

THE IMPACT OF PARENTIFICATION ON CHILDREN'S PSYCHOLOGICAL  
ADJUSTMENT: EMOTION MANAGEMENT SKILLS AS POTENTIAL UNDERLYING  
PROCESSES

by

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(Under the Direction of Kimberly L. Shipman)

ABSTRACT

This study investigated the impact of parentification on children's psychological adjustment and emotional development in a community sample of 52 mother-child dyads. The primary focus was on the impact of emotional parentification (EP), which involves parents seeking emotional support, caregiving, and advice from their children. Mothers and children completed questionnaires and were interviewed. Findings indicated that EP predicted greater child internalizing problems (i.e., depression, anxiety) as well as both deficits and strengths in emotional understanding skills (i.e., difficulties identifying own emotions, greater awareness of sadness in self and mothers), and deficits in emotion regulation skills (i.e., expressive reluctance, emotion dysregulation). Although EP predicted children's deficits in emotional understanding and emotion regulation, these variables failed to explain the relation found between EP and child internalizing problems. Findings are discussed from a developmental psychopathology approach, emphasizing the importance of parental socialization of emotion in children's psychological development.

INDEX WORDS: Parentification, Mother-daughter relationship, Emotional development, Emotional understanding, Emotion regulation

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## CHAPTER 1

### The Impact of Parentification on Children's Psychological Adjustment: Emotion Management Skills as Potential Underlying Processes

Parentification is the process by which a child or adolescent prematurely fulfills parental roles and assumes responsibility for the physical and/or emotional needs of other family members (Chase, 1999; Jurkovic, 1997). Within the context of parentification, children's contributions to the family often are developmentally inappropriate, unacknowledged, and taxing on their capabilities (Chase, 1999, 2001; Jurkovic, 1997). Research documents a link between parentification and a number of adverse short-term and long-term psychosocial consequences for children and adults (e.g., depression, anxiety, low self-esteem, impaired academic performance, somatic/health problems, and interpersonal difficulties; Earley & Cushway, 2002; Jurkovic, 1997, 1998). Clinical literature suggests that emotional parentification (i.e., parents seeking emotional caretaking from their children) may have the most detrimental impact on children's socioemotional functioning (Jurkovic, 1997; Jurkovic, Jessee, & Goglia, 1991). More specifically, when children are consistently thrust into the roles of comforter, protector, confidante, problem-solver, and/or mediator for distressed parents, this process is likely to interfere with children's healthy emotional development and lead to significant child distress (e.g., feelings of anxiety, responsibility, numbing, depression).

No known research has focused on the potential impact of parentification on children's emotional development. Research has, however, identified certain emotion management skills that underlie competent emotional functioning and promote psychosocial and physical health

(Parke, Cassidy, Burks, Carson, & Boyum, 1992; Saarni, 1999). Such skills involve learning to identify, interpret, and regulate emotional reactions in oneself and others and are thought to develop initially within the parent-child relationship (Malatesta & Haviland, 1982). In particular, parents serve to facilitate their children's emotional development through creating a home environment with developmentally appropriate emotional demands, providing support and assistance, and modeling and teaching effective strategies for emotion management (Eisenberg, Cumberland & Spinrad, 1998; Parke et al., 1992; Saarni, Mumme, & Campos, 1998). Families characterized by emotional parentification appear to lack such qualities, and instead, adopt skewed expectations that children are emotionally mature, responsible for regulating parental affect, and ultimately, appropriate sources for meeting parent's emotional needs. How this family experience influences children's emotional development is speculative; however, it is likely that parentified children would become highly aware of others' emotional states. While these specific skills may be enhanced, the same children may fail to learn to regulate, or even to recognize, their own emotional states. Alternatively, parentified children may learn to overregulate and inhibit their emotions to focus on others' emotional states. Failure to develop healthy emotion regulation skills may interfere with children's psychological adjustment.

From a developmental psychopathology perspective (Cicchetti & Toth, 1995), examining factors in the parent-child relationship that foster and/or interfere with competent socioemotional development and how certain developmental processes relate to psychological adjustment is an important focus of research. Thus, the present study will examine the impact of emotional parentification on children's development of emotion management skills (i.e., emotional understanding, emotion regulation) and their subsequent psychological adjustment. This study specifically focuses on emotional parentification because this form of parentification appears to

be related to worse child psychological outcomes in the literature (Barnett & Parker, 1998; Jurkovic, 1997). Thus far, no research has specifically examined children's emotion management skills as potential mechanisms that place parentified children at risk for poor psychological outcomes. Understanding processes underlying the parentification process represents an important next step in developing effective intervention programs for both parents and children. The present study will investigate the impact of emotional parentification on children's emotional development and psychological adjustment, as well as the potential mediating role of emotion management skills in the relation between parentification and psychological adjustment.

#### *Parentification Defined*

An important boundary system governing parent-child relationships involves parents assuming an executive function in child rearing, and promoting clearly defined rules and expectations to maintain child and adult roles. Clearly marked intergenerational boundaries are believed to function to protect children and promote their psychological development (Johnston, 1990). Within the parent-child dyad, the parent ideally assumes the adult responsibilities of providing physical and emotional caretaking, guidance, and support for the child who is striving to develop age-appropriate competencies (e.g., interpersonal skills, autonomy). Although a positive parent-child relationship is naturally characterized by reciprocity and support, this relationship should be vertical, with the parent in the dominant role (Sroufe, Matas, Rosenberg, & Levy, 2000). When a child is required to prematurely assume parental responsibilities within the home, family roles and boundaries may flex, blur and even permanently dissolve. Family theorists such as Minuchin and colleagues (Minuchin, Montalvo, Guerney, Rosman, & Schumer, 1967) and Boszormenyi-Nagy and Spark (1973) were the first to use the terms "parental child" and "parentification" to refer to the expectation from a parental figure that a child will fulfill a

parental role within the family system. Boszormenyi-Nagy and Spark emphasized the importance of maintaining boundaries, fairness, and ethical reciprocity in family relationships—they acknowledged that parents naturally take pleasure in a child’s loyalty and concern, but without the expectation that the child is responsible for their physical and emotional needs.

In contemporary research, the term parentification continues to be used to define the process by which a child or adolescent prematurely fulfills parental roles and assumes parental responsibility for the physical and/or emotional needs of other family members (Chase, 1999; Jurkovic, 1997; Jurkovic et al., 1991). Jurkovic and colleagues identified two broad categories of responsibilities that children may assume: *Instrumental* and *Emotional Caregiving* (Jurkovic et al., 1991). Instrumental responsibilities involve activities that function to provide care for the physical needs of parents, siblings, or other family members, such as cooking family meals, paying bills, grocery shopping, and dressing siblings. Emotional responsibilities involve the provision of care for the emotional needs and stability of family members, such as advising, protecting, and/or comforting a chronically distressed parent, mediating parental conflict, and/or serving as a confidant to adult family members. When a child is responsible for caring for a parent, this specific form of parentification is often called *role reversal* within the literature. Role reversal typically involves a child being expected to provide empathy, guidance, encouragement and support to the parent, often without receiving these in return. Finally, Sroufe, Jacobvitz, Mangelsdorf, DeAngelo, and Ward (1985) have conceptualized parentification as one of several forms of boundary dissolution, defined as “the degree to which the parent abdicates this role and reduces or reverses the verticality of the relationship” (Sroufe et al., 2000, p. 19). They identified different types of boundary dissolution (i.e., “seductive” behavior, peer-like parenting,

spousification, rivalrous parenting) in their observational research with mothers and young children (Sroufe & Ward, 1980; Sroufe et al., 1985).

*Parentification: Adaptive or Pathological?*

The process of parentification is not considered inherently pathological by most investigators. Taking on adult-like responsibilities is often seen as adaptive in times of crisis or stress and as offering opportunities to foster responsible behavior and development of desirable personality traits (e.g., interpersonal sensitivity and resourcefulness) that may serve a child well in future roles (Barnett & Parker, 1998; Chase, 2001; Jurkovic, 1997). Jurkovic (1997) thus distinguished adaptive parentification from “destructive” or pathological parentification.

Parentification is considered adaptive when the contributions elicited from the child to the family’s well-being are time limited, acknowledged, and not emotionally or physically overtaxing (Chase, 1999; Jurkovic, 1997). A child who is adaptively parentified is taught to temporarily rise to a challenge and learns about the normal give and take inherent in most relationships (Jurkovic, 1997). In contrast, parentification is considered harmful when it involves long-term, unacknowledged, unreciprocated, and age-inappropriate contributions from the child, such as serving as a parent’s confidante or arbitrator of marital conflict (Boszormenyi-Nagy & Krasner, 1986; Jurkovic, Morrell, & Casey, 2001). Destructive parentification has also been described as a “chronic, unspoken, and excessive family dynamic...” when “...imbalances in the relationships between parents and their children persist and place excessive emotional or logistical demands on children or adolescents to function prematurely as if they were adults” (Chase, 2001, p. 159). Chase explains that children are left without the authority, support, supervision, or developmental capacity to carry out such responsibilities, which are often ill

defined and overly demanding. In turn, children feel obligated to comply with parents' excessive demands because of inherent family loyalties.

In assessing destructive forms of parentification, Jurkovic, Thirkield, and Morrell (2001) emphasize the importance of youths' perceptions of fairness related to the responsibilities they are given. Some data suggests that parentification is more destructive when youth report high levels of perceived unfairness (Jurkovic et al., 2001). Karpel (1976) also identified certain child characteristics operating in unhealthy or destructive parentification, namely children's "capacity for concern" and "readiness for responsibility" (Karpel, 1976, p. 78).

Parentification has also been described as occurring along a continuum (Jurkovic, 1997). At the extreme end is the "destructively parentified" child who has assumed instrumental or emotional responsibilities at the expense of his/her childhood. In the middle of the continuum are "adaptively parentified" children and "non-parentified children," who are given excessive responsibility for family functioning but the situation is temporary (i.e. occurs in response to a short-term stressor) and the children's contribution is acknowledged. Jurkovic describes nonparentified children as being given some developmentally appropriate responsibilities within the family but none that tax them beyond their resources. Although a dimensional view of parentification attempts to normalize aspects of this family pattern under circumscribed conditions, we still lack consensus regarding which specific behaviors distinguish "normal," healthy, and adaptive parentification from unhealthy, pathological, and destructive parentification. The behavioral manifestation of parentification is currently being debated among investigators and clinicians, as well as the conditions under which parentification patterns become problematic, dysfunctional or harmful to children (Chase, 1999). Unfortunately, not much progress has been made in this area.

### *The Impact of Parentification on Child and Adult Psychological Adjustment*

A number of short-term and long-term adverse psychosocial consequences have been linked to childhood parentification in children, adolescents, and adults. Some of these include low self-esteem, impaired academic, social, and personality functioning, increased externalizing behavior problems and increased internalizing symptomatology (e.g., depression, anxiety, somatic complaints). Thus far, the majority of investigators have examined psychological and behavioral consequences of parentification within at-risk family populations, particularly within those characterized by parental illness and psychopathology (e.g., disability, AIDS, depression, substance dependence, workaholism), divorce and marital conflict, child abuse history, and other stressful familial conditions that potentially interfere with parent's abilities to fulfill their roles adequately (Becker, Aldridge, & Dearden, 1998; Bekir, McLellan, Childress, & Gariti, 1993; Chase, 1999; Jurkovic, 1997; Thomas et al., 2003). These familial factors have also been discussed as "precursors" of the development of parentification, or circumstances under which parents are likely to seek emotional or instrumental support from their children to help deal with their own stresses and pressures (see review by Earley & Cushway, 2002). Given that the majority of research has focused on examining parentification within these contexts, I will focus my literature review on these areas.

#### *Parentification and Parental Illness and Psychopathology*

Several studies have documented higher levels of caretaking behaviors among children and adolescents with physically and psychologically ill parents (e.g., Ackerson, 2003; Becker et al., 1998; Zahn-Waxler & Robinson, 1995). For example, Stein, Riedel, and Rotheram-Borus (1999) assessed predictors and outcomes of parentification in adolescents of parents with AIDS. They found that greater AIDS-related illness/symptoms, parental drug abuse, and female child



gender predicted more emotional and instrumental parentification, characterized by parents sharing intimate secrets, personal problems, and financial difficulties with children and children offering advice and decision-making in return. When examining the impact of parentification on adolescents' subsequent psychological adjustment, instrumental parentification was related to increased internalized emotional distress (e.g., depression, anxiety) and emotional parentification was related to externalized dysfunctional behaviors (e.g., sexual behavior, alcohol and marijuana use, aggression, criminal behavior; Stein et al., 1999). Ackerson (2003) interviewed parents with severe and persistent mental illness and found that role reversal was one of the themes repeatedly discussed with regard to parent's relationships with their children. These parents admitted that they often placed excessive instrumental and emotional responsibilities on their children due to their illness, but they viewed their "mutually interdependent relationship" with their children as facilitating a special closeness and bonding. Some parents described their children as "filling the void created by divorce or chaotic relationships" (Ackerson, 2003, p. 12). The author noted that at it was questionable whether or not parents were providing reciprocal support for their children or whether they could clearly establish boundaries between their own emotional wellbeing and that of their children. Gore, Aseltine, and Colten (1993) also documented higher levels of distress in female adolescents who were parentified. Specifically, girls who were involved in their mothers' emotional problems reported more symptoms of depression than boys in the context of family stressful events (e.g., parental health, legal, job problems, remarriage; Gore et al., 1993).

Additional studies support that children who provide primary care at home for a disabled or sick parent are at an increased risk for adverse psychological outcomes (Aldridge & Becker, 1993; Becker et al., 1998; Chase, 1999; for review, see Thomas et al., 2003; Siegel & Silverstein,

1994). Parentified children who are required to care for their ill parents appear to be at risk for physically, psychologically, socially, and educationally restricted lives, given that attendance at school, involvement in friendships, and other social activities like team sports may be curtailed because of home duties. For example, Becker et al. (1998) found that parentified children with such responsibilities had increased social problems (e.g., few same age peers, peer rejection), impaired educational performance (e.g., poor school attendance), and increased health problems (e.g., physical injury due to helping a disabled parents).

In the more general literature on parental psychopathology and substance abuse, parentification has also been noted in offspring. For example, research has shown that parents suffering from unipolar or bipolar depression have children who are over-involved in their parent's emotional lives and prematurely assume adult roles (Downey & Coyne, 1990; Main & Hesse, 1990; Zahn-Waxler, Cummings, Iannotti, & Radke-Yarrow, 1984; Zahn-Waxler, Kochanska, Krupnick, & McKnew, 1990; Zahn-Waxler & Robinson, 1995). Zahn-Waxler et al. (1990) specifically noted that young children of depressed mothers appeared to be acutely sensitive to others' problems and exhibited high levels of responsibility/involvement in hypothetical situations of interpersonal conflict. Childhood parentification has also been observed in children with parents struggling with more severe forms of parental psychopathology, such as schizophrenia (Karpel, 1976). Parental substance abuse, particularly alcoholism, has also been linked to higher levels of parentification in young adults (Carroll & Robinson, 2000; Goglia Jurkovic, Burt, & Burge-Callaway, 1992; Olson & Gariti, 1993). In turn, higher levels of parentification among adult children of alcoholics are accompanied by increased reports of depression, academic problems (Carroll & Robinson, 2000; Chase, Deming, & Wells, 1998), and polysubstance use in adults (Bekir et al., 1993). Further, there is evidence suggesting

that parentification may partially mediate the effects of parental substance abuse on children's self-esteem levels (Godsall, 1995).

More recently, Thomas and colleagues (2003) conducted interviews and focus groups with children and adolescents (9-18 years old) identified as "young carers" in their families due to a parent's disability, mental or physical illness, and/or alcoholism. They found that the needs of young carers tended to be under-recognized in the social services and health systems and that about half of young carers tended to report difficulties completing school work and many of the youth described having restricted social lives with peers due to their caring responsibilities. With regard to the emotional impact on young carers, children most often reported feelings of sadness, worry, and fear associated with caring for their family member. The authors noted that the emotional distress children reported experiencing seemed to exceed the typical, normative levels of distress due to such stressors as school, friendships, and family relationships, and was instead directly connected to the felt responsibility, worry, and stress of caring for an impaired parent (Thomas et al., 2003).

Finally, higher levels of parentification and adverse child outcomes have been observed in families in which one or more parents are "overfunctioning" as professionals (e.g., workaholics) and thus are physically and emotionally unavailable for their children (Carroll & Robinson, 2000; Chase, 2001; Jurkovic, et al., 2001; Robinson, 1999).

### *Parentification and Divorce*

With regard to the link between divorce and parentification, several studies have documented higher levels of emotional and instrumental caregiving and perceptions of unfairness in adolescents and adults of divorced parents, as compared to cohorts of nondivorced parents (see review by Barber & Eccles, 1992; Johnston, 1990; Jurkovic et al., 2001). Jurkovic et

al. (2001) found that adult children of divorce were twice as likely to be classified as “destructively parentified” than their cohorts from nondivorced homes. Further, findings suggested that parentification patterns developed in childhood might continue into adulthood relationships with family members.

