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The Development of the Late Adolescent Social Support Inventory and an Examination of Social Support's Impact on Depression in Adolescents

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The Development of the Late Adolescent Social Support Inventory and an Examination of Social Support's Impact on Depression in Adolescents

BY

Margaret Darlene Yeakel

THESIS

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The Development of the Late Adolescent Social Support Inventory and an Examination of Social
Support's Impact on Depression in Adolescents

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Abstract

The current study set out to create the Late Adolescent Social Support Inventory (LASSI), a scale designed to measure adolescents' perception of the availability of social support in each of House's (1981) four types of social support and to explore the relationship between depression and types of social support in adolescents. There were 120 participants recruited from Central Illinois high schools and Eastern Illinois University. Participants completed the LASSI as well as the Center for Epidemiologic Studies Depression Scale Revised (CESD-R; Eaton, Muntaner, Smith, Tien, & Ybarra, 2004). Due to the low number of participants recruited, we were unable to conduct factor analysis on the LASSI items but results indicate all items have high internal consistency. All correlations of the types of social support with the CESD-R were negative. Results of the multiple regression analysis indicated the four predictors explained 20% or more of the variance, but none of the individual slopes in the model were significant. There was a significant main effect of support type scores overall, but no significant interaction between support types and depression scores.

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The Development of the Late Adolescent Social Support Inventory and an Examination of Social Support's Impact on Depression in Adolescents

Depression in high school age adolescents is on the rise in the United States. There was an 8.7% twelve month prevalence in 2005, which rose to 11.3% by 2014, and cut across all geographical demographics: rural, urban, and suburban (Mojtabai, Olfson, & Han, 2016). In 2007, the American Academy of Pediatrics recommended routine screening for depression in order to better recognize suicide risks among adolescents (Mojtabai, Olfson, & Han, 2016). Adolescents with depressive symptomatology are at-risk for serious negative consequences such as depression in adulthood, with 50% of depressed adults having had their first episode of depression before age 20. Adolescents with depression or symptoms of depression are also at-risk for suicidal behavior, difficulty with interpersonal relationships, poor performance in school, physical health problems, and risk-taking behavior (American Psychiatric Association, 2013; Martínez et al., 2015). In fact, suicide is the second leading cause of death in 15 to 29-year-olds (Fleischmann & De Leo, 2014; Kheriaty, 2017).

Given these facts, a search for protective factors seems vital. The protective factors that should be researched include supportive and strong relationships, emotional regulation skills, and coping skills (Gladstone, Beardslee, & O'Connor, 2011).

Social Support

This thesis focuses on social support as a protective factor against depression. Social support is behavior of others, including verbal and nonverbal communication, intended to be helpful or positive to an individual. Perceived social support is the perception or belief that one has received needed social support. Perceived availability of social support is the perception or belief that social support is available when needed.

Potential sources of support for adolescents include parents, peers, teachers, and other school personnel. Generally, parents are a person's earliest sources of support, and although parental relationships are important throughout adolescence, it is during this developmental stage that adolescents are beginning to develop a sense of autonomy and independence. The role of friends and other adults (teachers, coaches, etc.) in adolescents' lives becomes increasingly more impactful (Rickwood, Deane, & Wilson, 2007).

Social Support and Depression

Social support buffers the effects of life changes and stressful events; thus, research has universally indicated that social support has value in physical and mental health (Pearson, 1986). Individuals with supportive networks have a higher chance of obtaining positive support that is used as a buffer against psychological distress because supportive networks provide regularity and stability in positive experiences (Cohen, Sherrod, & Clark, 1986).

Feelings of isolation, loneliness, and depression are promoted if one lacks social support, whereas receiving adequate support fosters resilience and reduces the prevalence of psychological disorders such as depression (Bum & Jeon, 2016; Gariepy, Honkaniemi, & Quesnel-Vallee, 2016; Ozbay et al., 2007; Rueger, Malecki, Pyun, Aycock, & Coyle, 2016).

Depressed adolescents tend to have greater negative thought patterns and cognitive distortions than non-depressed adolescents (Aydin & Öztütüncü, 2001; Marton & Kutcher, 1995). Supportive relationships can also provide valuable processing support to improve an individual's reaction to stress by changing or challenging the individual's perceived situation (Pössel, Rudasill, Sawyer, Spence, & Bjerg, 2013). Having support networks and people who are there to act as a buffer to point out or expose negative perceptions or cognitive distortions can be valuable and protective (Aydin & Öztütüncü, 2001). For example, Eisman, Stoddard, Heinze,

Caldwell, & Zimmerman (2015) found that adolescents' exposure to violence was associated with higher rates of depression, but that the support of an adolescent's mother acted as a buffer and protective factor, which had an opposite and immediate effect on adolescents' depression. Furthermore, Elmaci (2006) determined that adolescents who had higher levels of perceived social support provided by their family and friends had lower levels of depression than adolescents from broken and unbroken families who reported lower levels of perceived social support. Adolescents with higher rates of perceived social support are less likely to develop depression even compared to others with similar levels of childhood risk factors such as maternal behaviors while pregnant (e.g., drinking, smoking), family's disadvantaged socioeconomic status (e.g., parental unemployment), and family structure (e.g., single parent Patwardhan et al., 2017 or broken families (e.g. absence of a parent due to abandonment, divorce, death, or separation; Elmaci, 2006.)

