

## **Learned Helplessness and Parental Support as Predictors of Depression among Asian American Undergraduates**

Saniya Soni  
Department of Psychology  
Drexel University  
3141 Chestnut St, Philadelphia, Pennsylvania 19104

Faculty Advisor: Dr. Danette Morrison

### **Abstract**

Research shows that Asian-American students experience a greater severity of depression in comparison to their white peers. Attaining academic success can be a major stressor during college, leading many students to feel a loss of control, which can in turn impact their mental health. Learned helplessness (a perceived loss of control) may be exhibited by students who have developed a loss of motivation and continue to face challenging tasks. Studies show a strong relationship between learned helplessness and depression. However, less is known on the mediating factors in predicting this relationship, specifically with Asian American college students. This study examined learned helplessness and parental support as significant predictors of depression among Asian American undergraduate students. The current sample consists of 111 Asian American undergraduate students recruited from United States undergraduate universities. Multiple regression analyses found parental emotional support, coping competency, and learned helplessness as predictors of symptoms of depression. Coping competency and learned helplessness were mediating factors for the relationship between parental emotional support and symptoms of depression. Overall, these findings suggest that for these Asian American undergraduate students, experiencing a lack of support from parents and guardians and a low ability to cope with stressful academic situations may result in feelings of depression. When left unmanaged, this developed lack of resiliency in stressful situations can lead to feelings of depression, and possibly suicidal ideations.

**Keywords: Asian American, Learned Helplessness, Depression**

### **1. Introduction**

Research has shown that depression among college students in the United States is on the rise. According to Jerald Kay, M.D., Professor and Chair of the Department of Psychiatry at the Wright State University School of Medicine, in the past 15 years the depression rate among students has doubled and the suicide rate has tripled<sup>1</sup>. The Jed Foundation, an organization that works to prevent adolescent suicides, estimates that 1,100 college students a year take their own lives – an average of about three per day<sup>2</sup>. Nevertheless, studies have found that Asian American students experienced significantly greater depression severity than their white peers<sup>3</sup>. According to the 2000 National College Health Assessment Survey, Asian American students were 1.6 times more likely to have seriously considered attempting suicide than their white counterparts<sup>4</sup>. While students of color are less likely to seek mental healthcare than their white peers<sup>5</sup>, Asian Americans reportedly utilize the least amount of mental health services<sup>6,7</sup>. The unaddressed stigma of mental health as well as the value placed on academics in Asian American communities is an issue that has been grossly under researched. For many Asian American students, academics and achieving academic success are two of the most prevalent stressors; both are heavily influenced by cultural, societal, and familial expectations<sup>8,9</sup>. Over involved parenting in children's education has been found to have a significant negative correlation with Asian American students' academic achievement<sup>10</sup>. Furthermore, interdependence, maladaptive perfectionism, and parent-driven perfectionism have all been found to correlate with depressive symptoms among Asian American students<sup>11</sup>.

The compounding of cultural, parental, and academic pressure may lead to academic burnout<sup>8</sup>. Attaining academic success can be a major stressor during college, leading many Asian American students to experience a perceived loss of control, which can in turn impact their mental health<sup>12</sup>.

Perceived control is measured by whether or not an individual feels that their personal efforts make a difference. The four-factor model of perceived control constitutes that being in control consists of self-evaluations of one's ability to: a) avoid negative events b) cope with negative events c) obtain positive events d) savor positive events<sup>13</sup>. It is important to note, however, that it is the assumption of control rather than actually obtaining control<sup>14</sup>. Learned helplessness is that perceived loss of control, or an individual's perceived inability to change their circumstances and outcomes in their lives due to the re-experiencing lack of control. After repeated exposure to non-contingent results, negative outcomes can occur such as cognitive, motivational, and emotional deficits<sup>15</sup>. The learned helplessness model of depression explains that as an individual becomes unable to effectuate control over various aspects of their environment, they tend to become depressed<sup>16</sup>.

