

RESEARCH MODULES
SUMMARY OF ASSESSMENT PROTOCOL
VANCOUVER SITE

Table 1. Measures used at Wave I & II. For additional measures included in Waves III to V, see Table 2.

❖ Personal Demographics and Family History Interview ❖ Community Level Measures 1. Community Violence Measure (CMV) ❖ Family Measures I: Parental Care Experiences 1. Child Report of Parenting Behavior (CRPBI) <i>Exposure to Maltreatment and Trauma</i> 1. The Family Background Questionnaire (FBQ) 2. Life Events Checklist (LEC) ❖ Family /Peer/Romantic Partner Measures: Attachment and Relationship Quality 1. Adolescent Attachment Interview (AAI) 2. Comprehensive Adolescent-Parent Attachment Inventory (CAPAI) 3. Parent-Peer Attachment Function (PPAF) 4. Adolescent Relationship Questionnaire (ARQ) 5. Autonomy in Close Relationships Scale (ACR) 6. Teen Relationship Survey Measures (PMLT6, CHKT6, & PPM) ❖ Youth Measures I: Mental Health Indicators 1. Ontario Health Study Scales/Youth Self Report (OCHS; YSR) 2. The Diagnostic Interview for Children and Adolescents – IV (DICA-IV) 3. Clinician Administered PTSD Scale for Adolescents (CAPS-CA) 4. Suicide Ideation Questionnaire 12 (SIQ-12)	❖ Youth Measures II: Self-Esteem, Attitudes toward Dating, Personality 1. The Rosenberg Self Esteem Scale (RSE) 2. Attitudes towards Aggression in Dating Situations (AADS) 3. The Psychopathy Checklist – Youth Version (YSR – YV) 4. Millon Adolescent Clinical Interview – Egotism Scale (E-MACI) 5. The Structured Clinical Interview for DSM-III-R – (SCID-Axis II syndromes) ❖ Youth Measures III: Emotional Functioning 1. Affect Regulation Checklist (ARC) 2. Rejection Sensitivity Questionnaire (RSQ) 3. Interpersonal Reactivity Index (IRI) 4. Sadness and Anger Rumination Inventory (SARI) 5. Shame and Guilt Questionnaire (SGQ) ❖ Risk/Needs Assessment Measure 1. Structured Assessment of Violence Risk in Youth (SAVRY) ❖ Aggression Measures 1. Conflict Tactics Scale – modified (CTS) 2. Form-Function Aggression Measure (FFAM). 3. Aggressive Fantasies Scale (AFS) 4. Self Report of Offending – revised (SRO-R) 5. Official Arrest Data
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Details of measures used in Wave I & II

Background and Demographic Information

This interview taps standard demographic and background information and includes a measure adapted from the *National Longitudinal Study of Children & Youth* (2001); *National Youth Survey* (1985); and *Health Youth Survey* (2003). Questions target cultural heritage, parental employment and involvement in caregiving, parental monitoring, family composition, parental and sibling involvement in criminality, and placement history including removal from home. In addition, we have access to all prior assessments by health and forensic records including WAIS-III and WISC intelligence test scores.

Community Level Measures

1. *Community Violence Measure* (CMV) was adapted by the NET from the larger body of research pointing to the importance of neighborhood violence, accessibility to firearms and drugs, and the number of neighborhood adults who are involved in antisocial behaviors and violence in adolescent offending (for a review see Lipsey & Derzon, 1998). Self reported exposure to drugs, violence, prejudice, and firearms were obtained across three contexts (home, school, and neighborhood) over the past 6 months.

Family Measures I: Parental Care Experiences

1. *Child Report of Parenting Behavior* (CRPBI; Schludermann & Schludermann, 1988). The CRPBI is a well established measure of parental discipline practices by Schaeffer (1965). This adaptation of Schludermann and Schludermann's (1988) measure uses 13 items to tap three dimensions of acceptance/rejection; psychological control vs. autonomy support; and firm vs. lax control. Participants respond separately for mothers and fathers based on a 3-point scale ranging from "Not Like Me" (1) to "A Lot Like Me" (3). Cronbach's alphas ranged from .81 to .98.

