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Recent Stressful Life Events and Young Children's School Adjustment[1]

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A group of 211 first- to fourth-grade children who had experienced one or more recent stressful life events were compared to a demographically matched sample of 211 children who had not experienced such events on measures of school adjustment problems and competencies. Stressful life events were found to be associated with the presence of more serious school adjustment problems and fewer competencies. Those associations were strongest for children who had experienced multiple recent stressful events. The importance of preventive interventions for this at-risk group was emphasized and future research steps in the area were considered.

Stressful life events (SLEs) have long been recognized to affect people's adjustment adversely by placing new demands on them that exceed their normal coping resources. Not only do such events predispose significant changes in people's adaptive styles, but the ways in which they are handled and resolved can lead either to further problems or psychological growth (Caplan, 1964).

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The effects of SLEs on people, however, are not automatic. Recent research has shown that both the specific nature of SLEs and the contexts in which they occur shape their impact on diverse aspects of physical and psychological well-being. Among the attributes of SLEs that have been shown, in a main-effects sense, to affect people's adjustment are their undesirability (Sarason, Johnson, & Siegel, 1978; Mueller, Edwards, & Yarvis, 1977), recency (Sandler & Block, 1979), and frequency of occurrence (Myers, Lindenthal, & Pepper, 1974; Holmes & Masuda, 1974). With respect to the latter variable, a recent comprehensive review (Monroe, 1982) concluded that multiple successive SLEs markedly increase psychological vulnerability.

Although SLEs affect adjustment adversely, such effects differ across people and have been shown, for example, to be moderated by (a) personal characteristics, e.g., sense of control versus powerlessness, and modes of cognitive appraisal (Dohrenwend & Martin, 1979; Kobasa, 1979), (b) prior history of dealing with stressful events, and (c) available social supports (Thoits, 1982; Wilcox, 1981). Notwithstanding the fact that most prior life-stress research has been done with adults, that work provides an important stepping-stone for studying relationships between SLEs and children's adjustment, the focus of the present research. Growing interest in systematic early detection and screening of young schoolchildren (Bower, 1969; Cowen, Trost, Lorion, Dorr, Izzo, & Isaacson, 1975) provides a context in which such study takes on greater meaning. If SLEs do indeed have negative effects on young children's early school adjustment, a logical next challenge is to develop primary preventive interventions for children at risk designed to (a) forestall predictable negative adjustment outcomes and (b) provide skills and competencies that optimize the child's school experience.

Prior research on the effects of SLEs has been done both with children who have experienced specific and multiple SLEs. Thus, specific events such as parent divorce (Hetherington, Cox, & Cox, 1978; Felner, Farber, & Primavera, 1980; Emery, 1982; Guidubaldi, Clemenshaw, Perry, & Mcloughlin, 1983), death of a family member (Felner, Stolberg, & Cowen, 1975; Anthony & Koupernik, 1973), and illness and hospitalization (Kornberg & Caplan, 1980; Melamed & Siegel, 1975) have been shown to be followed by negative short- and long-term adjustive consequences. Illustratively, Wallerstein and Kelly (1975) reported clinical data indicating that children with no prior referral histories showed significant psychological and behavioral difficulties (e.g., heightened anxiety, aggression) after their parents divorced. On 1-year follow-up, roughly half those children showed either continued significant emotional distress or further adjustive decrement. Yet another SLE, school transfer, has been related, in adolescents, to poor academic achievement and increased absenteeism (Felner, Primavera, & Cauce, 1981)—variables that predict to subsequent school failure and increased dropout rates (U.S. Department of Health, Education & Welfare, 1975).

Beyond the generally negative effects that SLEs have on children's adjustment, some data suggest relationships between particular types of SLEs and specific behavioral sequelae (Felner, Farber, & Primavera, 1983). For example, children with family histories of separation/divorce have been found, consistently, to show elevated acting-out behaviors (Emery, 1982; Felner et al., 1975) whereas those who experience parental death show increases in shy-anxious behaviors (Felner et al., 1975).