The relationship between perceived control and depression has been illustrated across several studies. Specifically, learned helplessness is positively correlated with depression<sup>17, 18</sup>. One study in particular assessed the relationship between learned helplessness and multi-morbidities including alcohol abuse, depression, and diabetes. Participants filled out the Patient Health Questionnaire-8 to measure depression and the Coping Competence Questionnaire to measure perceived control. The results showed a positive correlation between learned helplessness and depression symptoms<sup>17</sup>. Another study tested the relationship between learned helplessness and depression in nursing and assisted living homes. The latter reported a relationship between perceived control, learned helplessness, and depression<sup>18</sup>.

However, less is known on whether learned helplessness is a significant predictor of depression within college student populations, and more specifically, Asian American college student populations. Given the cultural emphasis placed on academic success and the parental pressures present in the lives of Asian American undergraduates, it is important to understand the role they play in the development of learned helplessness and symptoms of depression. This study had three objectives. The first was to examine the relationship between parental emotional support, learned helplessness, and depressive symptoms. I hypothesized that there would be a negative correlation between parental emotional support and learned helplessness, parental emotional support and depressive symptoms, and learned helplessness and depressive symptoms. The second objective was to understand the predictive relationship between learned helplessness and depressive symptoms. I hypothesized that learned helplessness would be a significant positive predictor of depressive symptoms. The third and final objective was to use mediation analyses to determine whether parental emotional support was a mediating factor in the relationship between learned helplessness and depressive symptoms.

## 2. Methods

The Institutional Review Board (IRB) of Drexel University approved all of the procedures in this study. Informed consent was provided by each participant as required by the Drexel University Institutional Review Board.

### 2.1 Participants

A total of 150 students were surveyed from 4-year universities across the United States. Students who were enrolled as undergraduate students in these universities were eligible to participate in the study regardless of ethnic identity, but only data from Asian American students were reported in the present study. The present sample included 111 Asian American students (64.9% female,  $M_{\text{age}} = 19.6$ ,  $SD = 0.89$ ). Fifty participants were in their third year of undergraduate study and 63.7% of the participants were categorized as "high achieving" with a grade point average of 3.50 or above qualifying as "high achieving."

### 2.2 Procedure

Students were recruited through cultural and academic organizations on a variety of college campuses. Students were asked to complete an online questionnaire anonymously via Qualtrics.

## 2.3 Measures

### 2.3.1 emotional support

Emotional support was measured from two sources: friends and parents or guardians. Friend emotional support was assessed with an adapted version of the *Child and Adolescent Social Support Scale*<sup>19</sup>. The CASSS is a screening and research self-report measure that can be used to assess the perceived social support provided to 3<sup>rd</sup> to 12<sup>th</sup> graders from a parents, teachers, classmates, and close friends. The current study chose to utilize the close friend portion of the scale. In order to accurately assess friend emotional support for college students, questions were adapted and a total of 4 items were presented in the present study. Students were asked to rate how each scenario applied to their close friendships from “not like them,” which was coded as 1, to “a lot like them,” which was coded as 3. Previous studies have cited the CASSS as psychometrically sound with external consistency, strong retest reliability, and construct validity<sup>20, 21</sup>. In the current study, the reliability with Cronbach’s alpha was 0.83 ( $\alpha = .831$ ).

Parental emotional support was measured with an adapted version of both the Child Report of Parent Behavior Inventory<sup>22</sup> and the Psychological Control Scale-Youth Self Report<sup>23</sup>. The adapted 4-item scale measured parental psychological support. Participants responded on a three-point Likert scale from “not like them,” which was coded as 1, to “a lot like them,” which was coded as 3, in regards to their parents or guardians. In the current study, the reliability with Cronbach’s alpha was 0.8 ( $\alpha = .805$ ).

### 2.3.2 coping competency

Coping competency was measured with the *Coping Competency Questionnaire*<sup>24</sup>. The Coping Competency Questionnaire focuses on the anticipatory, emotional, and behavioral deficits entailed in the learned helplessness syndrome, thus assessing the degree to which a person is likely to develop motivational helplessness. The current study employed 6 of the items from the 12-item Coping Competency Questionnaire. Students were asked to rate scenarios detailing responses to stressful situations on a Likert scale from “very uncharacteristic of me,” which was coded as 1, up to “very characteristic of me,” which was coded as 5. Higher scores indicated low coping competency and a high likelihood of developing learned helplessness. Data indicate the CCQ has high reliability, and in the current study, the reliability Cronbach’s alpha was 0.86 ( $\alpha = .862$ ).