Exposures to Maltreatment and Trauma

1. *The Family Background Questionnaire* (FBQ). The FBQ (McGee, Wolfe & Wilson, 1997) is an established measure of maltreatment experienced during childhood across five domains: exposure to inter-parental violence, emotional, physical and sexual abuse, and neglect. Youth completed each of the items based on their victimization experiences with a maternal and a paternal figure (subscales $\alpha = .73$ to $.86$). Exposure to maternal and paternal violence was assessed using a four-item subscale ("Beat up his/her partner", "Threw something at his/her partner", "Threatened his/her partner with a gun", and "Pushed, grabbed or shoved his/her partner"; maternal IPV subscale $\alpha = .76$ and paternal IPV subscale $\alpha = .81$). Each item was rated on a scale from 0 (it never happened) to 3 (it happened often or very often).
2. *Life Events Checklist* (LEC). The LEC (Blake, et al., 1995) is a measure of exposure to potentially traumatic events, which was developed at the National Centre for Posttraumatic Disorder concurrently with the CAPS (described below). It inquires about multiple types of exposure to each of 17 potentially traumatic experiences. Potentially traumatic experiences include: "Living in an area where there is fighting in the streets or a war going on", "Death of someone close to you". For each potentially traumatic event, respondents rate their experience of the event on a 5-point nominal scale: happened to me (1), witnessed it (2), learned about it (3), not sure (4), and does not apply (5). As it is commonly used, the LEC in this project is used as the checklist of potentially traumatic events before the CAPS is administered. The LEC has recently been evaluated and has shown to have excellent psychometric properties (Gray, Litz, Hsu, & Lombardo, 2004).

Family/Peer/Romantic Partner Measures: Attachment and Relationship Quality

1. *Adolescent Attachment Interview (AAI)*. Youths were administered a 1- to 2-hour semi-structured interview adapted for adolescents from the Family Attachment Interview (FAI; Bartholomew & Horowitz, 1991). Youths were asked to describe their parents, their relationships with their parents, their experiences and emotional reactions to maltreatment, separation and loss in their family context. The interviews are coded by trained and reliable coders, adhering to Bartholomew's coding system, which is well-validated for adults (Bartholomew & Horowitz, 1991; Scharfe & Bartholomew, 1998) as well as high risk adolescents (Scharfe, 2002). Based on youths' accounts of their experiences and feelings in family relationships, and the consistency of coherence of their accounts, the coders rated the interviews on the degree of correspondence to each of four attachment prototypes – secure, fearful, preoccupied and dismissing on a scale ranging from 1 (no correspondence with prototype) to 9 (excellent fit with prototype). The dimensions of anxiety and avoidance were calculated using the four continuous attachment ratings. Good reliability of coders using this system has been established based on interviews in the first wave of data collection. All first wave interviews have been coded.
2. *Comprehensive Adolescent-Parent Attachment Inventory (CAPAI)*. The CAPAI (Moretti, McKay, & Holland, 2001) is a self report measure of attachment security. The version adapted for the present study by Dr. Moretti provides a dimensional score for attachment subtypes. Attachment to a maternal and paternal figure, as well as friends and romantic partners is measured through this instrument. Convergent validity with a full Adolescent Attachment Interview within high risk populations is currently being assessed by the NET.
3. *Parent – Peer Attachment Function (PPAF)*. The PPAF (Moretti, 2003) is a 4-item self-report measure of attachment. The measure was adapted from the Attachment Network Questionnaire (ANQ; Trinke & Bartholomew, 1997), which possesses excellent psychometric properties. It assesses five aspects of attachment: secure base, proximity seeking, degree of emotional connection and separation anxiety. On a scale from 'A lot' (0) to 'Very little or none' (2), respondents rate four questions four times; each pertaining to their mother, father, girlfriend/boyfriend and friends in general.
4. *Adolescent Relationship Questionnaire (ARQ)*. The ARQ (Scharfe & Bartholomew, 1995) widely used self-assessment measures of attachment behavior. It is a single item measure made up of four short paragraphs, each describing a prototypical attachment pattern as it applies in close adult peer relationships. Participants are asked to rate their degree of correspondence to each prototype on a 7-point scale. These ratings (or "scores") provide a *profile* of an individual's attachment feelings and behaviour. This scale has excellent psychometric properties (Scharfe & Bartholomew, 1995; Domingo & Chambliss, 1998).
5. *Autonomy in Close Relationships Scale (ACR)*. The ACR (Montgomery, Li, Friedman, Barrera, & Chassin, 1995) assesses "healthy" autonomy, conceptualized as comfort with differences from others and resilience of the self-concept in relationships with others. Participants were given a modified version of the original scale, in which the six items with the highest factor loadings on the autonomy factor, were rated on a 5-point scale, ranging from 'Almost never or never true' (1) to 'Almost always or always true' (5) for mother, father and friend separately. This modified version has been previously used in other studies (e.g., Taradash, Connolly, Pepler, Craig, Costa, 2001) and has showed good internal consistency. Alpha's in the current study ranged from .75 to .81 across relationship contexts.
6. *Teen Relationship Survey Measures (PMLT 6, CHKT 6 and PPM)*. These measures were adapted from Pepler and Craig's (1998) study of aggressive behaviour in a large normative sample of young adolescent to late adolescent youth. The three measures from their Teen Relationship Survey assess youths' relationship to their mother (PMLT 6), the degree of conflict and how youth cope