As mentioned earlier, suicide is the second leading cause of death among adolescents in the United States, and adolescents with depressive symptoms are at-risk for suicide or suicidal ideation. However, social support can act as a protective factor for adolescents to mitigate against higher rates of suicidal ideation. For example, Brausch and Decker (2014) found that parental support moderated the relationship between depression and suicidal ideation: depression was not a significant predictor of suicidal ideation among those with high levels of social support; however, depression was found to be a strong predictor of suicidal ideation in adolescents when peer and parental support was low.

Different Types of Social Support

However, not all social support is alike, and not all types of support may affect depression equally. Although there are studies that differentiate the source (parent, teacher, peer)

of social support, most studies do not examine different types of support (Malecki & Demaray, 2003) or explore which type or types of support are the most protective against depression (Garipey et al., 2016; Rueger et al., 2016).

House (1981) proposed four categories of social support: Appraisal Support, Emotional Support, Informational Support, and Instrumental Support. Instrumental support is identified as “direct help of a person in need, such as providing money, time, labor, aid, or modification of environment” (p. 24-25). Informational support is “providing information that helps an individual cope with environmental or personal problems, such as offering suggestion, directives, or advice” (p. 25). Appraisal support is “information provided for self-evaluation, such as providing feedback, affirmation, or social comparison” (p. 25). Finally, emotional support involves providing love, caring, empathy, and trust (p. 24).

Differences in the types of social support and their implications for depressives and non-depressives is important in identifying social supports that are more or less protective. In a qualitative study of 48 college participants, Adeboyejo (2015) asked university students to recall incidences of social support from high school and found that depressives were less likely to spontaneously report scenarios with emotional or appraisal support and more likely to describe informational and instrumental social support scenarios compared to non-depressive individuals. Adeboyejo’s findings could indicate that depressives do not get as much emotional or appraisal support, which could be a cause of their depression or could be caused by their depression. Another possibility is that depressives may receive the same amount of appraisal and emotional support as their non-depressed peers, but they do not recognize it or do not think of it when asked about it.

However, Adeboyejo's (2015) study had a small sample and she had difficulty obtaining reliable coding of the reported incidents: furthermore, although Adeboyejo was focused on high school experiences, data was collected from college students rather than high school students. This is a problem because it relies on college students' memories of their high school experience, which might be clouded or distorted based on students' experiences since high school. Therefore, the current study will use a quantitative method to test the hypothesis that depressives have or recognize lower levels of emotional or appraisal social support.

Social Support Scales for Adolescents

Although research on measurement of social support in adults has flourished with three social support theoretical perspectives (e.g., "the stress and coping perspective, the social constructionist perspective, and the relationship perspective"; Lakey & Cohen, 2000, p. 29), the only existing scale developed to measure social support for adolescents is the Child and Adolescent Social Support Scale (CASSS; Malecki & Demaray, 2002).

Although the CASSS is psychometrically sound, and includes items deliberately selected to represent House's four support types, the CASSS does not have separate subscales for the different support types (Malecki & Demaray, 2002). The CASSS subscales measure different sources of support (parent, teacher, classmate, close friend). In addition, there is limited research examining the convergent validity of the CASSS in late adolescents because there are no other measures from which to validate (Malecki & Demaray, 2002).

Due to these problems, a new social support scale was created to have a scale that has separate subscales for each of House's (1981) four types of social support (emotional, instrumental, informational, and appraisal). This scale can also be used in the assessment of the validity of the CASSS for late adolescents.

Current Study

The purpose of the current study is to develop the Late Adolescent Social Support Inventory (LASSI), a scale designed to measure adolescents' perception of the availability of social support in each of House's (1981) four types of social support and to explore the relationship between depression and types of social support in adolescents. Based on Adeboyejo (2015), we predict that depressives would have lower perceptions of the availability of emotional and appraisal support.

Methods

Participants

We recruited 120 students for the study. Seventy-one of the students were students at high schools in East Central Illinois and 49 were students enrolled at Eastern Illinois University. High school students were given a parental consent form by their school, and those who returned signed consent forms were sent an email link to the study. They were offered the chance to win a \$50.00 gift card as a reward for their participation. College students participated as part of a research participation requirement for their Introductory Psychology class.

The age of high school participants ranged from 14 to 19 years ($M = 16.28$, $SD = 1.39$). High school participants were 22 male (29.3%) and 47 female (62.7%), while 2 participants (2.7%) preferred not to say. Sixteen of the high school students reported being Freshmen (21.3%), 7 reported being Sophomores (9.3%), 20 reported being Juniors (26.7%), and 28 reported being Seniors (37.3%). The racial makeup of the high school students can be found in Table 1.

The age of college students ranged from 18 to 20 years ($M = 19.0$, $SD = 0.83$). College participants consisted of 11 males (22.4%) and 37 females (75.5%) while 1 (2.0%) preferred not to say. Twenty-five students reported being Freshmen (51.0%), 15 reported being Sophomores (30.6%), 4 reported being Juniors (8.2%), and 5 reported being Seniors (10.2%). A summary of the demographics for racial makeup of college students can be found in Table 1.

