

Examination of Life Satisfaction, Child Maltreatment Potential and Substance Use in Mothers Referred for Treatment by Child Protective Services for Child Neglect and Substance Abuse: Implications for Intervention Planning

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Abstract There is evidence to suggest mothers who are served by child protective service agencies are relatively dissatisfied in their lives, leading some investigators to conclude life dissatisfaction may be associated with child maltreatment. To assist in better understanding this relationship the Life Satisfaction Scale for Caregivers (LSSC) was psychometrically developed in a sample of 72 mothers who were referred for behavioral treatment for child neglect and substance abuse by caseworkers from a local child protective service agency. The LSSC was developed to assess mothers' happiness in nine domains (family, friendships, employment/work, spirituality/religion, safety, sex life/dating, ability to avoid drugs, ability to avoid alcohol, control over one's own life). Results indicated two factors that appeared to be relevant to Social Satisfaction and Safety and Control Satisfaction. Higher satisfaction scores on both of these scales were negatively associated with child maltreatment potential and substance use at baseline (i.e., positive urinalysis test). Mothers who exposed their children to substances in utero or in infancy (a distinct type of child neglect) were found to report higher satisfaction scores on the LSSC than other types of child neglect. Hispanic-American, African-American, and Caucasian women reported similar levels of life satisfaction. Application of the LSSC as a non-stigmatizing, wellness-focused instrument is discussed within the context of intervention planning.

Keywords Child maltreatment · Substance abuse · Life satisfaction · Caregivers

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Life satisfaction generally refers to an individual's overall quality of life (Decato et al. 2002) and is most commonly measured subjectively through either single response items or brief questionnaires (Diener et al. 2013). For instance, the Satisfaction with Life Scale (SWLS; Diener et al. 1985) is a 5-item assessment measure of life satisfaction that has received extensive psychometric evaluation (see Diener et al. 2013). Similar to other life satisfaction measures (Huebner 1991; Lubin and van Whitlock 2004), its items focus on global life satisfaction (e.g., *In most ways my life is close to my ideal; The conditions of my life are excellent*), making it difficult to determine appropriate intervention targets in specified populations. These measures also fail to provide a detailed assessment of specific life domains, such as family, relationships, and employment (Charlemagne-Badal et al. 2014), restricting meaningful comparisons of satisfaction across various life domains (Veenhoven 1996) and ultimately hindering their clinical utility. Moreover, there have been relatively few investigations of life satisfaction in clinical populations, such as those being served by child welfare agencies.

Particularly in recent years, attempts have been made to develop measures of satisfaction that are psychometrically capable of assessing life satisfaction in specific populations. For instance, Zabriskie and Ward (2013) developed the Satisfaction with Family Life Scale (SWFLS), modeled after the SWLS to assess global satisfaction in the family. This measure has been used to assess family satisfaction in a variety of populations, and has been able to reliably distinguish families predicted to be more or less satisfied in their family environment (Zabriskie and Ward 2013). However, SWFLS assessment is limited to the family domain.

Several psychometrically evaluated scales have been designed to assess satisfaction across multiple life domains, including the Life Satisfaction Scale for Problem Youth (LSSPY; Donohue et al. 2003) and the Comprehensive Quality of Life Scale (CQLS; Cummins 1991; Cummins et al. 1994; Gullone and Cummins 1999). The LSSPY is a psychometrically validated self-report measure that may be utilized to assess life satisfaction in adolescents across twelve domains, including friends, family, school, employment/work, fun activities, appearance, sex life/dating, use of drugs, use of alcohol, money/material possessions, transportation, and control over one's life. A multidimensional assessment of this kind permits service providers to quickly prioritize multiple intervention targets (Donohue et al. 2003).

In the present study we psychometrically examine, in a sample of mothers referred for behavioral treatment of substance abuse and child neglect (Donohue et al. 2014), a measure that is similar to the LSSPY. The development of a life satisfaction instrument for use in this population is warranted since scales measuring life satisfaction have not been psychometrically evaluated in this population, and these mothers face unique challenges in their lives, including increased parental stress, vocational difficulties, problematic family and peer relationships, and less constructive use of leisure time (Kelley 1998; Scafidi, Field, Prodromidis, and Rahdert 1996). Thus, a measure of life satisfaction for mothers evidencing drug abuse and child neglect should assess life domains that are maximally relevant to the concerns of this unique population.