with conflict with their mother, father and friend (CHKT 6) and parental monitoring (PPM). The PMLT 6 is a 15-item self-report measure and the CHKT 6 consists of 6 questions each in relation to mother, father and friend. Both of these measures are rated on a 5-point scale, ranging from 'Not at all' (1) to 'Almost all or all of the time' (5). These measures have been adapted from well established measures: Inventory of Peer and Parent Attachment (IPPA; Armsden & Greenberg, 1987) and Networks of Relationships Inventory (NRI; Furman & Buhrmester, 1985) which each possess excellent psychometric properties. The PPM is a 5-item self-report measure assessing to what degree are parents (mother and father separately) aware of their youth's friends, whereabouts, activities. This scale is rated on a 4 point scale from 'Doesn't know' (1) to 'Knows exactly' (4).

Youth Measures I: Mental Health Indicators

1. *Ontario Health Study Scales/Youth Self-Report (OCHS; YSR)*. The OCHS (Spitzer, Williams, Gibbon, & First, 1992) was a province wide survey the objective of which was to estimate the prevalence of emotional and behavioural disorders among Ontario children and adolescents. The basic pool of items to measure childhood psychopathology in this survey was adapted from the Child Behaviour Checklist (CBCL) and its Youth Self-Report version (YSR; Achenbach, 1991). The OCHS checklist asks about symptoms occurring at present or in the past 6 months. Each item has three response categories 0=never or not true, 1=sometimes or somewhat true, and 2 = often or very true. The OCHS items used in this protocol yield five subscales consistent with DSM-IV diagnoses: Separation Anxiety, Depression, ADHD, Conduct Disorder, and Oppositional Disorder. Subscale alphas in Wave I ranged from .79 to .89. These scales have recently been integrated into a mental health screening measure and subscales show excellent psychometric properties.
2. *The Diagnostic Interview for Children and Adolescents – IV (DICA – IV, Adolescent version)*. The DICA (Reich, Welner, Herjanic, & MHS staff, 1997) is a well-validated, structured, computer-assisted interview that assesses DSM-IV criteria for major psychiatric syndromes. Standard symptom criteria were applied in determining the presence of internalizing disorders (insert all Generalized Anxiety Disorder, Separation Anxiety Disorder and Depression) and externalizing disorders (ADHD, Oppositional Defiant Disorder and Conduct Disorder) as well as Alcohol Abuse, Marijuana Abuse, and Abuse of Street Drugs and Inhalants. Comprehension of the questions was carefully assessed and all participants were considered competent to complete the diagnostic interview.
3. *Clinician Administered PTSD Scale for Adolescents (CAPS-CA; 18)*. The CAPS-CA (Blake, et al., 1995) is a semi-structured clinical interview that systematically assesses each of the diagnostic criteria for PTSD as described by the DSM-IV. The scale assesses both the frequency and intensity of each of the 17 diagnostic criteria as detailed by DSM-IV. The frequency and intensity are summed to provide a total trauma reaction score. According to a recent review, the CAPS is the most commonly used instrument used to assess posttraumatic effects both by clinicians and researchers (Elhai, Gray, Kashdan, & Franklin, 2005). The CAPS has been extensively evaluated and has been found to have excellent psychometric properties (e.g., Weathers, Keane, & Davidson, 2001).
4. *Suicide Ideation Questionnaire 12 (SIQ-12)*. The SIQ-12 is 12-item version of the original SIQ Reynolds (1988). Items reflect suicidal thoughts, wishes, and intentions in the past month and ever in one's life. Good internal consistency and reliability has been reported for a normative sample of high school youth and this scale is widely used as a screening instrument in clinical settings.