Table 1. *Racial Makeup of Students*

| | <u>High School</u> | <u>College</u> | <u>Overall</u> |
|-------------------------------------|--------------------|----------------|----------------|
| White | 66 (93%) | 31 (63%) | 97 (78.2%) |
| Black or African American | 1 (1.4%) | 14 (28.6%) | 15 (12.1%) |
| Asian | 0 | 1 (2.0%) | 1 (0.8%) |
| Native Hawaiian or Pacific Islander | 1 (1.4%) | 0 | 1 (0.8%) |
| Other | 3 (4.2%) | 3 (6.1%) | 6 (3.2%) |

Procedure

Researchers of this study first obtained consent for each high school's principal to distribute consent letters to students. Depending on the school, researchers or teachers passed out consent letters to students and explained the research study. A link to the survey was emailed to students who returned the consent letters with parental consent and students' email addresses. College students were recruited using the standard online system for completing research participation credit as part of their Introduction to Psychology courses. When they signed up for this study, the system provided the link.

All participants completed the materials required for this survey online. Participants were asked for their assent before the protocol was administered. They completed a brief demographic questionnaire asking for grade-level, gender, age, race, and current school, and they were given the following set of directions: “The following questions ask about who you have in your life to help you with various things. Please tell us how often you feel there are people who are available to do these things for you. We will also be asking you a few questions just to check that you are paying attention! Although some questions may sound similar, please answer all the questions.”

Participants first completed the *Late Adolescent Social Support Inventory (LASSI)*. Thirty candidate items were generated to represent each of House's (1981) 4 types of social support: Informational support, Instrumental support, Emotional support, and Appraisal support, for a total of 120 items. Using a frequency rating Likert-scale that ranged from 1 (Never) to 6 (Very Often), participants were asked to report how frequently they believe they receive that example of social support. Example items are: “Are there people who congratulate you when you feel you’ve done well on a test?” (Appraisal); “Are there people close to you who you feel you can be honest with when you’re upset?” (Emotional); “If someone doesn’t have the information you need, do they tell you who else you should talk to?” (Informational) and “Do people buy you things you need to be successful in school?” (Instrumental). Wording in the LASSI was general in nature to allow use for high school and college age respondents. (All items are reported in the Appendix).

Interspersed within the 120-item LASSI survey were 10 attention check questions. All 130 randomized items were presented to participants in a random order. Attention check questions were simple questions such as “What color is the sky?” with the following options: “Green, Yellow, Blue, Red.”

Following the participants' completion of the LASSI items, participants completed the Center for Epidemiologic Studies Depression Scale Revised (CESD-R; Eaton, Muntaner, Smith, Tien, & Ybarra, 2004). The CESD-R is a self-report scale that measures depressive symptoms the individual has experienced in the past week. It is composed of 20 items (see Appendix) and measures symptoms of depression as outlined by the American Psychiatric Association Diagnostic and Statistical Manual, Fourth Edition (American Psychiatric Association, 1994). Data from two studies of adolescents in the United States suggests the CESD-R has strong psychometric properties in construct validity and measurement invariance and correlation (Haroz, Ybarra, & Eaton, 2014). Adhering to the administration protocol, participants were prompted with "During the past week:" and asked to rate each statement by frequency: "Rarely or none of the time (less than 1 day);" "Some or a little of the time (1-2 days);" "Occasionally or a moderate amount of time (3-4 days);" "Most of the time (5-7 days)" (Eaton et al., 2004).

The Ways of Coping Checklist (WCCL; Halstead, Johnson, & Cunningham, 1993) and Perceived Stress Scale (PSS; Cohen, Kamarck, & Mermelstein, 1983) were also included, following the CESD-R, for another thesis on the relationship between social support and stress/coping. These measures were not be discussed further here.

Results

Attention Checks

Included in the LASSI portion of the survey were 10 attention check questions, which were meant to ensure that respondents were paying attention to questions and to ensure that responses in the LASSI were valid. For five of the attention checks, all participants responded with correct answers. For four of the attention check questions, there was only one incorrect response provided. For the attention check question, "What is the big yellow ball in the sky

called?” three participants chose the answer “Moon,” rather than “Sun.” In retrospect, this could be considered a correct response. Given the overwhelming pattern of correct responses, no participants were deleted because of failing the attention checks.

Psychometrics of the LASSI

Because we were unable to obtain a large enough sample, no factor analysis of the 120 items in the LASSI was conducted. Instead, we took the average responses on all items for each support type, after reverse scoring appropriate items. There were 30 appraisal items ($\alpha = .96$), 30 emotional items ($\alpha = .97$), 30 informational items ($\alpha = .95$), and 30 instrumental items ($\alpha = .96$). All items have high internal consistency.

Social Support and Depression

The CESD-R had 20 items ($\alpha = .75$). Results of t-tests (Table 2) show no significant differences between any of the means of support types or on the CESD-R between high school students and college students.

Correlations

Correlational analyses were used to examine the relationship between the CESD-R and the four types of social support (Appraisal, Emotional, Informational, Instrumental) and to examine the relationship among the types of social support. Table 3 shows the correlations. All correlations of the types of social support with the CESD-R were negative, as expected. Table 3 shows that types of social support were highly correlated with each other.

