CHILDREN'S GOALS AND COMPETENCE: THE RELATION BETWEEN

CHILDREN'S GOALS, COMPETENCE,

AND ADJUSTMENT

By

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To the Faculty of Washington State University:

      The members of the Committee appointed to examine the thesis of JANELLE KARINA HOOD find it satisfactory and recommend that it be accepted.

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Chair

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Abstract

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The current study was designed to explore children's strivings and competence and how these relate to children's overall adjustment. The three main aims of the research were: (1) to explore the number and type of strivings children set, as well as how effective their strategies are for achieving those strivings; (2) to investigate how children's competence (both self-perceived, and objective, as rated by teachers) relates to the goals they set and their effectiveness for achieving those goals; and (3) to determine how children's feelings of competence relate to their adjustment. One hundred thirteen 3rd-6th graders, their mothers, and 79 teachers from three elementary schools participated in the study. Home interviews were conducted with both the students and mothers and the teachers completed surveys to determine the children's level of competence and adjustment. The results indicated that children set Achievement strivings most frequently and generally have low ratings of strategy effectiveness for achieving their strivings. Also, ratings of children's strategy effectiveness for achieving their strategies were more strongly related to perceived rather than objective competence. Also, perceived competence was more strongly related to internalizing behaviors compared to objective

competence. However, objective competence significantly related to externalizing

behaviors, with perceived competence also having an influence.

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Dedication

This thesis is dedicated to my fiancé, Paul, for his tremendous love

and constant support throughout this entire process.

CHAPTER ONE

INTRODUCTION

According to motivational theories, children's overall development is driven by basic psychological needs to achieve competence, autonomy, and relatedness (Eccles, 1999). The ability to achieve goals is an essential component of competence. In turn, an individual's sense of competence or efficacy expectations are the major determinants of goal setting, persistence, and willingness to give effort (Bandura, 1997). To date, research on children's goals has focused primarily on broad motivational styles (e.g., domain-specific and stable classes of goals, such as the motivation to achieve or to affiliate with others) or on specific, short-term situational goals (e.g., whether to choose an aggressive or non-aggressive goal in a friendship situation). However, little is known about children's mid-level goals (also known as "strivings"), such as doing more homework or learning to cook. Presumably, children set goals throughout their daily lives, whether it be simply getting up and being on time for school or making the varsity basketball team.

In addition, little is known about children's strategies for achieving their goals and whether those strategies are effective. An inability to reach goals that individuals value has been shown to affect their feelings of competence or self-efficacy (Bandura, 1997). The study of children's mid-level goals and their competence to achieve them is therefore important for several reasons: first, understanding the content of children's goals tells us something about what matters to them on a daily, ongoing basis; second, determining children's competence to achieve their goals can provide direction in improving the effectiveness of their strategies and increase feelings of self efficacy; and

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finally, determining links between goals, strategies, and adjustment may provide direction for intervention.

In this paper, I will review research on self-efficacy and perceived and objective competence. Second, I will examine different types of goals and discuss personal strivings among children. Third, I will review the types of goals that children make and how they relate to adjustment. Then, I will integrate discussing the concepts of competence and goals to determine how each of these affects the individual and his/her personal adjustment. Finally, I will discuss the research questions that will be explored in the present study, as well as the results from the study and how the results can be interpreted.

CHAPTER TWO

LITERATURE REVIEW

Efficacy and Competence

Motivational theories, those with a focus on the *why* of behavior rather than the

how or the *what* of behavior (McClelland, 1987), state that humans have basic needs for

competence and a sense of personal causation or self-determination (Deci & Ryan, 1985).

Individuals seek stimulation and challenging activities and find these intrinsically

motivating because success in these activities helps them feel competent. Competence is

necessary for individuals to attain a positive sense of self worth. Two basic types of

competence, objective competence and perceived competence or self-efficacy, have been

examined within research studies.

Objective Competence

Competent individuals are defined by Williams, McGregor, King, Nelson and

Glasgow (2005) as those who are able to control significant outcomes. Similarly,

Bandura (1997) describes competence as the capability to give shape to effective courses

of action and to motivate and regulate their execution. This self-directedness operates

through self-regulatory processes that link thought to action. Motivation and self-

regulation are crucial components for human agency, which includes the intentionality to

make changes happen by one's own actions. People motivate themselves and guide their

actions in expectation of future events. This forethoughtful perspective provides

direction, coherence and meaning to one's life. In this form of self-guidance, behavior is

motivated and directed by expected goals and anticipated outcomes.

These outcomes are those perceived as important to the individual, and objective competence is the actual ability of an individual to achieve such outcomes. Children must have the cognitive objective competence to think and problem-solve on their own in order to achieve goals, and an inability to achieve goals may result in poor adjustment. Shure, Spivack, and Jaeger (1971) found that children who cannot think of more than a few ways to solve problems and are unable to envision consequences for their actions tend to be aggressive, overemotional, unconcerned about the feelings of others, or withdrawn. People who are concerned with the end goal rather than how to attain it, who cannot think of ways to solve typical interpersonal problems or do not consider alternative routes to the goal are prone to impulsive mistakes, aggressive behavior or avoidance of issues by withdrawal (Shure & Spivack, 1988). This research is consistent with the ideas of Crick & Dodge (1994). Shure and Spivack (1970) concluded that it is the process of problem solving and not the content that contributes to future behavioral adjustment. In other words, they concluded that the ability to set and achieve goals was more important than the goals themselves.

Perceived Competence / Self-Efficacy

The construct of perceived competence differs from that of objective competence because it is independent of whether specific outcomes are achieved. Perceived competence is related to the concepts of both self-efficacy (Williams et al, 2005) and high self-esteem (Harter, 1990). When children feel they are able to attain a particular goal or are in control of a particular outcome that is important for them, they feel competent (Bandura, 1997), and their sense of self-esteem increases (Harter, 1990). People's belief in their ability to apply some control over their own functioning and over

external events is the central mechanism of human agency (Bandura, 1997). Unless people believe that they can achieve desired outcomes and avoid negative or undesirable ones, they have little motivation to act and continue when faced with difficulties. Children with high perceived competence exert more effort, persist longer, experience pride and are intrinsically motivated to continue to participate in areas in which they feel competent (Shapiro, Lieberman, & Moffett, 2003).

According to Bandura (1997), self-efficacy, the belief in one's capability to execute a given course of action to accomplish a task, is strongly related to adjustment. Research has shown that individuals with high self-efficacy are more effective, healthier, and generally more successful than those with low self-efficacy (Bandura, 1997). Self-efficacy affects behavior in a number of domains including school, health, sports, and therapy. Efficacy beliefs also play a role in the growth of cognitive competencies. Research has shown that students with a high sense of efficacy set higher aspirations, achieve higher intellectual performances, evaluate the quality of their performance more accurately and illustrate greater strategic flexibility in the search for solutions compared to students of equal cognitive ability that were led to believe they lacked these capabilities (Bouffard-Bouchard, 1990). From this research, I would expect that in the present study, perceived, rather than objective competence would have a greater effect on children's strategy effectiveness.

Efficacy beliefs enhance performance achievements, lower stress, and reduce the tendency toward depression (Bandura, 1997). Efficacy beliefs also play a central role in one's life course by influencing the activities and environments that one chooses. Therefore, efficacy beliefs can profoundly affect the direction of personal development

because such beliefs influence choice behavior of an individual, and therefore the specific goals one sets. From this research I would expect that perceived competence, in addition to, or perhaps even regardless of objective competence, would have a strong effect on children's social, emotional, and academic adjustment.

<div align="center">Goals, Strivings and Projects</div>

Motivation is a broad term that refers to how behavior is started, sustained and stopped (McClelland, 1987). An understanding of exactly what factors affect motivation would help to explain children's behavior better. Research shows that self-efficacy affects motivation because when individuals feel competent to complete a particular task, they are more motivated to persist when faced with challenges (Shapiro, Lieberman, & Moffett, 2003; Bandura, 1997). One way individuals feel efficacious is through achieving goals (Bandura, 1997), desired states that individuals seek to attain, sustain, or avoid (Emmons, 1996). Goals represent the needs for autonomy, competence, and relatedness, and the individual's sense of well-being depends on the ability of the individual to make advancement toward these goals (Ryan, Sheldon, Kasser, & Deci, 1996). Humans, by nature, are goal-oriented organisms (Emmons, 1996). People will set personal goals in an attempt to gain a sense of meaning, purpose and direction in life (Dickson & Macleod, 2004). Previous research has shown that successful pursuit of personally meaningful goals is related to subjective well-being, such as affect and life satisfaction (e.g., Emmons, 1996). Goals, with links to cognition and behavior, are central to understanding motivated behavior (Emmons, 1996).

Motivation researchers have consistently been interested in children's achievement goals and how they relate to behavior (Dweck, 1999; Covington, 2000).

Researchers have defined and investigated two different broad goal orientations or patterns (Ames, 1992; Dweck, 1999). Ames (1992) distinguishes between the connection of performance goals and mastery goals with both performance and task selection. Children with performance goals try to outperform others and tend to act upon tasks they know they can do (Eccles & Wigfield, 2002). They engage in particular behaviors with the purpose of demonstrating their competence or avoiding showing their lack of competence (Anderman & Midgley, 2002). Task-involved (or mastery-oriented) individuals choose difficult tasks and are more concerned with their own improvement rather than with outperforming others. These individuals engage in specific behavior with the purpose of developing their competence.

The clarity or specificity of goals also affects one's motivation. Specific goals guide performance by determining the type and amount of effort required to reach them, and they create self-satisfaction and build efficacy by creating signs of personal accomplishment (Bandura, 1997). Research studies on the function of goals of differing specificity have shown that clear, attainable goals result in higher levels of performance compared to general intentions to do one's best, which have little or no effect (Locke & Latham, 1990; Bandura & Cervone, 1983; Locke & Bryan, 1967). Specific performance goals also serve to motivate the unmotivated and promote positive attitudes toward activities (Bryan & Locke, 1967). Therefore, in the present study I include specificity as part of the operationalization of the effectiveness of individuals' goals and strategies for achieving them.