Youth Measures II: Self Esteem, Attitudes toward Dating, Personality

1. *The Rosenberg Self Esteem Scale (RSE)*. The RSE (Rosenberg, 1965) is a uni-dimensional measure of global self esteem. The items represent a continuum of self worth ranging from

statements that are endorsed by individuals with low self esteem to those with high esteem. This widely used measure has demonstrated good reliability and internal consistency.

2. *Attitudes towards Aggression in Dating Situations (AADS)*. The AADS (Slep, 2001) consists of 12 items which describe acts of physical dating aggression within particular contexts. Five items describe a female aggressing against her male partner, and five items describe a male aggressing against his female partner. Participants rate the degree to which the aggressive response is acceptable on a 6-point scale, ranging from 'Strongly Agree' (1) to 'Strongly Disagree' (6). This measure was found to have reasonable reliability and concurrent validity (Slep, 2001).
3. *The Psychopathy Checklist –Youth Version (PCL-YV)*. The PCL-YV (Forth et al., 2003) is a multi-item symptom construct rating scale that measures interpersonal and affective characteristics as well as overt behaviors. Trained observers rate the severity of each symptom based on a semi-structured interview, a review of case history information, and information from collateral informants. Each of the 20 items is scored on a 3-point scale (0 = item doesn't apply, 1 = item applies somewhat, 2 = item definitely applies). Reliability studies demonstrated acceptable levels of internal consistency and inter-rater agreement (e.g., $r = 0.81$ to $r = .0.93$; e.g., Vincent, Corrado, Odgers, & Cohen, 1999).
4. *Millon Adolescent Clinical Interview - Egotism Scale (E-MACI)*. The E-MACI a 20 item self-report measure, which consists of a subset of questions from the MACI (Millon, 1993) egotism scale. The questions are presented in a True/False response format. The MACI has been extensively evaluated and has been found to have excellent psychometric properties (e.g., McCann, 1997, 1999).
5. *The Structured Clinical Interview for DSM-III-R (SCID-BP)*. The SCID-BP is a 15 item interviewer assisted questionnaire, which was developed based on the questions from the Structured Clinician Interview (Spitzer, Williams, Gibbon, & First, 1991) to assess DSM-III-R disorders; specifically Borderline Personality Disorder. The questions tapped into all the symptom and criterion requirements for this disorder and are presented in a True/False response format.

Youth Measures III: Emotional Functioning

1. *Affect Regulation Checklist (ARC)*. The (ARC; Moretti, 2003) is a 12 item measure that attains information on how well participants can manage their feelings. This scale was developed to measure three components of affect regulation: Dyscontrol (e.g., "I have a hard time controlling my feelings"; "It's very hard for me to calm down when I get upset"), Suppression (e.g., "I try hard not to think about my feelings"; "I try to do other things to keep my mind off of how I feel"), and Reflection (e.g., "Thinking about why I have different feelings helps me to learn about myself"). All items are scored on a 3-point scale ranging from "not like me" to "a lot like me". A subset of items was adapted from published scales of emotion regulation (Gross & John, 1998, 2002; Shields & Cicchetti, 1995) and others were developed to tap the three factors of affect regulation in adolescence as outlined above. Consistent with other studies in the area, the ARC represents a multidimensional view of emotion regulation that includes both maladaptive (e.g., lack of control, suppression) and adaptive (reflection) attempts at regulating affect. Furthermore, the ARC is careful to inquire about regulatory abilities that are not tied to any specific emotion so as not to confound the emotion with specific regulatory processes. Results from confirmatory factor analyses supported a 3-factor solution for the ARC, CFI = .93, RMSEA = .06, over both a 1-factor (CFI = .45, RMSEA = .18) and 2-factor (CFI = .83, RMSEA = .10) solution.
2. *Rejection Sensitivity Questionnaire (RSQ)*. The RSQ has been adapted into a 12-item instrument that asks about an individual's expectations regarding anger and anxiety in hypothetical scenarios that present a possibility of rejection from a significant other (Downey & Feldman, 1996). Test-retest

reliabilities range from .83 to .78 depending on the time period between assessments (Downey, Freitas, Michaelis, & Khouri, 1998).