Table 2

Results of t-test and Descriptive Statistics for Social Support Type on CESD-R by Group & Total

| Variable | Sample | | | | | | | | | | |
|---------------|-------------|-------|----|---------|------|----|-------|-------|------|-----|---------------|
| | High School | | | College | | | Total | | t | df | Sig. (2-tail) |
| | M | SD | N | M | SD | n | M | SD | | | |
| CESD-R | 24.33 | 12.15 | 54 | 21.28 | 8.57 | 46 | 22.93 | 10.71 | 1.43 | 98 | .16 |
| Appraisal | 3.45 | .70 | 57 | 3.57 | .67 | 45 | 3.50 | .69 | -.90 | 100 | .37 |
| Emotional | 3.56 | .76 | 59 | 3.65 | .68 | 46 | 3.60 | .72 | -.65 | 103 | .52 |
| Informational | 3.43 | .61 | 55 | 3.36 | .74 | 46 | 3.40 | .61 | .58 | 99 | .57 |
| Instrumental | 3.41 | .74 | 57 | 3.34 | .67 | 48 | 3.38 | .70 | .52 | 103 | .61 |

NOTE: Sample sizes differ due to missing data.

Table 3

LASSI Four Types of Social Support: Correlations

| Variables | CESD | 1 | 2 | 3 | 4 |
|------------------|--------|-------|-------|-------|---|
| CESD | | | | | |
| 1. Appraisal | -.45** | | | | |
| 2. Emotional | -.39** | .94** | | | |
| 3. Informational | -.47** | .91** | .89** | | |
| 4. Instrumental | -.48** | .89** | .87** | .93** | |

** . Correlation is significant at the 0.01 level (2-tailed).

Regression Analysis

Multiple regression analysis was used to test if the four types of social supports differentially predicted participants' ratings of depression. The results of the regression indicated the four predictors explained 20% or more of the variance ($R^2_{adj} = 0.208$, $F(4,79) = 6.46$, $p < .001$). However, as reported in Table 3, none of the individual slopes in the model were significant. The two types of social support that came closest were Informational support ($\beta = -.57$, $p = .08$), which had the expected negative relationship with depression, and Emotional support ($\beta = .47$, $p = .12$), which has a marginally significant positive relationship with depression. The emotional support effect is opposite of our prediction, based on Adeboyejo (2015), that depressives would report less perceived emotional support.

Table 4
LASSI Four Types of Social Support and CESD-R: Regression Analysis

| Variables | <i>B</i> | <i>SE B</i> | <i>B</i> | <i>t</i> | <i>P</i> |
|---------------|----------|-------------|----------|----------|----------|
| Constant | 49.65 | 6.04 | | 8.22 | .000 |
| Appraisal | -4.25 | 5.34 | -.27 | -.80 | .43 |
| Emotional | 7.37 | 4.63 | .47 | 1.60 | .12 |
| Informational | -10.18 | 5.73 | -.57 | -1.78 | .08 |
| Instrumental | -1.24 | 4.38 | -.08 | -.28 | .78 |

Analysis of Variance

To further examine the relationship between the social support types and depression, a two-by-four mixed analysis of variance (ANOVA) was conducted with LASSI scores as the dependent variables, depression (median-split) as a between subjects factor, and support type (emotional, informational, instrumental, and appraisal) as a within subjects factor. There was a significant main effect of support type scores overall ($F(3, 231) = 26.37, p < .001$) and a main effect of depression ($F(1, 77) = 9.79, p = .002$). In contrast, there was no significant interaction between support types and depression scores ($F(3, 231) = .68, p = .57$).

As expected, the high depression group had lower levels of all types of support (see Table 5 for means).

*Table 5*LASSI Relationship with High and Low Rates on the CESD-R: *Descriptive Statistics*

| Variables | CESD-R Median Split | N | M | SD |
|---------------|---------------------|----|------|-----|
| Appraisal | Low | 41 | 3.71 | .60 |
| | High | 38 | 3.25 | .72 |
| Emotional | Low | 41 | 3.75 | .64 |
| | High | 38 | 3.37 | .74 |
| Informational | Low | 41 | 3.56 | .54 |
| | High | 38 | 3.11 | .62 |
| Instrumental | Low | 41 | 3.56 | .60 |
| | High | 38 | 3.07 | .73 |

Post-hoc tests were conducted with pairwise t-tests using a Bonferroni correction to explore the support-type main effect. In this study, we did 6 comparisons; therefore, the Bonferroni corrected significance level is $.05/6 = .0083333$. All of the support types were significantly different from each other at the Bonferroni corrected significance level except for the difference between Instrumental and Information support (See Table 2 for means).

Discussion

In the current study we had 2 goals. Goal 1 was to develop the Late Adolescent Social Support Inventory (LASSI), a scale designed to measure adolescents' perception of the availability of social support in each of House's (1981) four types of social support. Wording in the LASSI was general in nature, which allowed use for high school and college age respondents. Due to the low number of participants recruited from high schools, Eastern Illinois University introductory psychology students were also recruited to participate. This allowed for us to use the LASSI with college-age students, who are also considered in the late adolescent

range. There were no differences between high school and college-age participants. Goal 2 was to explore the relationship between depression and types of social support in adolescents.

Regarding our first goal: our small sample size kept us from completing the planned factor analysis. The high Chronbach alphas gives us some confidence in the internal coherence of the subscales we designed. Moreover, the subscales were all negatively correlated with depression, which is evidence for the validity of the LASSI (as used in this study).

