Journal of Abnormal Child Psychology, Vol. 18, No. 6, 1990, pp. 591-605

Children's and Parents' Daily Stressful Events and Psychological Symptoms

Gerard A. Banez[1] and Bruce E. Compas[1,2]

Associations of children's daily stressful events and their parents' daily hassles and psychological symptoms with children's emotional/behavioral problems were examined in a sample of fourth- and fifth-grade children and their parents. Correlational analyses indicated that children's self-reports of depressive symptoms were associated with children's daily stressors and mothers' daily hassles, and children's self-reports of anxiety symptoms were associated with children's daily stressors and both mothers' and fathers' daily hassles. Mothers' and fathers' reports of their children's internalizing emotional/behavioral problems were correlated with mothers' and fathers' daily stressors and symptoms. Hierarchical multiple-regression analyses revealed that (a) children's self-reports of depressive symptoms were associated with children's daily stressors, (b) children's self-reports of anxiety symptoms were associated with their parents' daily hassles, (c) mothers' reports of their children's internalizing emotional/behavioral problems were marginally associated with parents' symptoms, and (d) fathers' reports of their children's internalizing emotional/behavioral problems were associated with parents' symptoms and children's self-reports of daily stressors.

Manuscript received in final form May 30, 1990.

This research was supported by funds from the William T. Grant Foundation. Preparation of this manuscript was supported by National Institute of Mental Health Grant MH43819. We gratefully acknowledge Normand Ledoux, Carole Giunta, Sue Annette, Jane Racoosin, Bea Woodward, and Carol Moors for their assistance in data collection, and Harold Leitenberg and two anonymous reviewers for their comments on an earlier draft of this article. The first author is now a Clinical Fellow in Psychology, Department of Psychiatry, Harvard Medical School, Boston, Massachusetts..

[1]Department of Psychology, University of Vermont, Burlington, Vermont 05405.

[2]Address all correspondence to Bruce E. Compas, Ph.D., Department of Psychology, University of Vermont, Burlington, Vermont 05405.

0091-0627/90/1200-0591$06.00/0

Numerous studies have established an association between stressful events and psychological dysfunction in adults, adolescents, and children (see reviews by Compas, 1987; Johnson, 1986; Thoits, 1983). In all three age groups, the occurrence of major life events has been shown to be associated with increased levels of psychological and somatic problems. However, studies involving children have lagged behind research with adults and adolescents in three ways. First, the role of daily stressors or hassles has not been studied extensively in children. Second, children's stressful experiences have not been considered in light of concurrent levels of stress and psychological symptoms in their parents. Third, the association between children's stressful events and reports of children's psychological dysfunction by different informants has not been clarified.

With regard to the first issue, a large body of evidence has accumulated which indicates that minor daily stressors or hassles are strongly associated with psychological and somatic symptoms in adults (e.g., DeLongis, Coyne, Dakof, Folkman, & Lazarus, 1981; DeLongis, Folkman, & Lazarus, 1988; Kanner, Coyne, Schaefer, & Lazarus, 1981; Monroe, 1983) and adolescents (e.g., Compas, Howell, Phares, Williams, & Giunta, 1989a; Compas, Howell, Phares, Williams, & Ledoux, 1989b; Rowlison & Felner, 1988; Siegel & Brown, 1988). Compared with major life events, daily stressors are assumed to play a more central role in the development and maintenance of psychological and somatic problems because they are more psychologically proximal than are major life events.[3] Initial research with children has shown that they can identify daily events and activities that are distressing or upsetting to them (e.g., Kanner, Harrison, & Wertlieb, 1985; Lewis, Siegel, & Lewis, 1984; Shelton & Garber, 1987). However, the association between daily stressors and psychological symptoms is not clear in pre-adolescent children.

Second, a comprehensive model of stress in any age group needs to consider the broader ecological context in which individuals encounter stressful events and in which psychological symptoms may develop. In younger children, the family represents an especially important context for understanding stress and psychological difficulties. There is clear evidence that children's psychological dysfunction is related to their parents' stressful experiences and to their parents' psychological symptoms. Studies have shown that reports of emotional and behavioral problems in children are associated with the