3. *Interpersonal Reactivity Index (IRI)*. The IRI (Davis, 1983) is 28-item self-report inventory that assesses participants on cognitive and affective dimensions of empathy. For the purposes of this study 14 items were selected to assess two dimensions of empathy – emotional understanding (cognitive empathy) and experiencing of empathy (emotional empathy). Each item is scored on a Likert scale from 0 to 4, with response anchors ranging from "does not describe me well" (0) to "describes me well" (4); the maximum score for each subscale is 14. Subscale alphas were .85 and .91.
4. *Sadness and Anger Rumination Inventory (SARI)*. The SARI (Peled & Moretti, 2007) includes analogous items for anger rumination (RI-A; 11 items) and sadness rumination (RI-S; 11 items). Items were adapted from preexisting measures of sadness rumination (Conway et al.'s Rumination on Sadness Scale, 2000) and anger rumination (Sukhodolsky et al.'s Anger Rumination Scale, 2001) based on high factor loadings. The words *angry* and *anger* in the anger rumination measure are replaced with *sad* and *sadness* in the sadness rumination measure. Participants indicate on a 5-point scale ranging from Never (1) to Always (5) how often they "do the following things" when they are angry (anger rumination component) or sad (sadness rumination component). To avoid potential confounds, the sadness and anger rumination scales are never administered consecutively, and the order of the rumination measures is alternated so that half the participants complete anger rumination before sadness rumination whereas the other half complete them in the reverse order. Both components of the SARI have demonstrated good internal reliability (Cronbach's alpha for sadness rumination = .96; alpha for anger rumination = .95) and convergent validity.
5. *Shame and Guilt Questionnaire (SGQ)*. The SGQ (Moretti & Obsuth, 2003)) measure was developed to tap feelings of shame and guilt. On a scale from 1 (Never) to 5 (Always), respondents rate six questions, three pertaining to shame and three pertaining to guilt in response to the statement "When I do something wrong...". A sample item is "I feel so guilty and try to think of what I could do to make up for it". Factor analysis revealed that shame and guilt are independent factors, and each have demonstrated good internal reliability (alphas = .85 & .86, respectively).

Risk/Needs Assessment Measure

1. *Structured Assessment of Violence Risk in Youth (SAVRY)*. The SAVRY (Borum, Bartel, & Forth, 2002) is a risk assessment tool composed of 24 items in three risk domains (Historical Risk Factors, Social/Contextual Risk Factors, and Individual/Clinical Factors), drawn from existing research and the professional literature on adolescent development as well as studies on violence and aggression in youth. Each item has a three-level rating structure with specific rating guidelines (Low, Moderate, or High). In addition to the 24 risk factors, the SAVRY also includes six Protective Factor items that are rated as either Present or Absent. The SAVRY is useful in the assessment of either male or female adolescents between the ages of 12 and 18 years. It may be used by professionals in a variety of disciplines who conduct assessments and/or make intervention/supervision plans concerning violence risk in youth.

Aggression Measures

1. *Conflict Tactics Scale-modified (CTS)*. The CTS is a self-report instrument that asks a series of questions about coercive and aggressive acts that occur within relationships. Participants are asked to rate how often they have been the victim of the act perpetrated by their mother, father, peer, and romantic partner, as well as how often they have perpetrated these acts against these individuals (Straus, 1979; revised by Pepler & Craig, 1998). A host of studies have documented the validity of the CTS in assessing child maltreatment (Straus & Hamby, 1997; Yodanis, Hill & Straus, 1997).

The following six items were rated by youth on a four-point scale from 1 (never) to 4 (always) for each of the four relationship domains (subscales $\alpha = .82$ to $.89$): “You destroyed or threatened to destroy something that was valued by a friend”, “You pushed, grabbed or shoved a friend in an argument”, “You threw something at a friend”, “You slapped a friend”, and “You kicked, bit or hit a friend”.