### 2.3.3 learned helplessness

Learned helplessness was measured using the Learned Helplessness Scale<sup>25</sup>. This scale remains the only published measure of helplessness-related expectations. The current study adapted the 20-item scale and administered 10 items; participants responded on a four-point Likert scale rating how closely they agreed or disagreed with statements describing them or their feelings in regards to control over negative events. Higher scores indicated a higher degree of learned helplessness. The internal consistency of the Learned Helplessness Scale has been widely validated, including in healthy populations<sup>26</sup>, and in the current study, the reliability Cronbach’s alpha was 0.88 ( $\alpha = .887$ ).

### 2.3.4 symptoms of depression

Symptoms, or feelings of depression were measured with the Center for Epidemiological Studies Depression Scale<sup>27</sup>. The CES-D is a self-report scale designed to measure the current level of depressive symptoms in a general population. Items assess perceived mood and level of functioning and four factors are represented: depressed affect, positive affect, somatic problems and retarded activity, and interpersonal relationship problems, with an emphasis on depressed affect. Participants rated on a four-point Likert scale how often they experienced each item in the last two weeks. A score greater than 11 has been identified as the cutoff for high depressive symptomology<sup>28, 29</sup>. It is important to note that the present study did not aim to diagnose any participants nor classify any participants as depressed.

## 3. Results

Descriptive statistics for the main study variables are provided in Table 1 and bivariate correlations are reported in Table 2. The average parental emotional support score of this sample ( $M = 8.95$ ,  $SD = 2.17$ ) suggests the sample had

adequate support, with 29.7% reporting low emotional support from parents or guardians. Coping competency ( $M = 17.66, SD = 6.032$ ) and learned helplessness scores ( $M = 22.04, SD = 5.797$ ) were standard. However, the average depression symptomology score of this sample ( $M = 14.26, SD = 2.959$ ) was significantly higher than the average depression symptomology score among 18 year olds both male and female in the United States<sup>30</sup>. In this sample, these Asian American students rated higher than the average student, providing support that Asian American undergrads experience depression more severely. Using 11 as the cut off score, 78% of the sample fell into the range of high depression symptomology. Sex, undergraduate year, financial aid, and grade point average were controlled for in all analyses.

Bivariate correlations revealed significant correlations between parental emotional support, learned helplessness, coping competency, and symptoms of depression. Parental emotional support significantly negatively correlated with learned helplessness,  $r(109) = -.367, p < .01$ , and depressive symptoms,  $r(109) = -.415, p < .01$ . Parental emotional support positively correlated with coping competency  $r(109) = .377, p < .01$ . In contrast, coping competency negatively correlated with learned helplessness  $r(109) = -.631, p < .01$ . Learned helplessness positively correlated with depressive symptoms  $r(109) = .397, p < .01$ . Finally, while friend emotional support seemed insignificant in the midst of the other variables, it negatively correlated with depressive symptoms  $r(109) = -.206, p < .05$ . Tests of the four a priori hypotheses were conducted using Bonferroni adjusted alpha levels of .0125 per test (.05/4).

After establishing a significant relationship between parental emotional support, learned helplessness, coping competency, and symptoms of depression, regression analyses were conducted. A linear regression analysis found coping competency was a significant predictor of learned helplessness ( $F(4,109) = 18.607, p < .001$ ) with an  $R^2$  of .415, validating the use of the coping competency questionnaire and measure of coping competency as the likelihood to develop learned helplessness. Two simple linear regression analyses were conducted to examine the predictive nature of parental emotional support on coping competency and learned helplessness. Parental emotional support was found to be a significant positive predictor of coping competency ( $R^2 = .485, F(4,109), p < .001$ ) and learned helplessness ( $R^2 = .437, F(4,110), p < .001$ ). Multiple regression analyses found parental emotional support and learned helplessness ( $R^2 = .267, F(5,105) = 7.651, p < .001$ ) as significant predictors of feelings of depression. Additionally, parental emotional support and coping competency ( $R^2 = .205, F(5,103) = 6.558, p < .001$ ) were found to predict depression symptoms as well.