On the other hand, the subscales were highly correlated with one another, which suggests that they may form a unidimensional scale, rather than the four-factor scale we intended. However, that cannot be truly known until factor analysis is conducted with a larger sample size.

Goal 2 was to explore the relationship between depression and types of social support in adolescents. Based on Adeboyejo (2015), we predicted that depressives would have lower perceptions of the availability of emotional and appraisal support. Adeboyejo (2015) found that depressives were less likely to mention incidents of emotional support. Using all items on the LASSI, the findings in this study seem to show that the more depressed someone is, the more they perceive they have emotional support available. One explanation for this could be there is a difference between what support you perceive you have and what support you will choose to mention in a study like Adeboyejo's (2015) where data were collected through participants recalling and writing about socially supportive and non-supportive behaviors. Another explanation for this finding is that when participants are asked to recall examples of supportive and non-supportive behaviors, they are less likely to spontaneously recall examples of emotional support than when participants are prompted by our questions on current perceived social supports. It may also be likely that more depressed individuals have a heightened internal awareness of emotional support and are more likely to endorse higher ratings of those items. It

may also be explained in that more depressed individuals rate emotional support items higher due to social desirability of the response.

Limitations

The greatest limitation of the current study was the low number of participants. There were a total of 120 high school students and college students who participated in the study. With a scale of 120 items (LASSI), the number of participants made it difficult to interpret and conduct factor analysis. More data should be collected in the future.

Another limitation is that the CESD-R does not have a normed cut-off score to determine which scores are considered depressives and which are non-depressives. The traditional cut-score (+16) was for the use of the original CES-D (Center for Epidemiologic Studies Depression Scale); however, that does not necessarily extend to diagnoses determined in clinical settings (Van Dam & Earleywine, 2011). Therefore, it is unknown if the scores gathered in the study from the CESD-R would extend to real clinical depressive settings and that was why we did a median-split of scores on the CESD-R and identified the two groups as “Low” and “High” rather than “Depressives” and “Non-depressives.”

Future Research

As previously stated, a limitation of the current study is the small sample size. Future researchers should seek ways to include more students. One possibility would be to work with community-based organizations (i.e., I Sing the Body Electric with OSF HealthCare in Danville, Illinois, and Sarah Bush Lincoln Health System in Charleston, Illinois) that collect data from local schools on a more global level that would allow for access to more schools in the central Illinois area. Researchers of the current study found it difficult to access schools on an individual basis, and partnering with other, more established organizations would improve recruitment in

high schools. Once a larger sample size has been collected, factor analysis needs to be conducted on the LASSI to reduce the number of items (currently 120 items) to ensure the scale is manageable for future use.

Another limitation of the current study was a lack of diversity in the sample collected. Overall, 78.2% of students reported their racial makeup as White; 62.7% of high school students and 75.5% of college participants identified as female. Future research should focus on collecting a more diverse sample, both in participants' racial makeup and their gender identity.

The current study confirmed social support and depression are negatively correlated but future research needs to identify the causal direction of the correlation between social support and depression. Such information will allow clinicians who work with adolescents (i.e. school psychologists, social workers, school counselors, etc.) to better identify the cause of students' struggles and provide interventions (i.e. social skills) and supports that better meet students' needs.

Conclusion

This study set out to develop the Late Adolescent Social Support Inventory (LASSI). In all, we did create a 120 item LASSI and presented some evidence for its validity. The purpose in the construction of the LASSI is to have a scale to use with adolescents that measures social support types as identified by House (1981): appraisal, emotional, instrumental, and informational. As previously stated, the only existing scale developed to measure social support for adolescents is the Child and Adolescent Social Support Scale (CASSS; Malecki & Demaray, 2002), which lacks subscales to measure the different support types but rather focuses on measuring different sources of support (parent, teacher, classmate, close friend). However, the high correlations among the LASSI subscales may indicate that it is a unidimensional scale.

Once again our inability to conduct a factor analysis keeps us from being able to confirm the structure of the scale.

Many studies have found that feelings of isolation, loneliness, and depression are promoted if one lacks social support while receiving support fosters resilience and reduces depression (Bum & Jeon, 2016; Gariepy, Honkaniemi, & Quesnel-Vallee, 2016; Ozbay et al., 2007; Rueger, Malecki, Pyun, Aycock, & Coyle, 2016). This study set out to explore the relationship between depression and types of social support in adolescents because not all social support is alike, and not all types of support may affect depression equally. As expected, all correlations of the types of social support with the CESD-R were negative, confirming the powerful relationship between social support and psychological health in adolescents. Due to limitations of the study, it was difficult to determine if data reflected higher or lower rates of depression based on social support type.