2. *Form-Function Aggression Measure (FFAM)*. The FFAM (Little, Jones, Henrich, & Hawley, 2003) is a self-report instrument that enables the examination of two forms of aggressive behaviour (overt and relational) and two functions of aggression (instrumental versus reactive). The IMFA contains six subscales designed to differentiate the underlying forms (overt, relational) and functional (reactive, instrumental) expressions of aggression. The 25 items comprising this test are scored on a four point scale ranging from ‘not true at all’ to ‘completely true’. Alphas for each scale range from .78 for relational aggression to .84 for overt-instrumental aggression (Little, Jones, Henrich, & Hawley, 2001). A modified version of this inventory has been adapted to allow for collateral reporting.
3. *Aggressive Fantasies Scale (AFS)*. The AFS (Peled, 2003) is a 9-item self-report scale that assesses the frequency with which respondents fantasize or daydream about engaging in aggressive acts, for example: “How often do you think about damaging or destroying property that does not belong to you?”. Each item is rated on a 5 point scale, ranging from Almost Never (1) to Once a day or more (5). This measure was developed based on other, well established measures of aggression – Peer Nomination Measure of Aggression (Crick & Grotpeter, 1995) and Self Report of Delinquency (Piquero, MacIntosh, & Hickman, 2002). Psychometric assessment of the present measure is currently underway by the NET.
4. *Self Report of Offending-Revised (SRO-R)*. The SRO-R assesses both lifetime and current involvement in delinquent and violent activities (Elliott, Huizinga, & Menard, 1989; Menard & Elliott, 1996). *SRO-R*. The Self Report of Offending (Huizinga, Esbensen, & Weiher, 1991) was adapted based on the more widely studied Self Report of Delinquency (SRD: for review of psychometric properties see Piquero, MacIntosh, & Hickman, 2002). In this study 16 items are used to assess lifetime involvement of the youth in violent acts (e.g., “Used a weapon in a fight”, “Carried a gun”.) across different contexts (at home, on the street, at school).
5. *Official Arrest Data*. In Vancouver, official arrest data was collected through the Ministry of Children and Family Development official records system in British Columbia (CORNET) to measure violent and non-violent recidivism. In Virginia participants were tracked through police record checks and the VA-DJJ correctional system.

Waves III, IV, V Protocol: Supplementary and Equivalency Measures

The research protocol for Waves III to V data collection will be revised to achieve the following goals:

1. Administration of equivalent measures for youth who reach the upper age limit on particular tests. For example, an adult standardized diagnostic instrument will be used with youth age 18 or older as described below. All data will be entered at the symptom level allowing for comparability across ages at the symptom level and in many cases diagnostic equivalence can be estimated. Our interview of attachment will focus more heavily on peers and romantic relationships, something already included in the interview but which will be of increasing relevance as participants move toward adulthood. For the vast majority of measures, equivalency is not a problem as they have been used across an adolescent and young adult sample (e.g., relationship questionnaires, questionnaires regarding self-esteem and emotional experiences, questionnaires tapping aggression and antisocial behaviour).
2. Expansion of the protocol to assess additional domains of risk, in particular, exposure to cultural and sexual discrimination and harassment.
3. Expansion of domains of functioning to assess educational, vocational, parental, family and couple adjustment, health status and experiences of discrimination. Assessment in the domains of educational, vocational, health status and discrimination will be administered to all participants in Waves III to V, assessment in the domains of parental, family and couple adjustment will be added as participants enter into these spheres over time.

Table 2. Supplementary & Equivalency measures to be included in Waves III to V.

❖ Mental Health Indicators 1. Adult Self Report (ASR) 2. Computer Assisted Personal Interviewing (CAPI) ❖ Physical Health Indicators 1. Health Ratings, Physician Visits and Injuries 2. Smoking and Tobacco Dependence – DSM-IV criteria 3. Biomarkers for Cardiovascular Risk 4. Family History Screen 5. Life History Calendar ❖ Educational & Employment Measures 1. Educational placement & achievement 2. Minnesota Satisfaction Questionnaire (MSQ) 3. Perceived Opportunities for Future Success (POFS) 4. Employment History	❖ Cultural Discrimination 1. Racial Discrimination ❖ Experiences within Romantic Relationships and Family Functioning 1. Dyadic Adjustment Scale (DAS) 2. Family Adaptability & Cohesion Scales (FACES) ❖ Parenting Measures 1. Parenting Sense of Competence Scale (PSOC) 2. Caregiver Strain Questionnaire (CGSQ) 3. Child Abuse Potential Inventory (CAP) 4. Parenting Practices Inventory (PPI) ❖ Services Utilized
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Mental Health Indicators