It has been found that mothers are significantly less satisfied in life than non-mothers (Clements et al. 2011; Dew and Wilcox 2011; Pritchard 2013), and that

substance users routinely score poorly on life satisfaction scales compared to the general population (Best et al. 2013; Smith and Larson 2003; Sumnall et al. 2010; Tuicomepee and Romano 2005). Thus, it is not surprising that mothers who evidence substance abuse and child maltreatment demonstrate relatively low levels of general life satisfaction (Hanlon et al. 2005). Determining the severity to which these women experience life satisfaction in specific areas of life is likely to assist service providers in planning consumer driven interventions (Paul et al. 2013), particularly if these findings can be validated for specific types of child neglect (i.e., drug exposed fetus/child vs other types of neglect; Donohue et al. 2014) and ethnic groups (Strom et al. 2008).

Five primary aims were addressed in this study: (1) to psychometrically examine the reliability and validity of the Life Satisfaction Scale for Caregivers (LSSC) in a sample referred to treatment by caseworkers in county child protective services (CPS) for abuse of substances and child neglect, (2) to determine the extent to which these mothers are satisfied in various areas of their life, (3) to determine the extent to which specific areas of life satisfaction are related to child maltreatment potential, (4) to compare life satisfaction domains across ethnic groups and child neglect types (i.e., drug exposed, non-drug exposed) that have been previously identified to show unique etiologies and responses to treatment (Donohue et al. 2014), and (5) to discuss LSSC application within the context of intervention planning.

Method

Participants

The participants were 72 mothers who were referred by a county child protective service agency (CPS) in the United States for behavioral treatment of child neglect and substance abuse. Data for the present investigation was drawn from a larger study that tested the efficacy of Family Behavior Therapy for these mothers (see Donohue et al. 2014). Study inclusion criteria were that the mother: (a) was reported to CPS for child neglect; (b) was living with the child victim who prompted the neglect referral (or it was the intention of the Court to return the child to the mother's home); (c) was identified as using illicit drugs during the 4 months prior to the referral; (d) displayed symptoms consistent with illicit Drug Abuse or Dependence at the time of referral according to the results of the Structured Clinical Interview for the Diagnostic and Statistical Manual of Mental Health Disorders, fourth edition (SCID-IV; First, Spitzer, Gibbon, and Williams 1996); (e) had at least one adult individual willing to participate in her treatment; and (f) was not primarily referred due to sexual abuse perpetration or domestic violence.

The mean age of the mothers was 29.04 years ($SD=8.07$), and their median self-reported monthly income was \$124 (range=\$0 to \$1,800). Fifty-six mothers (78 %) had no monthly income. Thirty-three were single (48 %), 25 were cohabitating (35 %), and 14 were married (19 %). Thirty-four mothers were Caucasian (47 %), 18 were African-American (25 %), 8 were Hispanic (11 %), and 12 (17 %) identified as another racial/ethnic minority group. Sixty-three (88 %) of the mothers were unemployed, and

five had a full-time job (7 %). The mean age of the identified, neglected child was 3.91 year ($SD=0.55$).

The assessment measures were administered by trained assessors prior to intervention. The study was approved by the local Institutional Review Board, study data was protected by a Certificate of Confidentiality from the federal government, and no adverse incidents occurred in this study.

Measures

Child Abuse Potential Inventory (CAPI) The CAPI (Milner 1986, 1990) is a 160-item self-report measure used for the detection of child abuse in parents and caregivers. Higher scores are indicative of a greater likelihood of child maltreatment potential. The CAPI includes an overall Abuse Scale as well as eight factor scales: Distress (stress in parent/child relationship), Rigidity (inflexible parenting style), Loneliness, Unhappiness, Problems with Child and Self, Problems with Family, Problems with Others and Ego Strength (emotional stability in social relationships). The CAPI also includes three validity scales: Lie, Random Response, and Inconsistency. The CAPI has demonstrated outstanding reliability and validity (Milner 2007).

Urinalysis (UA) The participants were administered an 8-panel urinalysis toxicology screen (marijuana, cocaine, amphetamines, barbiturates, opiates, benzodiazepines, methadone, phencyclidine) incorporating conventional detection cut-offs in this study. A positive result was coded as one and a negative result was coded as zero.

