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Relation of childhood depressive and anxiety symptoms to observed verbal behavior

This study examined the relation of child depressive and anxiety symptoms to observed behaviors during a speech task. Preliminary work (Mavers and Bell, 2005; McCadney & Bell, 2005) suggests that child anxiety and depression are related to disruptions in rate of speech, utterance length, pauses in responding, voice volume, and clarity of speech content. The current study extends this prior work by expanding our behavioral observation measure and examining a larger sample of children. A sample of 200 third-sixth grade children completed self-report measures of anxiety and depression and a 5-minute speech task that was videotaped and later coded with the behavioral observation measure. Parents and teachers completed measures of child adjustment. The observation code was developed based on review of literature on verbal and motor behaviors associated with depression and anxiety. The current study focused on verbal behaviors: rate of speech (too fast, too slow), length of utterance (too short, too long), clarity, voice volume (too soft, too loud), and response latency (too long). Three trained, independent coders watched each child's speech and rated each behavior on a 0 to 2 scale (0 = not at all apparent, 1 = slightly/moderately apparent, 2 = definitely/consistently apparent). Analyses will examine associations of observed behavior to child, parent, and teacher reports of depression, anxiety, and adjustment. We hypothesize that child depression will be related to behaviors that reflect slowed or "dampened" responding (i.e., slow speech, short utterance length, soft voice volume, long response latency, and unclear speech), whereas anxiety will be related to disruptions in speech that may be either too much (i.e., rate of speech too fast, voice volume too loud) or too little (i.e., rate of speech too slow, voice volume too soft) as well as unclear.