Hetherington (1999) documented similar findings when investigating parentification in adolescents from high and low conflict divorced and nondivorced families. She found that adolescents in divorced homes assumed more emotional and instrumental parentification, and that girls assumed the highest levels of emotional parentification in divorced families characterized by high conflict. Further, only-children and eldest children most often experienced emotional parentification (Hetherington, 1999). In her sample, mothers engaged in more emotional parentification than fathers, although both parents emotionally parentified their daughters more than their sons. Wallerstein and colleagues (Wallerstein, 1985; Wallerstein & Kelly, 1996) have also documented parentification in post-divorce families, noting that children’s roles often vary from arbiter to protector, advisor, parent, sibling, conflict mediator, and/or confidante.

Fry and Trifiletti (1983) found support for adolescents from single-parent divorced homes to be negatively affected by being pushed prematurely into the assumption of adult responsibilities. Interview data showed that parentified adolescents reported experiencing significant stress from feeling incompetent in the adult role. Further, a parent’s tendency to use the adolescent as an arbitrator or mediator in parental dispute were linked to feelings of fear, guilt, and resentment in adolescents. Adolescents also reported feeling intense guilt when they were pressured to be loyal to one side of the parental dyad and when their custodial parent was depressed or perceived to be helpless and vulnerable (Fry & Trifiletti, 1983).

Finally, Johnston, Gonzalez, & Campbell (1987) found support for the negative impact of parentification in divorced families from ethnically diverse, low socioeconomic backgrounds. Findings indicated that role-reversal, especially with fathers, related to increased behavior problems and depression in children. In another study with families receiving post-divorce preventive counseling, Johnston (1990) found that role diffusion, parental boundary problems, and lack of a coparental alliance was associated with interpersonal difficulties, behavior problems, and somatic complaints in young children. Role reversal and parental boundary problems also predicted emotional constriction, somatic symptoms, and a controlling relational style in children (Johnston, 1990).

Finally, Weiss (1979) conducted extensive interviews with parents and adolescents living with single parents and documented the responsibilities and role changes that commonly occur in one-parent households, such as assuming “partnership responsibility” with the parent to provide advice, company, or nurturing as well as to maintain the functioning of the household (as the hostess, housekeeper, leader, decision maker). Weiss noted that the disintegration of the two-parent structure within a household seemed to facilitate the opportunity for children to take peer-like or parental roles with parents.

#### *Parentification and Child Abuse*

Parentification has also been linked to child abuse and parental abuse history. Green and Jurkovic (2002) found that parentification was positively related to trauma symptomatology (e.g., anxiety, depression, anger, posttraumatic stress, and sexual concerns) in preadolescent and adolescent victims of intrafamilial sexual abuse. Families with poorer coping skills engaged in more destructive parentification. Further, parentification mediated the relation between family

coping and children's posttraumatic stress and anxiety. Parentification also partially mediated the relation between family coping and anger in children (Green & Jurkovic, 2002).

Macfie et al. (1999) also found support for increased levels of role-reversal among sexually and physically abused preschoolers, as compared to nonabused preschoolers. The children verbally completed story stems of play narratives involving challenging family situations and their responses were coded for role-reversal, defined as "a child acting in a parental way toward his or her parent by acting to relieve distress or by controlling or disciplining the parent" (Macfie et al., 1999, p. 464). Abused children depicted parents in the narratives as less responsive to relieving child distress, and abused children made more attempts to relieve distress in child characters and parents, compared to nonmaltreated children. Girls did not depict more responses to relieve distress than did boys. Overall, the relation between role reversal and child abuse suggested that abused children, in particular physically abused children, might try to meet their parents' needs and stifle their own as a protective strategy to avoid further abuse.

#### *Additional Research on Parentification*

A number of studies with young adults and college populations have also documented the negative consequences of parentification. Fullinwider-Bush and Jacobvitz (1993) found that boundary dissolution, especially in the father-daughter relationship, was associated with adverse effects on the daughters' identity development and commitment to career and relationship pursuits. Specifically, father-daughter boundary dissolution related to less commitment to beliefs and values in any area and less exploration in friendships, dating, and career pursuits. Mother-daughter boundary dissolution was related to premature commitment to an occupation and less identity exploration in the area of dating.

Childhood parentification has also been linked to relationship difficulties in adult relationships (Olson & Gariti, 1993; Valleau, Bergner, & Horton, 1995; Wells, Glickauf-Hughes, & Jones, 1999). For example, Wells et al. (1999) found that parentification was associated with higher levels of “co-dependency,” or being overly-controlling. Similarly, Valleau et al. (1995) found that childhood parentification was associated with problematic caretaking behaviors in adulthood. They specifically assessed behaviors indicative of the “caretaker syndrome,” described as “...an enduring and pervasive pattern of behavior in which an individual proactively assumes roles with others of a heavily caretaking nature (e.g., fixer, rescuer, adviser, advocate, or ‘therapist’”; Valleau et al., 1995, p. 158). Findings indicated that college students reporting high levels of parentification engaged in excessive caretaking behaviors in adult relationships. Overall, these findings suggest that parentified children may be at risk for focusing on helping others at the expense of attending to their own needs and problems. This tendency may interfere with involvement with friends, dating partners, and other normative relational interactions.

Several researchers have examined the correlates of childhood parentification and adult personality functioning in college samples. Wells and Jones (1998) found that childhood parentification was related to higher scores on a measure of “defensive splitting,” defined as the separation or keeping apart of opposing psychological representations (taking the form of positive or negative feelings towards oneself or others). The authors explained that parent-child role reversal interferes with the normative developmental process of separation-individuation, and consequently, parentified children continue to use this defense mechanism at times of interpersonal stress. Similarly, Wells and Jones (2000) found that childhood parentification was related to shame-proneness in individuals. The authors explained that parentified children tend to internalize unrealistic parental expectations and thus experience shame about the self. Finally,

Jones and Wells (1996) also examined personality styles and defense mechanisms of parentified individuals. They showed that parentification predicted self-defeating (or masochistic) and narcissistic personality styles, but not compulsive characteristics, as measured by the Millon Clinical Multiaxial Inventory (MCMI-11; Millon, 1987). The authors suggested that different parental expectations cause children to assume either the narcissistic or self-defeating form of parental caretaking (Jones & Wells, 1996).

Childhood parentification has also been linked to increased personal distress and symptomatology in late adolescence and adulthood. Jacobvitz and Bush (1996) examined self-worth and symptoms of anxiety and depression among women who recalled growing up in families characterized by parent-child alliances or “triangulation.” Triangulated family patterns are characterized by caregivers primarily focusing on their own emotional needs at the expense of meeting their children’s developmental needs and relying on their children for emotional support and intimacy (Jacobvitz & Bush, 1996). Study findings indicated that women reporting childhood father-daughter alliances, experienced lower levels of self-esteem and higher levels of anxiety and depression. Further, young women who reported higher levels of current mother-daughter triangulation also reported higher levels of anxiety. These findings are consistent with another study (Carroll & Robinson, 2000) that found higher levels of parentification related to increased depression in adult children of alcoholics attending college.

The few known observational studies in this area have yielded important information regarding parental behaviors that appear representative of parent-child boundary disturbances; however, it is difficult to compare results across studies due to the use of varying definitions and different coding paradigms to assess this construct. In their longitudinal, observational study Sroufe and colleagues (Sroufe & Ward, 1980; Sroufe et al., 1985) investigated boundary



dissolution in mothers and their 24-42 month-old children on teaching tasks requiring parental guidance. They identified a pattern of mother-child boundary dissolution, in which mothers displayed “seductive” behaviors with their sons. For example, these mothers flirted and whispered or looked to their sons for support and affection. Mothers that were seductive with their sons were not more likely to be seductive with daughters. Higher levels of mother-child boundary dissolution at 42-months were, in turn, linked to negative child outcomes, such as attention-deficit/hyperactivity disorder (ADHD) in kindergarten (Jacobvitz & Sroufe, 1987).

Jacobvitz, Morgan, Kretchmar, and Morgan (1991) also used observational methods to examine the impact of boundary distortions between mothers and their own mothers, during both childhood and adulthood, on the quality of care they provide their infants. Jacobvitz et al. (1991) asserted that boundary distortions in parent-child relationships are manifested differently throughout a child’s development. They explained that in infancy, parental intrusiveness interferes with children’s ability to regulate their own behavior; during early childhood, parental overprotection stifles a child’s autonomy; and, when children grow older, a parent-child role reversal is observed. Further, they asserted that boundary distortion interferes with children’s autonomy and individuation (Jacobvitz et al., 1991). To test these hypotheses, forty-nine maternal grandmothers, mothers, and firstborn infants were videotaped in their homes when infants were 6 and 9-months old. Findings indicated that grandmothers’ who recalled overprotection by their own mothers (vs. autonomy promotion) in their childhood were more likely to engage in role-reversal and intrusiveness with their adult daughters in observation. For example, these grandmothers turned to their daughters for comfort and support and talked *at* them. In return, the daughters provided encouragement and emotional support to their mothers. Further, adult daughters (mothers) who recalled being overprotected by their mothers (the

grandmothers) were more intrusive and interfering with their infants at both 6 and 9 months than mothers who recalled that their mothers encouraged autonomy and independence (Jacobvitz et al., 1991). Overall, there was significant evidence for the intergenerational continuity in boundary disturbances.

As a part of a longitudinal study, Fish, Belsky, and Youngblade (1991) examined boundary-violation patterns in 82 non-clinical families with 4-year-olds. They designed a procedure to elicit boundary violation behavior in families, operationalized through a separation decision-making paradigm. Using this procedure, fifteen families were classified as boundary violators (BV) and were then compared to the remaining non-boundary violating families with regard to parent-child interactions. The researchers found that BV husbands and wives in observation were more conflicted and less supportive with each other and undermined each other's parenting efforts. BV fathers were more over-controlling and intrusive with their children than other fathers during interaction tasks; however, BV mothers displayed less negative affect with their children than did other mothers. Children did not differ in the level of positive and negative affect expressed in interactions at 3 years with their parents nor were they reported by their parents to have more behavioral problems. The authors noted that boundary dissolution families were distinguishable from non-boundary dissolution families by early and extensive maternal employment coupled with low work/family support, declining marital positivity during the first year of the child's life, and a greater likelihood of insecure child-mother attachment at 1 and 3 years of age (Fish et al., 1991).

Finally, Burkett (1991) was interested in the issues of boundary patterns and possible role-reversals reportedly present in sexually abusive families (Meiselman, 1978). She reasoned that children who are used by adults for sexual satisfaction and emotional support would be

expected to grow up to rely on their own children to meet the needs of adults. Therefore, she recruited twenty mothers with incest histories and 20 mothers without abuse histories and their 5-10 year-old children from mental health clinics and the community and observed them performing verbal interaction tasks within their home. Burkett found support for parentification to occur among incest survivors and their children versus nonabused mothers and their children. Findings indicated that survivors were more self-focused than were nonabused mothers and displayed more negative communication styles when interacting with their children. Children of incest survivors were more likely to be parent-focused, less trusting and less reliant on their mothers, and more critical with their mothers. These children also engaged in more helping, protecting, and controlling behaviors with their mothers (Burkett, 1991). Further, interview data revealed that incest survivors were more likely to consider their children as close companions and to depend on them for emotional caretaking. Overall, Burkett's results provided support for the intergenerational transmission of dysfunctional family patterns.

#### *Summary of Parentification Research*

In summary, research has linked childhood parentification with a number of adverse short-term and long-term psychosocial consequences for children and adults, such as internalizing emotional distress (depression, anxiety, low self-esteem), externalizing behavior problems (substance use, sexual activity, delinquency), impaired academic performance, somatic/health problems, identity problems, and interpersonal difficulties. Although the available research on parentification is informative, it has relied primarily on self-report measures, retrospective data, and convenience samples (college students). Very few studies have examined parentification directly or used standardized measures and observational methods to study parentification in children and their families.

### *Conceptual Issues and Definitional Limitations*

Although a large body of theoretical and clinical literature has been devoted to the topic of parentification over the years, the empirical research has lagged behind. Very few studies have directly examined parentification within the family context and/or directly focused on how parentification influences the child. This appears to be a challenging area of research given conceptual disagreements regarding the behaviors defining this phenomenon and the terms used to label this construct. Because various authors have emphasized different behaviors and familial patterns of parentification, it is unclear whether they are commenting on the same phenomenon (Jurkovic et al., 1991). The confusion and lack of a unifying definition of parentification is not surprising given that the parentification literature is born out of diverse theoretical and developmental frameworks, such as family-systems, attachment, psychosocial, social developmental, object relations, and self-development theories (see reviews by Chase, 1999; Earley & Cushway, 2002; Jurkovic, 1997). While this body of literature has offered a wide range of rich qualitative descriptions of parentified children and theoretically driven speculation regarding the etiology and consequences of parentification, there is a notable lack of empirical grounding.

Jurkovic's (1997) and Chase's (1999, 2001) clinical and empirical work has attempted to tie together different literatures and theoretical perspectives addressing the process of parentification, role reversal and generational boundary dissolution. They identify the fundamental components of most definitions of parentification as "(a) the adult's abdication of parenting (nurturance, guidance, comfort, mirroring, structure, protection, resources) and (b) the child's compensatory efforts, which exceed developmental appropriateness in response to parental abdication" (Chase, 2001, p. 167). Such a construct is difficult to operationalize in

simple ways and may take many forms within and across age periods (Jurkovic, Morrell, & Thirkield, 1999). Jurkovic (1997) encourages researchers to take an ecologically oriented, multi-level analysis of parentification (see review by Jurkovic, 1997), and Sroufe and colleagues (1985) acknowledge the complexity of validating developmental constructs such as parentification, which seem laden with value judgment and are nested within complex clinical theories.

Overall, there is consensus that more work is needed to identify the particular acts and behaviors defining the “parentifying” behaviors of parents and parentified role in children (Jurkovic et al., 1999). Although some progress has been made in developing more psychometrically sound self-report measures of parentification (Jurkovic, 1997; Jurkovic et al., 1999), reliable structured interview methods and observational methods are noticeably lacking. Future research combining self-report, clinical interview data, and observational methods is imperative to make progress operationalizing and validating the construct of parentification. Therefore, the present study will expand upon prior research by using multi-method assessment to measure emotional parentification in mother-child dyads.

#### *Parentification and Children’s Emotion Management Skills*

Little is known about the potential impact of parentification on children’s emotional development. Research has, however, identified emotion management skills underlying competent emotional functioning in children. These include (a) emotional understanding, which involves emotional awareness, understanding of the causes and consequences of emotion, and the ability to respond to emotions in self and others, and (b) emotion regulation, which describes the ability to monitor, evaluate, and modify emotional expression and experience (Parke et al., 1992). Research in normative emotional development has demonstrated that these skills develop

within an interpersonal context (Saarni, 1999), particularly within the parent-child relationship (Malatesta & Haviland, 1982; Parke et al., 1992), and that they are essential to children's healthy social and psychological adjustment (Barrett & Campos, 1987; Cole, Zahn-Waxler, & Smith, 1994; see reviews by Saarni, 1999; Southam-Gerow & Kendall, 2002) and physical health (Salovey, Rothman, Detweiler, & Steward, 2000).

Early in development, parents play a critical role in teaching children about emotions and how to manage emotional arousal (Halberstadt, 1991; Parke et al., 1992; Saarni 1999). More specifically, parents teach their children how to label, distinguish, and interpret emotions, when certain emotional expression is appropriate, and how to handle emotionally arousing situations (Lewis & Michalson, 1983; Saarni, 1999). In general, parents facilitate children's emotional development through creating a climate with developmentally appropriate emotional demands, providing support and assistance, and modeling and teaching effective strategies for emotion management (see review by Eisenberg, Cumberland, & Spinrad, 1998). Other socialization agents (e.g., teachers, relatives, and friends) also play an important role in children's emotional socialization. Across these interpersonal contexts, children develop expectancies regarding how others will respond to their emotional displays (Fuchs & Thelen, 1988; Zeman & Shipman, 1996, 1998). In general, children who expect a positive, supportive interpersonal response to their emotional displays are more likely to express their emotions compared to children who expect a nonsupportive or negative interpersonal response (Fabes, Leonard, Kupanoff, & Martin, 2001; Gottman, Katz, & Hooven, 1997; Shipman, Zeman, Nesin, & Fitzgerald, 2003). In sum, throughout development, children develop specific emotional understanding and emotion regulation skills that help them achieve individual goals and adapt within the social environment (Campos, Mumme, Kermoian, & Campos, 1994; Thompson, 1994).

Investigators have recently begun to study the development of emotion management skills in children whose life experiences interfere with the normal course of emotional development. For example, there is evidence that the atypical socialization experiences of child physical and sexual maltreatment negatively affect children's emotion management skills (e.g. lower levels of emotional understanding, inhibiting emotional expression) (Rogosch, Cicchetti, & Abner, 1995; Shipman & Zeman, 1999; Shipman, Zeman, Penza, & Champion, 2000). Further, there is evidence suggesting that children exposed to other significant familial stressors, such as parental psychopathology and family violence, are "at-risk" for compromised emotion management skills (Davies & Cummings, 1994, 1998; Downey & Coyne, 1990; Zahn-Waxler & Kochanska, 1990). For example, children whose parents are depressed and children exposed to marital conflict often experience excessive levels of negative emotion (e.g., sadness, guilt, anxiety). Such chronic, negative affect may interfere with children's emotional development and increase their risk for developing serious psychopathology (Davies & Cummings, 1994; Garber, Braafladt, & Zeman, 1991; Zahn-Waxler & Kochanska, 1990). Additional research demonstrates that, within homes characterized by parental discord and violence, children's sense of emotional security is threatened, and as a result, children attempt to regulate and reduce their parents' negative emotions and conflict to increase their sense of security (Davies & Cummings, 1994, 1998). For example, children engage in more caregiving behaviors towards parents and make attempts to mediate parental discord within laboratory interaction tasks (Davies & Cummings, 1994; El-Sheikh & Cummings, 1995; El-Sheikh, Cummings, & Reiter, 1996).