[3]In extending this research to children, consideration must be given to possible methodological and conceptual confounding between daily stressors or hassles and symptoms of psychological distress (B.P. Dohrenwend & Shrout, 1985; Dohrenwend, Dohrenwend, Dodson, & Shrout, 1984). Several studies with adults and adolescents have shown that the association between daily stress and symptoms is not solely or even substantially the result of such confounds (Compas et al., 1989a, 1989b; Lazarus, DeLongis, Folkman, & Gruen, 1985; Rowlison & Felner, 1988). However, similar analyses have not been conducted with samples of younger children.

stress of parenting encountered by mothers (e.g., Mash & Johnston, 1983), with maternal stress associated with family violence and crises (e.g., Wolf, Jaffe, Wilson, & Zak, 1985), with mothers' experiences of chronic strains (e.g., Hammen et al., 1987), and with parents' major life events (e.g., Fergusson, Horwood, Gretton, & Shannon, 1985; Holahan & Moos, 1987; Thomson & Vaux, 1986). Parental lifetime history of psychopathology and current psychological symptoms have also been shown to be important sources of risk for children's maladjustment. For example, an extensive literature has established that maternal depression is associated with a range of problems in children (see reviews by Beardslee, 1986; Burbach & Borduin, 1986). Recent studies have shown that it may be the level of parents' current psychological distress, rather than the presence of any particular form of parental psychopathology, that serves as the important source of risk for children (e.g., Lee & Gotlib, 1988). In light of this evidence, it will be important to establish that children's stressful experiences are related to their emotional/behavioral problems above and beyond the effects of parental stress and symptoms.

Third, the examination of any risk factors for children's psychological problems must take into account the differences that have been found in reports of child maladjustment obtained from different informants. Achenbach, McConaughy, and Howell (1987), in their meta-analysis of this literature, showed that the average correlation across different informants is significant but quite modest. Not surprisingly, the associations of stressful events, parental stress, and parental symptoms with reports of child maladjustment from different informants have been quite varied. Rowlison and Felner (1988) found that adolescents' daily hassles were related to both parents' reports and adolescents' own reports of their psychological distress, but not to teachers' reports of adolescents' problems. Compas et al. (1989a) found that adolescents' reports of daily stressors were related to their own reports but not their mothers' reports of adolescents' emotional/behavioral problems. Hammen et al. (1987) found that mothers' depressive symptoms and chronic strains were related to mothers' and children's reports of depressive symptoms and emotional/behavioral problems in children. Compas et al. (1989a, 1989b) found that adolescents' reports of their emotional/behavioral problems were related to their fathers' psychological symptoms but not to their mothers' psychological symptoms or to their fathers' or mothers' daily hassles. The inconsistent nature of these findings underscores the importance of obtaining multiple perspectives on children's maladjustment in relation to their own stress and their parents' stress and symptoms.

This study was designed to examine the cross-sectional association between stressful events and emotional/behavioral problems in younger children. We assessed younger children's self-reports of daily stressors and

parents' reports of their own daily hassles and psychological symptoms, as well as children's, mothers', and fathers' reports of children's emotional/behavioral problems. We hypothesized that children's emotional and behavioral problems would be related to both their own daily stressful events, as well as to the daily hassles and psychological symptoms of their mothers and fathers. Separate analyses were conducted using children's self-reports, mothers' reports, and fathers' reports of children's emotional/behavioral problems. Because of the inconsistent nature of previous findings using different informants, no specific hypotheses were generated with regard to the pattern of findings that would emerge when using children's, mothers', and fathers' reports of child maladjustment.

METHOD

Participants

Participants were 75 children (40 male and 35 female) and their parents from northern Vermont. Complete data were obtained from 69 mothers of these children and from 48 fathers. The children ranged from 9 to 11 years of age, with a mean of 9.74 years (SD = 0.61), and were enrolled in the fourth and fifth grades. Approximately 98% of the participants were white. Median family income was between $20,000 and $24,999, ranging from less than $3,000 to more than $40,000. Eighty-four percent of the families had two parents in the home, and 16% were single-parent families. A total of 78.3% of mothers worked outside the home for an average of 25.90 h/week (SD = 13.42) and 84.1% of fathers worked outside the home for an average of 46.48 h/week (SD = 9.71). Mothers had a mean of 13.12 years of education (SD = 2.10) and fathers an average of 13.39 years (SD = 3.08). The number of children in the families ranged from one to seven with a mean of 2.67 (SD = 1.02). Family socioeconomic status on the basis of education, occupation, gender, and marital status (Hollingshead, 1975) was: 6% Level I (unskilled laborer); 19% Level II (semiskilled worker); 25% Level III (skilled craftsperson, clerical worker); 40% Level IV (medium business, minor professional); and 10% Level V (major business or professional).