Goals have also been specifically categorized in relation to duration or how far into the future the goals project. Goals may be immediate situational or task-oriented

objectives (e.g. talk to a person who is sitting alone or finish a math homework assignment), longer term "projects" or strivings (e.g. I am going to improve my grade in math class), or more lifetime encompassing goals (e.g. developing a sense of mission or long-term career goal such as wanting to become president). Bandura (1997) explains that the motivating power of personal goals is partially established by how far into the future they are anticipated and also by the specificity of the goal. Short-term, or proximal, goals give immediate incentives and guide present pursuits; however, distant goals are too far into the future to serve as effective self-motivators because there is no feeling of accomplishment along the way. Bandura (1997) states that self-motivation is maintained best by combining a longer range goal, such as a striving, with a series of obtainable subgoals to sustain an individual's efforts along the way.

The research on these mid-term strivings, particularly in children, has been limited. Research has been conducted on broad motivational orientations, such as performance versus mastery-oriented goals, and on short-term situational or task-oriented goals, but not on mid-term strivings. The present study will explore these mid-term strivings that children have and their strategies for achieving them.

Personal Strivings

Some researchers have conceptualized goals as personal strivings, defined as something an individual is typically trying to do (Emmons, 1989). Personal strivings provide direction for behavior as individuals select, alter, and evaluate their life course to seek fulfillment of their strivings (Emmons, 1986). Personal strivings organize and integrate an individual's more short-term goals. For example, a person with a striving to be popular may have separate goals about making friends, participating in sports, or the

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proper way of dressing. Therefore, the striving can be achieved by any one of numerous, concrete goals.

Emmons (1986) describes a personal striving as a unifying construct that unites what may be phenotypically different goals around a common theme. Therefore, a striving is not a particular goal, but is an abstracted quality that can be achieved in a large variety of ways. The specific path that individuals take to achieve their striving can have an effect on their adjustment. This idea of how individuals decide to achieve their striving or what path they will take will be explored further in the present study.

The "personal strivings" construct has been used in several studies with adults. Emmons (1986) examined the relation between strivings and subjective well-being among undergraduates at the University of Illinois. In past research, Simon (1952) found that observers produced an average of 15.6 trends in describing another person's personality. Therefore, in Emmons' 1986 study of strivings, he asked each adult participant to generate a list of 15 personal strivings and to rate each striving along a number of dimensions, including the importance of the striving, the probability of success, and one's confidence for achieving the striving. This study found that the presence of important personal strivings was associated with higher life satisfaction, indicating that the importance of one's strivings is related to adjustment. Also, the perceived probability of success was curvilinearly related to negative affect, meaning that individuals with either high or low expectations were more unhappy than those with intermediate expectations. Emmons' study supports the proposition that strivings and the expected probability of success, or perceived competence, have an effect on the subjective well-being and adjustment of individuals.

Children's Goals

Although goals and their relation to competence and adjustment have been studied extensively in adults, research on children's goals is less complete and is confined primarily to short-term situational or task-oriented goals and to social goals, which include both prosocial goals, (e.g. desire to affiliate, make friends, or interact positively with others), and aggressive or hostile goals, (e.g. goals that represent unfriendly, persistent, or even physically harmful behaviors).

Prosocial Goals

Social goals may play an important role within friendships (Renshaw & Asher, 1982) and may be related to and influenced by friendship motivation. Rose and Asher (1999) investigated effects of three types of social goals on children's friendship status, including goals of maintaining relationships, instrumental control, and revenge. The study was questionnaire-based using hypothetical situations and included a sample of 696 fourth and fifth grade students. The results illustrated that children who supported revenge goals were more likely to have conflicts with friends. They also found a positive relation between supporting a relationship-maintaining goal and ratings of positive friendship quality. This suggests that children more self-determined in their friendship motivation tend to pursue goals that are prosocial and affiliative, and children less self-determined in their friendship motivation have a tendency to pursue hostile goals. Other research has shown that prosocial goals and beliefs are positively related with satisfaction in peer relationships (Jarvinen & Nicholls, 1996). Peer acceptance is also expected to have a positive correlation with friendship motivation (Richard & Schneider, 2005).

Peer acceptance can have lasting effects on a child's sense of well-being. Children with a lack of acceptance from peers suffer from higher levels of loneliness and social dissatisfaction (Asher, Parkhurse, Hymel & Williams, 1990) and are more likely to experience long-term adjustment difficulties, such as depression. The research concerning these negative consequences of low peer acceptance has directed more interest to identifying the behavioral qualities that lead children to be accepted or rejected by their peers. Children that are well-accepted have been shown to be prosocial in their behavioral style. They cooperate easily, are helpful, and act as leaders (Crick, 1996; Parkhurst & Asher, 1992).

Aggressive Goals

Social goals also play a specific function in the context of aggression. Erdley and Asher (1996) studied the kinds of goals that children might pursue following ambiguous provocation. They sought to determine whether children with similar intent, but different behavioral responses varied in their social goals. Participants included a total of 781 fourth and fifth grade children with a mean age of 9 years and 11 months. Newly constructed measures assessed students' social goals and self-efficacy perceptions. Hypothetical vignettes were used to determine that compared to the prosocial and withdrawn responders, the aggressive children gave higher ratings to the retaliation goals. They also gave more importance to the goals of looking strong and protecting themselves. The aggressive responders were less concerned with the prosocial goals of trying to work things out, or the socially avoidant goal of trying to stay away from the problem, and getting along with the other child.

Another study with aggression and behaviors found that teacher-identified aggressive boys differed from nonaggressive boys in the value placed on social goals, as compared to other goals (Lochman, Wayland & White, 1993). Ninety-two adolescent boys, with a mean age of 15 years, were asked to rate the importance of pursuing four kinds of goals in response to a single ambiguous provocation. The boys who were considered aggressive placed high value on goals of revenge and dominance and low value on affiliation goals. Goal priorities put these children at risk for the development of more serious emotional and behavioral problems. A portion of the National Youth Survey questionnaire was also given to assess delinquency and substance use. Results indicated that subjects who reported crime against persons and drug and alcohol involvement were likely to rate dominance and revenge as high social goals and affiliation as low. Aggressive boys also had higher rates of verbal assertion and aggressive solutions to attain their main social goals compared to nonaggressive boys, which illustrates the effect of social goals on the social problem-solving deficiencies of aggressive boys. Also, contrary to prosocial behavior, aggressive, disruptive, or withdrawn children are likely to be rejected by peers (Crick, 1996; Parkhurst & Asher, 1992), which would lower the children's sense of social competence. Social goals have a major effect on the overall behavioral responses of individuals. Further research on the definition and enhancement of goal priorities may offer positive intervention in dealing with behavior problems.

Another limitation of previous research is that, in these studies, children's social goals have been assessed primarily with hypothetical situations in which the child is asked to describe their course of action in a specific situation or select a preferred goal from a list of choices (Crick & Dodge, 1994). In other words, these studies seek to

determine *what* goals children have when prompted to respond to specific hypothetical situations, but not *how* they establish these goals, whether they would have these goals under ordinary circumstances, or what strategies they have for achieving their goals. The present study will take an exploratory approach based on the use of open-ended questions to determine what particular strivings children have and how they plan to achieve those strivings in order to determine other types of goals that children may have.

Goals and Competence

The relation of goals to feelings of competence has also been infrequently explored among children. Research shows that social-cognitive factors may be linked to children's tendencies to create particular goals (Erdley & Asher, 1999). These factors include children's attributions made about their own social success versus failure, self-efficacy perceptions, and outcome expectations. Bandura (1981) asserts that self-efficacy perceptions are related to children's goals because individuals are most likely to pursue the goals that they feel most confident in being able to achieve. Bandura (1997) also suggested that an individual's efficacy expectations are the major determinant of goal setting, persistence, and willingness to expend effort. This theory supports the idea that an individual's sense of self-efficacy or competence is related to the goals that one sets, whether it is in the academic environment or the social setting.

Researchers have found that aggressive children tend to believe they are good at being aggressive when they are provoked (Erdley & Asher, 1996). This sense of competency or achievement helps explain why aggressive children give high priority to retaliation goals and lower priority to relationship maintenance and avoidance goals (Erdley & Asher, 1999). Erdley and Asher (1996) also found that children's ratings of

efficacy for achieving particular relationship-maintenance goals were more highly correlated with their support of those kinds of goals than with their support of any other type of goal. These results suggest that children are not showing a general confidence or lack of confidence about their effectiveness in the social world. Instead, their confidence level appears to be more specific to the search of a specific subset of goals.

Some researchers (Ladd & Mize, 1983; Renshaw & Asher, 1982) have also suggested that effectiveness of interventions, such as coaching children on prosocial skills that also make playing games with others more fun (Oden & Asher, 1977), would increase if children's social goals were improved as well as their social skills. Renshaw and Asher (1982) suggested that such coaching not only taught children prosocial skills, but also encouraged children to follow a prosocial goal (having fun) rather than a less adaptive goal (dominance). Researchers have looked at how children's social goal priorities relate to individual differences in behavior and peer status (Dodge, Asher, & Parkhurst, 1989). The goal to which children give highest priority is likely to produce behavioral strategies that are similar in nature to that specific goal. For example, children who give the highest priority to revenge goals will most likely engage in aggressive behaviors. Therefore, there is evidence that goals do directly affect an individual's behavior and may also affect their peer acceptance and sense of competence.

Present Study

In the present study, I explored links between children's mid-term goals (referred to as strivings throughout this paper), their effectiveness in achieving those strivings, and their feelings of competence. My research questions were, first, are children in grades 3-6 able to describe their strivings? If so, what types of strivings do they have, and how many

do they report? Also, how effective are children's strategies for achieving their strivings?