It is currently unknown how the process of emotional parentification in the family may influence children's development of emotion management skills. It is likely that children's over-involvement in their parent's emotional regulation and caretaking (i.e., parentification) and/or

responsibility for their own care will influence the development of their emotion management skills. The process of emotional parentification involves a parent placing developmentally inappropriate emotional demands on a child. The emotional climate and developmental tasks given to the child within a parentifying family sets the stage for possibly hindering and/or accelerating some aspects of children's emotional development and acquisition of emotion management skills. It is possible that parentified children will demonstrate deficits as well as strengths in the different areas of emotional understanding and regulation. For instance, parentified children appear highly attuned and involved in their parent's emotional needs, which may enhance their capacities for empathy and emotional understanding of other's emotional displays. Research supporting this notion demonstrates that children of depressed mothers display increased levels of empathy, helping behaviors, and problem solving initiatives towards their mothers (Garber et al., 1991; Radke-Yarrow, Zahn-Waxler, Richardson, & Susman, 1994; Zahn-Waxler & Kochanska, 1990). Other clinicians and researchers have also commented on parentified children's enhanced empathy skills, competence, sensitivity, maturity, and resourcefulness (Barnett & Parker, 1998; Buchholz & Haynes, 1983; Robinson & Chase, 2001; Walker & Lee, 1998). However, parentified children may also have less awareness of their own emotional state and more difficulty understanding, regulating, and communicating their emotional experience because the primary focus in the family is on the regulation of the caregiver's emotions. Further, parentified children may not have received the assistance and support needed to help them manage their emotional experience. Further, over-involvement in other's emotional states is likely to increase parentified children's risk for psychological distress and dysregulated emotion (e.g., blunted affect, emotional lability, high levels of sadness or anxiety).



Parentified children's attempts to support and manage the emotional condition of a parent may also be considered an effective coping/emotion regulation strategy of children struggling to manage their own distress levels and adapt to their environment (Thompson & Calkins, 1996). However, ongoing involvement in the parent's emotional condition may come at a cost to the child's socioemotional functioning, psychological well-being, and sense of security (Davies, 2002). The tendency to over-attend to *others'* emotions versus one's own emotions and to feel overly responsible for the emotional well-being of others may generalize to other social partners (e.g., peers, other adults) and foster long-term deficits in psychological adjustment at home and in other settings (Zahn-Waxler & Kochanska, 1990; Radke-Yarrow et al., 1994). It is also possible that parentified children purposefully inhibit aspects of their emotion in order to focus on the parent's emotional condition. This idea is supported by prior research with sexually maltreated children who reported inhibiting negative emotional expression in order to avoid interpersonal conflict within the family (Shipman, Zeman, Fitzgerald, & Swisher, 2003). Johnston's (1990) research also showed that increased parentification predicted emotional constriction in children. Overall, the short-term gains (i.e., parental acceptance, familial harmony) of serving as a primary regulator of a parent's emotions likely comes at a cost to the child's emotional development and psychological well-being.

Cole et al. (1994) elaborates on the idea that dysregulated emotion may serve some protective function for an individual but in a manner that interferes with adjustment by increasing short- or long-term risk for adaptational failures in development (e.g., psychopathology, interpersonal difficulties). Patterns of emotion regulation that impair functioning within a parentifying family (e.g., a child inhibiting emotional distress to attend to a parent's emotional needs) may become symptoms of psychopathology (e.g., high levels of

emotional distress, inhibition) or they may interfere with development in other areas in such a way as to create risk for psychosocial difficulties. Further, regulatory behavior may be adaptive in a given context but, at the same time, be dysregulated in that it interferes with current functioning or jeopardizes the accomplishment of important developmental tasks. For example, the task of caring for the emotional need of a parent may interfere with a child's attention to developing relationships with peers and academic pursuits. This idea is supported by research with college students, indicating a relation between parentification and poorer academic, career, and interpersonal functioning (Berman & Sperling, 1991; Chase et al., 1998). Given the important communicative role of emotions within social interactions, a constrained, inhibited communication style of emotion over time may lead to problems in interpersonal relationships (Krystal & Krystal, 1988).

Within the parentification literature, researchers have typically focused on the psychosocial correlates and outcomes of childhood parentification (e.g., psychological symptoms, impaired self-esteem, interpersonal functioning), without examining the processes in emotional development that may underlie these outcomes. From a developmental psychopathology perspective (Cicchetti & Toth, 1995), examining factors in the parent-child relationship that foster and/or interfere with competent socioemotional development and how certain developmental processes relate to psychological adjustment is an important focus of research. This study will examine the impact of emotional parentification on children's development of emotion management skills and their subsequent psychological adjustment. No known research has examined children's emotion management skills as potential mechanisms that place parentified children at risk for child psychological difficulties.

### *Cultural Considerations*

It is important to consider how ethnicity, culture, and sociopolitical factors influence the environment in which families live when evaluating the construct of parentification in families (Anderson, 1999). Child-rearing practices and prescribed social roles of family members are influenced by societal expectations and customs, social class, education, racial background, ethnic identity, and shared historical experiences of group members. The cultural patterns of establishing family extendedness, delegating caretaking functions to children, and role flexibility are a part of the lifestyles shared across many ethnic minority groups and supported by traditional socialization patterns (see review by Harrison, Wilson, Pine, Chan, & Buriel, 1990). More flexible family roles and taking on more instrumental responsibilities (e.g., caring for younger siblings, contributing financially to family) are found to be normative in the ethnic minority communities (Harrison et al., 1990; Jurkovic et al., 1999; Kuperminc, Jurkovic, & Lapidus, 2003).

Among ethnic minority families (e.g., African Americans, American Indians, Asian Pacific Americans, and Latino Americans), one goal of childrearing in the family system is to further instrumental competence so that the child is increasingly able to perform culturally specific tasks that are required for adult roles (Harrison et al., 1990). For example, within African American families, flexible family roles are common practices, family life is oriented around children, grandmothers are actively involved in childrearing, and three generations often live within households (Anderson, 1999). African American children are expected to be independent, to move quickly through early developmental stages, and to assist in childcare as soon as possible (Anderson, 1999). Such strategies are thought to be born out of historic necessity to promote the survival and well-being of the community, families, and individual

group members (Harrison et al., 1990). It is important to note, however, that heterogeneity exists within ethnic minority groups. Overall, there is much to be learned about the process and effects of parentification in different cultural contexts.

### *The Present Study*

The present study investigated the impact of emotional parentification on children's emotional development and psychological adjustment in a community sample of 9-12 year-old children and their mothers from predominantly low-income backgrounds. There were three primary goals. The first goal was to examine the link between emotional parentification and children's psychological adjustment. The second goal was to examine the relation between emotional parentification and children's emotion management skills (i.e., emotional understanding, emotion regulation). The third goal was to test the potential mediating role of emotion management skills in the relation between emotional parentification and psychological adjustment. The present study focuses on *emotional* parentification because children's assumption of emotional roles, compared to instrumental roles, appears more harmful to their psychological adjustment. The present study expands upon current research by using multi-method assessment techniques (i.e., self-report measures, structured clinical interview) to measure emotional parentification. Another unique aspect of this study is that it investigates emotional parentification in low-income families who experience significant stressors (e.g., single parenthood, unemployment). This community sample was expected to provide a relevant context for studying parentification, given prior research suggesting that family stressors tax parental resources and likely contribute to children becoming parentified (Becker et al., 1998; Bekir et al., 1993; Chase, 1999; Jurkovic, 1997).

### *Hypotheses*

With regard to the impact of parentification on child psychological adjustment, it was hypothesized that higher levels of emotional parentification would predict poorer child psychological adjustment, especially related to internalizing symptoms (i.e., anxiety, depressed mood). This hypothesis was based on the prior research presented above documenting adverse outcomes related to emotional and instrumental parentification. With regard to the impact of parentification on children's emotion management skills (i.e., emotional understanding skills, emotion regulation), it was hypothesized that (a) emotional parentification would positively relate to emotion understanding skills *related to others* (i.e., empathy skills, awareness of their mothers' emotional states), (b) emotional parentification would negatively relate to emotion understanding skills *related to self* (i.e., awareness of their own internal emotional states), (c) emotional parentification would positively relate to children's emotional inhibition (i.e., reluctance or difficulty expressing emotions), and finally, (d) emotional parentification would positively relate to emotion dysregulation (e.g., mood lability and dysregulated negative affect). These hypotheses were based on the idea that children who are emotionally parentified are likely preoccupied with managing their parents' emotional states, and thus, inhibit their own emotions so as not to increase parental distress. Further, children who inhibit their emotions are at an increased risk for experiencing dysregulated affect and expressing negative emotions in nonconstructive ways (Penza-Clyve & Zeman, 2002; see review by Southam-Gerow & Kendall, 2002).

Finally, it was hypothesized that children's emotion management difficulties would mediate the relation found between emotional parentification and child psychological adjustment. This hypothesis was based on a large body of literature demonstrating that children's

emotion management skills predict children's social, emotional, and behavioral adjustment (Eisenberg et al., 1997; Southam-Gerow & Kendall, 2002).

## CHAPTER 2

### Method

#### *Participants*

Fifty-two girls between 9 and 12 years of age ( $M$  age = 10 years, 4 months,  $SD$  = 1 year, 3 months) and their mothers were recruited from the community (e.g., grocery stores, community centers) in a southeastern city for participation in this study. The mean age of mothers was 37 years ( $range$  = 24 to 53 years). Child participants were predominantly African-American (73.1%), with the remaining Caucasian (19.2%) and Biracial/Other (7.6%). Mother participants were predominantly African-American (73.1%), with the remaining Caucasian (21.2%) and Biracial/Other (5.7%). With regard to family socioeconomic status, the *median* family income per month was \$1,800, and nearly 1/3 of mothers were struggling with unemployment. More specifically, 56% of mothers were employed full-time, 10% were employed part-time, 27% were unemployed, and 8% received social security/disability benefits. With regard to family composition, 42% of the girls lived with their mother only, 50% lived with their mother and a father figure (e.g., biological father, stepfather, boyfriend), and 8% lived with their mother and another adult (e.g., mother and friend, grandparent, relative). Fifteen percent of mothers reported being divorced. Sixty-seven percent of the girls had a “primary father figure” involved in their lives, even if he did not live in the household. Twenty-seven percent of the girls were only children, 35% lived with one sibling in the home, 21% lived with two siblings, and 17% had three or more siblings.

In terms of maternal education, on average, mothers had completed 13 years of formal education ( $M = 12.9$ ,  $SD = 2.2$ ). Ten percent of mothers had not completed high school, 44% had obtained a high school diploma or equivalent, 33% had attended some college/technical school, 11% had earned a college degree, and 2% had attended graduate school. With regard to maternal psychological adjustment, on average, mothers in this sample appeared to be relatively psychologically healthy, as they did not show elevated levels of depression (BDI-II  $M = 10.8$ ,  $SD = 9.6$ ) or overall psychological distress (BSI  $M = 29.3$ ,  $SD = 25.24$ ;  $T$ -score = 59), when compared to women in the general population (Beck, Steer, & Brown, 1996; Derogatis & Spencer, 1982). With regard to current maternal substance use, women reported drinking approximately one alcoholic beverage per week. With regard to prior maternal substance use, mothers reported an average consumption of 4-5 alcoholic beverages per week during the time during their daughter's lifetime that they drank the most. Approximately 40% of the women reported some type of substance/drug use (illegal or prescribed) in the past month and during their child's lifetime. The majority of these women reported using these substances on an infrequent basis (i.e. 0-2 times per week). Taken together, mothers who participated in this study were experiencing a number of stressors, including unemployment, financial stress, and single-parenthood. Further, 40% of mothers were using some type of substance on a weekly basis for physical, mental, or other health reasons. This sample provided a relevant context for studying parentification given that stressful family environments are at increased risk for parentification (Becker et al., 1993; Chase, 1999; Jurkovic, 1998).

#### *Statistical Power*

With regard to statistical power for the analyses, several studies using observational measures of parental socialization in maltreating families were used to guide the estimation of an



effect size (ES) for conducting a power analysis. Effect sizes from these studies were large, ranging from  $r = .48$  to  $.52$ . Based on the range of ES, a power analysis using G-power (Buchner, Faul, & Erdfelder, 1997) indicated that a sample size ranging from 38 to 46 would be necessary to detect a significant relation among variables, with power = .80 and alpha = .05. Using the average large effect size of  $r = .50$ , power = .80, and alpha = .05, a power analysis indicated that a sample size of 42 is adequate to detect significant relations among variables. Thus, a sample size of 52 in this study was deemed adequate.

### *Measures*

All measures used in the present study are presented in Table 1, and copies of measures and coding systems are provided in the Appendices.

#### *Parentification*

The *Parentification Questionnaire—Youth* version (PQ-Y; Godsall & Jurkovic, 1995) was used to assess the degree of children's emotional and instrumental parentification at home. This 20-item self-report questionnaire has a "yes" or "no" response format and is written at a third grade reading level for children ages 10-17. Higher scores on this measure indicate greater levels of "destructive parentification" (Godsall, 1995). Items on the PQ-Y assess children's engagement in instrumental responsibilities (e.g., extra housework, cooking, helping with family bills), emotional caregiving responsibilities (e.g., serving as the mediator, referee, problem-solver, caretaker for family members), and perceptions of fairness within the family (e.g., being blamed by family, equally sharing tasks with family members). The PQ-Y has established adequate internal consistency (alpha = .75-.83) and construct validity in a heterogeneous group of pre-adolescents (Godsall, 1995) and a sample of sexually abused girls (Green, 2001; Green & Jurkovic, 2002). Cronbach's Alpha for the PQ-Y Total Scale was .71 in the current study. Given

that this study was primarily interested in *emotional* parentification, a 10-item *Emotional Parentification* subscale of the PQ-Y (PQ-Y EP) was used in addition to the full parentification scale to more specifically assess emotional parentification. The 10 items assess children's endorsement of emotional caregiving responsibilities in their families and a lack of emotional support from family members. Internal reliability was moderate for these items (Cronbach's Alpha = .60).

The *Parentification Interview-Adult Version* (PI-Adult Version; Fitzgerald, 2004) assessed parent attitudes and perceptions regarding children assuming adult-like, emotionally parentified roles and responsibilities within the parent-child relationship. This semi-structured interview was designed for this study to gain information about the qualitative nature of emotional parentification in parent-child relationships and parents' socialization of parent-child roles in their family. The PI-Adult Version was audio-taped for time and coding purposes. Consent for audiotaping was obtained when the study was described and the consent forms were completed.

The *Parentification Interview* was coded using the *Emotional Parentification Coding Scale* (PI-EP; Fitzgerald, 2004). The PI-EP is a 7-point scale assessing levels of emotional parentification in the PI-Adult Version. This scale ranges from 0-6 with higher levels representing more emotional parentification (*0 = none, 1 = very low, 2 = low, 3 = moderate, 4 = high moderate, 5 = strong, 6 = very strong*). Several primary behaviors were coded for in the PI-Adult Version to determine the level of emotional parentification. Sample behaviors included (a) parental self-focus (versus child-focus), (b) parental differentiation between child and adult topics and parent-child roles, (c) frequency with which parents seek emotional support, advice, and/or caretaking from their children when distressed, and (d) parental communication of

potential negative consequences of such support seeking. For a full description of the PI-EP coding system, please see Appendix B.

Mother's EP behaviors were rated from audiotapes by a coder unaware of research hypotheses. The primary coder was trained in the use of the PI-EP coding system. Inter-rater reliability was established to a criterion of .80 on practice tapes, using the intraclass correlation coefficient (ICC) statistic (Nicols, 1998). The primary coder coded all tapes and the secondary coder coded 1/3 of the primary coder's randomly selected audiotapes. Strong inter-rater reliability (ICC = .94) was established for PI-EP coding scale on 36% of the tapes.

#### *Emotion Management Skills*

The *Empathy Index for Children and Adolescents* (Bryant, 1982) was used to measure children's empathy for others. This 22-item self-report scale requires children to choose from dichotomous response items (*yes, like me* or *no, not like me*) to describe how they think and feel. Higher scores reflect more empathy. Research has established moderate internal validity (Cronbach alpha ranged from .54 -.79), test-retest reliability (ranging from .74 -.85), and construct validity with school-age children (Bryant, 1982; Strayer & Roberts, 1989).

The *Emotion Expression Scale for Children* (EESC; Penza-Clyve & Zeman, 2002) was used to measure emotional understanding and emotion regulation skills in children. This 16-item self-report measure requires children to rate how well each item describes their expressive difficulties based on a 5-point likert scale (*1 = not at all true, 2 = a little true, 3 = somewhat true, 4 = very true, 5 = extremely true*). Two factor scores, each consisting of 8 items, are yielded: *Poor Awareness* (i.e., a child's difficulty labeling internal emotional experience) and *Expressive Reluctance* (i.e., lack of motivation or willingness to communicate or express negative emotions to others). Higher scores indicate poorer emotion awareness and greater reluctance to express

emotion, respectively. Research has demonstrated high internal consistency (coefficient alpha = .81- .83), moderate test-retest reliability ( $r = .56-.59$ ), and good construct validity in a community sample of 4<sup>th</sup> and 5<sup>th</sup> graders (Penza-Clyve & Zeman, 2002).