References

- Adeboyejo, R. Q. (2015). Adolescent perception of social support in peer, parent, and teacher relationships and its impact on depression (Unpublished master's thesis).
- American Psychiatric Association. (2013). *DSM-V. American Journal of Psychiatry*.
<https://doi.org/10.1176/appi.books.9780890425596.744053>
- Aydin, B., & Öztütüncü, F. (2001). Examination of adolescents' negative thoughts, depressive mood, and family environment. *Adolescence*, *36*(141), 76–83.
- Brausch, A. M., & Decker, K. M. (2014). Self-esteem and social support as moderators of depression, body image, and disordered eating for suicidal ideation in adolescents. *Journal of Abnormal Child Psychology*, *42*(5), 779–789. <https://doi.org/10.1007/s10802-013-9822-0>
- Bum, C.-H., & Jeon, I.-K. (2016). Structural Relationships Between Students' Social Support and Self-Esteem, Depression, and Happiness. *Social Behavior and Personality*, *44*(11), 1761–1774. <https://doi.org/10.2224/sbp.2016.44.11.1761>
- Cohen, S., Kamarck, T., & Mermelstein, R. (1983). A global measure of perceived stress. *Journal of Health and Social Behavior*, *24*(4), 385–396. <https://doi.org/10.2307/2136404>
- Cohen, S., Sherrod, D. R., & Clark, M. S. (1986). Social skills and the stress-protective role of social support. *Journal of Personality and Social Psychology*, *50*(5), 963–973.
<https://doi.org/10.1037/0022-3514.50.5.963>
- Eaton, W. W., Muntaner, C., Smith, C., Tien, A., & Ybarra, M. (2004). Center for Epidemiologic Studies Depression Scale: Review and Revision (CESD and CESDR). In *The use of psychological testing for treatment planning and outcomes assessment. Vol 3: Instruments for adults* (Vol. III, pp. 363–378). Retrieved from <http://www.amazon.com/Use-Psych-Test-Set-Psychological-Instruments/dp/0805843310>

- Eisman, A. B., Stoddard, S. A., Heinze, J., Caldwell, C. H., & Zimmerman, M. A. (2015). Depressive symptoms, social support, and violence exposure among urban youth: A longitudinal study of resilience. *Developmental Psychology, 51*(9), 1307–1316. <https://doi.org/10.1037/a0039501>
- Elmaci, F. (2006). The Role of Social Support on Depression and Adjustment Levels of Adolescents Having Broken and Unbroken Families. *Educational Sciences: Theory & Practice, 6*(2), 421–431. Retrieved from <http://search.ebscohost.com/login.aspx?direct=true&db=ehh&AN=21558836&site=ehost-live>
- Fleischmann, A., & De Leo, D. (2014). The world health organization's report on suicide: A fundamental step in worldwide suicide prevention. *Crisis, 35*(5), 289–291. <https://doi.org/10.1027/0227-5910/a000293>
- Gariepy, G., Honkaniemi, H., & Quesnel-Vallee, A. (2016). Social support and protection from depression: systematic review of current findings in Western countries. *The British Journal of Psychiatry, 209*(4), 284–293. <https://doi.org/10.1192/bjp.bp.115.169094>
- Gladstone, T. R. G., Beardslee, W. R., & O'Connor, E. E. (2011). The Prevention of Adolescent Depression. *Psychiatric Clinics of North America*. <https://doi.org/10.1016/j.psc.2010.11.015>
- Halstead, M., Johnson, S. B., & Cunningham, W. (1993). Measuring Coping in Adolescents: An Application of the Ways of Coping Checklist. *Journal of Clinical Child Psychology, 22*(3), 337–344. https://doi.org/10.1207/s15374424jccp2203_4
- Haroz, E. E., Ybarra, M. L., & Eaton, W. W. (2014). Psychometric evaluation of a self-report scale to measure adolescent depression: The CESDR-10 in two national adolescent samples in the United States. *Journal of Affective Disorders, 158*, 154–160.

<https://doi.org/10.1016/j.jad.2014.02.009>

House, J. S. (1981). The Nature of Social Support (Addison-Wesley Series on Occupational Stress). In *Work Stress and Social Support* (pp. 13–40). Reading, MA: Addison-Wesley.

House, J. S. (1981). Work stress and social support. *Isr.*

Lakey, B., & Cohen, S. (2000). Social Support Theory and Measurement.

<https://doi.org/10.1093/med:psych/9780195126709.003.0002>

Malecki, C. K., & Demaray, M. K. (2002). Measuring perceived social support: Development of the child and adolescent social support scale (CASSS). *Psychology in the Schools, 39*(1), 1–18. <https://doi.org/10.1002/pits.10004>

Malecki, C. K., & Demaray, M. K. (2003). What Type of Support Do They Need? Investigating Student Adjustment as Related to Emotional, Informational, Appraisal, and Instrumental Support. *School Psychology Quarterly, 18*(3), 231–252.

Martínez, V., Espinosa, D., Zitko, P., Marín, R., Schilling, S., Schwerter, C., & Rojas, G. (2015). Effectiveness of the workshop “Adolescent depression: What can schools do?” *Frontiers in Psychiatry, 6*(MAY). <https://doi.org/10.3389/fpsyt.2015.00067>

Marton, P., & Kutcher, S. (1995). The prevalence of cognitive distortion in depressed adolescents. *Journal of Psychiatry & Neuroscience : JPN, 20*(1), 33–38.

Mojtabai, R., Olfson, M., & Han, B. (2016). National trends in the prevalence and treatment of depression in adolescents and young adults. *Pediatrics, 138*(6).

Ozbay, F., Johnson, D. C., Dimoulas, E., Morgan, C. A., Charney, D., & Southwick, S. (2007). Social support and resilience to stress: from neurobiology to clinical practice. *Psychiatry (Edgmont (Pa. : Township)), 4*(5), 35–40. <https://doi.org/None>

Patwardhan, I., Mason, W. A., Savolainen, J., Chmelka, M. B., Miettunen, J., & Järvelin, M. R.