In previous studies, children's goals have primarily been assessed with hypothetical

situations or by selecting a goal from a list of choices (Crick & Dodge, 1994), rather than

simply asking children what their strivings are, as this study does. Effectiveness is

operationalized in the present study as a combination of match between goal and strategy,

and specificity of the strategy. Research has shown that highly specific goals positively

affect motivation and attitude (Bryan & Lock, 1967), as well as contribute to higher

levels of performance among individuals (Bandura & Cervone, 1983; Locke & Bryan,

1967). Children's self-reported strivings and strategies is exploratory in the present study.

Therefore, there were no specific hypotheses about how many and what types of goals

children would report, as well as how effective their strategies would be for achieving

their strivings.

Second, how does children's competence (both self-perceived, and objective, as

rated by teachers) relate to the goals they set and their effectiveness for achieving those

goals? As discussed previously, research studies have shown that individuals with high

self-efficacy are more effective, generally are more successful (Bandura, 1997), set

higher aspirations, achieve higher intellectual performances, and evaluate the quality of

their performance more accurately than those with low perceived competence (Bouffard-

Bouchard, 1990). Therefore, I would expect that children with higher perceived

competence will set more goals and will be more effective, compared to those with low

perceived competence.

Finally, how do children's effectiveness in goal-setting and feelings of

competence relate to their adjustment? Research has shown that self-efficacy, or

perceived competence has a large positive effect on one's motivation (Shapiro,

Lieberman, & Moffett, 2003) and self-esteem (Harter, 1990). Also, efficacy beliefs

reduce the tendency toward depression and influence the activities and environments one

chooses (Bandura, 1997). Therefore, I hypothesize that perceived, rather than objective

competence will be more strongly related to children's behavioral adjustment. The

present study addressed these research questions through mother and child interviews and

teacher survey ratings.

CHAPTER THREE

METHOD

Sample

The proposed sample is taken from a longitudinal school-based study of social adjustment in children from 3rd through 8th grade. A subsample of 3rd-6th graders and their parents were recruited from this larger school sample to participate in home interviews. One hundred thirteen 3rd, 4th, 5th and 6th grade children and their parent(s) participated in Year 2 of this study. Of the children in this subsample, 49% were male; 34% were in 3rd grade, 19% were in 4th grade, 24% were in 5th grade, and 24% were in 6th grade. The majority of this sample of children (73%) was European-American; 9% were Asian or Asian-American; and the remaining participants consisted of other ethnicities or did not provide information on ethnicity. Twenty-two percent of families in the study received public assistance. This information is consistent with the ethnic and socioeconomic composition of the region in which the data were collected (e.g., 10.9% of children in the school district from which participants were recruited were Asian, and 26% of children were eligible for the free or reduced-price meal program in May 2006).

Procedure

Participants for the current study were recruited from three elementary schools located in Pullman, Washington. A consent form was sent home with all 3rd, 4th, 5th, and 6th graders, and parents were asked to give permission for their child to participate in the school-based study. One section of the consent form allowed parents who were interested in participating in home interviews to give their phone number for further information.

After families indicated that they were interested, a research assistant contacted them by phone to schedule a convenient time and date for the interview.

Interviews

Interviews were conducted within the families' homes, with two research assistants going to each home to interview the parents and children. The family and research assistants met initially to discuss the procedure. At this time participants were informed of the purpose of the research, confidentiality, and implications of the research already completed. Participants were told that their participation was voluntary and they could skip any questions or end the interview at anytime, if they wished. The children were interviewed in a room separate from the parents to protect children's privacy and prevent the child's responses from being skewed. In families with more than one child in grades three through six, each child had his or her own interviewer in order to complete the interview in the given time. The child data were collected the second year of this longitudinal study and the mother ratings were collected in year three.

The parent interviewer briefly read over instructions and paid parent(s) $50 for participating. Parents provided written consent, and children gave assent to participate. Child interviewers read directions for each new section of the packet and survey items aloud to the child. The child circled or checked his or her response to each item within each section. For the open-ended questions, child interviewers wrote down children's responses.

Teacher Surveys

For the school-based study, all 3rd-6th grade teachers were asked to complete surveys for each of their students who had parental consent to participate in the study.

The teachers completed these surveys on their own time and a research assistant came to pick them up after completion. Each teacher received a $75 compensation mailed to their home after completing all surveys. I received teacher ratings for 79 of the 113 interview children. Several teachers did not return their rating packets for their class, which explains the missing teacher ratings for some of the interview children.

Measures

Goals

Children's goals were assessed with a measure adapted from Emmons (1986) used for studies of *personal strivings* in young adults. Children were asked about their own strivings, and their responses to these open-ended questions were recorded by the interviewer. The children were asked, "What are some things that are important to you that you are trying to do or achieve?" (see Appendix A). The interviewer gave some examples if the child was having difficulty. Children were probed for up to ten strivings.

Goals were coded using an approach developed in previous research (Sanderson, et. al., 1999). Three raters examined the strivings and separately made a list of the recurring striving content categories, such as "affiliative" and "aggressive." Although some differences were present among the lists, considerable overlap existed, and the raters were able to come to agreement on the content categories for the strivings. To determine reliability, two raters independently coded a random selection of about 25% of the strivings. Interrater reliability was acceptable with a kappa score of .82.

Each of these personal striving questions was repeated up to ten times, for a total of ten different striving responses. Some children did not have ten strivings to share with

the interviewer. Only the number of strivings that the children told was recorded. The number varied across children.

Objective Competence

      Teacher ratings. Teacher ratings were used to evaluate children's objective competence using a social competence (SCP) measure (9 items, $\alpha = .93$) and cognitive concentration (CCN) measure (12 items, $\alpha = .74$) from the Social Health Profile (Corrigan, 2003). The SCP assessed prosocial behaviors (e.g., "friendly" and "is helpful to others") and emotion regulation (e.g., "thinks before acting" and controls temper when there is a disagreement"). The CCN was a subscale of the Teacher Observation of Child Adaptation, Revised (Werthammer-Larsson, Kellam, & Wheeler, 1991) and assessed competence in the classroom (e.g., "works hard" and "completes assignments"). Each item from both the SCP and CCN measures was rated on a six-point Likert-type scale ranging from 1 ("Never") to 6 ("Almost Always") (see Appendix B).

      Observer ratings. A question about strategy followed each of the strivings given. After the children listed all their strivings, they were asked what their strategy would be to achieve each striving (e.g., "What strategy would you use to achieve this striving?") (see Appendix A). The children's responses were recorded by the interviewer.

      Strategies were coded using a grounded theory approach developed in previous research (Sanderson, et. al., 1999), which rated strategies on the dimensions of specificity and effectiveness. I coded specificity of the strivings separately from effectiveness, but a high correlation illustrated that specificity was included within the effectiveness construct. The effectiveness of the strategies was coded on a scale of 0 (ineffective), 1

(low), 2 (medium), or 3 (high) based on the match of goal and strategy, and specificity of

the striving (see Table 1 for coding system and examples).

Table 1. Coding system and examples of effectiveness for strategies.

Code	Definition	Example
Zero	Does not have a strategy or say he or she cannot do anything.	"Nothing I can do"
Low	Strategy has either what (specific to striving) or how, but not both (some examples have a who or where, but they are included as the entire what strategy and would therefore be a low strategy).	"Not talk in class" "Give suggestions to staff members"
Medium	Strategy has two of the following: what, (or two whats), how, where, with whom or when (with whom must be specific, not just "with people" – strategy must specify exactly who.	"Ask my mom" "Talk with each friend"
High	Strategy has what and two or more descriptions of how, with whom, where, or when (three whats would count as high).	"Practice for half an hour every night"

Two coders coded a random subset of strategies across several revisions of the

coding scheme. The interrater reliability of the final coding had a kappa of .80.

Perceived Competence

Harter measures. The competence measure used in this study was adapted from

Harter's Perceived Competence Scale for Children (1982), which contained four

perceived competence domains including social, cognitive, physical, and general self-

worth. The social and general self-worth domains were used in the present study. In

Harter's study, alpha reliability coefficients ranged from .75 to .84, and .73 to .82 for the

social and general subscales, respectively. The alpha coefficients for the present study

were .72 for the social domain and .83 for the general self-worth domain.

Harter's scale presents a question format which offsets the tendency for children

to give socially desirable responses. This "structure alternative format" was also used in

the adapted measure for this study. The children are asked which kind of kid they are most like, the kids on the right or the left. For example, "Some kids find it hard to make friends BUT Other kids find it's pretty easy to make friends." Then the children decide whether the description on that side is sort of true or really true for them (see Appendix C). Each item is scored from 1 (low perceived competence) to 4 (high perceived competence). Scores were summed and averaged for each of the subscales. This measure was used to illustrate how perceived competence among individuals affects their goals and strategies for achieving those goals.

Child confidence. Children's perception of their competence to achieve goals was also assessed directly for each reported striving. In addition to the children rating the importance of each striving, the children also rated their confidence for achieving the goals. Each child was asked, "How confident do you feel that you can get/do/have this striving?" The response scale ranged from 1 (not at all confident) to 5 (very confident) (see Appendix A). This question followed each of the strivings that the child gave in the interview. The competency and striving measures were part of a larger interview protocol for research. The child interviews included additional measures that will not be reviewed for the present study.

Child Adjustment

Teacher reports. Teacher reports, child self-reports, and mother ratings were used as measures of child adjustment in the present study. Teacher ratings were used to evaluate children's externalizing behaviors using an authority acceptance (AAC) measure (10 items, $a = .84$) from the Social Health Profile (Corrigan, 2003). The AAC was a subscale of the Teacher Observation of Child Adaptation, Revised (Werthammer-

Larsson, Kellam, & Wheeler, 1991) and assessed overt aggression (e.g., "yells at others"), covert aggression (e.g., "takes others' property"), and oppositional behaviors (e.g., "breaks rules"). High scores on this scale indicated a high degree of externalizing behavior. Each item from the AAC measure was rated on a six-point Likert-type scale ranging from 1 ("Never") to 6 ("Almost Always") (See Appendix D).