Procedure

All students in the fourth and fifth grades in two rural elementary schools were given a letter of informed consent to deliver to their parents. Participation was voluntary, and approximately 75% of the available fa-

milies volunteered to participate in the study. Families were paid $25 for completing the questionnaires.

Students completed their questionnaires at school in small groups of approximately 10, with a research assistant available to explain directions and answer questions. The measures were administered in one 50-min session (additional measures not reported here were completed in a second session 1 week later). Students were given an envelope containing questionnaires for their parents and were instructed to take this envelope home and return the completed parent measures in a sealed envelope at the second session.

Measures

Children's Stress. The Children's Activity Inventory (CAI; Shelton & Garber, 1987) was used to assess children's stressful events. The CAI consists of a list of 155 daily events and activities representative of positive and negative events experienced by children in grades 2–9. Some examples of CAI negative events include "getting into a physical fight," "getting scolded," "losing at a game," and "not being asked to a party." Children indicate *how often* they had experienced each event in the last 2 weeks (0 = "not at all," 1 = "a few times," 2 = "often") and *how much fun* it usually was for them (1 = "not fun at all, most unpleasant," 3 = "neither fun nor not fun," to 5 = "extremely fun, most pleasant"). In this study, the *how much fun* ratings were reverse-scored, with higher values representating more unpleasant events. Total weighted negative event scores were calculated by summing events rated by children as 4 = "somewhat not fun" or 5 = "not fun at all, most unpleasant" on this dimension. The CAI has been found to distinguish depressed from nondepressed children (Shelton & Garber, 1987).[4]

Children's Emotional/Behavioral Problems. Self-reports of children's emotional/behavioral problems were assessed with two measures, the Children's Depression Inventory (CDI; Kovacs, 1980/1981; Saylor, Finch, Spirito, & Bennett, 1984) and the Children's Manifest Anxiety Scale-Revised (CMAS-R; Reynolds & Paget, 1981; Reynolds & Richmond, 1978).[5]

[4]Because of concerns about the possible confound between self-reports of the weighted score of perceived stressfulness of daily events and psychological symptoms of depression and anxiety, we also examined a simple count of events rated as negative by children. The count of negative events and the weighted negative events scores were highly correlated, r (76) = .99, and the correlations of these two variables with scores on the CDI and CMAS did not differ. Thus, we retained the weighted negative events score in all analyses.

[5]Though recent findings suggest that the CDI and CMAS-R may be measuring the broad band construct of negative affectivity (e.g., Wolfe et al., 1987), we chose to use both measures because of our interest in the associations of children's self-reported depression and anxiety with other variables in this study.

The CDI is a 27-item self-report measure designed to assess a variety of symptoms of depression, such as sleep disturbance, appetite loss, and dysphoria. Each item consists of three sentences that describe a range from nondistressed to severe and clinically significant symptoms, and the child chooses the sentence that best describes him or her over the past two weeks. Responses are scored on a 0–2 scale, with 0 representing the absence of a symptom and 2 representing the severe from of that symptom. The CDI has been found to have good internal consistency, to distinguish children with general emotional distress from normal school children, and to correspond well with self-report measures of self-concept (Saylor et al., 1984).

The CMAS-R is a 37-item self-report questionnaire designed to assess the presence or absence of a variety of anxiety-related symptoms, including physiological indicators of anxiety, worry, and hypersensitivity, and concentration difficulties. The CMAS-R consists of 28 anxiety items and 9 Lie scale items. The child completes the measure by responding either *yes* or *no* to each item depending on whether it describes him or her. *Yes* responses on the anxiety items are summed to yield a total anxiety score. The CMAS-R has been found to have acceptable internal consistency and test–retest reliability, and correlates with other measures of children's anxiety (Finch & Rogers, 1984).

Mothers' and fathers' reports of their children's emotional/behavioral problems were obtained with the Child Behavior Checklist (CBCL; Achenbach & Edelbrock, 1983). The CBCL is a standardized rating form which includes 118 emotional/behavioral problem items. The parent rates the degree to which each item is *not true, somewhat true,* and *very true or often true* for his/her child over the previous 6 months. In order to allow for a comparison with children's self-reports of depressive and anxiety symptoms, only scores for internalizing problems were used in the present analyses. Internalizing problem scores were transformed to normalized *T* scores that were derived from normative samples. The CBCL has excellent reliability and validly distinguishes between referred and nonreferred children (Achenbach & Edelbrock, 1983).