- (2017). Childhood cumulative contextual risk and depression diagnosis among young adults: The mediating roles of adolescent alcohol use and perceived social support. *Journal of Adolescence*, *60*, 16–26. <https://doi.org/10.1016/j.adolescence.2017.07.008>
- Pearson, J. E. (1986). The Definition and Measurement of Social Support. *Journal of Counseling & Development*. <https://doi.org/10.1002/j.1556-6676.1986.tb01144.x>
- Pössel, P., Rudasill, K. M., Sawyer, M. G., Spence, S. H., & Bjerg, A. C. (2013). Associations between teacher emotional support and depressive symptoms in Australian adolescents: a 5-year longitudinal study. *Developmental Psychology*, *49*(11), 2135–46. <https://doi.org/10.1037/a0031767>
- Rickwood, D. J., Deane, F. P., & Wilson, C. J. (2007). When and how do young people seek professional help for mental health problems? *The Medical Journal of Australia*. https://doi.org/ric10279_fm [pii]
- Rueger, S. Y., Malecki, C. K., Pyun, Y., Ayccock, C., & Coyle, S. (2016). A meta-analytic review of the association between perceived social support and depression in childhood and adolescence. *Psychological Bulletin*, *142*(10), 1017–1067. <https://doi.org/10.1037/bul0000058>
- Schrobsdorff, S. (2016). The Kids Are Not All Right. (cover story). *Time*, *188*(19), 44. Retrieved from <http://libezp.lib.lsu.edu/login?url=http://search.ebscohost.com/login.aspx?direct=true&db=ulh&AN=119124256&site=eds-live&scope=site&profile=eds-main>
- Tardy, C. H. (1992). Assessing the functions of supportive messages. *Communication Research*, *19*(2), 175–192. <https://doi.org/10.1177/1056492611432802>
- Van Dam, N.T. & Earleywine, M. (2011). Validation of the Center for Epidemiologic Studies

Depression Scale – Revised (CESD-R): Pragmatic depression assessment in the general population. *Psychiatry Research*, 186(1), 128-132. <https://doi-org.proxy1.library.eiu.edu/10.1016/j.psychres.2010.08.018>

Appendix

Items of the Late Adolescent Social Support Inventory (LASSI):

Options for each item on the LASSI is the same with Never (1), Rarely (2), Sometimes (3), Often (4) , and Very Often (5).

App1 Are there people who congratulate you when you feel you've done well on a test?

App2 Do people let you know when they enjoy working with you during class assignments or projects?

App3 Are there people who let you know that they support your decisions?

App4 Are there people who praise you for your performance in activities outside of the classroom?

App5 Do people let you know when they feel you're doing well on a task or assignment?

App6 Are you normally offered support by people close to you during a difficult time?

App7 Are there people who tell you that you have tried your best after you didn't do as well as you expected on some task or activity?

App8 Do you have people who will reassure you after you've had a bad day?

App9 Do you feel there are people close to you who support your interests?

App10 Does someone close to you encourage you?

App11 Are your interests supported in classes?

App12 Do people close to you compliment you on work that you're proud of?

App13 Do you feel valued by people close to you?

App14 During class discussion, are people considerate of your perspectives/opinions?

App15 Does someone comfort you when you're upset?

App16 Are there people who make you feel wanted or included?

App17 Do you feel there are people who care about you?

App18 Are there people who are genuinely interested in how your day was?

App19 Are people you care about flaky or undependable when you need help?

App20 Are there people who you feel safe and secure with?

App21 Are there people who check in with you to see how you are doing?

App22 Do people listen to you when you discuss problems you're having at home or school?

App23 Do you feel comfortable stating your feelings or ideas during class discussions without
fear of being judged?

App24 Do you spend time with others who have the same or similar interests as you?

App25 Are there people you can count on to listen to you when you're angry with someone else?

App26 Do people discuss your performance in class or an extracurricular activity with you one-
on-one?

App27 Are there people close to you who talk to you about your personal goals?

App28 Are there people close to you who talk to you about your future career goals?

App29 Do new people seem interested in getting to know you?

App30 Do people close to you push you to do your best?

Emo1 Are there people who enjoy hearing about what you think?

Emo2 Are there people who respect your feelings when you tell them you need to be alone?

Emo3 Do you feel that people trust you?

Emo4 Are there people close to you that make you feel like you have something positive to
contribute to the world?

Emo5 Are there people in your life that you can totally be yourself around?

Emo6 Do you feel that those close to you really understand you?

Emo7 Are there people who you could talk to during a difficult time, such as a break-up or the death of a loved one?

Emo8 Are there people who would stick up for you if someone was talking about you behind your back?

Emo9 Does someone check in on your well-being?

Emo10 Does someone do little things to make you happy or smile?

Emo11 Are there people who notice when you're upset or in a bad mood and talk with you about it?

Emo12 Do people reach out to you when you're going through a difficult time?

Emo13 Are there people you can count on to be there for you when you need them?

Emo14 Are there people that you trust with your personal feelings?

Emo15 Do people console you when you've been hurt by others or gossiped about?

Emo16 Are there people who will comfort you?