Child reports. Children completed a self-report of their adjustment using the Seattle Personality Questionnaire (SPQ) (44 items total) (Rains, 2003). Subscales of this measure were used to measure anxiety (6 items, $\alpha = .72$) (e.g., "Do you worry about being teased"), conduct problems (8 items, $\alpha = .76$) (e.g., "Do you tell a lot of lies"), and depression (10 items, $\alpha = .78$) (e.g., "Do you feel sorry for yourself"), which were rated on five-point Likert-type scales ranging from 1 ("YES!") to 5 ("NO!) (see Appendix E).

Mother reports. In year three of the present study, mothers rated their children's adjustment using two broad-domain scales of the Child Behavior Checklist (CBCL): Externalizing Behaviors (29 items, $\alpha = .90$), including aggressive behaviors (e.g., "argues a lot") and delinquent behavior (e.g., "runs away from home") and Internalizing Behaviors (27 items, $\alpha = .88$), including the subscales of somatic complaints (e.g., "feels dizzy"), withdrawn (e.g., "refuses to talk"), and anxious / depressed (e.g., "feels worthless or inferior") (Achenbach, 1991). There was a subset of 48 children who had mother-report data from both second- and third-year interviews. Using a scale collected in year three is not optimal; however, because we have no parent ratings of child adjustment, we decided to use the CBCL scales to explore relations of child strivings to parent ratings.

Analyses

The current study explores links between goals, competence, and adjustment among children. A few types of analyses were conducted to answer the research questions proposed for this study. Descriptive statistics were used to summarize the number and type of strivings children set, as well as the effectiveness of their strategies.

Correlation coefficients were calculated for perceived and objective competence in relation to strategy effectiveness to see which type of competence is more highly correlated with the strategies children set.

Finally, a multiple regression analysis was conducted to determine the links between competence and adjustment. Adjustment was the outcome with multiple independent variables.

CHAPTER FOUR

RESULTS

Descriptive Statistics

A summary of the means and standard deviations for each variable, as well as the sample number for each measure, are presented in Table 2. I conducted analyses to determine whether the subsample of interview children differed in average age or grade distribution from the entire sample used in the school surveys. I also conducted analyses on the teacher-rated cognitive competence and social competence measures to see if behavioral differences existed between the two samples. No significant differences were present on any of these measures.

The frequencies and types of strivings are summarized in Figures 1 and 2, respectively. Examples and definitions of codes for each type of striving reported by children are summarized in Table 3. I also conducted hierarchical regression analyses for perceived and objective competence with both internalizing behaviors (Table 4) and externalizing behaviors (Table 5).

Children's Strivings

The mean number of strivings reported was 3.10 (SD = 1.42). For each of the analyses conducted within this study, a pre-specified alpha level of p < .05 was used for all tests unless otherwise stated (APA, 2001). The first research question was exploratory in nature to determine how many and what types of goals children report, as well as how effective their strategies were for achieving their strivings. To answer this question, I used children's responses to open-ended questions about their strivings and strategies from the home interviews. As seen in Figure 1, of the 113 children in this study, 8 (7.1%)

listed one striving, 34 (30.1%) listed two strivings, 39 (34.5%) listed three strivings, 17 (15%) listed four strivings, 7 (6.2%) listed five strivings, 3 (2.7%) listed six strivings, 4 (3.5%) listed seven strivings, and 1 (.9%) listed eight strivings. There were no significant sex differences for the number of strivings children reported. The number of strivings was significantly negatively correlated with children's perceived confidence for achieving their strivings ($r = -.19$), which is in opposition to part of the second hypothesis because it was hypothesized that children with higher perceived competence would set more strivings, not fewer.

As shown in Figure 2, the most frequent type of striving was Achievement. Responses coded as Affiliation, Obedience and Acquisitive categories were less common, with only 27-30 children reporting these types of strivings. Fifteen children or fewer reported strivings in each of the Fun, Altruistic or Dominance categories. Examples and definitions of the codes for each type of striving are summarized in Table 3.

Boys and girls differed significantly on the types of strivings that they set. I conducted t-tests which showed that girls reported Achievement strivings more frequently ($t = -2.20$; $M = .63$, $SD = .28$) compared to boys ($M = .51$, $SD = .33$) whereas boys reported more Acquisitive strivings ($t = 2.41$; $M = .16$, $SD = .26$) compared to girls ($M = .06$, $SD = .15$).

<center>Effectiveness of Strategies for Achieving Strivings</center>

Effectiveness was coded from children's open-ended description of their strategies for achieving goals. The mean effectiveness, on a 3-point scale, for achieving strivings was 1.25 ($SD = .38$), which would fall in the low to medium range on the coding scheme. This indicates that children at this age generally do not have very effective

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strategies for obtaining the strivings they set. There were no significant sex differences in coder ratings of children's effectiveness of strategies for achieving their strivings.

<center>Relation of Competence and Coded Strategy Effectiveness</center>

Significant correlations were also present between the objective and perceived competence measures. Children's ratings of perceived confidence were significantly positively correlated with observer-rated strategy effectiveness for achieving the strivings ($r = .24$), supporting the second hypothesis that children with higher perceived competence are more effective with their strategies for achieving their strivings compared to children with lower perceived competence. This is the only measure of perceived or objective competence that was significantly correlated to children's strategy effectiveness.

<center>Regression Analyses</center>

In order to test the third hypothesis that perceived, rather than objective competence will be more strongly related to children's behavioral adjustment, I conducted a series of hierarchical linear regression analyses separately for each outcome. In the first model for each outcome, the three objective competence measures (effectiveness for achieving the striving, SCP and CCN) were included. In the second model, I added the three perceived competence measures (confidence for achieving the striving, Harter self-worth and social domains) into the model with the objective competence measures.

Internalizing Behaviors

The first model relating the objective competence measures to depression was significant ($F (3, 70) = 2.84, p < .05$; adjusted $R^2 = .07$) (Table 4). However, Model 2

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was also significant and explained more of the variance ($F_{(6, 67)} = 6.40$, $p < .001$; adjusted $R^2 = .31$; $\Delta R^2 = .24$), with the Harter social domain scale significantly related to depression above all the other measures of competence ($\beta = -.39$, $p < .01$). This supports the third hypothesis that perceived, rather than objective competence has a larger influence on children's adjustment, specifically depression. These analyses illustrate that general perceived social competence relates to internalizing behaviors more than objective competence or specific competence to achieve one's goals.

Model 1 was only marginally significantly ($F_{(3, 71)} = 2.47$, $p < .07$, ns) related to self-reported anxiety. Model 2, with perceived competence added, significantly related to anxiety ($F_{(6, 68)} = 6.68$, $p < .001$; adjusted $R^2 = .32$; $\Delta R^2 = .26$), with the Harter social domain scale again significantly related to anxiety above all other measures ($\beta = -.43$, $p < .001$). Although these results are at least partly due to shared-method variance, this shows that perceived competence explains more of the variance for anxiety compared to objective competence, which also supports the third hypothesis that perceived, rather than objective competence is more strongly related to children's adjustment.

For mother-ratings of children's internalizing behaviors, neither of the two models was significant. This may be partly due to the fact that internalizing behaviors, unlike externalizing behaviors, are difficult to detect from an outside observer because there are no clear overt signs.

Externalizing Behaviors

For self-reported conduct disorder, Model 1 including the objective competence measures was significant ($F_{(3, 71)} = 4.78$, $p < .01$; adjusted $R^2 = .13$), with teacher-rated social competence significantly related to conduct disorder ($\beta = -.32$, $p < .05$) (Table 5).

When the perceived competence measures were added, Model 2 was significant (F (6, 68) = 3.94, $p < .01$; adjusted $R^2 = .19$; $\Delta R^2 = .06$), with both teacher-rated social competence and the Harter general self-worth domain scale significantly related to conduct disorder ($\beta = -.38$, $p < .05$; $\beta = -.27$, $p < .05$, respectively). These results demonstrate that general social competence has a larger influence on conduct disorder compared to specific competence to achieve one's strivings. Also, general objective social competence explains more of the variance compared to general perceived social competence for predicting conduct disorder.

Model 1 including the objective competence measures was significant for predicting authority acceptance (F (3, 71) = 41.81, $p < .001$; adjusted $R^2 = .62$), with teacher-rated social competence significantly related ($\beta = -7.44$, $p < .001$). When the perceived competence measures were added, Model 2 was still significant (F (6, 68) = 21.66, $p < .001$; adjusted $R^2 = .63$; $\Delta R^2 = .01$) with teacher-rated social competence remaining significant above all other measures ($\beta = -7.27$, $p < .001$). Although the relation between SCP and AAC is at least partly due to shared-method variance, these results suggest that general objective social competence is more strongly related to authority acceptance externalizing behavior, compared to general or specific perceived competence.

For mother-rated externalizing behaviors, Model 1 was significant (F (3, 26) = 5.40, $p < .01$; adjusted $R^2 = .31$). When the perceived competence measures were added, Model 2 was also significant (F (6, 23) = 2.77, $p < .05$; adjusted $R^2 = .27$; $\Delta R^2 = -.04$), but none of the individual measures in either of the models were significantly related to externalizing behavior. This suggests that objective competence explains more of the

variance for externalizing behaviors compared to perceived competence, which is in opposition to the third hypotheses that perceived, rather than objective competence is more strongly related to adjustment.

The results from these analyses suggest that general perceived competence is more strongly related to internalizing behaviors, compared to either general or specific objective competence or striving-specific perceived competence. However, for externalizing behaviors, general social objective competence is most strongly related, with general perceived self-worth also contributing to conduct disorder.

CHAPTER FIVE

DISCUSSION

The purpose of the current research was to explore the links between children's strivings, competence and adjustment, and specifically to find out the number and types of strivings that children set, as well as to determine the influences of both objective and perceived competence on children's adjustment. Past research has explored broad motivational styles (e.g., Ames, 1992; Dweck, 1999) and short-term goals among children (e.g., Rose and Asher, 1999; Erdley and Asher, 1996), but research on mid-level strivings has mainly focused on adults (Emmons, 1986), not children. The current research was designed to extend this area of research to explore the types of strivings that children set, as well as children's strategy effectiveness for achieving these strivings.