Table 1 Descriptive Statistics for Main Study Variables

	<i>M</i>	<i>SD</i>	Minimum	Maximum
1. Friend Support	2.770	.377	1.0	3.0
2. Parent Support	2.238	.544	1.25	3.0
3. Coping Competency	2.944	1.0	1.0	5.0
4. Learned Helplessness	2.204	.579	1.0	3.50
5. Depression	1.426	.296	.80	2.30

N = 111

Table 2 Bivariate Correlations for Main Study Variables

	1	2	3	4	5	6	7	8
Sex	1							
Undergraduate Year	.089	1						
Financial Aid	-.203*	.038	1					
Friend Support	.112	-.185	-.010	1				
Parent Support	-.116	-.071	-.019	.181	1			
Learned Helplessness	<b>.263**</b>	.116	-.004	-.113	<b>-.367**</b>	1		
Coping Competency	<b>-.310**</b>	-.099	.179	.058	<b>.377**</b>	<b>-.631**</b>	1	
Depression	.241*	-.002	-.082	-.206*	<b>-.415**</b>	<b>.397**</b>	<b>-.381**</b>	1

Note. Bold indicates correlation is significant at alpha level corrected by sequential Bonferroni method. \* $p < .05$ , \*\* $p < .01$

The relationship between parental emotional support and depressive symptoms was mediated by learned helplessness and coping competency. As Figure 1 illustrates, the standardized regression coefficient between parental emotional support and learned helplessness was statistically significant, as was the standardized regression coefficient between learned helplessness and depressive symptoms. The indirect effect was statistically significant ( $\beta = -.1690^{***}$ ; Indirect:  $\beta = -.06$ , 95% [.02, .12]). The relationship between parental emotional support and depressive symptoms was partially mediated by learned helplessness. As Figure 2 illustrates, the standardized regression coefficient between parental emotional support and coping competency was statistically significant, as was the standardized regression coefficient between coping competency and depressive symptoms. The indirect effect was statistically significant ( $\beta = -.1672^{**}$ ; Indirect:  $\beta = -.05$ , 95% [.0115, .1087]). The relationship between parental emotional support and depressive symptoms was partially mediated by coping competency.

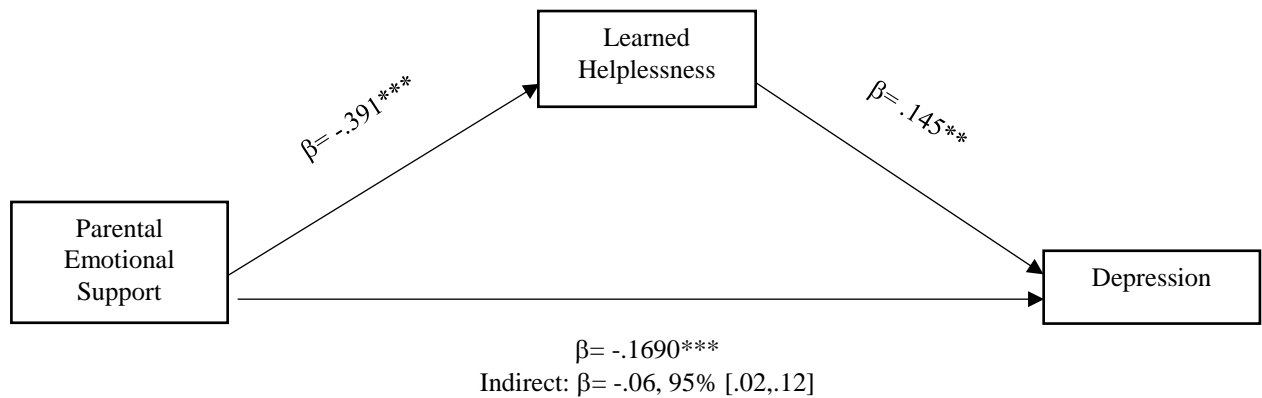


Figure 1. Standardized regression coefficients for the relationship between parental emotional support and depressive symptoms as mediated by learned helplessness. \*\* $p < .01$ , \*\*\* $p < .001$