Some work has also been done on the effects of multiple SLEs on children's adjustment. Although some SLEs tend to be discrete (e.g., new child born into the family), others increase the likelihood that additional stress-producing events will occur (Monroe, 1982). Divorce, for example, predisposes the occurrence of a variety of other stressful events associated with a family's economic status, living conditions, or support networks (Wallerstein & Kelly, 1975; Hetherington et al., 1978). Another common SLE, loss of job by a parent, frequently triggers off related stressful changes, e.g., family moving to lower income housing, parent(s) looking for a job, children starting a new school. Thus, multiple SLEs occurring within a short time span, often compound an initial stressful event.

Although there is much data to suggest that multiple SLEs have negative adjustive consequences for adults (Monroe, 1982; Holmes & Masuda, 1974), there has been less research of that type with children. The few studies that have been done suggest, as with adults, that such chained events increase the subjective level of stress experienced and affect physical and emotional well-being adversely (Coddington, 1972; Heisel, Ream, Raitz, Rappaport, & Coddington, 1974). One epidemiological study (Gersten, Langner, Eisenberg, & Orzek, 1974) showed that the number of recent SLEs experienced by children correlated significantly with parent ratings on several adjustment related variables (e.g., conflict with parents, anxiety). In another study (Sandler & Block, 1979), teachers rated referred inner-city children, who had experienced several stressful family changes in the past year, as more maladjusted than a matched noncrisis comparison group.

The present research on relationships between SLEs and the school adjustment of young children was undertaken with several considerations in mind. Most prior research assessing such relationships has been done either with adults or with older children and adolescents. Moreover, there has been little, if any, research on the impact of multiple recent SLEs on the adjustment of young, nonreferred children. Finally, prior research, both with adults and children, has focused on adjustment problems that follow SLEs and has not sufficiently considered the effects of such events on competence behaviors.

Specifically, the two main questions that the study addressed were: (a) What differences are there in school problem behaviors and competencies between demographically matched young children who have, and have not,

experienced one or more recent SLEs? (b) What are the correlates in school problem behaviors and competencies of multiple recent SLEs?

Answers to those questions can help both to justify and inform primary prevention interventions designed to enhance the adjustment and school adaptation of many children at risk psychologically by virtue of having experienced recent stressful life events.

METHOD

Subjects

Subjects were drawn from a pool of 974 primary-grade children, who were part of a larger renorming study for two measures of young children's problem and competence behaviors (Weissberg, Cowen, Lotyczewski, Boike, Gesten, Orara, Stalonas, & Sterling, Unpublished manuscript). One-hundred and one out of 107 first- through fourth-grade teachers in 10 schools (5 urban and 5 suburban) agreed to participate in the study. Teachers were asked to provide information for a randomly selected block of 10 children (5 boys and 5 girls) in their classes. Due either to moving, or incompletely filled out forms, 36 children were lost from the sample, leaving a total of 974.

Within the larger sample, 211 subjects were checked by teachers as having experienced one or more of 11 SLEs (cf. below) during the *current* school year. A comparison group of 211 children reported by teachers as not having experienced any stressful life events during the current year, was drawn from the larger normative pool and closely matched to the SLE group for location (urban–suburban), school, grade, repeat in grade, age, sex, and ethnic background. Precise matching of the groups for location, schools, ethnic status, and repeat-in-grade maximized their sociodemographic comparability. Moreover, matching teachers for approximately 60% of the sample provided substantial control for teacher response style on the adjustment measures and the extent of teachers' knowledge of children's background circumstances.

Procedure

Teachers completed the Classroom Adjustment Rating Scale (CARS; Lorion, Cowen, & Caldwell, 1975) and the Health Resources Inventory (HRI; Gesten, 1976) for all subjects (cf. below), in April–May 1982. Next they filled out a 40-item identification (ID) sheet providing information about children's background and personal characteristics. The ID sheet was done last to minimize the likelihood of its influencing the adjustment ratings. The ID sheet included a list of 11 SLEs. Teachers checked all SLEs known to have been experienced by the child during the current school year. Teachers were paid a total of $10 each for completing those tasks.