The first research question for this study was to determine the number and types of strivings that children set, as well as the effectiveness of their strategies for achieving these strivings. For the second research question, I hypothesized that perceived competence would be more strongly related to both the number of strivings children set and the effectiveness of children's strategies for achieving their strivings compared to objective competence. Third, I hypothesized perceived, rather than objective competence would have stronger effects on children's adjustment. The results provide evidence that the type of competence is associated with children's adjustment. In the following sections, I will discuss the specific findings for each of these hypotheses along with the interpretations, limitations, and implications of the findings for future research.

Children's Strivings: Type, Number and Effectiveness

The first research question examining the number and type of strivings that children have, as well as their effectiveness for achieving their strivings was exploratory in nature because there has not been child research specifically in this area. The findings demonstrated that children set an average of about three strivings, which would reasonably follow from past research. In previous striving studies, adults were asked to generate fifteen strivings (Emmons, 1986).

The most common type of striving for children was Achievement strivings. Interestingly, both Achievement and Acquisitive strivings significantly differed by sex. The results illustrated that girls reported significantly higher Achievement strivings compared to boys and significantly fewer Acquisitive strivings. I would suggest that there is a sex difference because boys generally tend to seek power or status more frequently than girls. Acquisitive strivings in which children seek material improvements could be viewed as a gain in power; therefore it would make sense that boys set more frequent Acquisitive strivings compared to girls. On the other hand, previous literature has shown that girls have significantly higher achievement compared to boys (e.g., Hassan, 2001; Cardon, 1968), which would help support the finding that girls set more Achievement strivings, since academic-type improvements are included within this striving category.

The average observer-coded effectiveness for children achieving their strivings was 1.25 on a 3-point scale. This illustrates that children's strategies for achieving their strivings is low, which may lower their chance of successfully achieving their goal. Since an individual's sense of well-being depends on the ability of the individual to make advancement toward their goals (Ryan, Sheldon, Kasser, & Deci, 1996) and successful

pursuit of personally meaningful goals is related to subjective well-being (e.g., Emmons, 1996), it would follow that these low ratings of strategy effectiveness would ultimately affect the children's overall adjustment. However, I did not find significant correlations between ratings of effectiveness and children's adjustment. It could be that children's adjustment is more strongly related to whether or not the children actually achieve their goals, rather than their ratings of strategy effectiveness. Therefore, future studies would need to examine children's successful achievement of strivings in relation to adjustment outcomes.

<center>Children's Competence in Relation to Goals and Coded-Effectiveness</center>

For the second hypothesis, I predicted that perceived competence would be more strongly related to both the number of strivings children set and the effectiveness of children's strategies for achieving their strivings compared to objective competence. The findings demonstrated that perceived confidence for achieving their strivings and the number of strivings were negatively correlated. This is not what I expected because it suggests that children with high perceived confidence actually set fewer strivings, not more. This finding also contrasts with previous studies indicating that children with higher perceived competence set higher aspirations (Bouffard-Bouchard, 1990) compared to those with low perceived competence. This could be due to the possibility that children with low perceived confidence set more strivings to increase their probability of success, since they do not strongly believe in their ability to achieve their goals; or it could be that the children with high perceived competence are more focused, therefore they set fewer goals. Future research is needed in order to fully understand this finding.

The second part of this hypothesis that children with higher perceived competence would also report more effective strategies for achieving their strivings was supported. The only measure that was significantly correlated with children's effectiveness scores for their strategies of achieving the striving was perceived confidence for achieving the striving. This was a positive correlation indicating that children with high perceived confidence also have high scores on effectiveness for achieving their goals. This is consistent with the literature that children with high perceived competence, or self-efficacy, are more effective and generally more successful compared to those with low self-efficacy (Bandura, 1997). Children's perceived confidence for achieving their striving was the only measure that was significantly correlated with observer-coded effectiveness, which suggests that perceived confidence specific to the striving is more strongly related to effectiveness scores for achieving the striving than either objective or general perceived competence. Therefore, interventions to help children set more effective strategies for achieving their goals may also improve the children's overall confidence in themselves, which could lead to better overall adjustment.

Relation of Children's Competence and Adjustment

The third hypothesis was that perceived competence would be more strongly related to adjustment than objective competence. This hypothesis was supported, but was dependent upon the specific outcome measured. Regression analyses illustrated that perceived competence was significantly related to internalizing behaviors. Specifically, the Harter social domain scale of perceived competence related to both self-reported depression and self-reported anxiety above all other measures of both perceived and objective competence. This is consistent with previous literature stating that efficacy

beliefs reduce the tendency toward depression (Bandura, 1997). Although shared method variance was present with the measures of perceived competence, the significant relation between competence and child outcomes was also observed in the teacher ratings.

The regression analyses showed that both objective and perceived competence related to externalizing behaviors, but the relation depended on what specific externalizing behavior was being measured. Objective competence (SCP) significantly related to teacher-reported authority acceptance, and both objective (SCP) and perceived competence (Harter self-worth scale) related to self-reported conduct disorder. These findings do not support the third hypothesis because perceived competence was not more strongly related to externalizing behaviors among children compared to objective competence. Instead, the findings suggest that general social objective competence is more strongly related to externalizing behaviors, including self-reported conduct disorder and AAC. However, perceived competence (Harter general self-worth) also significantly influences self-reported conduct disorder.

None of the individual measures of either perceived or objective competence contributed significantly to either mother-reported internalizing or externalizing behaviors within the regression models. However, both of the overall models for mother-reported externalizing behaviors were significant. This suggests that these measures of competence (both objective and perceived) do significantly relate to children's externalizing behaviors, as rated by mothers. It is important to recognize that the sample sizes for these mother reports were small and were also collected one year after the other measures. Therefore, the fact that no specific measure was significant could be due to the

small sample size. Future replications of this study with a larger sample size could help to determine the specific related variables.

<center>Limitations and Future Directions</center>

Several limitations of this study are present and should be acknowledged. First, the mother-ratings included a very small sample size. Future research should extend this study to include a larger sample size for the mother ratings, in order to determine the relations of competence and type of strivings to mother reports of child adjustment.

Another limitation with the mother reports is that we do not have mother reports of child behaviors in the same year as the other data. The mother data were collected a year later than all the other data measures. This would affect the results if either the child behaviors or the child's competence were not stable over the course of the year. Future studies should examine this relationship with data from the same year to determine whether mothers' reports of children's behavior significantly correlate with the competence measures.

Despite these limitations, the results provide new information on children's strivings, competence and adjustment. The findings have implications for future research because it is important to further understand how the strivings that children set influence both children's feelings of competence and adjustment, as well as how children's competence affects their behavioral adjustment. This study added new information about children's goals and serves to extend research on strivings and competence.

Future studies could expand this research by looking at both setting and actually achieving goals. It could be that there is a discrepancy between children setting effective goals and actually achieving them. Therefore it would be important to determine the

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relation between achieving goals and adjustment in order to have a better understanding of children's behaviors. Also, future studies could explore how competence (both perceived and objective) affects children's achievement of goals, as well as how children's achievement of goals affects adjustment. It could be that the actual achievement of children's goals is more significant for predicting adjustment compared to children setting effective goals. A better understanding of this relationship would give educators and parents the knowledge needed to help children achieve their individual goals more effectively.

Another possibility for future research is to explore the effects of children with a large difference in perceived and objective competence. Some children might have a large discrepancy between their perceived competence and their actual objective competence. Would this discrepancy affect their overall adjustment? Would children with large discrepancies do better or worse in terms of adjustment compared to children with similar levels of perceived and objective competence? Future studies could explore this area of research to better understand the factors behind children's overall adjustment.

Future studies could also explore the direction of causality between competence and adjustment among children. Longitudinal designs would be useful to collect data over a number of years to determine causality. It could be that children's low perceived competence leads to depression, or their feelings of depression lead to low perceived competence. Understanding this relationship would shed light on prevention programs for children with behavioral problems because it would highlight where to focus attention to help improve children's adjustment, whether it is improving their overall competence (perceived or objective) or focusing directly on children's behaviors.

The current study contributes significant information to the field of children's strivings, as well as contributes to understanding children's competence and how it relates to adjustment. Clearly there are still many areas within this field that need to be further studied. Hopefully with continued exploration into the relationships between children's strivings, competence and adjustment, research may better understand the influences of strivings and competence and will be able to put this knowledge into practice towards helping improve children's overall adjustment.

References

Achenbach, T. M. (1991). *Manual for the Child Behavior Checklist / 4-18 and 1991 Profile.* Burlington, VT: University of Vermont Department of Psychiatry.

American Psychological Association. (2001). *Publication manual of the American Psychological Association, 5th edition.* Washington, DC: American Psychological Association.

Ames, C. (1992). Classrooms: Goals, structures, and student motivation. *Journal of Educational Psychology, 84* (3), 261-271.

Anderman, E. M. & Midgley, C. (2002). Methods for studying goals, goal structures, and patterns of adaptive learning. In C. Midgley (Ed.), *Goals, goal structures, and patterns of adaptive learning,* 17, 311. Mahwah, NJ, US, Lawrence Erlbaum Associates, Publishers.

Asher, S.R., Parkhurst, J.T., Hymel, S., & Williams, G.A. (1990). Peer rejection and loneliness in childhood. In S.R. Asher & J. D. Coie (Eds.), *Peer rejection in childhood* (pp. 253-273). New York: Cambridge University Press.

Bandura, A. (1997). *Self-efficacy: The exercise of control.* W. H. Freeman/Times Books/ Henry Holt & Co., New York, NY: US.

Bandura, A. (1981). Self-referent thought: A developmental analysis of self-efficacy. In J. H. Flavell & L. Ross (Eds.), *Social cognitive development: Frontiers and possible futures* (pp. 200-239). Cambridge England: Cambridge University Press.

Bandura, A., & Cervone, D. (1983). Self-evaluative and self-efficacy mechanisms governing the motivational effects of goal systems. *Journal of Personality and Social Psychology,* 45, 1017-1028.

Bouffard-Bouchard, T. (1990). Influence of self-efficacy on performance in a cognitive

        task. *Journal of Social Psychology*, 130, 353-363.