Parental Stress. The revised form of the Hassles and Uplifts Scale (Delongis, Folkman, & Lazarus, 1988) is a 53-item measure which was used to assess chronic, minor sources of stress in mothers' and fathers' daily lives. Parents rated the severity of those hassles that had occurred in the past 2 weeks. Severity ratings were summed to yield a total hassles score. The Hassles and Uplifts Scale has been found to have adequate test–retest reliability and predictive validity (DeLongis et al., 1981).

Parental Symptoms. The Symptom Checklist-90-Revised (SCL-90-R; Derogatis, 1983) is a 90-item self-report measure designed to assess a broad range of psychological symptoms. Parents rated the extent to which they had been distressed by each symptom during the past week (0 = "not at all" to

4 = "extremely"). SCL-90-R internal consistency, test-retest reliability, and concurrent validity have been found to be excellent (Derogatis, 1983). The SCL-90-R Global Severity Index (GSI), which is the mean rating across the 90 individual items, was used in all analyses.

RESULTS

Descriptive Statistics

Means and standard deviations for children's and parents' stressful events, psychological symptoms, and emotional/behavioral problems are presented in Table I. Scores obtained on all of the measures were consistent with scores reported in other studies using nonreferred samples.

CDI and CMAS-R scores were within the normal range when compared to normative data provided by Doerfler, Felner, Rowlison, Raley, and Evans, 1988, and by Reynolds and Richmond, 1978, respectively. Mothers' and fathers' CBCL total behavior problem *T* scores were also within the normal range. Using a 90th percentile score ($T > 63$) as a cutoff (Achenbach & Edelbrock, 1983), 14% of the sample was in the clinical range on mothers' CBCL total behavior problem scale, and 12% of the sample was in the clinical range on fathers' CBCL total behavior problem scale. Mothers' mean GSI scores on the SCL-90-R correspond with a *T* score of 59, and fathers' mean GSI

Table I. Means and Standard Deviations for Parent and Child Measures

Variable[a]	*n*	*Mean*	*SD*
Children's stress (CAI)			
Negative events	75	105.09	64.72
Children's depression and anxiety			
Depression (CDI)	75	7.33	5.39
Anxiety (CMAS-R)	75	9.64	6.53
Children's behavior problems (CBCL)			
Mothers' CBCL internalizing *T* scores	69	52.80	9.56
Fathers' CBCL internalizing *T* scores	48	52.00	10.02
Parents' stress (hassles)			
Mothers	68	31.47	21.07
Fathers	51	32.31	34.60
Parents' symptoms (SCL-90-R)			
Mothers' symptoms (GSI)	68	0.42	0.40
Fathers' symptoms (GSI)	50	0.34	0.44

[a]Note: CDI = Children's Depression Inventory; CMAS-R = Children's Manifest Anxiety Scale-Revised; CBCL = Child Behavior Checklist; SCL-90-R = Symptom Checklist 90-Revised; GSI = Global Severity Index.

Table II. Pearson Correlations Among Parent and Child Measures

	(1)	(2)	(3)	(4)	(5)	(6)	(7)	(8)	(9)
Children									
(1) Stress	–								
(2) CDI	.32[a,b]	–							
(3) CMAS-R	.27[a,b]	.67[c]	–						
(4) Mothers' CBCL	−.11	.02	.08	–					
(5) Fathers' CBCL	−.02	.15	.26[a,b]	.66[c]	–				
Mothers									
(6) Stress	.02	.27[a,b]	.36[c]	.15	.42[c]	–			
(7) Symptoms	.02	.10	.16	.37	.47[c]	.57[c]	–		
Fathers									
(8) Stress	.35[a,b]	.20	.29[a,d]	.31[a,b]	.47[c]	.31[a,d]	.47[c]	–	
(9) Symptoms	.23	.06	.10	.22	.51[c]	.26[a,d]	.52[c]	.75[c]	–

[a]Considered significant by chance after Bonferroni correction.
[b]$p < .01$.
[c]$p < .001$.
[d]$p < .05$.

scores correspond with a *T* score of 56, using norms derived from a nonclinical sample of adults (Derogatis, 1983).