1. *Adult Self Report (ASR)*. The ASR yields two broad subscales for internalizing and externalizing behaviors and several subscales including adaptive functioning subscales with friends, spouse, family, employment, and education (Achenbach & Rescorla, 2003). The child-version of this measure the Youth Self Report (YSR; Achenbach, 1991) was used for previous Waves. This measure has adequate reliability, validity and internal consistency (Achenbach & Rescorla, 2003). A modified version has also been adapted to allow for collateral reporting.
2. *Computer Assisted Personal Interviewing (CAPI)*. The CAPI (Haro, et al., 2006) is a comprehensive, fully structured interview designed to be used by trained interviewers for the assessment of mental health disorders according to the definitions and criteria of ICD-10 and DSM-IV. It is intended for use in epidemiological, cross-cultural studies as well as for clinical and research purposes. The diagnostic section of the interview is based on the World Health Organization's Composite International Diagnostic Interview (WHO CIDI, 1990). This measure has excellent psychometric properties (Kessler & Üstün, 2004; Haro et al., 2006). This measure will replace the DICA described above used in previous Waves.

Physical Health Indicators

1. *Health Ratings, Physician Visits and Injuries*. A self report of health across a number of diseases, injuries and medical illnesses has been adapted from the Dunedin Multi-disciplinary Study of Health and Development (Idler & Benyamini, 1997). Reports of the frequency of treatment for physical-health problems from a general physician and hospitalization within the past year will also be gathered.
2. *Smoking and Tobacco dependence* will be assessed via DSM-IV (1994) criteria. *Symptoms of chronic bronchitis*, namely chronic coughing and phlegm will be assessed via a protocol validated in population based samples (Sears et al., 2003).
3. *Cardiovascular disease (CVD) risk*. Because the sample is too young to present clinical endpoints of cardiovascular disease (e.g., myocardial infarction), we will focus on multiple risk-factor clustering as a measure of cardiovascular risk. (Grundy et al., 1999; Munoz & Gange, 1998) Biomarkers such as: overweight, high blood pressure, elevated total cholesterol and low high-density cholesterol will be used to cluster participants based on algorithms established in prior research and endorsed by the American Heart Association (Caspi et al., 2006).
4. *Family History Screen*. A modified version of the Family-History Screen (FHS), a valid and reliable measure of psychiatric family health history (Weissman et al., 2000), will be included in the protocol to screen for both family medical and family psychiatric history. Family-history information has proven utility in medical settings and is routinely used for population-wide prevention of cardiovascular disease and related conditions (Hunt, Gwinn & Adams, 2003). Recent findings suggest that family history predicts prognosis for antisocial behavior in research settings (Odgers et al., in press) and should be evaluated within clinical and high risk samples prior to the publication of DSM-V (Moffitt et al., 2007).
5. *Life History Calendar* will be used to enhance the retrospective recall of significant mental and physical health events during childhood and adolescence (Belli, Shay & Stafford, 2001; Caspi et al., 1996).

Educational & Employment Measures

Note: Employment level measures will be administered to all participants who have been employed at some point.

1. *Minnesota Satisfaction Questionnaire* (Weiss, Dawis, England, & Lofquist, 1967; Mason & Griffin, 2005). The MSQ is a 20 item questionnaire designed to assess individual level job satisfaction. This instrument includes questions related to payment, working conditions, and interactions with supervisors. This instrument had demonstrated adequate reliability and internal consistency (Mason & Griffin, 2005).
2. *Perceived Opportunities for Future Success* (Huizinga, Loeber, & Thornberry, 1993). This is a 10 item measure that assesses items related to the job market and ability to succeed. This is a reliable measure ($\alpha = 0.60$) that has been used in both the Dunedin longitudinal study (Moffitt et. al, 2001) and a multi-site study funded by the Office of Juvenile Justice and Delinquency Prevention (OJJDP).
3. *Employment History*. Using a timeline, we will assess periods of employment and unemployment after release from custody. We will also attain type of job and job status (e.g., full time, part time, intermittent) information. This measure will allow us to formulate a thorough employment history post-release.