The *Meta-Emotion Interview-Child Version* (MEI-CV; Katz, Windecker-Nelson, & Asdel, 2001) was used to assess children's emotional awareness of sadness and anger. The MEI-CV is a semi-structured interview during which children are asked a series of open-ended questions about their experiences with the emotions. The Emotional Awareness Scale of the Child/Adolescent Meta-Emotion Coding System (CAMEI; Katz et al., 2001) was used to code for children's awareness of their own emotions. In the present study, this scale is described as *Child Awareness*. The items on this scale assess children's ability to distinguish their experience of one emotion from that of another, to describe the emotion process (e.g., identifying physical and cognitive responses to emotion, understanding the cause of emotion, providing situational details and concrete examples of times they felt that emotion), and to label and think about their emotions. For more details on the CAMEI-Child Awareness Scale's coding system, see Appendix B. Recent research has established inter-rater reliability, internal consistency, and construct validity for the MEI-CV (Katz et al., 2001). The MEI-CV interview was audiotape recorded. Consent for audiotaping was obtained when the study was described and the consent forms were completed.

In addition, a modified version of the MEI-CV interview and accompanying coding scale, labeled *Parent Awareness*, was developed for this study to assess children's awareness of their parents' sadness and anger. The Parent Awareness interview questions and coding scale closely parallel the MEI-CV Child Awareness scale, except that the questions are oriented to assess children's awareness of their parent's emotional experience.

Two research assistants unaware to group status and study hypotheses were trained in the use of the Child Awareness and Parent Awareness coding systems. Inter-rater reliability was established for the Child Awareness Scale (ICC = .88-.95) and for the Parent Awareness Scale (ICC = .83-.93) for both coders on 30-40% of their randomly selected audiotapes.

The *Children's Emotion Management Scales* (CEMS; Zeman, Shipman, & Penza-Clyve, 2001) were used to assess children's emotion regulation skills (i.e., expression of sadness and anger). Specifically, the 3-item *Dysregulated Expression* scales for sadness and anger were used in the present study. Children are asked to rate how often they express anger/sadness in culturally inappropriate, nonconstructive ways (e.g., whine/fuss, mope, slam doors, attack others, say mean things) on a 3-point Likert scale ( $1 = \textit{hardly ever}$ ,  $2 = \textit{sometimes}$ ,  $3 = \textit{often}$ ). Research has established internal consistency (Coefficient alphas range from .60-.79) and construct validity with elementary-school-age children (Zeman et al., 2001).

The *Emotion Regulation Checklist* (ERC; Shields & Cicchetti, 1997) was completed by parents to assess children's ability to manage emotional experience. The 15-item *Lability/Negativity* scale of the ERC was used in this study. This scale assesses mood lability, lack of flexibility, and inappropriate affective displays. All items are rated on a 4-point Likert Scale. Higher scores reflect greater emotional dysregulation. Research has demonstrated high internal consistency (Cronbach's alpha = .96) and construct validity (Shields & Cicchetti, 1997).

#### *Child psychological adjustment*

The *Behavior Assessment System for Children-BASC-Parent Rating Scales* (BASC-PRS; Reynolds & Kamphaus, 1992) is a parent report measure used to assess children's and adolescents' psychological adjustment within the last six months. The BASC-PRS *Internalizing Problems* and *Externalizing Problems* Composite scores were used in the present study.

Internalizing problems include problems of anxiety, depression, and somatization. Externalizing problems include problems with aggression, hyperactivity, and conduct. The BASC-PRS consists of 126-138 items (depending on the version administered for ages 6-11 or ages 12-18) with a four-choice response format (*never, sometimes, often, almost always*). The BASC-PRS requires a third-grade reading level for completion and is used across a variety of clinical and school settings. The BASC-PRS has established reliability and validity (Reynolds & Kamphaus, 1992).

The *Children's Depression Inventory* (CDI; Kovacs, 1992) and the *Revised Children's Manifest Anxiety Scale* (RCMAS; Reynolds & Richmond, 1995, 2000) were administered to children to provide self-report measures of their internalizing symptoms. The CDI has 27 items that yield an overall depression score. Children are instructed to mark the sentence that best describes the way they have been feeling and thinking within the past two weeks. Each item is graded in severity and assigned numerical values from 0 to 2 (with some items reverse scored), yielding a total score range of 0-54. The CDI has established internal consistency (coefficient alpha = .85), test-retest reliability ( $r = .82$ ), and construct validity for children ages 6-12 years (Kovacs, 1992). Given concerns about asking about suicide in a research context, this item was removed. The RCMAS is composed of 37 questions assessing the presence or absence of various symptoms of chronic manifest anxiety. The respondent indicates "yes" or "no" to statements describing how some people think and feel. The RCMAS yields 3 factors (worry and oversensitivity, physiological anxiety, and fear/concentration difficulties) and a lie-scale to assess the validity of the subject's response. All "yes" responses, except the lie-scale are scored in the positive direction for anxiety and are summed to produce a total anxiety score. The *Total*

*Anxiety score* was used in the present study. The RCMAS has established internal consistency (coefficient alpha = .85) and construct validity (Reynolds & Richmond, 1997).

If children's scores on these measures fell in the clinical range based on normative data, parents were provided with appropriate treatment referrals. This only occurred on a few occasions during the project.

#### *Parental Adjustment*

For descriptive purposes, mothers completed the *Beck Depression Inventory-II* (BDI-II; Beck et al., 1996) and the *Brief Symptom Inventory* (BSI; Derogatis, 1993; Derogatis & Spencer, 1982) to assess levels of psychological distress. The BDI-II is a 21-item self-report inventory measuring characteristic attitudes and symptoms of depression. Higher scores indicate higher levels of depression. The BDI-II has established internal consistency (Coefficient Alpha = .92) and construct validity (Steer, Rissmiller, & Beck, 2000). The BDI-II is commonly used to detect severity of depression in clinical populations as well as possible depression in normal populations (Beck et al., 1996). The BSI is a 53-item self-report inventory, scored and profiled on 9 primary symptoms dimensions and 3 global indices of psychological distress. In the present study, the overall BSI Total score was used. The BSI has established internal consistency (Coefficient Alpha = .90) and construct validity (Bennett & Hughes, 1996; Derogatis, 1993). Mothers also completed the *Substance Use Questionnaire*, a brief measure of present and past substance use to assess substance abuse history. This brief measure was modified from The Daily Drinking Questionnaire (Collins, Parks & Marlatt, 1985).

#### *Demographics*

Finally, parents completed a family information sheet to provide demographic information (e.g., family composition, years of education, family income, occupational status).

### *Procedure*

Mothers were contacted directly at recruitment sites (e.g., grocery stores) and asked if they would be interested in participating. Parents interested in the study were contacted by phone or in person and asked about scheduling an interview. Graduate research assistants interviewed parents and children at the family home or in the laboratory. Upon the first contact with families, researchers obtained mothers' written consent for participation as well as child verbal assent. Consent to audiotape and videotape was obtained. Following a short rapport-building period, parents and children were separated and administered measures in random order. Participants were read all questionnaires to control for differences in reading ability. Completion of the protocol took approximately 2 hours (with breaks whenever needed). Mothers were paid \$25.00 for their time, and children received \$5.00 or two small toys (based on their preference).



Table 1

*List of Study Measures Per Construct*

PARENTIFICATION	
Child Measure	Parentification Questionnaire-Youth Version (PQ-Y) <ul style="list-style-type: none"> <li>▪ Total Parentification Scale (PQ-Y Total)</li> <li>▪ Emotional Parentification Subscale (PQ-Y EP)</li> </ul>
Parent Measure	Parentification Interview-Adult Version (PI-Adult Version)
EMOTION MANAGEMENT SKILLS	
Emotion Understanding Skills	
Child Measures	Empathy Index for Children and Adolescents <ul style="list-style-type: none"> <li>▪ Total Empathy Score</li> </ul> Emotion Expression Scale for Children (EESC) <ul style="list-style-type: none"> <li>▪ Poor Awareness Scale</li> </ul> Meta-Emotion Interview-Child Version (MEI-CV) <ul style="list-style-type: none"> <li>▪ Child Awareness scale</li> <li>▪ Parent Awareness scale</li> </ul>
Emotion Regulation Skills	
Child Measures	Emotion Expression Scale for Children (EESC) <ul style="list-style-type: none"> <li>▪ Expressive Reluctance Scale</li> </ul> Children's Emotion Management Scales (CEMS) <ul style="list-style-type: none"> <li>▪ Dysregulated Expression Scale-Sadness</li> <li>▪ Dysregulated Expression Scale-Anger</li> </ul>
Parent Measure	Emotion Regulation Checklist (ERC) <ul style="list-style-type: none"> <li>▪ Lability/Negativity scale</li> </ul>

CHILD PSYCHOLOGICAL FUNCTIONING	
Child Report	Child Depression Inventory (CDI)-Total Score
Parent Report	<p>Revised Children’s Manifest Anxiety Scale (RCMAS)</p> <ul style="list-style-type: none"> <li>▪ Total Anxiety Score</li> </ul> <p>BASC [(Behavior Assessment System for Children-parent rating scales (BASC-PRS))]</p> <ul style="list-style-type: none"> <li>▪ Externalizing Problems Composite Score</li> <li>▪ Internalizing Problems Composite Score</li> </ul>
FAMILY DESCRIPTORS	
Maternal Adjustment	<p>Beck Depression Inventory-II (BDI-II)-Total Score</p> <p>Brief Symptom Inventory (BSI) -Total Symptom Count</p> <p>Substance Abuse Questionnaire -Current (0,1)</p> <p style="text-align: right;">-Prior (0,1)</p>
DEMOGRAPHICS	
	Family Information Sheet

## CHAPTER 3

### Results

#### *Data Analysis Related to Hypotheses*

All analyses were conducted using SPSS. The means, standard deviations, alpha coefficients, and estimates of kurtosis and skewness of all measured variables are presented in Table 2. Intercorrelations among all study variables are presented in Table 3.

Regression analyses were conducted given our interest in examining relations between emotional parentification and child psychological adjustment, as well as the processes (i.e., child emotion management skills) that may underlie these relations. Path analyses were conducted to evaluate the potential mediational effects of emotion management skills (EMS) on the relation between emotional parentification (EP) and children's mental health outcomes. Mediational analyses were conducted in accordance with recommendations of Baron and Kenny (1986), such that the following criteria were required for mediation: (a) EP predicts the outcome variable (e.g., child internalizing problems), (b) EP predicts the potential mediator (e.g., EMS-emotional awareness), (c) the potential mediator (EMS-emotional awareness) predicts the outcome variable, and (d) when EP and the potential mediator are examined together, the independent effects of EP should be attenuated or eliminated, while the effects of the mediator remain significant.

Even though the above hypotheses and analyses are specified a priori and based on theory and extant research, one must consider how to handle the potential risk of family wise error when this many separate linear regression analyses are being conducted. Given that so little is

known about this important research area, it seemed overly conservative to apply a strict correction method (e.g., Bonferroni) to control for Type I error. Given that this is a new area of study, all relations significant at a  $p$ -value of  $\leq .10$  will be reported and discussed. Therefore, we increase our ability to detect a relation that truly exists and gain new knowledge in this understudied area.

### *Parentification and Child Psychological Adjustment*

The first linear regression equations addressed the primary research question of whether emotional parentification (EP), as measured by the Parentification Questionnaire-Youth Version (PQ-Y) and the Parentification Interview (PI-EP), predicted increased child psychological difficulties (i.e., child report of internalizing problems, parent report of child internalizing/externalizing problems).

With regard to child report of parentification, findings indicated that PQ-Y EP and PQ-Y Total both significantly predicted children's report of internalizing problems on the CDI ( $\beta = .53, p < .01, \beta = .51, p < .01$ ) and on the RCMAS ( $\beta = .48, p < .01, \beta = .54, p < .01$ ). Thus, children who reported higher levels of emotional parentification and higher levels of Total Parentification reported more symptoms of depression and anxiety. There were no significant relations, however, between the PQ-Y EP and PQ-Y Total and parent report of child internalizing problems ( $\beta = -.06, p = ns, \beta = -.01, p = ns, respectively$ ) and externalizing problems ( $\beta = .16, p = ns, \beta = .15, p = ns$ ) on the BASC parent report measure.

With regard to parent report of emotional parentification, findings indicated a trend for the relation between PI-EP and parent report of child internalizing problems ( $\beta = .26, p = .06$ ). There were no significant relationships, however, between PI-EP and child report of internalizing problems the CDI ( $\beta = .04, p = ns$ ) and the RCMAS ( $\beta = -.00, p = ns$ ). Additionally, there was

no significant relation between PI-EP and parent report of child Externalizing Problems ( $\beta = .04$ ,  $p = ns$ ).

### *Parentification and Children's Emotion Management Skills*

#### *Emotion Understanding Skills*

Linear regression equations next tested the hypothesized relations between emotional parentification (EP) and parent and child report of children's emotion management skills (i.e., emotional awareness). Regression equations tested (a) whether EP was positively related to children's emotional awareness *related to others* (i.e., empathy, awareness of maternal emotional states), and (b) whether EP was negatively related to children's emotional awareness *related to self* (i.e., awareness of internal emotional states).

*Emotion understanding skills related to others—empathy.* With regard to child report of parentification, findings indicated that PQ-Y EP and PQ-Y Total scores significantly related to *Empathy*, but unexpectedly, in the negative direction ( $\beta = -.41$ ,  $p < .01$ ;  $\beta = -.33$ ,  $p < .01$ , respectively). That is, contrary to hypotheses, children who reported higher levels of parentification in their families reported lower levels of general empathy.

With regard to parent report of parentification, findings indicated a significant trend for the relation between PI-EP scores and girls' *Empathy* scores on the Empathy Index ( $\beta = .25$ ,  $p = .08$ ). Thus, mothers who reported higher levels of emotional parentification in their relationships with their daughters tended to have daughters who reported higher levels of empathy.

*Emotion understanding skills related to others—awareness of maternal emotion.* With regard to child report of parentification, findings indicated that the PQ-Y Total score significantly predicted child *Maternal Awareness* for anger ( $\beta = .27$ ,  $p = .05$ ). The PQ-Y EP and PQ-Y Total

both failed to predict greater *Maternal Awareness* for sadness ( $\beta = .18, p = ns; \beta = .22, p = ns$ ).

With regard to parent report of parentification, findings indicated a trend for the PI-EP to predict children's *Maternal Awareness* for sadness ( $\beta = .24, p = .09$ ), but not for anger ( $\beta = .07, p = ns$ ).

In sum, mothers' report of emotional parentification through their interviews corresponded with children's heightened emotional awareness skills related to maternal states of sadness. In contrast, children's self-report of parentification related to higher levels of child awareness of maternal anger, but not sadness.

*Emotion understanding skills related to self.* With regard to children's report of parentification, findings indicated that the PQ-Y EP and PQ-Y Total significantly positively predicted *Child Awareness* of sadness ( $\beta = .29, p < .05; \beta = .28, p = .05$ ), but not anger ( $\beta = .20, p = ns, \beta = .18, p = ns$ ). That is, girls reporting more parentification in their families were more aware of their internal states of sadness. A different pattern of results emerged, however, using the emotional awareness scale on the EESC. Specifically, child report of parentification on the PQ-Y EP and PQ-Y Total scales related to poorer, versus better, emotional awareness on the *Poor Awareness Scale* ( $\beta = .41, p < .01, \beta = .34, p < .02$ ) of the EESC. That is, children reporting more parentification in their families also reported more general difficulties labeling their internal emotional experience. Finally, with regard to parent report of parentification, findings indicated that the PI-EP failed to predict *Child Awareness* for sadness ( $\beta = -.02, p = ns$ ) and anger ( $\beta = .06, p = ns$ ) on the *MEI*, as well as *Poor Awareness* on the EESC ( $\beta = -.15, p = ns$ ). That is, parents' report of parentification in the interview did not predict children's emotional awareness skills related to self.

*Emotion Regulation Skills*

Linear regression analyses tested whether emotional parentification, as measured by the Parentification Questionnaire (PQ-Y) and Parentification Interview (PI-EP), predicted greater emotion dysregulation as reported by children (i.e., EESC *Expressive Reluctance* scale; CEMS *Dysregulated-Expression* of sadness and anger scales) and their parents (i.e., ERC *Lability/negativity* scale).

*Expressive reluctance.* With regard to children's report of parentification, findings indicated a trend for the PQ-Y EP to predict higher levels of *Expressive Reluctance* on the EESC ( $\beta = .27, p = .06$ ). This relation between parentification and *Expressive Reluctance* did not hold with the more general PQ-Y Total scale ( $\beta = .20, p = ns$ ). With regard to parent report of parentification, findings indicated that the PI-EP significantly predicted lower, versus higher, levels of *Expressive Reluctance* on the EESC ( $\beta = -.34, p < .02$ ). That is, parents who reported more emotional parentification in the interview had children who reported less reluctance to communicate and express negative emotions to others.