Bryan, J. F., & Locke, E. A. (1967). Goal-setting as a means of increasing motivation.

        Journal of Applied Psychology, 51, 274-277.

Cardon, B. W. (1968). Sex differences in school achievement. *The Elementary School*

        Journal, 68 (8), 427-434.

Corrigan, A. (2003). Social Health Profile – Spring, Grade 2 /Year 3 (Fast Track Project

        Technical Report). Available from the Fast Track Project Website:

        http://www.fasttrackproject.org/

Covington, M. V. (2000). Goal theory, motivation, and school achievement: An

        integrative review. *Annual Review of Psychology, 51*, 171-200.

Crick, N. R. (1996). The role of overt aggression, relational aggression, and prosocial

        behavior in the prediction of children's future social adjustment. *Child*

        Development, 67, 2317-2327.

Crick, N. R., & Dodge, K. A. (1994). A review and reformulation of social information-

        processing mechanisms in children's social adjustment. *Psychological bulletin,*

        115 (1), 74-101.

Deci, E.L. & Ryan, R.M. (1985). *Intrinsic Motivation and Self-Determination in Human*

        Behavior. New York: Plenum Press.

Dickson, J. M., & MacLeod, A. K. (2004). Approach and avoidance goals and plans:

        Their relationship to anxiety and depression. *Cognitive therapy and research, 28*

        (3), 415-432.

Dodge, K. A., Asher, S. R., & Parkhurst, J. T. (1989). Social life as a goal coordination task. In C. Ames & R. Ames (Eds.), *Research on Motivation in Education*, 3. New York: Academic Press.

Dweck, C. (1999). *Self -theories: Their role in motivation, personality, and development*. Philadelphia: Psychology Press.

Eccles, J. S. (1999). The development of children ages 6 to 14. *Future of Children, 9* (2), 30-44.

Eccles, J. S., & Wigfield, A. (2002). Motivational beliefs, values, and goals. *Annual Review of Psychology, 53* (1), 109-132.

Emmons, R. A. (1986). Personal strivings: An approach to personality and subjective well-being. *Journal of Personality and Social Psychology, 51*(5), 1058-1068.

Emmons, R.A. (1989). The personal striving approach to personality. In L. A. Pervin (Ed.), *Goal concepts in personality and social psychology* (pp. 87-126). Hillsdale, NJ: Erlbaum.

Emmons, R.A. (1996). Striving and feeling: Personal goals and subjective well-being. In P. M. Gollwitzer & J.A. Bargh (Eds.), *The psychology of action: Linking cognition and motivation to behaviour* (pp. 313-337). New York: Guilford Press.

Erdley, C. A., & Asher, S. R. (1999). A social goals perspective on children's social competence. *Journal of Emotional & Behavioral Disorders, 7* (3), 156-167**.**

Erdley, C. A., & Asher, S. R. (1996). Children's social goals and self-efficacy perceptions as influences on their responses to ambiguous provocation. *Child Development, 67* (4), 1329-1344.

Harter, S. (1982). The perceived competence scale for children. *Child development, 53* (1), 87-97.

Harter, S. (1990). Self and identity development. In S. S. Feldman & G. R. Elliot (Eds.), *At the threshold: The developing adolescent* (pp. 352-387). Cambridge, MA: Harvard University Press.

Hassan, K. E. (2001). Gender issues in achievement in Lebanon. *Social Behavior and Personality, 29 (2),* 113-124.

Jarvinen, D. W., & Nicholls, J. G. (1996). Adolescents' social goals, beliefs about the causes of social success, and satisfaction in peer relations. *Developmental Psychology, 32* (3), 435-441.

Ladd, G. W., & Mize, J. (1983). A cognitive-social learning model of social skill training. *Psychological Review*, 90, 137-157.

Lochman, J. E., Wayland, K. K., & White, K. J. (1993). Social goals: Relationship to adolescent adjustment and to social problem solving. *Journal of Abnormal Child Psychology, 21* (2), 135-151.

Locke, E. A., & Bryan, J. F. (1967). Performance goals as determinants of level of performance and boredom. *Journal of Applied Psychology*, 51 (2), 120-130.

Locke, E. A., & Latham, G. P. (1990). *A theory of goal setting and task performance*. Englewood Cliffs, NJ: Prentice-Hall.

McCelland, D. C. (1987). *Human motivation.* New York: Cambridge University Press.

Oden, S., & Asher, S. R. (1977). Coaching children in social skills for friendship making. *Child Development*, 48, 495-506.

Parkhurst, J. T., & Asher, S. R. (1992). Peer rejection in middle school: Subgroup

differences in behavior, loneliness, and interpersonal concerns. *Developmental*

Psychology, 28, 231-241.

Rains, C. (2003). Seattle Personality Questionaire – Original. (Fast Track Project

Technical Report). Available from the Fast Track Project website:

http://www.fasttrackproject.org/

Renshaw, P.D., & Asher, S.R. (1982). Social competence and peer status: The distinction

between goals and strategies. In K. H. Rubin & H.S. Ross (Eds.), *Peer*

Relationships and Social Skills in Childhood (pp. 375-395). New York: Springer-

Verlag.

Richard, J. F., & Schneider, B. H. (2005). Assessing friendship motivation during

preadolescence and early adolescence. *Journal of Early Adolescence, 25* (3), 367-

385.

Rose, A. J., & Asher, S. R. (1999). Children's goals and strategies in response to conflicts

within a friendship. *Developmental Psychology, 35* (1), 69-79.

Ryan, R. M., Sheldon, K. M., Kasser, T., & Deci, E. L. (1996). All goals are not created

equal: An organismic perspective on the nature of goals and their regulation. In P.

M. Gollwitzer & J.A. Bargh (Eds.), *The psychology of action: Linking cognition*

and motivation to behaviour (pp. 7-26). New York: Guilford Press.

Sanderson, C. A., Maibach, E., DiIorio, C., & Cantor, N. (1999). Personal strategies for

HIV prevention: The development and validation of a strategy-coding instrument.

Journal of Applied Social Psychology, 29 (7), 1536-1554.

Shapiro, D. R., Lieberman, L. J., & Moffett, A. (2003). Strategies to improve perceived

    competence in children with visual impairments. *RE:view, 35* (2), 69-80.

Shure, M. B., & Spivack, G. (1970, April). *Problem-solving capacity, social class and*

    adjustment among nursery school children. Paper presented at the meeting of the

    Eastern Psychological Association, Atlantic City.

Shure, M. B., & Spivack, G. (1988). Interpersonal cognitive problem solving. In R. H.

    Price, E. L. Cowen, R. P. Lorion, & J. Ramos-McKay (Eds.), *Fourteen ounces of*

    prevention: A casebook for practitioners, 69-82. vi, 191 pp. Washington, DC, US:

    American Psychological Association.

Shure, M. B., Spivack, G., & Jaeger, M.A. (1971). Problem solving thinking and

    adjustment among disadvantaged preschool children. *Child Development*, 42,

    1791-1803.

Simon, C. T. (1952). *The bases of personality traits: An investigation employing a*

    structural hypothesis and method. Unpublished doctoral dissertation, Syracuse

    University, Syracuse, NY.

Werthammer-Larsson, L., Kellam, S. G., & Wheeler, L. (1991). Effect of first-grade

    classroom environment on shy behavior, aggressive behavior, and concentration

    problems. *American Journal of Community Psychology*, 19, 585-602.

Williams, G. C., McGregor, H. A., King, D., Nelson, C. C., & Glasgow, R. E. (2005).

    Variation in perceived competence, glycemic control, and patient satisfaction:

    Relationship to autonomy support from physicians. *Patient Education &*

    Counseling, 57 (1), 39-45.

Table 2

Summary of Means and Standard Deviations for Each Variable

Variable	M	SD	Range	N
Age	10.82	1.21	8.87-13.48	109
Number of Strivings	3.10	1.42	1-8	113
AFF Striving	.10	.18	0-1	113
OBD Striving	.11	.19	0-1	113
ACH Striving	.57	.31	0-1	113
DOM Striving	.02	.10	0-.05	113
ALT Striving	.04	.12	0-.67	113
ACQ Striving	.11	.22	0-1	113
FUN Striving	.06	.16	0-1	113
EFF	1.25	.38	0-2.5	113
SCP	4.51	.97	2.33-6	79
CCN	4.50	.99	2-6	79
Confidence	4.20	.69	2.25-5	113
Harter Social	2.98	.62	1.33-4	107
Harter Self-Worth	3.30	.53	1.67-4	107
INT	8.28	6.87	0-34	47
EXT	6.30	6.35	0-32	47
AAC	1.71	.68	1-3.8	79
DEP	2.16	.75	1-4	112
ANX	2.28	.84	1-4.5	113
Conduct Disorder	1.74	.56	1-3.38	113

Note. OBD = Obedience, ACQ = Acquisitive, AFF = Affiliative, ACH = Achievement, DOM = Dominance, FUN = Fun, ALT = Altruistic, EFF = Effectiveness of Striving, SCP = Teacher-Rated Social Competence, CCN = Teacher-Rated Cognitive Competence, INT = Internalizing Behavior, EXT = Externalizing Behavior, AAC = Authority Acceptance, DEP = Depression, ANX = Anxiety.