Emo17 Are there people with whom you can discuss your regrets without feeling judged?

Emo18 Do you feel there are people who will listen to you when you need to talk?

Emo19 Do people show you affection?

Emo20 Do you believe that people close to you are uncomfortable when you talk about your feelings with them?

Emo21 Are there people who are attentive to your needs?

Emo22 Do people close to you ever make you feel guilty or uncomfortable for wanting to talk about your feelings?

Emo23 Are there people with whom you can discuss your thoughts, feelings, and opinions without feeling judged?

Emo24 Do you have people you turn to for distractions when you feel worried or stressed?

Emo25 Are there people who will listen to your innermost feelings without criticizing them?

Emo26 When you feel tense or under pressure, are there people who help you feel more relaxed?

Emo27 Do people close to you make you feel welcome and good about yourself?

Emo28 Are there people close to you who you feel you can be honest with when you're upset?

Emo29 Do people close to you accept you for who you are?

Emo30 Do people show you they are proud of you?

Info1 Do people tell you when they're upset with something you've done?

Info2 Are there people in your life who you can trust to tell you when there is something you can improve on?

Info3 Can you count on people close to you to give you good advice?

Info4 Are there people who have encouraged you to finish school and achieve your goals?

Info5 Are there people who have helped you to think of ways to de-stress when you're overwhelmed?

Info6 Do you have someone you seek out to help you make decisions when you are stuck?

Info7 Are there people you turn to for advice with your personal problems?

Info8 Do you feel that you have guidance when you're struggling with personal problems?

Info9 Are there people close to you who you talk over important decisions with?

Info10 Do people offer you advice to help you avoid making mistakes?

Info11 Are there people who help guide you in thinking about your future?

Info12 Are there people who can find information for you when you have questions?

Info13 Do people give you additional information or resources to help you solve problems?

Info14 Do you feel confident that you know who to talk to in order to get help when making important decisions?

Info15 Do people provide you with constructive criticism to help you become more successful?

Info16 Do you wish there were more people you could turn to for advice with school?

Info17 Do you wish there were more people you could turn to for advice about your mental health?

Info18 Do people clarify or re-state instructions for you when you show you are confused?

Info19 Are there people who help point you in the right direction when you're unsure of what to do?

Info20 Do people talk with you about their past experiences related to things you are interested in? (ex., school, jobs, teachers, sports, games, etc.)

Info21 Do you feel that the information provided to you by others is usually accurate?

Info22 Are there people who let you know when there are activities going on outside of classes that they think might interest you? (games, plays, clubs, etc.)

Info23 Are there people who let you know when auditions or try-outs for different clubs, sports, or activities are?

Info24 If someone doesn't have the information you need, do they tell you who else you should talk to?

Info25 Are there people who remind you of a due date for classwork or projects?

Info26 Do people suggest clubs or activities that they think you might be interested in?

Info27 Are there people close to you who tell you about your strengths?

Info28 If someone has beliefs that are different than yours, do they ask you for information about your beliefs?

Info29 Do people discuss with you the different requirements for things such as extracurricular activities, job positions, or college expectations?

Info30 Do people tell you when there are opportunities for advancement, or to take on more responsibility?

Ins1 Are there people who offer to pray or meditate with you to help you feel better?

Ins2 Are there people who you feel comfortable asking to pray or meditate with you to help you feel better?

Ins3 Do people close to you help you work out an issue you've had at school or at home?

Ins4 Are there people who help you practice, rehearse, or do school work?

Ins5 Do people stay after a set meeting time (class, practice, etc) to provide you with additional help or support?

Ins6 Are there people who help you fill out paperwork, such as job or college applications?

Ins7 Are there people you can count on to be on time when you need a ride?

Ins8 Do people close to you attend your extracurricular activities? (games, plays, concerts, etc.)

Ins9 Are there people who would let you stay with them if you're having issues at home?

Ins10 Do people help you study or complete work?

Ins11 Do people show you support when you've gone through a difficult time in your life?

Ins12 Does your group of friends do favors for each other?

Ins13 Are there people who lend you money if you need it?

Ins14 Do people buy you things you need to be successful in school?

Ins15 Are there people who make sure you're on time for extracurriculars/after school activities?

Ins16 Do people help you if you're struggling with a concept in class, or a technique for sports/band/other activities?

Ins17 Are there people who show you how to do things?

Ins18 Are there people you can count on in an emergency?

Ins19 Do people spend time with you when you need help?

Ins20 Are there people who would give you money even if you couldn't pay them back?

Ins21 Do people ask you if they can help you with a task you're working on?

Ins22 Are there people you can count on for help over an extended period of time?

Ins23 Do people spend extra time with you to help you work out a problem?

Ins24 Do people make sure you have the supplies you need for a given task? (class, extracurriculars, projects, etc.)

Ins25 Do people reach out to you to make plans after school or over the weekend?

Ins26 Are there people who help you develop your academic and/or career goals?

Ins27 Do people change their plans to accommodate yours, such as seeing a movie at a different time because you had other commitments?

Ins28 Are there people who buy you a gift for your birthday or other occasions? (Holidays, performances, graduations, etc.)

Ins29 Do people change things in the environment, such as turning down music or turning off the lights, because you asked?

Ins30 Do people give you extra time to complete a task because you asked?