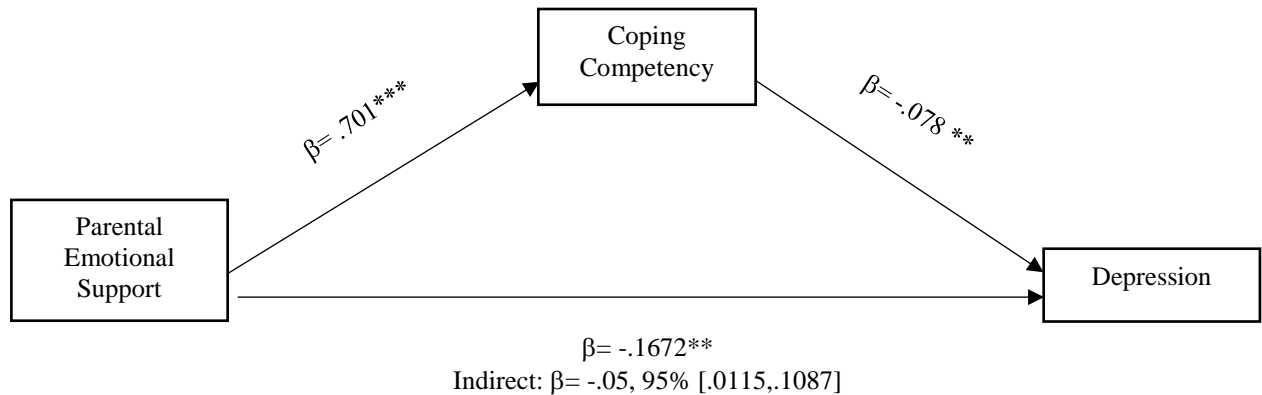


Figure 2. Standardized regression coefficients for the relationship between parental emotional support and depressive symptoms as mediated by coping competency. \*\* $p < .01$ , \*\*\* $p < .001$

#### 4. Discussion

The present study sought to examine the predictive relationship between learned helplessness and depressive symptoms among Asian American undergraduate students. Consistent with findings from previous studies<sup>3</sup>, the population of Asian American undergraduates sampled in this study reported higher rates of depressive symptoms and

scored higher than the reported average of adolescents in their age group<sup>30</sup>. While this is in no way an indication of whether or not the sample in the present study was clinically depressed, it is important to note that the *CES-D* is used by clinicians and researchers to assess symptoms, and higher scores are used as indicators before suggesting a clinical evaluation<sup>27</sup>. In addition, 63.7% of the sample was categorized as “high achieving,” indicating that the sample consisted of a majority of students who valued academic success.

Perceptions of high parental emotional support showed strong correlations with low academic learned helplessness and high coping competency. Parental emotional support was also a significant predictor of both learned helplessness and coping competency, suggesting that the ability to cope with stressful academic situations is largely dependent on the level of support provided at home from a parent or guardian. Not learning how to manage feelings and emotions regarding failure and loss of control in academic spheres may reflect the high-pressure parents place on academic success in Asian American communities. High coping competency indicates a low likelihood of developing learned helplessness. Coping competency was inversely correlated with depressive symptoms, suggesting coping competency may be foundational to resiliency against depressive symptoms spurred by learned helplessness.

The findings also suggest that the support from Asian American parents could be associated with forms of parental pressure. Parental emotional support was inversely related to symptoms of depression, indicating that high parental emotional support could potentially act as a buffer to these negative symptoms. From a cultural perspective, it is possible that Asian American students are at greater risk of vulnerability when they believe parental support will be withdrawn due to failure in expectations regarding academic success. The mediation analyses implicate coping competency and learned helplessness as mediators of the relationship between parental support and feelings of depression. This suggests parental emotional support influences the level of academic learned helplessness a student may exhibit, which in turn influences their feelings of depression. Similarly, parental emotional support influences the coping competency of a student, which in turn influences their feelings of depression.