Correlational Analyses

Pearson correlations between the measures are presented in Table II. An ordered Bonferroni procedure was used to control for Type I error rate (Larzelere & Mulaik, 1977). Children's self-reports of depressive symptoms on the CDI were marginally correlated with both their self-reports of daily stress and mothers' reports of their own daily hassles. Children's self-reports of anxiety on the CMAS-R were marginally correlated with their self-reports of daily stress and fathers' reports of their own hassles, and significantly correlated with mothers' reports of their own hassles. Mothers' and fathers' CBCL internalizing *T* scores correlated significantly with mothers' and fathers' daily stressors and symptoms. Neither mothers' nor fathers' CBCL internalizing *T* scores were significantly related to any of the child self-report measures, with only the correlation between the CMAS-R and fathers' CBCL achieving marginal significance. Correlations among mothers' and fathers' daily hassles and psychological symptoms were similar in magnitude to those found in previous studies (e.g., Kanner et al., 1981).

Regression Analyses

CDI and CMAS-R scores, as well as mothers' and fathers' CBCL internalizing problem *T* scores, were each used as the criterion variable in a

series of hierarchical multiple-regression analyses (Cohen & Cohen, 1983). For each criterion variable, child's gender was entered at the first step, mothers' and fathers' psychological symptoms were entered as a block at the second step, mothers' and fathers' psychological symptoms were entered as a block at the third step, and children's daily stressors were entered at the fourth step. This order of entry allowed for an analysis of the contribution of children's daily stress above and beyond parents' stress and symptoms. In addition, the unique variance accounted for by each predictor variable (i.e., the squared semipartial correlation) is considered for each equation. Listwise deletion using only cases with nonmissing values on all variables was used in all of the regression analyses.[6]

Prediction of CDI and CMAS-R. The hierarchical multiple-regression analyses predicting the CDI and CMAS-R are summarized in Table III. The incremental change in R^2 at each step, total R^2, F value for each step, and total F and R^2 for the entire model are reported in the table. Finally, the unique percentage of variance accounted for by each predictor variable (i.e., the squared semipartial correlation) is reported in the text.

With the CDI score as the criterion variable, the overall equation was significant, $F(5, 42) = 4.24$, $p = .046$. Children's daily stressors were the only significant predictor, $F(5, 42) = 6.29$, $p = .016$, $R^2 = .113$. Mothers' and fathers' daily hassles approached significance when entered at the second step ($p = .09$). When all variables were considered simultaneously, only children's daily stressors were a significant predictor, $SR^2 = .113$. With the CMAS-R score as the criterion, the overall equation was significant, $F(5, 42) = 2.72$, $p = .026$. Mothers' and fathers' daily hassles were the only significant predictors when entered as a block at the second step, $F(5, 42) = 3.29$, $p = .049$, $R^2 = .121$. When all variables were considered simultaneously, only mothers' daily hassles approached significance, $F(5, 42) = 3.13$, $p = .085$, $SR^2 = .056$.

Prediction of CBCL. The hierarchical multiple-regression analyses predicting the CBCL internalizing T scores are summarized in Table IV. Separate analyses were conducted to predict mothers' CBCL scores and fathers' CBCL scores, respectively.

With mothers' CBCL internalizing problem T scores as the criterion variable, the overall equation was not significant, $F(5, 42) = 1.91$, $p = .103$. With fathers' CBCL internalizing problem T scores as the criterion variable, the overall equation was significant, $F(5, 42) = 5.05$, $p < .001$. Mothers' and fathers' psychological symptoms were significant predictors when entered as a block at the second step, $F(5, 42) = 9.56$, $p < .001$, and children's

[6]The sample that was included in the regression analyses after listwise deletion of cases did not differ from the total sample on any demographic variables.

Table III. Hierarchical Regression Analyses to Predict Children's Self-Reports of Depression (CDI) and Anxiety (CMAS-R)

	CDI				CMAS-R			
Predictor variables	Change R^2	Total R^2	F Change	p	Change R^2	Total R^2	F Change	p
Step 1: Child gender	.040	.040	1.87	n.s.	.083	.083	4.08	.049
Step 2: Parents' symptoms	.012	.052	0.27	n.s.	.038	.121	0.93	n.s.
Step 3: Parents' daily hassles	.118	.169	0.07	n.s.	.121	.243	3.29	.047
Step 4: Child's daily stressors	.113	.282	6.29	.016	.047	.290	2.67	n.s.
Total equation		.282	2.62	.031		.290	2.72	.026