*Dysregulated expression.* With regard to children's report of parentification, findings indicated that the PQ-Y EP and the PQ-Y Total significantly predicted higher levels of *Dysregulated Expression* for sadness ( $\beta = .30, p < .05, \beta = .26, p = .06$ ) but for not anger ( $\beta = .15, p = ns, \beta = .22, p = ns$ ). Thus, children who reported having more parentified roles and responsibilities in their families, especially emotional caregiving responsibilities, reported more difficulties expressing sadness in constructive ways. With regard to parent report of parentification, the PI-EP failed to predict *Dysregulated Expression* for sadness ( $\beta = .06, p = ns$ ) or anger ( $\beta = .03, p = ns$ ).

*Negativity/lability.* With regard to children's report of parentification, findings indicated that the PQ-Y EP and PQ-Y Total failed to predict levels of *Negativity/Lability* ( $\beta = -.02, p = ns$ ,

$\beta = -.09, p = ns$ ) on the ERC. Similarly, with regard to parent report of parentification, the PI-EP failed to predict *Negativity/Lability* ( $\beta = .14, lp = ns$ ) on the ERC. Thus, child and parent report of parentification did not relate to parent's report of emotional dysregulation in their children.

### *Mediational Analyses*

Mediation analyses were conducted according to Baron and Kenny's (1986) and Kenny, Kashy, and Bolger's (1998) guidelines to evaluate the potential mediational effects of emotion management skills on the relations found between emotional parentification and children's mental health outcomes. Mediation analyses were only conducted on relations between emotional parentification and child adjustment measures and potential mediators that were significant at the  $p < .05$  level. To summarize, significant relations meeting this criterion were found between child-reported parentification and poorer child psychological adjustment (i.e., child-report of internalizing problems), poorer emotional understanding (i.e., poorer emotion awareness), and increased emotion dysregulation (i.e., greater expressive reluctance, dysregulated expression). Therefore, it was of interest to test whether children's emotion management skills deficits (i.e., poorer emotional awareness, expressive reluctance, and emotion dysregulation) served as underlying processes explaining the relation found between parentification and child adjustment problems.

Mediational analyses are presented using only the *Emotional Parentification subscale* of the Parentification Questionnaire, given that the impact of the emotional form of parentification on child outcomes was of primary interest and the results were equivalent with the PQ-Y full scale. Further, because EP measured through the parent interview (PI-EP) predicted child internalizing problems on the BASC only at a borderline significance level, mediational analyses were not conducted using this measure.



### *Emotional Parentification and Child Depression*

*Emotional awareness.* Path analyses tested whether the relation found between the emotional parentification on the Parentification Questionnaire and children's depressive symptoms on the CDI was mediated by children's deficits in emotional awareness, as measured by the *Poor Awareness* scale of the EESC. Findings revealed that emotional parentification (EP) significantly predicted the depressive symptoms ( $\beta = .53, p < .01$ ) and the mediator of Poor Awareness ( $\beta = .41, p < .01$ ). The mediator Poor Awareness also predicted ( $\beta = .54, p < .01$ ) depressive symptoms. However, when EP and Poor Awareness were entered together to predict depressive symptoms, EP and Poor Awareness both remained significant ( $\beta = .38, p < .01, \beta = .38, p < .01$ , respectively). Thus, children's Poor Awareness was not supported as a mediator of the relationship between EP and depressive symptoms. However, both EP and Poor Awareness appear to be important factors in the prediction of children's depressive symptoms (i.e., 38% of the variance accounted for).

*Expressive reluctance.* Path analyses tested whether the relation found between emotional parentification on the Parentification Questionnaire and children's depressive symptoms on the CDI was mediated by children's deficits in emotional expression skills, as measured by the *Expressive Reluctance* scale of the EESC. Findings revealed that emotional parentification (EP) significantly predicted depressive symptoms ( $\beta = .53, p < .01$ ) and the mediator of Expressive Reluctance ( $\beta = .27, p = .06$ ). The mediator Expressive Reluctance predicted depressive symptoms at a borderline level ( $\beta = .24, p = .09$ ). When EP and Expressive Reluctance were entered together to predict depressive symptoms, EP remained significant ( $\beta = .51, p < .01$ ) but Expressive Reluctance was no longer significant ( $\beta = .10, p = ns$ ). Thus, Expressive Reluctance was not supported as a mediator of the relation between EP and depressive symptoms.

*Emotion dysregulation for sadness.* Path analyses tested whether the relation found between emotional parentification on the Parentification Questionnaire and children's depressive symptoms on the CDI was mediated by children's deficits in regulating sadness, as measured by the *Dysregulated Expression* scale of the CEMS. Findings revealed that emotional parentification (EP) significantly predicted depressive symptoms ( $\beta = .53, p < .01$ ) and the mediator of Dysregulated Expression ( $\beta = .30, p < .05$ ). The mediator Dysregulated Expression predicted depressive symptoms ( $\beta = .27, p = .05$ ). However, when EP and Dysregulated Expression were entered together to predict depressive symptoms, EP remained significant ( $\beta = .50, p < .01$ ) and Dysregulated Expression was no longer significant ( $\beta = .12, p = ns$ ). Thus, Expressive Reluctance was not supported as a mediator of the relation between EP and depressive symptoms.

#### *Emotional Parentification and Child Anxiety*

*Emotional awareness.* Path analyses tested whether the relation found between emotional parentification on the Parentification Questionnaire and children's symptoms of anxiety on the RCMAS was mediated by children's deficits in emotional awareness, as measured by the *Poor Awareness* scale of the EESC. Findings revealed that emotional parentification (EP) significantly predicted anxious symptoms ( $\beta = .48, p < .01$ ) and the mediator of Poor Awareness ( $\beta = .41, p < .01$ ). The mediator Poor Awareness also predicted ( $\beta = .55, p < .01$ ) anxious symptoms. However, when EP and Poor Awareness were entered together to predict anxiety symptoms, EP and Poor Awareness both remained significant ( $\beta = .30, p < .02, \beta = .43, p < .01$ , respectively). Thus, children's Poor Awareness was not supported as a mediator of the relationship between EP and anxious symptoms. However, both EP and Poor Awareness appear to be important factors in the prediction of children's symptoms of anxiety (35% of the variance accounted for).

*Expressive reluctance.* Path analyses tested whether the relation found between emotional parentification on the Parentification Questionnaire and children's symptoms of anxiety on the RCMAS was mediated by children's deficits in emotional expression skills, as measured by the *Expressive Reluctance* scale of the EESC. Findings revealed that emotional parentification (EP) on the PQ-Y EP significantly predicted anxious symptoms ( $\beta = .48, p < .01$ ) and the mediator of Expressive Reluctance ( $\beta = .27, p = .06$ ). However, the mediator Expressive Reluctance failed to predict anxious symptoms ( $\beta = .19, p = ns$ ), and therefore no further paths were tested. Thus, Expressive Reluctance was not supported as a mediator of the relationship between EP and anxious symptoms.

Table 2

*Descriptive Statistics and Values of Coefficient Alpha for Scale Scores*

Scale	<i>M</i>	<i>SD</i>	Skewness	Kurtosis	–
PQ-Y Total Parentification Scale	6.29	3.30	.54	-.19	.71
PQ-Y Emotional Parentification Sub-scale	2.32	1.85	.51	-.52	.60
Parentification Interview-Emotional Parentification Coding Scale (PI-EP)	2.37	1.95	.34	-1.18	-
Empathy Index	13.98	3.01	.04	-.42	.60
EESC Poor Awareness	21.11	6.31	.15	-.44	.69
EESC Expressive Reluctance	21.39	6.19	-.00	-.27	.68
CEMS Dysregulated Expression scale-sadness	1.88	.61	.19	-.92	.58
CEMS Dysregulated Expression scale-anger	1.44	.45	.62	-.94	.54
ERC Lability/Negativity	29.65	7.97	.89	.15	.90
RCMAS	14.29	6.64	-.50	-.62	.88
CDI	8.02	6.04	1.12	.94	.82
BASC Internalizing Composite T-score	53.42	12.04	.69	-.02	-
BASC Externalizing Composite T-score	50.00	11.82	1.24	1.87	-
BDI-II	10.83	9.58	1.08	.99	.91
BSI	29.27	25.24	1.08	.51	.95

Table 3

*Intercorrelations for All Study Variables (N = 52)*

Variable	1.	2.	3.	4.	5.	6.	7.	8.	9.
1. PQ-Y TOTAL	-								
2. PQ-Y EP	.85**	-							
3. PI-EP	-.24	-.16	-						
4. EMPATHY	-.33*	-.41**	.25	-					
5. CH-AWARE SAD	.28*	.29*	-.02	-.06	-				
6. PAR-AWARE SAD	.22	.18	.24	-.10	.68*	-			
7. CH-AWARE MAD	.18	.20	.06	-.05	.71**	.58**	-		
8. PAR-AWARE MAD	.27	.16	.07	-.06	.52**	.61**	.60*	-	
9. EESC PA	.34*	.41**	-.15	-.20	.18	.26	.08	.19	-
10. EESC ER	.20	.27	-.34*	-.38*	.14	-.02	-.03	.01	.46**
11. CEMS-SAD	.26	.30*	.06	-.01	.10	.01	-.03	-.07	.34*
12. CEMS-ANGER	.22	.15	.03	-.07	-.09	.01	.00	.15	.25
13. ERC	-.01	-.02	.14	-.11	-.08	.05	.11	.03	.14
14. RCMAS	.54**	.48**	-.00	-.16	.23	.33*	.16	.27	.55**
15. CDI	.51**	.53**	.04	-.06	.29*	.33*	.22	.31*	.53**
16. BASC INT	-.01	-.06	.26	.02	-.00	.04	.07	.06	.08
17. BASC EXT	.15	.16	.04	-.14	-.09	-.05	.01	-.01	.30*
18. BDI-II	-.03	-.06	.33*	.06	-.14	-.01	-.25	-.15	.03
19. BSI	.01	-.05	.34*	.08	-.01	.02	-.12	-.10	-.12

Table 3 (continued).

Variable	10.	11.	12.	13.	14.	15.	16.	17.	18.	19.
1. PQ-Y TOTAL										
2. PQ-Y EP										
3. PI-EP										
4. EMPATHY										
5. CH-AWARE SAD										
6. PAR-AWARE SAD										
7. CH-AWARE MAD										
8. PAR-AWARE MAD										
9. EESC PA										
10. EESC ER	-									
11. CEMS-SAD	.11	-								
12. CEMS-ANGER	-.02	.16	-							
13. ERC	.08	.24	.43**	-						
14. RCMAS	.18	.42**	.30*	.20	-					
15. CDI	.24	.27	.21	.32*	.52**	-				
16. BASC INT	-.08	.21	.48**	.68**	.11	.16	-			
17. BASC EXT	.10	.34*	.41*	.79**	.22	.43**	.69**	-		
18. BDI-II	-.03	.25	.25	.30*	.06	.14	.21	.25	-	
19. BSI	-.18	.21	.28*	.23	-.04	.03	.41**	.20	.81**	-

*Note.* PQ-Y TOTAL = Parentification Questionnaire-Youth Version Total Score; PQ-Y EP = Parentification Questionnaire-Youth Version Emotional Parentification Subscale; PI-EP = Parentification Interview-Emotional Parentification Coding Scale; EMPATHY = Empathy Index; CH-AWARE (SAD and MAD) = Meta Emotion Interview Child Awareness Scale for sadness and anger; PAR-AWARE (SAD and MAD) = Meta Emotion Interview Parent Awareness Scale for sadness and anger; EESC PA = Emotion Expression Scale for Children Poor Awareness Scale; EESC ER = Emotion Expression Scale for Children Expressive Reluctance Scale; CEMS-S = Children's Emotion Management Scales; ERC = Emotion Regulation Checklist Liability/Negativity Subscale; BASC INT = Behavior Assessment System for Children Internalizing T-score; BASC EXT = Behavior Assessment System for Children Externalizing T-score; BDI-II = Beck Depression Inventory-II; BSI = Brief Symptom Inventory.

\*  $p < .05$ . \*\*  $p < .01$ .

## CHAPTER 4

### Discussion

The present study investigated the impact of parentification on children's psychological adjustment and emotional development. The primary focus was on the impact of emotional parentification (EP), which involves parents seeking emotional support, caregiving, and advice from their children. There were three primary goals. The first goal was to examine the link between EP and children's psychological adjustment (i.e., internalizing and externalizing problems). The second goal was to examine the relation between EP and children's emotion management skills (i.e., emotional understanding, emotion regulation). The third goal was to test the potential mediating role of emotion management skills in the relation between EP and psychological adjustment. Findings indicated that EP predicted greater child internalizing problems (i.e., depression, anxiety) as well as both deficits and strengths in emotional understanding skills (e.g., difficulties identifying own emotions, greater awareness of sadness in self and mothers), and deficits in emotion regulation (i.e., expressive reluctance, emotion dysregulation). Results revealed that although EP predicted children's deficits in emotional understanding and emotion regulation, these variables failed to explain the relation found between EP and child internalizing problems.

#### *Parentification and Child Psychological Adjustment*

As hypothesized, girls who reported experiencing higher levels of parentification (instrumental/emotional, emotional) also reported more symptoms of anxiety and depression. In addition, mothers who reported engaging in more emotional parentification also reported higher

levels of internalizing symptoms (i.e., anxiety, depression, somatization) in their daughters. Taken together, these findings are consistent with prior research demonstrating links between parentification and children's internalizing symptoms (i.e., anxiety, depression, somatization). With regard to instrumental parentification, research has demonstrated that excessive assumption of adult responsibilities in the household (e.g., cleaning, chores, meal preparation) relate to increased internalized emotional distress in adolescents, including anxiety, depression, and somatization (Stein et al., 1999). With regard to emotional parentification, research has demonstrated that girls who are more involved in their mothers' emotional problems, and who are relied upon for emotional support, advice, and encouragement by their mothers, tend to experience higher levels of perceived stress and emotional distress (e.g., sadness, worry, anger, guilt; Fry & Trifiletti, 1983; Thomas et al., 2003). In particular, research documents higher levels of sadness, depression, and somatic problems in emotionally parentified children (Gore et al., 1993; Johnston, 1990). Similarly, this is consistent with studies on the long-term effects of parentification that document higher levels of anxiety and depression in early adulthood (Carroll & Robinson, 2000; Jacobvitz & Bush, 1996).

It may be that children who experience parentification feel preoccupied by parental distress, responsible for regulating parental affect and unsupported in solving their own problems, which increases their risk for internalizing difficulties. This risk may be particularly salient in girls, given that females are socialized toward sociability, cooperation, and interpersonal caring (Gore et al., 1993; see review by Nolen-Hoeksema & Girgus, 1994; Wichstrom, 1999), and appear more vulnerable to relational conflict in early adolescence (Broderick & Korteland, 2002; Henrich, Blatt, Kuperminc, Zohar, & Leadbeater, 2001). In addition, females are twice as likely as males to experience depression (see review by



Culbertson, 1997; Maier et al., 1999). Taken together, emotional parentification combined with girls' exposure to normative gender-role socialization processes likely increases their vulnerability for depression (Fry & Trifiletti, 1983; Gore et al., 1993).

In addition, parents who parentify their children seem to lack effective coping strategies to manage their own distress, and they may fail to model and teach healthy coping strategies to their children. This may affect children in a few ways. First, children's sense of emotional security may be undermined by developing in such a family context. Consistent with the emotional security hypothesis (Davies & Cummings, 1994), emotionally parentified children may attempt to regulate parental affect to regain or preserve their sense of security in the face of parental distress (Davies, 2002). Second, children largely learn how to manage their emotions via interactions with caregivers (Barrett & Campos, 1987; Saarni et al., 1998; Thompson, 1994), and parental socialization of emotion coping is essential to children's subsequent adaptive psychosocial functioning (for a review, see Eisenberg et al., 1998). Parents who rely upon children for their emotional support, caretaking, and emotion regulation, are likely deficient in their ability to focus on children's emotional needs and aid in children's development of effective emotion management skills.

Based on past research linking parentification to conduct problems and delinquency (Johnston et al., 1987; Stein et al., 1999), it was hypothesized that EP would relate to children's externalizing problems. In this study, however, parentification did not relate to increased externalizing difficulties in children. One reason for this may be that this study included only girls whereas other studies included both girls and boys. Girls are less likely than boys to develop externalizing difficulties and more likely to develop internalizing symptoms (Crijnen, Achenbach, & Verhulst, 1997; Verhulst et al., 2003). In addition, it may be that child

externalizing problems within a parentifying home may prove disruptive to the parent-child relationship and pose further threat to ensuring the emotional security and well-being of the family (Davies & Cummings, 1994). The inhibition and internalization of emotional distress in children may thus be reinforced and promote adaptation within a parentifying environment.