Overall, these findings suggest that for these Asian American undergraduate students, experiencing a lack of support from parents and guardians compounded with a low ability to cope with stressful academic situations may result in feelings of depression. Among Asian American students, parental and academic pressure are significant contributors to stress. When left unmanaged, this developed lack of resiliency in stressful situations can lead to feelings of depression, and possibly suicidal ideations. Developing a better understanding of the association between academic learned helplessness and depression will allow us to intervene and provide students with much needed help thus reducing their chances of developing depression. In addition to understanding the cultural pretense behind high psychopathology, it is integral that coping skills in regards to dealing with academic stress are taught in schools to prevent future development of learned helplessness or depression.

Certain limitations of the current study exist and may prevent the generalization of results. First, the study was limited due to its sample size, which precluded an examination of how sex may play a role in the relationship between parental support, learned helplessness, and depressive symptoms. Additionally, participants were not asked to specify their ethnicity beyond “Asian or Asian American.” Although a box was provided prompting students to write in their specific ethnicity, close to none responded. This prevented a further analysis on the breakdown within Asian American cultures.

Further research should examine the mediation of learned helplessness and coping competency on the relationship between parental emotional support and depression among a larger group of Asian American undergraduates. The implications of rising rates of depression and suicide among undergraduate, especially students of color, merit a larger scale study. In addition, future research should focus on interventions to decrease the likelihood of developing learned helplessness.

## 5. Acknowledgements

I would like to thank my mentor Dr. Danette Morrison for her never ending support and guidance throughout this project, the projects before this, and the projects after this. She has played an instrumental role in my appreciation for research and has helped to pave the path for the rest of my academic career.

## 6. References

1. Tartakovsky, M. (2018). Depression and Anxiety Among College Students. *Psych Central*. Retrieved from <https://psychcentral.com/lib/depression-and-anxiety-among-college-students/>