Measures

Two sets of measures were used to collect information about children's: (a) school adjustment and (b) recently experienced SLEs.

Teacher Adjustment Ratings

CARS: The Classroom Adjustment Rating Scale (CARS) (Lorion et al., 1975) includes 41 problem behaviors which are rated by teachers on 5-point severity scales (1 = not a problem, 5 = very serious problem). The CARS has three factors: (a) *acting-out* (10 items), aggressive, disruptive, and impulsive behaviors; (b) *shy-anxious* (12 items), withdrawn, nervous, moody, and dependent behaviors; (c) *learning difficulty* (14 items), academic motivation and performance problems. A total maladjustment score is obtained by summing across all 41 items. Higher factor and total scores reflect greater maladjustment. Test–retest reliabilities for CARS factor and total scores exceed .85. All CARS scores have been shown to discriminate between demographically comparable referred and nonreferred children (Lorion et al., 1975).

HRI: The Health Resources Inventory (HRI) (Gesten, 1976), consists of 54 items assessing children's school-related competencies. All items are rated by the classroom teacher on 5-point scales (1 = describes child not at all; 5 = describes child very well). Gesten (1976) identified five HRI factors: (a) *good student* (10 items), effective learning skills; (b) *adaptive assertiveness* (7 items), shares opinions and defends views appropriately; (c) *peer sociability* (10 items), establishes and maintains positive peer relationships; (d) *follows rules* (7 items), successfully adapts to school regulations; (e) *frustration tolerance* (12 items), copes well with failure and other school pressures. The HRI also yields a total competence score (SUMFAC), obtained by adding the five factor scores. Higher HRI factor and total scores indicate greater competence. HRI test–retest reliabilities range from .72 (peer sociability) to .91 (follows rules). Gesten (1976) reported that HRI scores discriminated between disturbed and normal children as well as among different levels of teacher-judged competence in a sample of normal children.

Identification Sheet

The identification sheet had four main sections. Section 1 included 12 items pertaining to a child's health and personal characteristics (e.g., physical attractiveness, gross motor coordination, physical handicap). Section 3 consisted of nine special activities or services (e.g., speech therapy, organized

sports program, frequent principal visits). Section 4 included eight items relating to the child's family situation (e.g., mother/father working).

Section 2, the one relevant to this study, listed 11 stressful life events drawn from two child life-events inventories (Coddington, 1972; Gersten, Langner, Eisenberg, & Simcha-Fagan, 1977). The 11 events met three criteria, i.e., they were (a) largely objective and observable; (b) negative, or at least ambiguous, rather than positive; (c) beyond the child's control. The 11 events were death of a parent, sibling, or close relative; serious illness of a parent, sibling, or close relative; lengthy illness and/or hospitalization of child; school transfer; parents separated or divorced; parent remarried; parent lost job; family experiencing severe economic difficulties; change in home residence; new child born into family; new adult or child moved into the home.

RESULTS

Results are presented in terms of the study's two main foci: (a) adjustment comparisons between children who had and had not experienced a recent SLE, and (b) adjustment comparisions among children who experienced different numbers of SLEs.

Table I. Means, Standard Deviations, *t* Ratios, and *p*s Comparing SLE and Non-SLE Groups on Adjustment Measures

	SLE (N = 211)		Non-SLE (N = 211)			
Variable	*M*	*SD*	*M*	*SD*	*t*	*p*
Classroom Adjustment Rating Scale (CARS)[a]						
Acting out	14.14	8.53	13.01	7.26	1.24	ns
Shy-anxious	20.50	8.48	18.20	6.85	2.68	.008
Learning	26.69	12.33	22.59	9.01	3.87	.001
CARS total	69.77	25.02	61.58	19.40	3.56	.001
Health Resources Inventory (HRI)[a]						
Good student	2.33	1.10	2.66	.93	3.15	.002
Adaptive assertiveness	2.96	1.04	3.22	.98	2.53	.01
Peer sociability	4.21	1.06	4.42	.91	2.03	.05
Follows rules	3.18	1.13	3.29	1.05	.88	ns
Frustration tolerance	2.46	1.02	2.76	.90	2.86	.005
HRI factor sum	15.15	4.08	16.36	3.47	3.06	.002

[a]High CARS scores indicate more problems; high HRI scores indicate greater competence.