Table 3

Definitions and Examples of Codes for Types of Strivings Reported by Children

Code name	Code definition	Code example
Achievement	Wanting to do well in school, gym, wanting to do better than previously. Wanting to accomplish something specific.	"Get good at playing the guitar" "Learn how to speak Japanese"
Acquisitive	Wanting some material object. Wanting a material improvement ("A bigger house")	"Kitten" "Get a motorcycle"
Affiliative	Having to do with creating, maintaining, improving relationships. These strivings can also express some anxiety or sadness about relationships, or difficulty in creating or maintaining relationships.	"Keeping friends" "Having lots of new friends"
Altruistic	Wanting to help a person, school, community, or society at large. Wanting to be a good person.	"Converting bullies" "Save my fish"
Dominance	Specifically wanting to do better than other people, or to be the best. Wanting to be the leader. Wanting to be the most popular. Wanting to have the most of something. (Some Dominance strivings could be seen as falling into the Achievement or Acquisition categories, but if someone wants the most of some-thing or to be the best at something, it is coded as Dominance.)	"Be the boss" "To become the world's best dual player"
Fun	Wanting to have a good time, to relax, to go places, to have adventures.	"Go to Disneyland" "A trip to South America"
Obedience	Wanting to do better at obeying rules, staying out of trouble, doing what's expected.	"Try not to get into trouble" "Make parents proud"

Table 4

Heirarchical Regression Analysis for Perceived and Objective Competence with Internalizing Behaviors

	Internalizing Behaviors								
	Depression (Self Report)			Anxiety (Self Report)			Internalizing (Mother Report)		
	B	SE	β	B	SE	β	B	SE	β
Model 1 – Objective Competence									
CCN	-.10	.12	-.13	-.15	.13	-.17	-1.58	2.04	-.23
SCP	-.17	.12	-.22	-.15	.14	-.16	-1.16	2.11	-.16
EFF	-.05	.21	-.03	-.14	.25	-.06	1.36	3.67	.07
Adj. R^2		.07*			.06			.03	
Model 2 – Objective and Perceived Competence									
CCN	-.06	.10	-.08	-.07	.12	-.08	-.75	2.21	-.11
SCP	-.09	.11	-.13	-.05	.12	-.05	-1.16	2.18	-.16
EFF	-.08	.19	-.04	-.23	.22	-.11	1.17	3.74	.06
SW	-.19	.16	-.14	-.31	.19	-.19	1.58	4.29	.11
PEER	-.44	.14	-.39*	-.58	.16	-.43*	-4.44	3.76	-.36
CON	-.18	.12	-.15	-.01	.14	-.01	1.95	2.38	.16
Adj. R^2		.31*			.32*			.00	
Δ Adj. R^2		.24			.26			-.03	

Note. CCN = Teacher-Rated Cognitive Competence, SCP = Teacher-Rated Social Competence, EFF = Coded Effectiveness of Strategy for Achieving the Striving, SW = Self-Worth Domain, PEER = Social Domain, CON = Striving Confidence.

* $p<.05$.

Table 5

Heirarchical Regression Analysis for Perceived and Objective Competence with Externalizing Behaviors

	Externalizing Behaviors								
	Conduct Disorder (Self Report)			Authority Acceptance (Teacher Report)			Externalizing (Mother Report)		
	B	SE	*β*	B	SE	*β*	B	SE	*β*
Model 1 – Objective Competence									
CCN	-.06	.08	-.11	-.07	.06	-.12	-2.08	1.60	-.32
SCP	-.18	.08	-.32*	-.48	.06	-.72*	-2.28	1.65	-.33
EFF	-.09	.15	-.07	-.16	.12	-.10	-.45	2.87	-.03
Adj. R²		.13*			.62*			.31*	
Model 2 – Objective and Perceived Competence									
CCN	-.03	.08	-.06	-.09	.06	-.14	-1.38	1.75	-.21
SCP	-.21	.08	-.38*	-.48	.07	-.73*	-2.40	1.73	-.35
EFF	-.07	.15	-.05	-.12	.12	-.07	-.37	3.00	-.02
SW	-.28	.13	-.27*	.11	.10	.09	.05	3.41	.00
PEER	.09	.11	.10	.02	.09	.02	-2.37	3.00	-.21
CON	-.14	.09	-.16	-.12	.08	-.12	-.32	1.89	-.03
Adj. R²		.19*			.63*			.27*	
Δ Adj. R²		.06			.01			-.04	

Note. CCN = Teacher-Rated Cognitive Competence, SCP = Teacher-Rated Social Competence, EFF = Coded Effectiveness of Strategy for Achieving the Striving, SW = Self-Worth Domain, PEER = Social Domain, CON = Striving Confidence.

* *p<.05*.

Figure 1.

Frequencies of Total Number of Strivings Reported by Children

Number of Children (y-axis): 0, 5, 10, 15, 20, 25, 30, 35, 40, 45

Number of Strivings (x-axis): 1 (8), 2 (34), 3 (39), 4 (17), 5 (7), 6 (3), 7 (4), 8 (1)

Figure 2.

Frequency of Striving Types Reported by Children
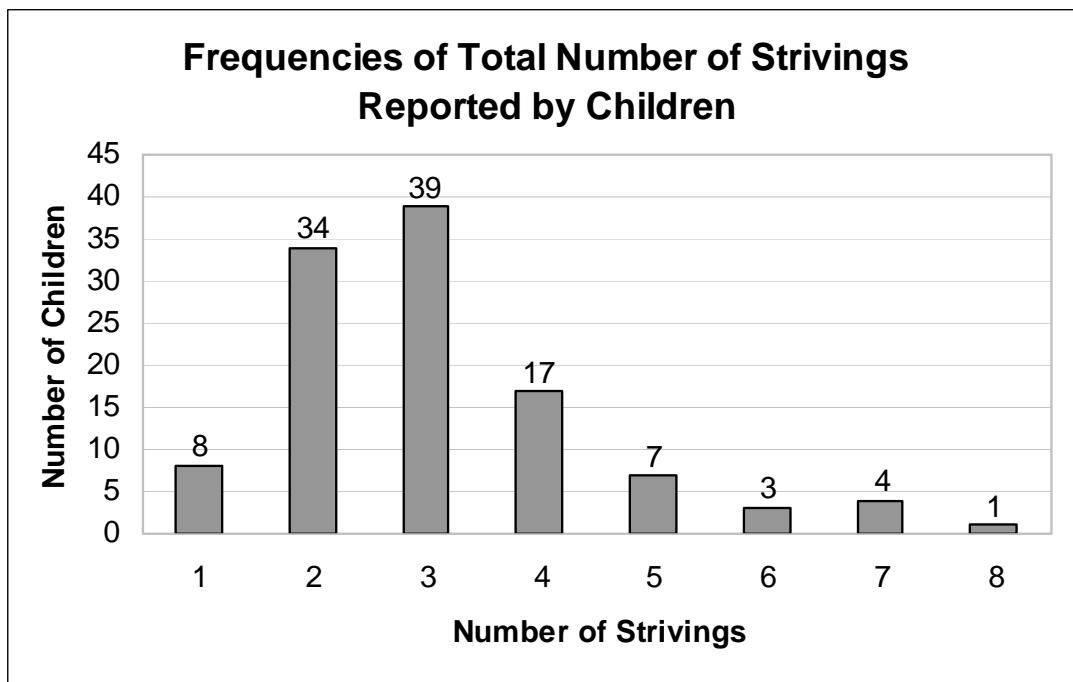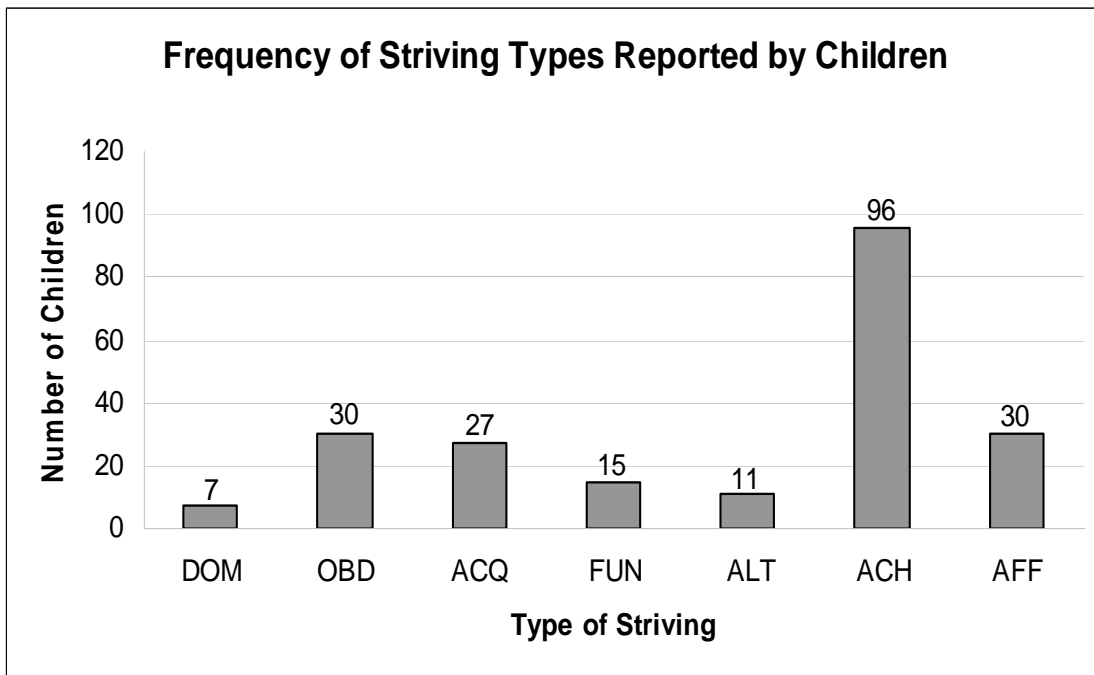
Note. DOM = Dominance, OBD = Obedience, ACQ = Acquisitive, FUN = Fun, ALT = Altruistic, ACH = Achievement, AFF = Affiliative.

Appendix A

Children's Personal Strivings

1a. Striving 1:

1b. Strategy 1:

1c. How confident do you feel that you can get/do/have this striving?

