپ کہتے/کہتی ہیں،

**"میں معزرت چاہتا/چاہتی ہوں، مجھے جانا ہوگا"**۔ اور آپ چلے جاتے ہو۔

1. کیا اس شخص نے کہا تھا کہ وہ آپ سے دس منٹ بات کرنا چاہتا ہے؟ ہاں/نہیں
2. کیا باہر گرمی تھی؟ ہاں/نہیں
3. کیا وہ شخص واقعی آپ کو کوئی خوشخبری سنانا چاہتا تھا؟ ہاں/نہیں
4. آپ کو کتنا یقین ہے کہ آپ اس آخری جواب کے بارے میں ٹھیک ہیں؟

| بالکل بھی یقین نہیں ہے | تھوڑا سا غیر یقین | تقریبا یقین | بہت یقین ہے |
|---|---|---|---|

# Student Stress Inventory (SSI)

ہدایت: یہ سوالنامہ آپ اپنے اسکول اور کالج میں تعلیمی اور روزمرہ کی زندگی میں جن دباؤ کا سامنا کرتے ہیں ان کی پیمائش کرتا ہے۔ ان میں کوئی صحیح اور غلط جوابات نہیں ہیں۔ ہر بیان کو پڑھیں اور اپنے تجربات کی بنیاد پر دائرہ لگائیں۔

| کبھی نہیں | کسی حد تک اکثر | اکثر | ہمیشہ |
|---|---|---|---|

| | | کبھی نہیں | کسی حد تک اکثر | اکثر | ہمیشہ |
|---|---|---|---|---|---|
| 1. | سر درد | | | | |
| 2. | کمر درد | | | | |
| 3. | سونے میں دشواری | | | | |
| 4. | سانس لینے میں دشواری | | | | |
| 5. | مسلسل پریشانی/فکر | | | | |
| 6. | پیٹ میں درد/متلی | | | | |
| 7. | مسلسل تھکاوٹ کا احساس | | | | |
| 8. | پسینہ آنا/ہاتھوں پر پسینہ آنا | | | | |
| 9. | اکثر نزلہ/سردی/بخار رہنا | | | | |
| 10. | اچانک وزن میں کمی | | | | |
| 11. | میں اپنے والدین کی اونچی توقعات پر پورا اترنے میں مشکل پیش آتی ہے۔ | | | | |
| 12. | میرے والدین مجھ سے ایسے پیش آتے ہیں جیسے میں بے بس انسان ہوں۔ | | | | |
| 13. | میں خود کو قصوروار سمجھتا/سمجھتی ہوں اگر میں اپنے والدین کی توقعات پوری کرنے میں ناکام ہوتا/ہوتی ہوں۔ | | | | |
| 14. | میرے والدین کی خواہش صرف میری کامیابی ہے۔ | | | | |
| 15. | تعلیمی سرگرمی کرنے کے لیے گروپ کے لوگوں کے ساتھ کام کرنے میں مجھے مشکل پیش آتی ہے۔ | | | | |
| 16. | میرے دوستوں کو میری پرواہ نہیں ہے۔ | | | | |
| 17. | میں پریشان ہوتا ہوں جب اپنی گرل فرینڈ/بوائے فرینڈ کے ساتھ مجھے کوئی مسئلہ ہو۔ | | | | |
| 18. | میرے گھر والے میرے مددگار نہیں ہیں۔ | | | | |
| 19. | میرے اساتذہ میرے مددگار نہیں ہی۔ | | | | |
| 20. | میں فیکلٹی مینجمنٹ (اسکول/کالج انتظامیہ) کی کمی کی وجہ سے مایوسی محسوس کرتا/کرتی ہوں۔ | | | | |
| 21. | مجھے کالج/اسکول کے اخراجات کی وجہ سے مالی مسائل در پیش ہیں۔ | | | | |

| ہمیشہ | اکثر | کسی حد تک اکثر | کبھی نہیں | | |
|---|---|---|---|---|---|
| | | | | مجھے تعلیمی اور سماجی سر گرمیوں کے درمیان وقت کا احاطہ کرنے میں دشواری محسوس ہوتی ہے | 22. |
| | | | | میں کلاس پریزنٹیشن دیتے ہوئے گھبراہٹ محسوس کرتا/کرتی ہوں۔ | 23. |
| | | | | جیسے جیسے تعلیمی کام جمع کروانے کی آخری تاریخ قریب آتی ہے میں ذہنی دباؤ محسوس کرتا/کرتی ہوں۔ | 24. |
| | | | | مجھے امتحانات میں بیٹھتے ہوئے ذہنی دباؤ محسوس ہوتا ہے۔ | 25. |
| | | | | مجھے تعلیمی اور سماجی شمولیت کے کاموں کے درمیان وقت کا احاطہ کرنے میں دشواری محسوس ہوتی ہے۔ | 26. |
| | | | | میں نصاب (course) کی طرف دلچسپی کھو دیتا ہوں۔ | 27. |
| | | | | مجھے تعلیمی کام کا بوجھ محسوس ہوتا ہے۔ | 28. |
| | | | | میں دباؤ محسوس کرتا/کرتی ہوں مشکل مضامین سمجھنے میں۔ | 29. |
| | | | | میں دشواری محسوس کرتا/کرتی ہوں تعلیمی مشکلات کو حل کرنے میں۔ | 30. |
| | | | | مجھے ذرائع آمد و رفت (transportation) کا مسئلہ ہے۔ | 31. |
| | | | | میں ہاسٹل کے برے حالات میں رہنے کی وجہ سے ذہنی دباؤ محسوس ہوتا ہے۔ | 32. |
| | | | | ارد گرد کا شور میری توجہ ہٹا دیتا ہے۔ | 33. |
| | | | | آلودگی مجھے بے چین کرتی ہے۔ | 34. |
| | | | | میں گرمی میں باہر جانے سے اجتناب کرتا/کرتی ہوں۔ | 35. |
| | | | | گندے رہائشی حالات میری توجہ ہٹاتے ہیں۔ | 36. |
| | | | | مجھے اسکول/کالج میں ناکافی سہولیات پریشان کرتے ہیں۔ | 37. |
| | | | | ہجوم مجھے بے چین کرتا ہے۔ | 38. |
| | | | | دیر تک قطار میں انتظار کرنا مجھے ناگوار محسوس ہوتا ہے۔ | 39. |
| | | | | غیر محفوظ جگہ پر جانے سے میں خوف محسوس کرتا/کرتی ہوں۔ | 40. |