Table IV. Hierarchical Regression Analyses to Predict Mothers' and Fathers' Reports of Children's Internalizing Problems on CBCL

	Mothers' CBCL				Fathers' CBCL			
Predictor variables	Change R^2	Total R^2	F Change	p	Change R^2	Total R^2	F Change	p
Step 1: Child gender	.055	.055	2.68	n.s.	.030	.030	1.33	n.s.
Step 2: Parents' symptoms	.102	.157	2.65	n.s.	.308	.338	9.56	.001
Step 3: Parents' daily hassles	.037	.194	0.96	n.s.	.045	.384	1.43	n.s.
Step 4: Child's daily stressors	.024	.218	1.27	n.s.	.060	.444	4.10	.050
Total equation		.218	1.91	n.s.		.444	5.05	.001

daily stressors were also significant when entered at the last step, $F(5, 42) = 4.10, p = .045, R^2 = .060$. When all of the predictor variables were examined simultaneously, only children's daily stressors ($SR^2 = .060$) and mothers' daily hassles ($SR^2 = .045$) were significant.

DISCUSSION

The findings of the present study provide evidence that younger children's daily stressful events as well as their parents' daily hassles and psychological symptoms are associated with younger children's internalizing emotional/behavioral problems. The extent to which each of these variables was related to children's internalizing problems varied when children's self-reports as opposed to parents' reports were used to assess the presence and degree of child maladjustment.

The correlational analyses reflected the expected pattern of associations among the variables. Mothers' and fathers' reports of their children's internalizing problems were strongly correlated with each other ($r = .66$), but they were not significantly related to children's reports of their depressive or anxious symptoms. This pattern highlights the importance of considering parent and child reports of children's symptoms as distinct perspectives on children's maladjustment. Parents' daily hassles were strongly correlated with their own psychological symptoms ($r = .57$, for mother and $r = .75$, for fathers), a pattern that is similar to findings of other studies with adults. Children's reports of negative daily events were only moderately associated with their self-reports of symptoms of anxiety ($r = .27$) and depression ($r = .32$), with both corrections failing to achieve statistical significance after a Bonferroni correction. These correlations are lower than those typically found between measures of daily stress and symptoms in adolescents and adults. This may indicate that daily stressors are less closely associated with symptoms of distress in young children than they are in older age groups. Alternatively, it may reflect a lack of sensitivity of the CAI, designed to assess children's daily activities, as a measure of daily stress. This warrants further attention in future research.

The results of the regression analyses indicated that younger children's daily stressors were significantly associated with their self-reports of symptoms of depression ($SR^2 = .113$), but children's daily stressors were not a significant predictor of their self-reported symptoms of anxiety. Further, children's reports of daily stressors were significantly, although modestly ($SR^2 = .060$), related to fathers' reports of their children's internalizing problems but not related to mothers' reports of these problems. These findings suggest that day-to-day stressors are related to young children's psychological

symptoms even after controlling for parents' daily stress and psychological symptoms. However, the inconsistent pattern of associations between self-reports of depressive as opposed to anxious symptoms and across reports from different informants is troubling. It appears that daily events are associated with emotional distress for young children, but further research is needed to clarify the nature of this relation. It is particularly noteworthy that fathers' reports of children's maladjustment are seldom obtained in clinical child research, and the present findings indicate that they may provide additional unique information not provided by mothers or other informants.

Parents' psychological symptoms were related to fathers' reports of children's internalizing problems, marginally associated ($p = .08$) with mothers' reports of child problems, and not related to children's self-reports of depressive and anxious symptoms. Thus, in the present analyses, parents' psychological symptoms were important only in those analyses in which they shared common method variance (i.e., parent as informant) with the measure of children's maladjustment. In contrast, parents' daily hassles were only related to children's self-reported anxiety symptoms, with mothers' hassles accounting for unique variance. The small sample in the present study prohibits drawing any conclusions about the association of children's internalizing problems with parental daily stress as opposed to parental psychological symptoms. However, these findings suggest that it will remain important in future research to obtain measures of both parents' stress and symptoms to further clarify possible unique relations between these variables and children's emotional problems.

The findings of this research provide general support for the hypothesized associations among younger children's internalizing emotional/behavioral problems. Younger children's reports of their daily stressors were significantly related to their self-reported problems, and to fathers' but not mothers' reports of these problems. Daily stressors appear to be related to emotional distress in younger children as they are in adolescents and adults, although perhaps to a lesser degree. As such, they appear to be an element worthy of continued investigation in future research concerned with risk factors associated with child maladjustment.