Life Satisfaction Scale for Caregivers (LSSC) The LSSC was modeled after the LSSPY, but slightly modified for mothers displaying drug abuse and child neglect. In developing the LSSC, the literature was reviewed to generate life domains that have been found to be related to happiness in related clinical samples, and the most relevant domains to mothers displaying drug abuse and child neglect was determined by group consensus. Nine items were selected, including friendships, family, employment/work, spirituality/religion, safety, sex life/dating, ability to avoid drugs, ability to avoid alcohol, and control over one's own life. These items were designed to assess the mothers' happiness in particular aspects of their lives. The mothers were instructed to rate their degree of happiness in each item domain utilizing a 0 to 100 % scale (0=*completely unhappy*, 100=*completely happy*). The LSSC is included in the appendix, and available for use free of charge.

Overall Life Satisfaction In addition to domain specific satisfaction, global life satisfaction was also assessed using a single response item. Participants were asked to rate their overall satisfaction in life utilizing the same 0 to 100 % response set used in the LSSC. Single item measures of general satisfaction have been found to evidence strong relationships with items measuring satisfaction in specific domains (Chen and Lin 2014; Decato et al. 2002; Donohue et al. 2003; Howard 2012; Seligson, Huebner, and Valois 2003).

Results

Principal Components Analysis of LSSC Scores

In developing the LSSC items, a team of experts identified nine life domains that were relevant to mothers evidencing concurrent substance abuse and child neglect. These domains encompassed aspects of the mothers' lives that are commonly identified as targets in treatment, including domains specific to social relationships/experiences, control over substance use, and feelings of personal safety. A principal component analysis was conducted to determine the extent to which individual items on the LSSC cluster together to assess underlying constructs. It was determined a priori that the appropriate number of components would be determined by cross referencing a visual inspection of the scree plot with the Kaiser Criterion (eigenvalues greater than 1). To avoid trivial inclusion of items when interpreting each component, only items with loadings above 0.45 were retained (Comrey and Lee 1992). Subsequently, a principal components analysis with direct oblimin rotation was performed. Both a visual inspection of the Scree test and the Kaiser criterion (eigenvalues greater than 1.0) indicated a two-component solution, accounting for 56.11 % of the variance (See Table 1).

Four items loaded strongly on the first component. These items were relevant to satisfaction in social domains (i.e., family, employment, friendships, sex life/dating), and this component was therefore labeled Social Satisfaction. The second component included five items that were specific to safety (i.e., Ability to Avoid Drugs, Ability to Avoid Alcohol, Safety) and control (Amount of Control in Life, Spirituality/Religion). The second factor was labeled "Safety and Control Satisfaction." Items loading on each of these components were summed, and the resulting summative score was divided by the number of items in the respective component (resulting in a mean score) to create subscale scores that could be examined in subsequent analyses.

Table 1 LSSC Rotated Component Loadings, Eigenvalues and Cronbach's Alpha

Item	Component 1	Component 2
Sex and Life Dating	0.852	-0.097
Family	0.817	0.001
Friendships	0.709	0.098
Employment	0.703	0.113
Spirituality/Religion	-0.133	0.793
Ability to Avoid Drugs	-0.071	0.778
Ability to Avoid Alcohol	0.199	0.561
Safety	0.248	0.580
Amount of Control in Life	0.229	0.524
Eigenvalue	4.03	1.02
Cronbach's Alpha	0.80	0.74

Note. The LSSC consists of nine questions asking respondents to rate their happiness (0 to 100 %) in specific life domains (i.e., family, friendships, employment/work, spirituality/religion, safety, sex life/dating, ability to avoid drugs, ability to avoid alcohol, and control over one's own life)

Internal Consistency of LSSC Scores

Internal consistency for all items on the LSSC was good (Cronbach's $\alpha=0.84$). Inter-item correlations, ranging from 0.2 to 0.4, were Low to Moderate (see Cohen 1988).