2. The Jed Foundation. (2016, October 7). Psychiatric Times: The Crisis in College and University Mental Health. Retrieved from [https://www.jedfoundation.org/psychiatric\\_times\\_the\\_crisis\\_in\\_college\\_and\\_university\\_mental\\_health/](https://www.jedfoundation.org/psychiatric_times_the_crisis_in_college_and_university_mental_health/)
3. Young, C. B., Fang, D. Z., & Zisook, S. (2010). Depression in Asian–American and Caucasian undergraduate students. *Journal of Affective Disorders*, 125(1), 379-382. doi: 10.1016/j.jad.2010.02.124
4. The National Institute of Mental Health. (2018, February). Depression. Retrieved from <https://www.nimh.nih.gov/health/topics/depression/index.shtml>
5. Harris Poll, JED, The Steve Fund. (2015). Understanding mental health challenges students face on today's college campuses. *Harris Poll*.
6. Kearney, L. K., Draper, M., & Barón, A. (2005). Counseling utilization by ethnic minority college students. *Cultural Diversity and Ethnic Minority Psychology*, 11(3), 272-285. doi:10.1037/1099-9809.11.3.272
7. Abe-Kim, J., Takeuchi, D. T., Hong, S., Zane, N., Sue, S., Spencer, M. S., . . . Alegria, M. (2007). Use of mental health-related services among immigrant and US-born asian americans: Results from the national latino and asian american study. *American Journal of Public Health*, 97(1), 91-98. doi:10.2105/AJPH.2006.098541
8. Shih, S. (2015). The relationships among Taiwanese adolescents perceived classroom environment, academic coping, and burnout. *School Psychology Quarterly*, 30(2), 307-320. doi:10.1037/spq0000093
9. Perez, M. A., Santos, A. A., Cisneros, R., & Tongson-Fernandez, M. (2019). Stress, Stressors, and Academic Performance among Asian Students in Central California. *American Journal of Health Studies*, 34(1), 29.
10. Chang, E.S., Heckhausen, J., Greenberger, E., & Chen, C. (2010). Shared agency with parents for educational goals: Ethnic differences and implications for college adjustment. *Journal of Youth and Adolescence*, 39, 1293–1304. doi: 10.1007/s10964-009-9488-7
11. Yoon, J., & Lau, A. S. (2008). Maladaptive perfectionism and depressive symptoms among Asian American college students: Contributions of interdependence and parental relations. *Cultural Diversity and Ethnic Minority Psychology*, 14(2), 92-101.
12. Misra, R., & Castillo, L. G. (2004). Academic Stress Among College Students: Comparison of American and International Students. *International Journal of Stress Management*, 11(2), 132-148. doi:10.1037/1072-5245.11.2.132
13. Bryant, F. B. (1989). A four-factor model of perceived control: Avoiding, coping, obtaining, and savoring. *Journal of Personality*, 57(4), 773.
14. Thompson, S. C. (1981). A complex answer to a simple question: Will it hurt less if I can control it? *Psychological Bulletin*, 90, 89-101.
15. Baltes, M. M. (1995). Dependency in Old Age: Gains and Losses. *Current Directions in Psychological Science*, 4(1), 14–19. doi: 10.1111/1467-8721.ep10770949
16. Miller, W.R. & Seligman, M.E.P. (1975). Depression and learned helplessness in man. *Journal of Abnormal Psychology*, 84, 228-238.
17. Garcia, A., Jr. (2017). *Learned helplessness, alcohol abuse, depression, and diabetes: A predictive study* (Publication No. 10602485). [Doctoral Dissertation, Capella University]. ProQuest Dissertations Publishing.
18. Susic, P. (2015). *Learned helplessness and depression: Comparison of skilled nursing and assisted living facilities*. (Publication No. 3684945). [Doctoral Dissertation, Walden University]. ProQuest Dissertations Publishing.
19. Malecki, C. K., Demaray, M. K., & Elliott, S. N. (2014). A working manual on the development of the child and adolescent social support scale (2000). Unpublished manuscript. Northern Illinois University.
20. Rueger, S. Y., Rueger, S. Y., Malecki, C. K., Malecki, C. K., Demaray, M. K., & Demaray, M. K. (2010). Relationship between multiple sources of perceived social support and psychological and academic adjustment in early adolescence: Comparisons across gender. *Journal of Youth and Adolescence*, 39(1), 47-61. doi:10.1007/s10964-008-9368-6
21. Morrison, D. A. (2016). *Friendships of high-achieving African American adolescents: Relation to ethnic identity and achievement values* (Publication No. 10160396). [Doctoral Dissertation, University of Maryland]. ProQuest Dissertations Publishing.
22. Schaefer, E. S. (1965). Children's reports of parental behavior: an inventory. *Child Dev.* 36, 413–424. doi: 10.2307/1126465
23. Barber, B. K., Stolz, H. E., & Olsen, J. E. (2005). Parental support, psychological control and behavioral control: Assessing relevance across culture, time, and method. *Monographs of the Society for Research in Child Development*, 282, 1 – 124.
24. Schroder, K. E., & Ollis, C. L. (2012). The Coping Competence Questionnaire: A measure of resilience to helplessness and depression. *Motivation and Emotion*, 37(2), 286-302. doi:10.1007/s11031-012-9311-8

25. Quinless, F. W., & McDermott-Nelson, M. A. (1988). Development of a measure of learned helplessness. *Nursing Research*, 37, 11-15.
26. Sullivan, D. R., MD, Liu, X., MD, Corwin, D. S., MD, Verceles, Avelino C., MD, FCCP, McCurdy, Michael T., MD, FCCP, Pate, D. A., MD, . . . Netzer, Giora, MD, FCCP. (2012). Learned helplessness among families and surrogate decision-makers of patients admitted to medical, surgical, and trauma ICUs. *Chest*, 142(6), 1440-1446. doi:10.1378/chest.12-0112
27. Radloff, L. S. (1977). The CES-D scale: A self report depression scale for research in the general population. *Applied Psychological Measurements*, 1, 385-401.
28. Roberts AL, Rosario M, Slopen N, Calzo JP, Austin SB (2013) Childhood gender nonconformity, bullying victimization, and depressive symptoms across adolescence and early adulthood: an 11-year longitudinal study. *Journal of the American Academy Child Adolescent Psychiatry* 52(2): 143–152. doi: 10.1016/j.jaac.2012.11.006
29. Opoliner, A., Carwile, J. L., Blacker, D., Fitzmaurice, G. M., & Austin, S. B. (2014). Early and late menarche and risk of depressive symptoms in young adulthood. *Archives of Women's Mental Health*, 17(6), 511-518. doi:10.1007/s00737-014-0435-6
30. 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>