Future research needs to build on the present study in several ways. First, the present sample was small, primarily rural, and limited in ethnic diversity. Future studies will need to examine the stress–dysfunction association in larger, urban, and more ethnically diverse samples of younger children and their parents. Second, children's self-reports of emotional/behavioral difficulties were limited to problems of an internalizing nature (i.e., depression and anxiety). Future studies will need to examine the associations of children's self-reported externalizing problems with other variables in this research. Third, these analyses were based on cross-sectional

data and need to be tested further in prospective, longitudinal investigations to determine whether the factors examined in this research are predictive of later maladjustment in younger age groups.

REFERENCES

Achenbach, T. M., & Edelbrock, C. (1983). *Manual for the Child Behavior Checklist and Revised Child Behavior Profile.* Burlington: Department of Psychiatry, University of Vermont.

Achenbach, T. M., McConaughy, S. H., & Howell, C. T. (1987). Child/adolescent behavioral and emotional problems: Implications of cross-informant correlations for situational specificity. *Psychological Bulletin, 101,* 213-232.

Beardslee, W. R. (1986). The need for the study of adaptation in the children of parents with affective disorders. In M. Rutter, C. E. Izard, & P. R. Read (eds.), *Depression in young people: Developmental and clinical perspectives* (pp. 189-204). New York: Guilford Press.

Burbach, D., & Borduin, C. (1986). Parent-child relations and the etiology of depression: A review of methods and findings. *Clinical Psychology Review, 6,* 133-153.

Cohen, J., & Cohen, P. (1983). *Applied multiple regression/correlation analysis for the behavioral sciences* (2nd ed.). Hillsdale, NJ: Erlbaum.

Compas, B. E. (1987). Stress and life events during childhood and adolescence. *Clinical Psychology Review, 7,* 275-302.

Compas, B. E., Howell, D. C., Phares, V., Williams, R. A., & Giunta, C. T. (1989a). Risk factors for emotional/behavioral problems in children and adolescents: A prospective analysis of children's and parents' stress and symptoms. *Journal of Consulting and Clinical Psychology, 57,* 732-740.

Compas. B. E., Howell, D. C., Phares, V., Williams, R. A., & Ledoux, N. (1989b). Parent and child stress and symptoms: An integrative analysis. *Developmental Psychology, 25,* 550-559.

DeLongis, A., Coyne, J. C., Dakof, G., Folkman, S., & Lazarus, R. S. (1981). Relationship of daily hassles, uplifts, and major life events to health status. *Health Psychology, 1,* 119-136.

DeLongis, A., Folkman, S., & Lazarus, R. S. (1988). The impact of daily stress on health and mood: Psychological and social resources as mediators. *Journal of Personality and Social Psychology, 54,* 486-495.

Derogatis, L. R. (1983). *SCL-90-R administration, scoring, and procedures manual.* Towson, MD: Clinical Psychometric Research.

Doerfler, L. A., Felner, R. D., Rowlison, R. T., Raley, P. A., & Evans, E. (1988). Depression in children and adolescents: A comparative analysis of the utility and construct validity of two assessment measures. *Journal of Consulting and Clinical Psychology, 56,* 769-772.

Dohrenwend, B. P. & Shrout, P. E. (1985). "Hassles" in the conceptualization and measurement of life stress variables. *American Psychologist, 40,* 780-785.

Dohrenwend, B. S., Dohrenwend, B. P., Dodson, M., & Shrout, P. E. (1984). Symptoms, hassles, social supports, and life events: Problems of confounded measures. *Journal of Abnormal Psychology, 93,* 222-230.

Fergusson, D. M., Horwood, L. J., Gretton, M. E., & Shannon, F. T. (1985). Family life events, maternal depression, and maternal and teacher descriptions of child behavior. *Pediatrics, 75,* 30-35.

Finch, A. J., & Rogers, T. R. (1984). Self-report instruments. In T. H. Ollendick & M. Hersen (Eds.), *Child behavioral assessment: Principles and procedures.* New York: Pergamon Press.

Hammen, C., Adrian, C., Gordon, D., Burge, D., Jaenicke, C., & Hiroto, D. (1987). Children of depressed mothers: Maternal strain and symptom predictors of dysfunction. *Journal of Abnormal Psychology, 96,* 190-198.