Criterion Related Validity of the LSSC Subscales

Criterion validity was determined by assessing the extent to which the LSSC subscale scores were associated with measures of similar constructs. Along these lines, it was expected that LSSC subscale scores would be positively associated with Overall Life Satisfaction, and negatively associated with CAPI Abuse, each of the CAPI subscales (except Ego Strength, which was expected to be positively associated with LSSC scales), and UA reports. As indicated in Table 2, LSSC Social Satisfaction scores were significantly associated with scores on the single response item reflecting Overall Life Satisfaction, urinalysis testing, the CAPI Ego Strength, Abuse, Problems with Family, Problems with Others, Distress, Unhappiness and Loneliness subscales. Thus, as Social Satisfaction scores increase overall satisfaction scores increase, and the potential for drug use, child abuse, problems with others, distress and loneliness decrease. Contrary to expectations, CAPI Rigidity and Problems with Child subscale scores were not significantly associated with Social Satisfaction scores ($ps>0.05$).

The Safety and Control Satisfaction subscale was found to be associated with overall Life Satisfaction, scores on the CAPI Ego Strength, Abuse, Distress, Unhappiness, and Loneliness subscales, and UA testing results. Thus, as Safety and Control Satisfaction scores increase the likelihood of evidencing a positive UA test result, potential for child maltreatment, distress, and unhappiness decrease and Ego Strength (i.e., emotional stability in relationships) increases. Contrary to expectations Problems with Family,

Table 2 Correlation coefficients between LSSC subscales and criterion measures

Criterion Measures:	Social Satisfaction		Safety and Control Satisfaction	
	Pearson's r	Probability	Pearson's r	Probability
Overall Life Satisfaction	0.595	<0.001	0.746	<0.001
CAPI Subscales:				
Overall Abuse	-0.654	<0.001	-0.503	<0.001
Ego Strength	0.644	<0.001	0.564	<0.001
Distress	-0.671	<0.001	-0.563	<0.001
Rigidity	-0.065	0.588	0.180	0.129
Unhappiness	-0.481	<0.001	-0.575	<0.001
Loneliness	-0.700	<0.001	-0.470	<0.001
Problems with Family	-0.382	0.001	-0.124	0.300
Problems with Others	-0.479	<0.001	-0.277	0.056
Problems with Child and Self	-0.103	0.388	-0.170	0.153
Positive UA Test	-0.237	0.045	-0.336	<0.01

Note. Correlations between LSSC subscales and criterion measures are listed with their probabilities

Problems with Others, Rigidity, and Problems with Child were not significantly associated with Safety and Control Satisfaction ($ps>0.05$) Table 3.

A multiple regression procedure was performed to assess whether the two LSSC subscales predicted responses to the single item reflecting global life satisfaction. The overall model was statistically significant, $R=0.768$, $F(2, 69)=49.73$, $p<0.001$, $R^2=0.59$. Both Social Satisfaction, $t(1, 70)=2.37$, $p<0.03$, $\beta=0.23$ and Safety and Control Satisfaction, $t(1, 70)=6.317$, $p<0.001$, $\beta=0.61$, contributed significantly to the explained variance in the model, suggesting that both LSSC subscales are good predictors of overall life satisfaction.

Mothers who expose their children to substances have been identified as a distinct group of neglectful mothers (Donohue et al. 2014; Lambert et al. 2010; Ondersma et al. 2001; Pennar et al. 2012). In examining differences in child neglect type (i.e., drug exposed fetus/child vs other types of neglect) across the two subscales, a univariate ANOVA test revealed that mothers who were referred to treatment due to being found to expose their children to illicit drugs demonstrated higher Safety and Control Satisfaction scores, $F(1, 70)=9.39$, $p<0.003$, $\eta^2=0.118$, as compared with mothers who were referred to treatment for having evidenced child neglect other than illicit drug abuse. There was no difference between these neglect type groups with regards to Social Satisfaction ($p>0.05$).

Ethnic differences in LSSC subscale scores were assessed using two one-way analyses of variance (ANOVA) tests. In each of these tests, ethnicity (Caucasian, African-American, Hispanic, other) was utilized as the independent variable, and the respective LSSC subscale was used as the dependent variable. Results indicated that both ANOVAs were not significant ($ps>0.05$). Thus, the extent to which participants

Table 3 Means and standard deviations of child neglect type and LSSC individual satisfaction domains by LSSC social satisfaction and safety and control satisfaction scales