Cultural Discrimination

1. *Cultural*. Relatively few measures of racial discrimination exist, and none have been used to investigate discrimination among Aboriginal Canadian youth. We will therefore rely on an established measure used to assess experiences of discrimination among African American youth. In a recent study, Brody and colleagues (Brody, et al., 2006) adapted the 13 item Schedule of Racist Events (SRE; Landrine & Klonoff, 1996) for use with African American adolescents. Items assessed the frequency in the past year that they experienced specific discriminatory events, such as racial insults (e.g., "someone said something insulting to you because you are African American), disrespectful treatment (e.g., "a store owner or sales person treated you in a disrespectful way because you are African American"), physical threats and false accusations. Coefficient alpha for the scale was high and discrimination was associated with higher levels of depression and conduct problems. This instrument will be adapted for use with Aboriginal Canadians. Participants who are not of minority status will complete an analogous scale taping the same experiences but without the context of racial discrimination.

Experiences within Romantic Relationship and Family Functioning

1. *Dyadic Adjustment Scale (DAS)*. The DAS (Spanier, 1976) is a 22-item measure of marital satisfaction. Participants rate each question related for example to dyadic interaction and frequency of mutual activities to obtain a summary score of satisfaction. The psychometric properties have been examined and established as sound by several researchers (Goodwin, 2002; Graham, Liu, & Jeziorski, 2006).
2. *Family Adaptability and Cohesion Scales (FACES-II)*. The FACES-II (Olson, Portner, & Lavee, 1985) is a 30-item self-report measure, which assess two major dimensions of family functioning: cohesion and adaptability. Items describing family interactions and dynamics are rated on a 5-point scale ranging from 'Almost Never' (1) to 'Almost Always' (5). The measure also provides an overall Family Type score ranging from 1 (Extreme) to 8 (Balanced) and has excellent psychometric properties.

Parenting Measures

1. *Parenting Sense of Competence Scale (PSOC)*. The PSOC measure utilized in this research will be Johnston and Mash's (1989) revision of Gibaud-Wallston and Wandersman's (1978) 17-item parental self-esteem scale – with the final item removed. Participants rate each item on a 6 point scale ranging from 'Strongly Disagree' (1) to 'Strongly Agree' (6). The PSOC has two subscales

each assessing a different aspect of parenting. The parental satisfaction subscale assesses the degree to which the parent feels that parenting is rewarding and feels valued as a parent. The parental efficacy subscale assesses parents' perception of the degree to which they have acquired the skills and understanding to be a good parent. Finally, the combined score provides an overall appraisal by the parent of his or her functioning in the parenting role.

2. *Caregiver Strain Questionnaire (CGSQ)*. The CGSQ (Brannan, Heflinger, & Bickman, 1997) is a 21-item scale measuring caregiver strain experienced by parents, originally used for caregivers of children with emotional and behavioural disorders. In light of research showing elevated levels of emotional and behavioral problems in the offspring of parents with history of aggressive and antisocial behaviour, we believe the use of this instrument with this population is appropriate. The instrument measures three aspects of caregiver strain: a) objective strain related to observable occurrences; b) subjective externalized strain related to feelings such as anxiety, sadness and fatigue related to parenting; and c) subjective externalizing strain related to feelings towards the child or his/her behaviour such as anger, resentment, or embarrassment. Parents are asked to rate the extent the item is problematic using a 5-point scale ranging from "not at all" to "very much". This measure has been documented to have good psychometric properties.
3. *Child Abuse Potential Inventory (CAP)*. The CAP (Milner, 1980) is 160-item self-report questionnaire designed to detect the potential for child abuse as measured by attitudes and feelings that have been found in identified child abusers. Respondents are asked to agree or disagree with statements related to abuse such as, "I have a child who is bad" and "Everything in a home should always be in its place." The 77-item physical child abuse scale consists of six factor scales: distress, rigidity, unhappiness, problems with child and self, problems with family, and problems with others. Total abuse scores range from 0 to 486. The CAP has a reported internal consistency of .92 and .98. (Milinder, 1994).
4. *Parenting Practices Inventory (PPI)*. The PPI (adapted from Fast Track; McCarthy & McMahon, 2005) is a 17-item measure developed for Fast Track to assess the parent's permissiveness of their discipline, the effectiveness of their discipline and the consistency of their discipline efforts. The items are coded on a 4-point scale describing specific frequency ratings ("never", "almost never", "some times", "often").

Services Utilized

1. To further assess functioning participants will also be asked what services and how frequently they have utilized in the six months previous to assessment. Services pertaining to child custody, including child removal will be assessed.