Although the present study's findings supported the hypothesized link between EP and child internalizing problems, it is important to note that this relation was significant solely within informants. The relations between EP and internalizing problems across child and parent informants were not significant. That is, children's report of EP did not predict internalizing problems on the parent report measure, and parent report of EP through interviews did not predict internalizing problems on child report measures. It is possible that the relation between child report of EP and internalizing problems was influenced by common method variance (i.e., variation in scores attributable to the method of data collection rather than the constructs the measures represent; Podsakoff, MacKenzie, Lee, & Podsakoff, 2003). Children's reports of EP may have been correlated with children's reports of internalizing problems on the paper-pencil self-report measures due to any of the potential sources of common method biases (e.g., common rater effects, mood state, social desirability, consistency effects, acquiescence; Podsakoff et al., 2003). Efforts were, however, taken to reduce the effects of common method variance by temporally and psychologically separating measures of EP and internalizing problems and reassuring respondents that there were no right or wrong answers (see Podsakoff et al., 2003). Further, common method variance does not as easily explain the relation found between parent report of EP and internalizing problems, given that multi-method assessment techniques with different response formats were used to assess these constructs (i.e., semi-structured parent interview, paper-pencil measure). In addition, most parents appeared comfortable and open when

describing their mother-daughter relationships and unaware of what constituted a socially desirable response.

Finally, it is also important to note that there were no significant correlations between child and parent measures of internalizing problems and child and parent measures of parentification. The lack of correspondence between parent and child report of child internalizing problems ( $r = .11-.16$ ) was not surprising given the large body of research documenting discrepancies and modest correlations (e.g.,  $r$ s often in .20s) between parent and child reports of child dysfunction (Achenbauch, McConaughy, & Howell, 1987; De Los Reyes & Kazdin, 2004; Youngstrom, Loeber, & Stouthamer-Loeber, 2000). However, the lack of correspondence between child report of EP and parental report of EP is more difficult to interpret. One plausible explanation is that the content and format of the two measures of parentification differ greatly and they may be tapping into different aspects of this complex, multidimensional construct. As a part of this study, the child equivalent of the Parentification Interview-Adult Version was also administered to assess EP from the child's perspective (i.e., Child Parentification Interview). However, due to the time constraints of the present study, this data had not yet been coded for analysis. Once the Child Parentification Interview data is coded, it will be possible to assess the correspondence between child report and parent report of EP in interviews. This information will likely shed light on the discrepancies observed across informants.

### *Emotional Parentification and Children's Emotion Management Skills*

#### *Emotion Understanding Skills (EUS)*

*Emotion understanding skills related to others—empathy.* Findings partially supported the hypothesis that emotional parentification would facilitate children's empathy. Consistent with hypotheses, mothers who reported engaging in more EP with their daughters tended to have

daughters who reported more empathy for others (e.g., feeling upset when someone else is hurt, understanding why someone else is upset). This finding supports the notion that the socialization process of emotional parentification enhances children's capacities for empathy and emotional understanding of others' emotional displays because children become highly attuned and involved in parents' emotional needs and concerns. This idea is consistent with research documenting that children of depressed mothers display increased levels of empathy, helping behaviors, and problem solving initiatives towards their mothers (Garber et al., 1991; Radke-Yarrow et al., 1994; Zahn-Waxler & Kochanska, 1990). Further, many clinicians and researchers have noted parentified children's enhanced empathy skills, sensitivity, and maturity (Barnett & Parker, 1998; Buchholz & Haynes, 1983; Robinson & Chase, 2001; Walker & Lee, 1998).

Interestingly, analyses examining the same measure of empathy and child report of EP demonstrated that, contrary to hypotheses, girls who reported more parentification in their families reported less general empathy for others. Although it was expected that girls reporting higher levels of EP would likely become more attuned to others' emotional states, it is also possible that children who are overly involved in parents' emotional needs and distress paradoxically become *less* sensitized to other's emotional states, when outside of the home context. Before drawing conclusions, it will be helpful to gain information regarding whether EP assessed through the Child Parentification Interview predicts increased child empathy, when this data is available. If child report of EP in the Child Parentification Interview corresponds with higher levels of empathy, this will provide stronger evidence for this relation.

*Emotion understanding skills related to others—awareness of maternal emotion.* As hypothesized, girls who reported more parentification in their families were more aware of maternal states of anger. In addition, parents who reported higher levels of EP in their

relationships with their daughters had daughters who were more aware of maternal states of sadness. Surprisingly, findings also indicated that girls who reported more parentification were not more aware of maternal sadness, and parents who reported higher levels of EP in mother-daughter relationships had daughters who were not more aware of maternal anger. These findings partially support the hypotheses. In terms of sadness, it may be adaptive for girls who have mothers with difficulty managing their own sadness to become more attuned to maternal sadness in order to ensure security and well-being within the family. In terms of anger, it may be adaptive for a parentified child to be more aware of maternal anger, in particular because this emotion has a negative valence and may be accompanied by dysregulated expression of anger (e.g., verbal/physical aggression) that has the potential for detrimental consequences for the stability and well-being of the family. It was somewhat surprising that child and parent report findings did not consistently hold across emotions given that parentified children were expected to display an increased awareness for both emotions of sadness and anger in their mothers. The socialization process of EP was predicted to facilitate children's emotional awareness of maternal emotion given that emotionally parentified children are closely involved in parental affect and distress and thus taught to sensitively attend to maternal emotional states. It is unclear why child report and adult report of parentification predicted children's awareness of different emotions. Given that these findings are so preliminary, future research is needed to clarify our understanding of the impact of parentification on children's emotional awareness skills. In addition, when the Child Parentification Interview data is available, it will be helpful to learn whether EP level observed in the child interview predicts increased child awareness of maternal sadness and anger. More in-depth analysis of parent and child parentification interviews may also yield interesting insight into understanding these relations.

*Emotion understanding skills related to self.* Findings partially supported the hypothesis that parentification would hinder children's emotional awareness skills related to their own emotions. As hypothesized, girls who reported more parentification in their families exhibited poorer emotional awareness. This finding suggests that emotionally parentified children may have difficulty labeling their own emotions given that they become more attuned to others' emotional states. In addition, parentified children often lack adequate emotional support and scaffolding from their parents and, as such, they may have more difficulty identifying and understanding their own emotions.

A different pattern of results emerged on the Child Meta-Emotion Interview (MEI-CV) measure of children's emotional awareness of anger and sadness. Unexpectedly, girls' report of parentification in their families related to higher levels of child awareness of sadness, but not anger. This finding is interesting in that it corresponds with other findings from this study that show a relationship between parentification and increased symptoms of depression. These findings suggest that girls who are more responsible for emotional caretaking in the family are more likely to experience depressed mood and are more aware of their states of sadness. It will be interesting if data from the Child Parentification Interview corresponds with these findings, specifically higher levels of EP relating to enhanced awareness of sadness. The null findings related to children's awareness of anger on the MEI-CV is consistent with girls' tendency to turn their anger inwardly (Broderick, 1998) and to consequently experience more internalizing versus externalizing problems (Crijnen et al., 1997; Verhulst et al., 2003). Finally, it is unclear why parental report of EP in interviews failed to predict children's awareness of sadness and anger on the MEI-CV.

### *Emotion Regulation Skills*

*Expressive reluctance.* Findings partially supported the hypothesis that parentification would predict greater expressive reluctance in children. As hypothesized, girls who reported more emotional parentification in their families also reported more reluctance in expressing emotions. That is, emotionally parentified children reported more reluctance to communicate and express emotions to others. This finding is consistent with the notion that children's focus of emotion regulation is on their caregiver's emotional state and not their own. This finding is consistent with prior research documenting higher levels of emotional constriction in parentified children (Johnston, 1990). It is possible that emotionally parentified children purposefully inhibit aspects of their emotion in order to focus on the parent's emotional condition and to avoid disruption in the mother-child relationship. This idea is supported by prior research with sexually maltreated children who reported inhibiting negative emotional expression in order to avoid interpersonal conflict within the family (Shipman, Zeman, Fitzgerald, et al., 2003). This finding also supports the notion that girls with self-focused parents likely do not receive reciprocal support to help them manage their emotional experience. Expressive reluctance may be an effective and adaptive coping/emotion regulation strategy for emotionally parentified children who may lack emotional support and assistance from their parents in managing their emotions (Thompson & Calkins, 1996). However, research with both children and adults indicates that emotional inhibition is counterproductive and results in increased emotion dysregulation (Eisenberg et al. 1998; Fabes et al., 2001; Gottman et al., 1997; Gross & Levenson, 1997). In addition, children who inhibit emotions may be less likely to receive the support and assistance they need. Given the important communicative role of emotions within social interactions, a constrained, inhibited communication style of emotion over time may lead to problems in

interpersonal relationships (Krystal & Krystal, 1988). Finally, expressive reluctance appears to strongly relate to internalizing problems, including anxiety, depression, and somatization (Penza-Clyve & Zeman, 2002), which were all reported by emotionally parentified children in the present study. Related research has also documented poor emotion expression in anxious and depressed children (Garber et al., 1991; Zeman, Shipman, & Suveg, 2002) and children with somatization problems (Garber, Walker, & Zeman, 1991).

Contrary to hypotheses, results from parent interview data indicated that higher levels of EP in mother-daughter relationships related to lower, versus higher, levels of expressive reluctance. More specifically, parents who reported engaging in more EP with their daughters had children who reported less reluctance to communicate and express negative emotions to others. It is unclear how to interpret this finding. It is possible that the differences in how EP was assessed (parent interview versus child self-report) partially account for this finding. Before drawing firm conclusions, it will be important to gain information regarding how children's perceptions of EP on the Child Parentification Interview relate to emotional expressiveness in children.

*Dysregulated expression.* Findings partially supported the hypothesis that parentification would predict greater dysregulated expression of emotion in children. As hypothesized, girls' reports of parentification significantly predicted higher levels of dysregulated expression for sadness, but not anger. Thus, children who reported having more parentified roles and responsibilities in their families, especially emotional caregiving responsibilities, reported more difficulties expressing sadness in constructive ways (e.g., moping, whining, fussing). These relations did not hold with regard to parent's reports of EP from the interview. When interpreting these findings, it is interesting that children who reported more EP in their families consistently



reported problems related to sadness. The combination of findings from this study suggest that emotionally parentified children appear more aware of their own internal states of sadness as well as their mothers' experience of sadness and experience more symptoms of depression. Further, emotionally parentified children perceive themselves as more reluctant to express sadness and more apt to manage sadness in culturally inappropriate ways (e.g., moping, whining). Although these findings may seem discrepant, they are consistent with prior research documenting that when children and adults inhibit their emotions, it paradoxically increases their distress level and leads to more emotion dysregulation (Buck, 1984; Eisenberg et al. 1998; Fabes et al., 2001; Gottman et al., 1997; Gross & Levenson, 1997; Zeman et al., 2002). The development of such emotion dysregulation patterns in childhood may lead to development of psychopathology (Cole et al., 1994).

*Negativity/lability.* Contrary to hypotheses, child report and parent report of parentification failed to predict levels of mood negativity/lability on the parent report measure. This finding is somewhat surprising given that girls reported being more dysregulated with regard to sadness. A possible explanation for these findings is that parents fail to notice their children's difficulties regulating sadness or children are over-reporting their dysregulated behaviors.

### *Mediation*

#### *Emotional Parentification and Child Internalizing Problems*

Contrary to hypotheses, children's deficits in emotional understanding and emotion regulation failed to mediate the relation found between emotional parentification (EP) and child internalizing problems. That is, although emotionally parentified children were found to be (a) less aware of their emotions, (b) more reluctant to express their emotions, and (c) more likely to

express sadness in dysregulated, culturally inappropriate ways, these variables did not account for the relations between EP and higher levels of depression and anxiety in children. Findings did indicate, however, that both EP and children's emotional awareness were important factors in predicting children's depressive and anxious symptoms. This was apparent given that EP predicted poorer emotional awareness, poorer awareness predicted more symptoms of depression and anxiety, and EP and poor awareness were both significant predictors of depressive and anxious symptomatology when considered together. The importance of children's emotional awareness skills to psychological adjustment has been well documented (e.g., Halberstadt, Denham, & Dunsmore, 2001; Saarni, 1999), and prior normative research has documented specific links between emotion awareness deficits and children's experience of internalizing problems (Penza-Clyve & Zeman, 2002; Zeman et al., 2002). Some literature suggests that children's emotional awareness skills may moderate their vulnerability to psychopathology by providing them with important information needed to develop effective problem-solving strategies (Southam-Gerow & Kendall, 2000).

#### *Limitations and Future Research Directions*

This study significantly contributes to the understanding of the impact of emotional parentification on children's psychological adjustment and emotion management skills, but it is important to note its limitations. The sample was comprised only of girls, given that they appear more vulnerable to parentification. However, it will be important for future studies to involve boys and girls to examine gender differences related to the impact of emotional parentification on child psychological adjustment and emotion management skills. This study was one of the few involving an ethnically diverse community sample of families characterized by a significant number of stressors (e.g., single parenthood, unemployment, financial stress). This sample

provided a relevant context for studying the process of parentification. Further research with both normative and clinical populations of children at different developmental levels is needed to learn more about the impact of emotional parentification on children's emotional development. In addition, this research should focus on school-age children given that this age group has received little attention in the literature.

Emotional parentification is a complex process that requires comprehensive, multi-method assessment. This study included a multi-method approach to assessing parentification which led to the development of a new structured clinical interview to assess emotional parentification in parent-child relationships. Unfortunately, our results were inconsistent and it may be that different types of measures tap into different aspects of this process and that simple self-report measures are less likely to assess this construct adequately. It will be very interesting to code the Child Parentification Interview data and mother-child observational data to further understand the relations between emotional parentification, internalizing problems, and emotion management skills. Given that the use of parallel or equivalent measures across informants enhances parent-child correspondence (Epkins, 1993; Epkins & Myers, 1994), it will be particularly beneficial to compare findings from the child and parent parentification interviews, which paralleled each other in format, structure, and content. An important next step is assessing the validity of these measures, as the field of parentification research is lacking reliable, comprehensive measures of parentification.

The present study took a preliminary step towards examining emotion management skills (i.e., emotional awareness, emotion regulation) as potential underlying processes accounting for parentified children's adjustment problems. Within the parentification literature, researchers have typically focused on the psychosocial correlates and outcomes of childhood parentification,

without examining the processes in emotional development that may underlie these outcomes. A large body of clinical literature exists speculating the effects of emotional parentification on children's emotional development. However, little to no attention has focused on identifying aspects of children's emotion management skills that are influenced by emotional parentification. From a developmental psychopathology perspective (Cicchetti & Toth, 1995), examining factors in the parent-child relationship that foster and/or interfere with competent socioemotional development and how certain developmental processes relate to psychological adjustment is an important focus of research. Thus, it will be important for future studies to explore other potential mediating and moderating factors of the relation between emotional parentification and internalizing problems in children.

Finally, the analysis and coding of parent interviews suggested that parents who are self-focused and who primarily seek emotional support from their children appear to lack alternative emotion regulation strategies. Unfortunately, this study lacked a measure assessing parent's emotion regulation skills. Future research should assess this area of emotional functioning in parents. Further, although it appears likely that parents who parentify their children do not adequately attend to their children's emotional needs, it will be important to further assess this assumption. For example, assessing children's perceived level of parental support and assistance in the face of child distress will be important in order to learn more about the socialization of emotion in parentifying families.

#### *Implications for Intervention*

Although this study's findings are preliminary, the information gained has important clinical implications. Findings from parent interviews suggest that it may be beneficial to provide parents with psycho-education focused on the effects of parentification, children's

developmental needs, facilitation of healthy emotional development, and child perspective taking. Family-focused prevention and intervention programs (e.g., AFFECT program; Shipman & Fitzgerald, 2005) aimed at teaching parents how to communicate with their children about emotionally arousing situations (e.g., family stress, conflict) in a child-focused, validating manner may be particularly useful for this population.

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## APPENDIX A

1. Parentification Questionnaire-Youth (PQ-Y)
2. Parentification Interview-Adult Version (PI-Adult Version)
3. Empathy Index for Children and Adolescents
4. Emotion Expression Scale for Children (EESC)
5. Meta-Emotion Interview-Child Version (MEI-CV)-Child Awareness/Parent Awareness
6. The Children's Emotion Management Scales (CEMS)-sadness
7. The Children's Emotion Management Scales (CEMS)-anger
8. Emotion Regulation Checklist (ERC)
9. The Behavior Assessment System for Children-Parent Rating Scales (BASC-PRS) (6-11 Version, 12-18 Version)
10. The Children's Depression Inventory (CDI)
11. Reynolds' Children's Manifest Anxiety Scale (RCMAS)
12. Beck Depression Inventory-II (BDI-II)
13. Brief Symptom Inventory (BSI)
14. Substance Use Questionnaire
15. Family Information Sheet



### Parentification Questionnaire-Youth Version (PQ-Y)

I'm going to read a list of statements that may describe life in your family now. If you pretty much agree with the statement, say "yes." If you don't agree, say "no."

- Y N*        1. I often have to do other family members' chores.
- Y N*        2. I seem to get the blame for most of what happens in my family.
- Y N*        3. I often feel like an outsider in my family.
- Y N*        4. I feel there's enough problems at home; so I don't want to cause more.
- Y N*        5. I'm often asked to do more than my share of the work in my family.
- Y N*        6. I often feel like a referee in my family.
- Y N*        7. It often seems that no one in my family pays attention to my feelings.
- Y N*        8. It's OK to tell people in my family how I feel.
- Y N*        9. I'm told that I act older than my age.
- Y N*        10. I feel I'm asked too often to take care of some other family member.
- Y N*        11. It seems that people in my family bring me their problems.
- Y N*        12. I often do extra housework to help my parents.
- Y N*        13. My family notices that I give-up a lot of things for them.
- Y N*        14. My parents are very helpful to me when I have a problem.
- Y N*        15. I feel my family understands me pretty well.
- Y N*        16. My parents seem to disagree about everything.
- Y N*        17. I often feel more like an adult than a child in my family.
- Y N*        18. The chores are shared equally in my family.
- Y N*        19. I do a lot of the cooking at home.