	N	Social		Safety & Control	
		Mean	SD	Mean	SD
Drug Exposed Fetus/Child	36	66.56	26.02	84.42	12.45
Other Child Neglect	36	58.28	24.03	72.17	20.50
Ability to Avoid Alcohol	72	NA	NA	85.25	24.30
Safety	72	NA	NA	82.97	22.04
Spirituality/Religion	72	NA	NA	78.75	26.78
Ability to Avoid Drugs	72	NA	NA	75.07	27.55
Amount of Control in Life	72	NA	NA	69.44	26.69
Family	72	71.11	31.02	NA	NA
Friendships	72	68.89	28.51	NA	NA
Sex Life and Dating	72	68.64	32.99	NA	NA
Employment	72	41.04	34.53	NA	NA

Note. The type of child neglect (drug exposed fetus/child, other child neglect) and the individual domains contained within Social Satisfaction and Safety and Control Satisfaction scales are listed in the right-most column

were satisfied in Social and Safety and Control domains were similar across the ethnic groups that were assessed in this study.

Discussion

This study was the first to identify an association between child maltreatment and life satisfaction in mothers referred by CPS for behavioral treatment of substance abuse and child neglect, thereby enhancing generalizability of findings to regions of the world that provide child protective service systems. The LSSC scores demonstrated adequate reliability and validity, and two components (i.e., Social Satisfaction, Safety and Control Satisfaction) accounted for a significant amount of the total variance in LSSC scores.

The LSSC displayed good criterion validity, with both subscales correlating strongly with measures of similar constructs. For instance, both of the satisfaction subscales were positively associated with the single response item reflecting overall life satisfaction and CAPI Ego Strength subscale and negatively associated with drug use as measured by a positive UA result. Interestingly, the Safety and Control Satisfaction subscale explained a greater portion of the variance in overall life satisfaction than did scores on the Social Satisfaction subscale, suggesting basic needs related to safety and control may have greater importance on overall life satisfaction than social relationships for these mothers. This finding is consistent with the comments of others who have emphasized the importance of establishing basic needs prior to the socialization processes (Chen et al. 2014; Deci and Vansteenkiste 2004; Maslow 1943). Similarly, Social Satisfaction and Safety and Control Satisfaction were positively associated with greater child safety potential, companionship, happiness, and emotional stability in relationships, as assessed by the CAPI.

The finding that higher Social Satisfaction and Safety and Control Satisfaction scores were associated with less drug use as per objective urinalysis testing suggests that spending time with persons who support personal goal accomplishment and improving perceptions of control (i.e., spirituality/religion, control, safety) in mothers may be important in decreasing their substance use; proponents of Alcoholics Anonymous (AA) espouse maintaining faith in a higher power and spending time with goal-oriented persons (as do behavioral treatment service providers) are both integral parts of recovery from substance abuse (Alcoholics Anonymous 2001). It is also notable that Social Satisfaction and Safety and Control Satisfaction scores were associated with greater potential for children to be safe. Together, these results indicate that mothers' happiness within Social Satisfaction and Safety and Control Satisfaction are potentially important contributors to their ability to set and manage goals. Specifically, as mothers become increasingly satisfied in social, safety and control aspects in their lives, they may be more likely to engage in activities that benefit their children and assist them in avoiding drug use and improve their overall wellness. This finding has implications for the development and implementation of child safety interventions, especially when mothers are identified to score relatively low on Social Satisfaction subscale items (i.e., desire greater satisfaction in employment and/or relationships). The results of this study also suggest mothers in this study may benefit from referrals to programs that are capable of assisting social and job skills training. For instance, the majority of mothers

in this sample were unemployed, which is characteristic of mothers who abuse substances within CPS (Carlson et al. 2012; Jones 2008), and treatment outcome studies with substance abusing adults have demonstrated that job skills training can significantly enhance activities that are associated with employment and improve clients' overall quality of life (e.g., Azrin et al. 1994; Donohue et al. 2014; Petry et al. 2014). Along this vein, the LSSC employment item offers a distinct advantage in comparison to other assessment measures in that it may be used to flexibly understand factors that are relevant to both employment and unemployment situations. That is, respondents may indicate the extent to which they are satisfied with their employment, whether currently employed full time, part-time, or not at all.