Holahan, C. J., & Moos, R. H. (1987). Risk, resistance, and psychological distress: A longitudinal analysis with adults and children. *Journal of Abnormal Psychology, 96,* 3-13.

Hollingshead, A. B. (1975). *Four factor index of social status.* New Haven: Department of Sociology, Yale University.

Johnson, J. H. (1986). *Life events as stressors in childhood and adolescence.* Beverly Hills: Sage.

Kanner, A. D., Coyne, J. C., Schaefer, C., & Lazarus, R. S. (1981). Comparison of two models of stress measurement: Daily hassles and uplifts versus major life events. *Journal of Behavioral Medicine, 4,* 1-39.

Kanner, A. D., Harrison, A., & Wertlieb, D. (1985, August). *The development of the Children's Hassles and Uplifts Scales: A preliminary report.* Paper presented at the Annual Convention of the American Psychological Association, Los Angeles.

Kovacs, M. (1980/1981). Ratings scales to assess depression in school-aged children. *Acta Paedopsychiatrica, 46,* 305-315.

Larzelere, R. E., & Mulaik, S. A. (1977). Single-sample tests for many correlations. *Psychological Bulletin, 84,* 557-569.

Lazarus, R. S., DeLongis, A., Folkman, S., & Gruen, R. (1985). Stress and adaptational outcome: The problem of confounded measures. *American Psychologist, 40,* 770-779.

Lee, C. M., & Gotlib, I. H. (1989). Maternal depression and child adjustment: A longitudinal analysis. *Journal of Abnormal Psychology, 98,* 78-85.

Lewis, C. E., Siegel, J. M., & Lewis, M. A. (1984). Feeling bad: Exploring sources of distress among pre-adolescent children. *American Journal of Public Health, 74,* 117-122.

Mash, E. J., & Johnston, C. (1983). Parental perceptions of child behavior problems, parenting self-esteem, and mother's reported stress in younger and older hyperactive and normal children. *Journal of Consulting and Clinical Psychology, 51,* 86-99.

Monroe, S. M. (1983). Major and minor life events as predictors of psychological distress: Further issues and findings. *Journal of Behavioral Medicine, 6,* 189-205.

Reynolds, C. R., & Paget, K. D. (1981). Factor analysis of the Revised Children's Manifest Anxiety Scale for blacks, whites, males, and females with a national normative sample. *Journal of Consulting and Clinical Psychology, 49,* 352-359.

Reynolds, C. R., & Richmond, B. O. (1978). What I Think and Feel: A revised measure of children's manifest anxiety. *Journal of Abnormal Child Psychology, 6,* 271-280.

Rowlison, R. T. & Felner, R. D. (1988). Major life events, hassles, and adaptation to in adolescence: Confounding in the conceptualization and measurement of life stress and adjustment revisited. *Journal of Personality and Social Psychology, 55,* 432-444.

Saylor, C. F., Finch, A. J., Spirito, A., & Bennett, B. (1984). The Children's Depression Inventory: A systematic evaluation of psychometric properties. *Journal of Consulting and Clinical Psychology, 52,* 955-967.

Shelton, M. R., & Garber, J. (1987, August). *Development and validation of Children's Pleasant and Unpleasant Events Schedule.* Paper presented at the Annual Convention of the American Psychological Association, New York.

Siegel, J. M., & Brown, J. D. (1988). A prospective study of stressful circumstances, illness symptoms, and depressed mood among adolescents. *Developmental Psychology, 24,* 715-721.

Thoits, P. A. (1983). Dimensions of life events as influences upon the genesis of psychological distress and associated conditions: An evaluation and synthesis of the literature. In B. H. Kaplan (Ed.), *Psychosocial stress: Trends in theory and research* (pp. 33-103). New York: Academic Press.

Thomson, B., & Vaux, A. (1986). The importation, transmission, and moderation of stress in the family system. *American Journal of Community Psychology, 14,* 39-57.

Wolfe, D. A., Jaffe, P., Wilson, S. K., & Zak, L. (1985). Children of battered women: The relation of child behavior to family violence and family stress. *Journal of Consulting and Clinical Psychology, 53,* 657-665.

Wolfe, V. V., Finch, A. J., Saylor, C. F., Blount, R. L., Pallmeyer, T. P., & Carek, D. J. (1987). Negative affectivity in children: A multitrait-multimethod investigation. *Journal of Consulting and Clinical Psychology, 55,* 245-250.