Y N 20. I have to help a lot with the family bills.

**\*note: underlined numbers represent the 10 items in the *Emotional Parentification Subscale***

**Parentification Interview-Adult Version (PI-Adult Version)**

*Now, I'm going to ask you some questions about your relationship with your daughter...*

***Begin Audiotape***

1. How do you describe your relationship with your child?

2. What do you do together for fun?

▪ ***Qualities of P-process: how, what, when, why***

3. When stressful things happen in families, or when parents get feel upset, they (sometimes/often) go to different people to talk about it to try to feel better (it could be with a neighbor, partner, your child)

When I say stressful situations. It could be:

- When someone in your family was not getting along or upset about something
- When someone in your family was sick, in the hospital, or past away
- When someone in the family went away, had to leave home, moved out (maybe b/c of divorce, going to jail)
- Money worries in the family

4. In these kinds of situations, Who do you turn to? list \_\_\_\_\_  
go to F-U (if child is not mentioned....4a.)

4a. Some parents turn to their children when they feel upset/get stressed out. Do you ever go to your child? \_\_\_\_\_

F-U 4a.: When?/At what times do you turn to your child? \_\_\_\_\_

When you go to your child, what does she do? How does she respond? Then what do you do?

4b. Provide specific example -- Try to think of a time when you went to your child when you felt upset (this could be mad, sad, scared)—(*get details of situation--how the child responded, how the mom responded*)...

4c. When/and if you go to your child, is your child a good listener? Does she/he give good advice/help you solve problems? What kinds of problems does she help you solve?)

4d. How do you feel when you turn to your child? How do you feel *after* you go to him/her (Does this help you)? How do you think your child feels when you turn to him/her?

4e. Do you think this might help your child in any way? If so, how? Is there anything you would like to teach your children by going to them? (*e.g., if no response...such as to help prepare them for adulthood*)? If so, what?

4e. Do you ever think going to your child is not so good? If so, when? Are there any times that you would not go to your child? (*if "yes," What times? Get exs.*)

5. Some parents say that they want to be their kid's best friend and other parents see it differently? How do you see it?

### Conflict

6. When moms and dads/partners have arguments or get into fights, sometimes kids get involved. Does your child ever get involved? How? What happens? (get details... how does child get involved—what does she (child) do or say? What do you do/say in response to your child?) Are there any other ways she'll get involved? (*to assess how often, use "never, once in a while, often, most times, all the time" if they hesitate*)

7. After having an argument or fight, even if your child wasn't there/or didn't get involved, do you ever go to her for support/help/advice/comfort)? Some moms do. (if "yes", provide an example). If so, how does it make you feel? (*if no response, prompt, "better, worse?"*)

8. Does your child ever try to comfort you (help you feel better) when you feel down/upset after an argument/or fight with your partner/spouse? (If so, how? what does she do, what does she say? What do you do in response) How does that make you feel? Do you think your child should comfort you in these ways (*refer to what they said*), or not so much (*we are trying to understand if they encourage or discourage this behavior*)?

### Empathy Index for Children and Adolescents

Directions: I'm going to read a list of sentences that tell how some people think and feel. If you think the sentence describes you, circle "yes, like me." If you think the sentence does not describe you, then circle, "no, not like me." There are no right or wrong answers. Let's practice.

For practice: I like ice cream.	<i>YES, like me</i>	<i>NO, not like me</i>
---------------------------------	---------------------	------------------------

I don't like soap in my eyes	<i>YES, like me</i>	<i>NO, not like me</i>
------------------------------	---------------------	------------------------

1. It makes me sad to see a girl who can't find anyone to play with. *YES, like me* *NO, not like me*
2. People who kiss and hug in public are silly. *YES, like me* *NO, not like me*
3. Boys who cry because they are happy are silly. *YES, like me* *NO, not like me*
4. I really like to watch people open presents, even when I don't get a present myself. *YES, like me* *NO, not like me*
5. Seeing a boy who is crying makes me feel like crying. *YES, like me* *NO, not like me*
6. I get upset when I see a girl being hurt *YES, like me* *NO, not like me*
7. Even when I don't know why someone is laughing, I laugh too. *YES, like me* *NO, not like me*
8. Sometimes I cry when I watch TV. *YES, like me* *NO, not like me*
9. Girls who cry because they are happy are silly. *YES, like me* *NO, not like me*
10. It's hard for me to see why someone else gets upset. *YES, like me* *NO, not like me*
11. I get upset when I see an animal being hurt. *YES, like me* *NO, not like me*
12. It makes me sad to see a boy who can't find anyone to play with. *YES, like me* *NO, not like me*
13. Some songs make me so sad I feel like crying. *YES, like me* *NO, not like me*
14. I get upset when I see a boy being hurt. *YES, like me* *NO, not like me*
15. Grown-ups sometimes cry even when they have nothing to be sad about. *YES, like me* *NO, not like me*

16. Its silly to treat dogs and cats as though they have feelings like people.

*YES, like me NO, not like me*

17. I get mad when I see a classmate pretending to need help from the teacher all the time.

*YES, like me NO, not like me*

18. Kids who have no friends probably don't want any.

*YES, like me NO, not like me*

19. Seeing a girl who is crying makes me feel like crying.

*YES, like me NO, not like me*

20. I think it is funny that some people cry during a sad movie or while reading a sad book.

*YES, like me NO, not like me*

21. I am able to eat all my cookies even when I see someone looking at me wanting one.

*YES, like me NO, not like me*

22. I don't feel upset when I see a classmate being punished by a teacher for not obeying school rules.

*YES, like me NO, not like me*

## Emotion Expression Scale for Children (EESC)

Emotion Expression Scale for Children (EESC)  
(Penza-Clyve & Zeman, 2002)

**Instructions:** I am going to read some sentences. For each one, I want you to tell me how true the sentence is for you. Circle the number that goes with how true the sentence is for you. The number 1 means that the sentence is not at all true for you; 2 means that the sentence is a little true for you, 3 means somewhat true, 4 means very true, and 5 means extremely true for you.

		Not at All True	A Little True	Somewhat True	Very True	Extremely True
1	I prefer to keep my feelings to myself.	1	2	3	4	5
2	I do not like to talk about how I feel.	1	2	3	4	5
3	When something bad happens, I feel like exploding.	1	2	3	4	5
4	I don't show how I really feel in order not to hurt others' feelings.	1	2	3	4	5
5	I have feelings that I can't figure out.	1	2	3	4	5
6	I usually do not talk to people until they talk to me first.	1	2	3	4	5
7	When I get upset, I am afraid to show it.	1	2	3	4	5
8	When I feel upset, I do not know how to talk about it.	1	2	3	4	5
9	I often do not know how I am feeling.	1	2	3	4	5
10	People tell me I should talk about my feelings more often.	1	2	3	4	5
11	Sometimes I just do not have the words to describe how I feel.	1	2	3	4	5
12	When I'm sad, I try not to show it.	1	2	3	4	5
13	Other people don't like it when you show how you really feel.	1	2	3	4	5
14	I know I should show my feelings, but it is too hard.	1	2	3	4	5
15	I often do not know why I am angry.	1	2	3	4	5
16	It is hard for me to show how I feel about somebody.	1	2	3	4	5

**Meta-Emotion Interview-Child Version (MEI-CV)**  
**Child Awareness/Parent Awareness**

**Introduction**

**Interviewer (I):** We are going to ask you some questions about how you feel about different emotions/feelings (like sad/mad). What we are looking for is your natural responses to the questions-whatever you think. There are no right or wrong answers we just want to know what you really think. Again, there are no right or wrong answers. Okay...I am going to be asking you about your feelings. How you experience different feelings and how you feel about feelings in general. Do you have any questions?

Note to Interviewer- **AUDIO RECORD** this instead of trying to write things down. Be sure the recorder is picking up the child's voice.

**I: Let's talk about feeling angry.**

- What is it like for you to be angry? (Do you ever feel angry?) How often do you feel angry (every day? most days? only a few days?; never... a little... some...most of the time).
- What would you look like, what would I see if I saw you angry? Could I tell you were angry?
- Are there any physical sensations (way your body feels) that you have when you're angry? (*If they don't understand, "like any way your tummy, head, or other part of your body feels?"*)
- What do you think about when you're angry? Are there any thoughts or pictures that go through your mind?
- Is there anything you do to try to get over feeling angry (to make yourself feel better)? Does this help? How long would it take for you to feel better?
- What kinds of things make you feel angry?
- Tell me about a time you felt angry? (Then what happened?) (how long ago did that happen/we want recent example)
- What do you think about anger in general? (Do you think its okay to feel angry/mad or not so much...)

**II: Let's talk about when your mother feels angry.**

- What is it like when your mother is angry? (Does she ever feel angry?) How much of the time is she angry (every day? most days? few days? never... a little... some... most of the time)?
- What does your mom look like when she's angry? (what do you see when she's angry?) Can you tell when your mother is angry? How?
- Are there any physical sensations your mom has when she's angry? (ways her body feels)
- What do you think your mom thinks about when she is angry? (What pictures or thoughts go through her mind?)

- What kinds of things make your mom feel angry?
- Can you give me a recent example of when she felt angry? (Then what happened?)
- What is it like for you when she is angry?
- What do you think your mom thinks about anger (in general)? (Does she think its okay to feel angry...or not so much)
- What have you learned from your mom about anger?

**I: Let's talk about feeling sad.**

- What is it like for you to be sad? (Do you ever feel sad?) How often do you feel sad (every day? most days? only a few days?; never... a little... some...most of the time).
- What would you look like, what would I see if I saw you sad? Could I tell you were sad?
- Are there any physical sensations (way your body feels) that you have when you're sad? (*If they don't understand, "like any way your tummy, head, or other part of your body feels?"*)
- What do you think about when you're sad? Are there any thoughts or pictures that go through your mind?
- Is there anything you do to try to get over feeling sad (to make yourself feel better)? Does this help? How long would it take for you to feel better?
- What kinds of things make you feel sad?
- Tell me about a time you felt sad? (Then what happened?) (how long ago did that happen/we want recent example)
- What do you think about sadness in general? (Do you think its okay to feel sad or not so much...)

**II: Let's talk about when your mother feels sad.**

- What is it like when your mother is sad? (Does she ever feel sad?) How much of the time is she sad (every day? most days? few days? never... a little... some... most of the time)?
- What does your mom look like when she's sad? (what do you see when she's sad?) Can you tell when your mother is sad? How?
- Are there any physical sensations your mom has when she's sad? (ways her body feels)
- What do you think your mom thinks about when she is sad? (What pictures or thoughts go through her mind?)
- What kinds of things make your mom feel sad?
- Can you give me a recent example of when she felt sad? (Then what happened?)
- What is it like for you when she is sad?
- What do you think your mom thinks about sadness (in general)? (Does she think its okay to feel sad...or not so much)
- What have you learned from your mom about sadness?



### The Children's Emotion Management Scales (CEMS)-sadness

I am going to read you a list of statements.  
These are all going to be about sadness.

#### Children's Sadness Management Scale (CEMS-sadness)

1. I can control my crying and carrying on.	Hardly ever 1	Sometimes 2	Often 3
2. I show my sadness.	Hardly ever 1	Sometimes 2	Often 3
3. I hold my sad feelings in.	Hardly ever 1	Sometimes 2	Often 3
4. I talk to someone until I feel better.	Hardly ever 1	Sometimes 2	Often 3
5. I do things like mope around when I'm sad.	Hardly ever 1	Sometimes 2	Often 3
6. I hide my sadness.	Hardly ever 1	Sometimes 2	Often 3
7. I stay calm and don't let sad things get to me.	Hardly ever 1	Sometimes 2	Often 3
8. I try to get rid of anything that makes me very sad.	Hardly ever 1	Sometimes 2	Often 3
9. I get sad inside but I don't show it.	Hardly ever 1	Sometimes 2	Often 3
10. I do something totally different until I calm down.	Hardly ever 1	Sometimes 2	Often 3
11. I whine/fuss about what's making me sad.	Hardly ever 1	Sometimes 2	Often 3
12. I can stop myself from losing control of my sad feelings.	Hardly ever 1	Sometimes 2	Often 3
13. I try to calmly deal with what is making me sad.	Hardly ever 1	Sometimes 2	Often 3
14. I cry and carry on when I'm sad.	Hardly ever 1	Sometimes 2	Often 3
15. I'm afraid to show my sadness.	Hardly ever 1	Sometimes 2	Often 3

### The Children's Emotion Management Scales (CEMS)-anger

20 26 50 I am going to read you a list of statements, these are all going to be about ANGER

#### Children's Anger Management Scale (CEMS-Anger)

1. I control my temper.	Hardly ever 1	Sometimes 2	Often 3
2. I show my anger.	Hardly ever 1	Sometimes 2	Often 3
3. I hold my anger in.	Hardly ever 1	Sometimes 2	Often 3
4. I talk to someone until I feel better.	Hardly ever 1	Sometimes 2	Often 3
5. I do things like slam doors when I'm mad.	Hardly ever 1	Sometimes 2	Often 3
6. I hide my anger.	Hardly ever 1	Sometimes 2	Often 3
7. I keep my cool/stay calm.	Hardly ever 1	Sometimes 2	Often 3
8. I attack whatever it is that makes me very angry.	Hardly ever 1	Sometimes 2	Often 3
9. I get mad inside but I don't show it.	Hardly ever 1	Sometimes 2	Often 3
10. I do something totally different until I calm down.	Hardly ever 1	Sometimes 2	Often 3
11. I say mean things.	Hardly ever 1	Sometimes 2	Often 3
12. I can stop myself from losing my temper.	Hardly ever 1	Sometimes 2	Often 3
13. I try to calmly settle the problem.	Hardly ever 1	Sometimes 2	Often 3
14. I lose my temper.	Hardly ever 1	Sometimes 2	Often 3
15. I'm afraid to show my anger.	Hardly ever 1	Sometimes 2	Often 3

### Emotion Regulation Checklist (ERC)

1. Is a cheerful child.

1	2	3	4
Never	Sometimes	Often	Always

2. Shows wide mood swings (for example, the child's emotion is difficult to anticipate because s/he moves quickly from a very positive or neutral to very negative emotional states).

1	2	3	4
Never	Sometimes	Often	Always

3. Responds positively to neutral or friendly overtures by adults.

1	2	3	4
Never	Sometimes	Often	Always

4. Transitions/moves well from one activity to another (for example, does not become anxious, angry, or overly excited when moving from one activity to another).

1	2	3	4
Never	Sometimes	Often	Always

5. Can recover quickly from upset or distress (for example, does not pout or remain anxious or sad after emotionally distressing events).

1	2	3	4
Never	Sometimes	Often	Always

6. Is easily frustrated.

1	2	3	4
Never	Sometimes	Often	Always

7. Responds positively to neutral or friendly overtures by peers.

1	2	3	4
Never	Sometimes	Often	Always

8. Is prone to angry outbursts/tantrums easily.

1	2	3	4
Never	Sometimes	Often	Always

9. Is able to delay gratification/put off or wait for something that s/he really wants to do.

1	2	3	4
Never	Sometimes	Often	Always

10. Takes pleasure in the distress of others (for example, laughs when another person gets hurt or punished; enjoys teasing others).

1	2	3	4
Never	Sometimes	Often	Always

11. Can control excitement in emotionally arousing situations (for example, does not get 'carried away' in high energy play situations, or overly excited in appropriate contexts).

1	2	3	4
Never	Sometimes	Often	Always

12. Is whiny or clingy with adults.

1	2	3	4
Never	Sometimes	Often	Always

13. Is prone to disruptive/problematic outbursts of energy or excitement.
- |       |           |       |        |
|-------|-----------|-------|--------|
| 1     | 2         | 3     | 4      |
| Never | Sometimes | Often | Always |
14. Responds angrily to limit-setting by adults.
- |       |           |       |        |
|-------|-----------|-------|--------|
| 1     | 2         | 3     | 4      |
| Never | Sometimes | Often | Always |
15. Can say when s/he is feeling sad, mad, fearful, or afraid.
- |       |           |       |        |
|-------|-----------|-------|--------|
| 1     | 2         | 3     | 4      |
| Never | Sometimes | Often | Always |
16. Seems sad or lacks much energy/interest in doing things.
- |       |           |       |        |
|-------|-----------|-------|--------|
| 1     | 2         | 3     | 4      |
| Never | Sometimes | Often | Always |
17. Is overly excitable when attempting to engage others in play (gets overly excited when trying to get others to play with him/her).
- |       |           |       |        |
|-------|-----------|-------|--------|
| 1     | 2         | 3     | 4      |
| Never | Sometimes | Often | Always |
18. Displays flat affect/emotion (for example, expression doesn't show much feeling, child seems emotionally absent).
- |       |           |       |        |
|-------|-----------|-------|--------|
| 1     | 2         | 3     | 4      |
| Never | Sometimes | Often | Always |
19. Responds negatively to neutral or friendly overtures by peers (for example, speaks in an angry tone of voice or responds angrily).
- |       |           |       |        |
|-------|-----------|-------|--------|
| 1     | 2         | 3     | 4      |
| Never | Sometimes | Often | Always |
20. Is impulsive (responds quickly without thinking).
- |       |           |       |        |
|-------|-----------|-------|--------|
| 1     | 2         | 3     | 4      |
| Never | Sometimes | Often | Always |
21. Is empathic towards others; shows concern or sadness when others are upset or distressed.
- |       |           |       |        |
|-------|-----------|-------|--------|
| 1     | 2         | 3     | 4      |
| Never | Sometimes | Often | Always |
22. Displays excessive energy or excitement that others find intrusive or disruptive.
- |       |           |       |        |
|-------|-----------|-------|--------|
| 1     | 2         | 3     | 4      |
| Never | Sometimes | Often | Always |
23. Displays appropriate negative emotion (for example, anger, fear, frustration, distress) in response to hostile, aggressive, or intrusive acts by peers.
- |       |           |       |        |
|-------|-----------|-------|--------|
| 1     | 2         | 3     | 4      |
| Never | Sometimes | Often | Always |
24. Displays negative emotion when attempting to engage others in play.
- |       |           |       |        |
|-------|-----------|-------|--------|
| 1     | 2         | 3     | 4      |
| Never | Sometimes | Often | Always |

## The Behavior Assessment System for Children-Parent Rating Scale (BASC-PRS) 6-11Version

Please read each phrase and mark the response that describes how this child has acted over the last six months. If the child's behavior has changed a great deal during this period, describe the child's recent behavior.