Very confident   *Sort of confident*   *Neutral or mixed*   *Not too confident*   *Not at all confident*

Appendix B

Teacher's Objective Competence Rating

(Social Competence & TOCA-R Measures)

1………………2………………3………………4………………5………………6
Never   Rarely   Sometimes   Often   Very Often   Almost Always

Social Competence Measure

Prosocial

    1. Friendly………………...1 2 3 4 5 6

    2. Is helpful to others…………………………………...…1 2 3 4 5 6

    3. Resolves peer problems on his/her own.…………………1 2 3 4 5 6

    4. Very good at understanding other people's feelings………..1 2 3 4 5 6

    5. Can give suggestions and opinions without being bossy…...1 2 3 4 5 6

Emotion Regulation

    1. Controls temper when there is a disagreement…………...…1 2 3 4 5 6

    2. Expresses needs and feelings appropriately………………..1 2 3 4 5 6

    3. Thinks before acting…………………………………….…..1 2 3 4 5 6

    4. Can calm down when excited or all wound up……………..1 2 3 4 5 6

TOCA-R Measure

Cognitive Concentration

    1. Self-reliant…………………………………………….…..1 2 3 4 5 6

    2. Works hard……………………………………………...…1 2 3 4 5 6

    3. Learns up to ability……………………………………….1 2 3 4 5 6

    4. Easily distracted…………………………………….……..1 2 3 4 5 6

    5. Concentrates………………………………….…………....1 2 3 4 5 6

    6. Completes assignments…………………………………....1 2 3 4 5 6

    7. Shows poor effort…………………………………………1 2 3 4 5 6

    8. Eagar to learn……………………………………………1 2 3 4 5 6

    9. Stays on task……………………………………………...1 2 3 4 5 6

    10. Pays attention………………………………………….....1 2 3 4 5 6

    11. Mind wanders……………………………………………1 2 3 4 5 6

    12. Works well alone.………………………………………..1 2 3 4 5 6

Appendix C

Children's Perceived Competence

(Harter's Perceived Competence Scale)

Social Domain

1.)	1	2	Some kids find it hard to make friends	BUT	Other kids find it's pretty easy to make friends	3	4
2.)	1	2	Some kids have a lot of friends	BUT	Other kids don't have very many friends	3	4
3.)	1	2	Some kids would like to have a lot more friends	BUT	Other kids have as many friends as they want	3	4
4.)	1	2	Some kids wish that more people their age liked them	BUT	Other kids feel that most kids their age do like them	3	4
5.)	1	2	Some kids are popular with others their age	BUT	Other kids are not very popular	3	4
6.)	1	2	Some kids are kind of hard for other people to like	BUT	Other kids are really easy for others to like	3	4

General Self-Worth Domain

1.)	1	2	Some kids often do not like the way they behave	BUT	Other kids usually like the way they behave	3	4
2.)	1	2	Some kids are often unhappy with themselves	BUT	Other kids are pretty pleased with themselves	3	4
3.)	1	2	Some kids usually do the right thing	BUT	Other kids don't do the right thing	3	4
4.)	1	2	Some kids don't like the way they are leading their life	BUT	Other kids do like the way they are leading their life	3	4
5.)	1	2	Some kids usually act the way they know they are supposed to	BUT	Other kids often don't act the way they are supposed to	3	4
6.)	1	2	Some kids are happy with themselves as a person	BUT	Other kids are often not happy with themselves	3	4
7.)	1	2	Some kids like the kind person they are	BUT	Other kids often wish they were someone else	3	4

| 8.) | 1 | 2 | Some kids are very happy being the way they are | BUT | Other kids wish they were different | 3 | 4 |
| 9.) | 1 | 2 | Some kids are not very happy with the way they do a lot of things | BUT | Other kids think the way they do things is fine | 3 | 4 |

Appendix D

Teachers' Report of Adjustment

(Authority Acceptance Measure)

1………………2………………..3……………..4……………..5……………..6
Never   Rarely   Sometimes   Often   Very Often   Almost Always

Authority Acceptance Measure

Covert Aggression

    1. Takes others' property………..1 2 3 4 5 6

    2. Lies…………………………………………………………1 2 3 4 5 6

Overt Aggression

    1. Yells at others……………………………………..….…1 2 3 4 5 6

    2. Fights…………………………………………………..1 2 3 4 5 6

    3. Teases classmates ...……………………………………..1 2 3 4 5 6

    4. Breaks things………………………………………..1 2 3 4 5 6

    5. Harms others...………………………………….…..1 2 3 4 5 6

Oppositional

    1. Stubborn…….………………………………….…..1 2 3 4 5 6

    2. Breaks rules…….………………………………..1 2 3 4 5 6

    3. Has trouble accepting authority ..………………………….1 2 3 4 5 6

Appendix E

Children's Self-Report of Adjustment

(Seattle Personality Questionaire Measure)

Anxiety						
1	Do you worry about what other children might be saying about you?	YES!	yes	maybe	no	NO!
2	Are you afraid to try new things?	YES!	yes	maybe	no	NO!
3	Do you worry a lot that other people might not like you?	YES!	yes	maybe	no	NO!
4	Would it be hard for you to ask kids you didn't know if you could join them in a game?	YES!	yes	maybe	no	NO!
5	Do you worry about what other people think of you?	YES!	yes	maybe	no	NO!
6	Do you worry about being teased?	YES!	yes	maybe	no	NO!
Conduct Problems						
1	Do you often talk in class when you're not supposed to?	YES!	yes	maybe	no	NO!
2	Do you often take things that aren't yours and keep them?	YES!	yes	maybe	no	NO!
3	Do you get into a log of fights?	YES!	yes	maybe	no	NO!
4	Is it hard for you to listen and follow directions?	YES!	yes	maybe	no	NO!
5	Do you tell a lot of lies?	YES!	yes	maybe	no	NO!
6	Do you argue a lot with other people?	YES!	yes	maybe	no	NO!
7	Do you often tease or make fun of other kids?	YES!	yes	maybe	no	NO!
8	Do you sometimes break things on purpose?	YES!	yes	maybe	no	NO!
Depression						
1	Do you feel unhappy a lot of the time?	YES!	yes	maybe	no	NO!
2	Do you feel like crying a lot of the time?	YES!	yes	maybe	no	NO!
3	Do you feel upset about things?	YES!	yes	maybe	no	NO!
4	Do you feel that you do things wrong a lot?	YES!	yes	maybe	no	NO!
5	Do you feel that most things are not much fun?	YES!	yes	maybe	no	NO!
6	Do you feel sorry for yourself?	YES!	yes	maybe	no	NO!
7	Do you have trouble falling asleep or staying asleep?	YES!	yes	maybe	no	NO!
8	Do you feel tired a lot of the time?	YES!	yes	maybe	no	NO!
9	Do you often feel like not eating even though it's mealtime?	YES!	yes	maybe	no	NO!
10	Do you want to be by yourself a lot?	YES!	yes	maybe	no	NO!

Appendix F

Mother's Report of Adjustment

(Child Behavior Checklist Measure)

0	1	2
Not true	**Somewhat or**	**Very true or**
(as far as you know)	**Sometimes True**	**Often True**

Externalizing Behaviors

Aggressive Behavior

1. Argues a lot……………………………………………0   1   2

2. Disobedient at home………………………………… 0   1   2

3. Cruelty, bullying, or meanness to others………………………0   1   2

4. Demands a lot of attention……………………………………...0   1   2

5. Destroys his/her own things……………………………………0   1   2

6. Destroys property belonging to others………………………….0   1   2

7. Disobedient at school…………………………………...0   1   2

8. Gets in many fights…………………………………...0   1   2

9. Physically attacks people……………………………….0   1   2

10. Screams a lot……………………………………………0   1   2

11. Stubborn, sullen, or irritable………………………………… 0   1   2

12. Sudden changes in mood or feelings…………………………... 0   1   2

13. Sulks a lot…………………………………………… 0   1   2

14. Suspicious…………………………………………… 0   1   2

15. Teases a lot…………………………………………...0   1   2

16. Temper tantrums or hot temper…………………………………0   1   2

17. Threatens people………………………………………...0   1   2

18. Unusually loud…………………………………………...0   1   2

Delinquent Behavior

1. Runs away from home……………………………………0   1   2

2. Doesn't seem to feel guilty after misbehaving………………… 0   1   2

3. Hangs around with others who get in trouble…………………...0   1   2

4. Lying or cheating…………………………………………0   1   2

5. Sets fires…………………………………………………...0   1   2

6. Steals at home……………………………………………0   1   2

7. Prefers being with older children or youths……………………0   1   2

8. Thinks about sex too much………………………………...0   1   2

9. Vandalism…………………………………………………0   1   2

10. Steals outside of home…………………………………...…0   1   2

11. Swearing or obscene language………………………………0   1   2

12. Uses alcohol or drugs for non-medical purposes (describe): …. 0   1   2

Internalizing Behaviors

Anxious / Depressed

1. Cries a lot……………………………………………………0   1   2

2. Fears he/she might think or do something bad………………… 0   1   2

3. Feels he/she has to be perfect……………………………...0   1   2

4. Feels or complains that no one loves him/her………………..0   1   2

5. Feels worthless or inferior……………………………….....0   1   2

6. Nervous, high strung, or tense………………………………0   1   2

7. Too fearful or anxious……………………………………...0   1   2

8. Feels too guilty……………………………………………...0   1   2

9. Self-conscious or easily embarrassed…………………………0   1   2

10. Worries……………………………………………………...0   1   2

Withdrawn

1. Would rather be alone than with others………………………...0   1   2

2. Refuses to talk………………………………………………...0   1   2

3. Secretive, keeps things to self………………………………...0   1   2

4. Shy or timid…………………………………………………. 0   1   2

5. Underactive, slow moving, or lacks energy……………………0   1   2

6. Unhappy, sad, or depressed…………………………………0   1   2

7. Withdrawn, doesn't get involved with others…………………..0   1   2

Somatic Complaints

1. Feels dizzy…………………………………………………... 0   1   2

2. Overtired…………………………………………………... 0   1   2

3. Physical problems without known medical cause: ……………0   1   2

a. Aches or pains (not headaches)…………………………0   1   2

b. Headaches……………………………………………… 0   1   2

c. Nausea, feels sick…………………………………………0   1   2

d. Problems with eyes (describe): …………………………...0   1   2

e. Rashes or other skin problems………………………….0   1   2

f. Stomachaches or cramps………………………………..0   1   2

g. Vomiting, throwing up…………………………………0   1   2

h. Other (describe): ………………………………………0   1   2