Table II. Means, Standard Deviations, *F*s, *p*s, and Duncans Comparing Adjustment of Children with One, Two, and Three or More SLEs

	One crisis (n = 141)		Two crises (n = 46)		Three or more crises (n = 24)				
Variable	*M*	*SD*	*M*	*SD*	*M*	*SD*	*F*	*p*	Duncans[b]
Classroom Adjustment Rating Scale (CARS)[a]									
Acting-out	13.57	7.86	13.33	8.92	19.04	10.15	3.72	.03	3>1, 2
Shy-anxious	19.45	7.83	22.83	10.75	22.17	6.08	2.70	.07	2>1
Learning	25.35	11.62	26.98	13.25	34.04	12.41	5.15	.007	3>2, 1
CARS total	66.45	22.86	72.24	29.77	84.50	22.21	5.70	.004	3>2, 1
Health Resources Inventory (HRI)[a]									
Good student	2.40	1.06	2.41	1.16	1.78	1.07	1.93	.06	2, 1>3
Adaptive assertiveness	3.04	1.06	2.97	.96	2.46	.93	2.59	.08	1, 2>3
Peer sociability	4.30	1.10	4.26	.94	3.57	.89	5.61	.004	1, 2>3
Follows rules	3.26	1.07	3.32	1.12	2.46	1.27	4.68	.01	2, 1>3
Frustration tolerance	2.58	.99	2.33	1.13	1.94	.77	3.30	.04	1>3
HRI factor sum	15.59	4.05	15.31	4.16	12.21	2.80	6.53	.002	1, 2>3

[a]High CARS scores indicate more problems; high HRI scores indicate greater competence.
[b]All p values $< .05$.

Adjustment Comparisons: SLE Versus Non-SLE Samples

Individual *t* ratios were computed for each of the 10 dependent CARS and HRI adjustment measures to test the significance of the mean differences between the groups of children who had and had not experienced one or more recent SLEs. Those comparisons are summarized in Table I. Significant group differences ($p < .05$) were found on 8 of the 10 measures—all except CARS Acting-out and HRI Rules. All differences were in the expected direction, i.e., more serious problems and fewer competencies for the SLE sample.

Adjustment Comparisons Based on Numbers of SLEs Experienced

The SLE sample ($N = 211$) was divided into three subgroups based on the number of SLEs experienced during the current school year: 141 had experienced only one such event, 46 had experience two, and the remaining 24 had three or more. Chi-squares were computed to compare those three subgroups on the demographic variables of urban–suburban residence, grade, sex, ethnic background, and repeat in grade. The only significant difference among groups was that there were proportionally more first and second, compared to third and fourth, graders ($p < .03$) in the three or more SLE subgroup.[3]

The three frequency subgroups were then compared on a series of 10 simple 3 × 1 ANOVAs, one for each dependent adjustment variable. Those results are summarized in Table II. Seven of the 10 *F*s were significant at $p < .05$; the remaining three all approached significance ($p < .06$–$.08$). Elucidating Duncan tests comparing individual subgroups means indicated, predominantly, that the three or more SLEs group had significantly more serious problems and fewer competencies than the two other groups.

DISCUSSION

The study's two main findings were that (a) children who experienced one or more recent SLEs were rated by teachers as more maladjusted and less competent than demographically matched noncrisis peers, and (b) children who experienced multiple recent stressful events were judged to be more maladjusted and less competent than those who had experienced fewer such

[3]That difference was not a major concern, since the normative study (Weissberg et al., unpublished manuscript) showed only minimal grade-level differences in adjustment on the CARS and HRI.

events. In sum, the results suggest that recent stressful events are strongly associated with indicants of child adjustment.