Mothers who exposed their children to drugs as compared with those who engaged in other forms of child neglect were found to report somewhat higher levels of Safety and Control Satisfaction. This finding substantiates the reports of others (Donohue et al. 2014; Lambert et al. 2010; Ondersma et al. 2001) that mothers who neglect their children due to drug exposure may require interventions that are distinct from those of mothers who evidence other types of child neglect. The higher levels of safety and control satisfaction the mothers in this study reported may have resulted from greater resources and higher levels of supervision received from CPS caseworkers as compared with mothers who evidenced other types of child neglect. No significant differences in life satisfaction were observed for different ethnic/racial groups, highlighting the universality of this construct, suggesting the LSSC may be utilized across these ethnic/racial groups.

Mothers who are referred for child neglect and substance abuse by CPS agencies often require intervention to assist impulse control, relationship enhancement and personal and child safety (see Donohue et al. 2014), suggesting the LSSC subscales may have utility in the assessment and treatment of mothers who share these experiences. The Social Satisfaction subscale (consisting of family, friendships, sex life/dating, and employment items) may be utilized to assess satisfaction in a broad range of social relationships, and the Safety and Control Satisfaction subscale (consisting of safety, ability to avoid drugs and alcohol, spirituality/religion, and amount of control experienced in life items) appears to be representative of mothers' satisfaction with safety- and control-related aspects of life. The LSSC also provides satisfaction scores that are domain specific, allowing for quick identification of goal worthy areas that can assist wellness orientation (i.e., What would need to occur for your employment satisfaction to be 100 %?). Of course, emphasizing wellness options is consistent with the tenets of positive psychology (Schueller 2009), and is a refreshing approach for use in woman who encounter substantial barriers to treatment success (Colton et al. 1997; Scholte et al. 1999). Assessing each domain from a broad perspective (i.e., employment) also permits respondents to provide flexible answers that reflect their unique circumstances. For example, the "employment" item of LSSC may be heavily influenced by financial security for some whereas others may respond in terms of the way they are treated on the job. It is important to indicate that many measures of child neglect and drug abuse are designed to solicit problems and personal deficits that may be stigmatizing, leading some respondents to feel compelled to provide false information that presents themselves in an overly favorable light (Chan 2012; Stowman and Donohue 2005). Therefore, the LSSC may assist the assessment of accurate information in the studied population, as its response set is designed to yield statements and ratings that are designed to facilitate positive goals.



Although the psychometric properties of the LSSC appear promising, it should be emphasized that the current study relied upon a cross-sectional design and bivariate correlations. Therefore, future researchers should consider the use of this measure in longitudinal studies to determine its reliability (e.g., test-retest reliability) and validity across time and in different populations. Nevertheless, this study provides robust support for the assessment of domain specific life satisfaction in mothers who have been referred by CPS caseworkers for behavioral treatment of substance abuse and child neglect. The LSSC displayed strong psychometric properties, and the identified relationship between LSSC scores and potential for child safety suggests that the LSSC could be an effective tool for use in the examined population.

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Appendix

Life Satisfaction Scale for Caregivers (LSSC)

Instructions: Please circle the percentage score that best describes how happy you are in each of the areas that are listed in the left column. A 100 % means you are completely happy, and 0 % means you are completely unhappy. Higher numbers mean that you are happier in the respective area

Area		0 %	10	20	30	40	50	60	70	80	90	100 %	
1. Friendships	Unhappy	0 %	10	20	30	40	50	60	70	80	90	100 %	Happy
2. Family	Unhappy	0 %	10	20	30	40	50	60	70	80	90	100 %	Happy
3. Spirituality/Religion	Unhappy	0 %	10	20	30	40	50	60	70	80	90	100 %	Happy
4. Safety	Unhappy	0 %	10	20	30	40	50	60	70	80	90	100 %	Happy
5. Employment	Unhappy	0 %	10	20	30	40	50	60	70	80	90	100 %	Happy
6. Sex life/dating	Unhappy	0 %	10	20	30	40	50	60	70	80	90	100 %	Happy
7. Ability to avoid drugs	Unhappy	0 %	10	20	30	40	50	60	70	80	90	100 %	Happy
8. Ability to avoid alcohol	Unhappy	0 %	10	20	30	40	50	60	70	80	90	100 %	Happy
9. Amount of control you have over what happens in your life	Unhappy	0 %	10	20	30	40	50	60	70	80	90	100 %	Happy
10. Overall life satisfaction	Unhappy	0 %	10	20	30	40	50	60	70	80	90	100 %	Happy

Assessment Ending Time: _____

Do *NOT* share the information from this assessment with significant other

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