The study's findings accord well with prior research data indicating that stressful events increase the likelihood of adjustment problems both for adults and children (Gersten et al., 1974; Heisel et al., 1974; Monroe, 1982). A related recent study (Cowen, Weissberg, & Guare, 1984) found that young children referred to a school mental health program evidenced significantly more signs of risk, including the experience of recent stressful life events, than did a demographically matched nonreferred peer group. The present data also support Sandler and Block's (1979) demonstration of negative adjustment correlates of SLEs among inner-city referred elementary schoolchildren, and extend those findings to a larger representative sample of urban and suburban youngesters. They are also consistent with Monroe's (1982) conclusion, based primarily on work with adults, that maladjustment increases as a function of the number of stressful events experienced. Multiple stressful events thus appear to have the same kind of detrimental cumulative effect, psychologically, that lead poisoning has physically, i.e., they increase children's susceptibility to maladjustment.

The present findings add to prior knowledge in several key respects. They document negative adjustment sequelae of stressful events in young, sociodemographically diverse, normal children, in contrast to prior work which has focused primarily on adults, adolescents, and older children. They also establish that multiple recent SLEs predispose youngsters to even more negative adjustment difficulties. Finally, the study extends the problem-oriented focus of prior research (e.g., Sandler & Block, 1979) by showing that recent SLEs are also associated with fewer competencies in children.

Several factors limit interpretation of the data. For example, assessment of children's adjustment was both observer- (i.e., teacher) and context- (i.e., school) bound. Other information sources (e.g., parent reports, self-ratings) reflecting a variety of child-relevant settings (e.g., home, playground) can provide a richer, more representative view of children's adjustment following the occurrence of stressful events. The study's conclusions are also restricted by the fact that only 11 SLEs, each beyond the child's "control," were included in the identification form. Other stressful events (e.g., sibling leaving home, child a victim of violence, foster home placement) may well also affect children's adjustment adversely. Moreover, the present sample was too small to assess the effects of specific SLEs, individually or in combination. Such knowledge can help to shape specific interventions for children in different risk circumstances.

Notwithstanding those limitations, the findings have implications for future work. Converging evidence of strong associations between single and multiple SLEs and adjustment difficulties frame a compelling reality that

justifies the need for, and underscores the promise of, primary prevention interventions. Certainly this study's data suggest that the problem is anything but trivial. Indeed some 22% of the present large, representative sample of young schoolchildren experienced one or more of the limited set of SLEs used, during the *current* school year, i.e., in the preceding 8 months. Recognizing both that that figure (a) is, if anything, an underestimate for the time period studied and (b) would swell considerably over longer time periods, it is clear that the prospective target population of young children at risk is substantial.

Children who experience SLEs can be seen as standing at a crucial psychological crossroad where either adaptive or maladaptive behavior is likely to be accelerated. Primary prevention programs can have a significant impact at that vital juncture by helping such youngsters to cope more appropriately and effectively with diverse stress situations. Several writers have argued persuasively that preventive interventions should be organized around the mastery of stressful events such as death or divorce in the family (Bloom, 1979; Goldston, 1977). Although most prior programs of that type have been conducted with adults (e.g., Bloom, Hodges, & Caldwell, 1982; Roskin, 1982), promising models for children have been explored as well. Several current interventions for young children of divorce and their mothers (Stolberg, Cullen, & Garrison, 1982; Pedro-Carroll, 1983) with encouraging early findings emphasize: feeling identification and abreaction, building social supports, facilitating the acquisition of certain skills (e.g., anger control, communication, conflict resolution), and acquiring situationally appropriate problem-solving strategies. Such program components are identified via a supporting generative knowledge base showing them to be areas in which children of divorce experience problems.

Children, like adults, do not react uniformly to stressful life events. We need a fuller understanding of the life history and experiential variables, personality factors, and social support circumstances associated with both effective and ineffective adaptations to such events. Otherwise put, the task that now confronts researchers is to untangle the adjustive sequelae of stressful life events and the factors that moderate those consequences in ways that can inform sound primary prevention interventions for children whose risk-enhancing experiences increase their susceptibility to maladjustment.

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