Page 3

Mark N if the behavior <b>never</b> occurs	Mark O if the behavior <b>often</b> occurs.
Mark S if the behavior <b>sometimes</b> occurs.	Mark A if the behavior <b>almost always</b> occurs.

Please mark every item. If you don't know or are unsure, give your best estimate, based on your own observations. A "Never" response does not mean that a child "never" engages in a behavior, only that you have not observed the child to behave that way. If you wish to change an answer, erase the first answer completely, then mark your new answer.

- |                                                            |                                                                    |
|------------------------------------------------------------|--------------------------------------------------------------------|
| 1. Adjusts well to new teachers                            | 35. Has eye problems                                               |
| 2. Threatens to hurt others                                | 36. Is easily soothed when angry                                   |
| 3. Worries                                                 | 37. Teases others                                                  |
| 4. Listens to directions                                   | 38. Worries about what parents think                               |
| 5. Rocks back and forth for long periods of time           | 39. Forgets things                                                 |
| 6. Runs away from home                                     | 40. Repeats one activity over and over                             |
| 7. Says, "I don't have any friends."                       | 41. Uses foul language                                             |
| 8. Cannot wait to take turn                                | 42. Says, "Nobody understands me."                                 |
| 9. Attends after-school activities                         | 43. Needs too much supervision                                     |
| 10. Says, "please" and "thank you"                         | 44. Is a "self-starter"                                            |
| 11. Complains of shortness of breath                       | 45. Has a sense of humor                                           |
| 12. Readily starts up conversations with new people        | 46. Complains of pain                                              |
| 13. Plays with fire                                        | 47. Avoids competing with other children                           |
| 14. "Shows off"                                            | 48. Gets upset when plans are changed                              |
| 15. Is too serious                                         | 49. Argues with parents                                            |
| 16. Wets bed                                               | 50. Says, "I get nervous during tests" or "Tests make me nervous." |
| 17. Tries to hurt self                                     | 51. Is easily distracted                                           |
| 18. Has friends who are in trouble                         | 52. Picks at things like own hair, nails, or clothing              |
| 19. Says, "I want to kill myself."                         | 53. Shows a lack of concern for others' feelings                   |
| 20. Leaves seat during meals                               | 54. Is easily frustrated                                           |
| 21. Joins clubs or social groups                           | 55. Is restless during movies                                      |
| 22. Encourages others to do their best                     | 56. Has lots of ideas                                              |
| 23. Complains of dizziness                                 | 57. Volunteers to help with things                                 |
| 24. Will change direction to avoid having to greet someone | 58. Vomits                                                         |
| 25. Dares other children to do things                      | 59. Is shy with other children                                     |
| 26. Stutters                                               | 60. Is a "sore loser"                                              |
| 27. Says, "I'm afraid I'll hurt someone."                  | 61. Tries too hard to please others                                |
| 28. Is in trouble with the police                          | 62. Daydreams                                                      |
| 29. Cries easily                                           | 63. Has to stay after school for punishment                        |
| 30. Throws tantrums                                        | 64. Is easily upset                                                |
| 31. Uses medication                                        | 65. Fiddles with things while at meals                             |
| 32. Congratulates others when good things happen to them   | 66. Is good at getting people to work together                     |
| 33. Complains of being cold                                | 67. Uses appropriate table manners                                 |
| 34. Hits other children                                    | 68. Has ear infections                                             |

Please Go On To Page 4

Remember:      **N** - Never      **S** - Sometimes      **O** - Often      **A** - Almost Always

69. Has toileting accidents      **N S O A**
70. Makes frequent visits to the doctor      **N S O A**
71. Adjusts well to changes in routine      **N S O A**
72. Is critical of others      **N S O A**
73. Is afraid of dying      **N S O A**
74. Gives up easily when learning something new      **N S O A**
75. Seems out of touch with reality      **N S O A**
76. Lies to get out of trouble      **N S O A**
77. Complains about not having friends      **N S O A**
78. Interrupts others when they are speaking      **N S O A**
79. Is creative      **N S O A**
80. Makes suggestions without offending others      **N S O A**
81. Has headaches      **N S O A**
82. Refuses to join group activities      **N S O A**
83. Shares toys or possessions with other children      **N S O A**
84. Complains about rules      **N S O A**
85. Worries about things that cannot be changed      **N S O A**
86. Completes homework from start to finish without taking a break      **N S O A**
87. Eats things that are not food      **N S O A**
88. Gets into trouble in the neighborhood      **N S O A**
89. Changes mood quickly      **N S O A**
90. Is overly active      **N S O A**
91. Gives good suggestions for solving problems      **N S O A**
92. Politely asks for help      **N S O A**
93. Has allergic reactions      **N S O A**
94. Shows fear of strangers      **N S O A**
95. Breaks other children's things      **N S O A**
96. Worries about what teachers think      **N S O A**
97. Complains about being unable to block out unwanted thoughts      **N S O A**
98. Gets in trouble      **N S O A**
99. Says, "I want to die" or "I wish I were dead."      **N S O A**
100. Has seizures      **N S O A**
101. Is usually chosen as a leader      **N S O A**
102. Compliments others      **N S O A**
103. Gets sick      **N S O A**
104. Begins conversations appropriately      **N S O A**
105. Is a 'good sport'      **N S O A**
106. Calls other children names      **N S O A**
107. Says, "I'm afraid I will make a mistake."      **N S O A**
108. Completes work on time      **N S O A**
109. Plays in toilet      **N S O A**
110. Has been suspended from school      **N S O A**
111. Says, "Nobody likes me."      **N S O A**
112. Makes loud noises when playing      **N S O A**
113. Will speak up if the situation calls for it      **N S O A**
114. Responds when spoken to      **N S O A**
115. Has difficulty breathing      **N S O A**
116. Avoids other children      **N S O A**
117. Adjusts well to changes in family plans      **N S O A**
118. Argues when denied own way      **N S O A**
119. Says, "I'm not very good at this."      **N S O A**
120. Listens attentively      **N S O A**
121. Hears sounds that are not there      **N S O A**
122. Lies      **N S O A**
123. Is sad      **N S O A**
124. Climbs on things      **N S O A**
125. Makes decisions easily      **N S O A**
126. Tries to bring out the best in other people      **N S O A**
127. Complains of heart beating too fast      **N S O A**
128. Clings to parent in strange surroundings      **N S O A**
129. Is cruel to animals      **N S O A**
130. Worries about schoolwork      **N S O A**
131. Sees things that are not there      **N S O A**
132. Sleeps with parents      **N S O A**
133. Says, "I'm so ugly."      **N S O A**
134. Has a hearing problem      **N S O A**
135. Is energetic      **N S O A**
136. Shows interest in others' ideas      **N S O A**
137. Has stomach problems      **N S O A**
138. Offers help to other children      **N S O A**

## The Behavior Assessment System for Children-Parent Rating Scale (BASC-PRS) 12-18 Version



### PRS-A (12 - 18)

### Computer Entry Form

Cecil R. Reynolds and Randy W. Kamphaus

Child's name _____			Your name _____		
First	Middle	Last	First	Middle	Last
Date _____		Birth date _____		Age _____	
Month	Day	Year	Month	Day	Year
School _____			Grade _____		
Sex: <input type="checkbox"/> Female <input type="checkbox"/> Male			Relationship to child: <input type="checkbox"/> Mother <input type="checkbox"/> Father		
Sex: <input type="checkbox"/> Female <input type="checkbox"/> Male. Other data _____			<input type="checkbox"/> Guardian <input type="checkbox"/> Other _____		

#### Instructions

On both sides of this form are phrases that describe how children may act. Please read each phrase and mark the response that describes how this child has acted over the last six months. If the child's behavior has changed a great deal during this period, describe the child's recent behavior.

**Please mark every item.** If you don't know or are unsure, give your best estimate.

Before starting, please provide the information requested in the box at the top of the page.

#### How to Mark Your Responses

Be certain to circle completely the letter you choose, like this: N **(S)** O A

If you wish to change a response, mark an X through it and circle your new choice, like this: N ~~(S)~~ **(O)** A

Circle **N** if the behavior **never** occurs.  
 Circle **S** if the behavior **sometimes** occurs.  
 Circle **O** if the behavior **often** occurs.  
 Circle **A** if the behavior **almost always** occurs.

- |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| <ol style="list-style-type: none"> <li>1. Compliments others . . . . . N S O A</li> <li>2. Bullies others . . . . . N S O A</li> <li>3. Has trouble getting to sleep . . . . . N S O A</li> <li>4. Forgets things . . . . . N S O A</li> <li>5. Sees things that are not there . . . . . N S O A</li> <li>6. Is in trouble with the police . . . . . N S O A</li> <li>7. Says, "I want to kill myself." . . . . . N S O A</li> <li>8. Needs too much supervision . . . . . N S O A</li> <li>9. Is creative . . . . . N S O A</li> <li>10. Complains of shortness of breath . . . . . N S O A</li> <li>11. Avoids competing with other adolescents . . . . . N S O A</li> <li>12. Begins conversations appropriately . . . . . N S O A</li> <li>13. Dares other children to do things . . . . . N S O A</li> <li>14. Says, "I'm not very good at this." . . . . . N S O A</li> <li>15. Stutters . . . . . N S O A</li> <li>16. Has strange ideas . . . . . N S O A</li> <li>17. Steals at home . . . . . N S O A</li> <li>18. Complains about being teased . . . . . N S O A</li> <li>19. Is restless during movies . . . . . N S O A</li> <li>20. Makes decisions easily . . . . . N S O A</li> <li>21. Complains of being cold . . . . . N S O A</li> <li>22. Will change direction to avoid having to greet someone . . . . . N S O A</li> </ol> | <ol style="list-style-type: none"> <li>23. Encourages others to do their best . . . . . N S O A</li> <li>24. Orders others around . . . . . N S O A</li> <li>25. Says, "I'm afraid I will make a mistake." . . . . . N S O A</li> <li>26. Plays with fire . . . . . N S O A</li> <li>27. Runs away from home overnight . . . . . N S O A</li> <li>28. Pouts . . . . . N S O A</li> <li>29. Acts without thinking . . . . . N S O A</li> <li>30. Is energetic . . . . . N S O A</li> <li>31. Complains of chest pain . . . . . N S O A</li> <li>32. Drinks alcoholic beverages . . . . . N S O A</li> <li>33. Politely asks for help . . . . . N S O A</li> <li>34. Is a "sore loser" . . . . . N S O A</li> <li>35. Is nervous. . . . . N S O A</li> <li>36. Has a short attention span . . . . . N S O A</li> <li>37. Seems out of touch with reality . . . . . N S O A</li> <li>38. Smokes or chews tobacco . . . . . N S O A</li> <li>39. Cries easily . . . . . N S O A</li> <li>40. Throws tantrums . . . . . N S O A</li> <li>41. Has lots of ideas . . . . . N S O A</li> <li>42. Complains of dizziness . . . . . N S O A</li> <li>43. Is shy with adults . . . . . N S O A</li> <li>44. Responds when spoken to . . . . . N S O A</li> <li>45. Argues when denied own way . . . . . N S O A</li> </ol> |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|

If this form is not printed with green ink on white paper, it is not an original and may be an illegal photocopy.

Continue on the back ➡

**Remember: N – Never S – Sometimes O – Often A – Almost always**

46. Gets ill before a major school test	N	S	O	A	86. Is shy with other adolescents	N	S	O	A
47. Completes work on time	N	S	O	A	87. Volunteers to help with things	N	S	O	A
48. Stares blankly	N	S	O	A	88. Is cruel to animals	N	S	O	A
49. Complains about police or other law enforcement officers	N	S	O	A	89. Sleeps with parents	N	S	O	A
50. Says, "I hate myself."	N	S	O	A	90. Eats things that are not food	N	S	O	A
51. Cannot wait to take turn	N	S	O	A	91. Lies	N	S	O	A
52. Is usually chosen as a leader	N	S	O	A	92. Is easily upset	N	S	O	A
53. Has headaches	N	S	O	A	93. Uses medication	N	S	O	A
54. Refuses to join group activities	N	S	O	A	94. Joins clubs or social groups	N	S	O	A
55. Uses appropriate table manners	N	S	O	A	95. Makes frequent visits to the doctor	N	S	O	A
56. Threatens to hurt others	N	S	O	A	96. Shows interest in others' ideas	N	S	O	A
57. Wakes up scared after dreams	N	S	O	A	97. Teases others	N	S	O	A
58. Complains about being unable to block out unwanted thoughts	N	S	O	A	98. Worries	N	S	O	A
59. Has been suspended from school	N	S	O	A	99. Completes homework from start to finish without taking a break	N	S	O	A
60. Is sad	N	S	O	A	100. Gets lost	N	S	O	A
61. Interrupts parents when they are talking on the phone	N	S	O	A	101. Lies to get out of trouble	N	S	O	A
62. Will speak up if the situation calls for it	N	S	O	A	102. Says, "Nobody likes me."	N	S	O	A
63. Has allergic reactions	N	S	O	A	103. Interrupts others when they are speaking	N	S	O	A
64. Is more influenced by friends than by parents	N	S	O	A	104. Gives good suggestions for solving problems	N	S	O	A
65. Says, "please" and "thank you"	N	S	O	A	105. Has stomach problems	N	S	O	A
66. Blames others	N	S	O	A	106. Refuses to talk	N	S	O	A
67. Is fearful	N	S	O	A	107. Makes suggestions without offending others	N	S	O	A
68. Has trouble concentrating	N	S	O	A	108. Breaks other children's things	N	S	O	A
69. Tries to hurt self	N	S	O	A	109. Is afraid of dying	N	S	O	A
70. Uses foul language	N	S	O	A	110. Is easily distracted	N	S	O	A
71. Changes moods quickly	N	S	O	A	111. Hears sounds that are not there	N	S	O	A
72. Taps foot or pencil	N	S	O	A	112. Uses illegal drugs	N	S	O	A
73. Is good at getting people to work together	N	S	O	A	113. Says, "I want to die" or "I wish I were dead."	N	S	O	A
74. Complains about health	N	S	O	A	114. Fiddles with things while at meals	N	S	O	A
75. Avoids other adolescents	N	S	O	A	115. Is a "self-starter"	N	S	O	A
76. Tries to bring out the best in other people	N	S	O	A	116. Complains of pain	N	S	O	A
77. Hits other children	N	S	O	A	117. Has trouble making new friends	N	S	O	A
78. Worries about things that cannot be changed	N	S	O	A	118. Smiles at others	N	S	O	A
79. Listens to directions	N	S	O	A	119. Has muscle spasms	N	S	O	A
80. Repeats one activity over and over	N	S	O	A	120. Has a hearing problem	N	S	O	A
81. Gets into trouble in the neighborhood	N	S	O	A	121. Says, "I'm afraid I'll hurt someone."	N	S	O	A
82. Says, "Nobody understands me."	N	S	O	A	122. Has friends who are in trouble	N	S	O	A
83. Is overly active	N	S	O	A	123. Has seizures	N	S	O	A
84. Attends after-school activities	N	S	O	A	124. Has eye problems	N	S	O	A
85. Complains of being hot	N	S	O	A	125. Works well under pressure	N	S	O	A
					126. Gets sick	N	S	O	A



## Children's Depression Inventory (CDI)

**CDI**

*Item 1*

- I am sad once in a while.
- I am sad many times.
- I am sad all the time.

*Item 2*

- Nothing will ever work out for me.
- I am not sure if things will work out for me.
- Things will work out for me O.K.

*Item 3*

- I do most things O.K.
- I do many things wrong.
- I do everything wrong.

*Item 4*

- I have fun in many things.
- I have fun in some things.
- Nothing is fun at all.

*Item 5*

- I am bad all the time.
- I am bad many times.
- I am bad once in a while.

*Item 6*

- I think about bad things happening to me once in a while.
- I worry that bad things will happen to me.
- I am sure that terrible things will happen to me.

*Item 7*

- I hate myself.
- I do not like myself.
- I like myself.

*Item 8*

- All bad things are my fault.
- Many bad things are my fault.
- Bad things are not usually my fault.

*Item 9*

- I
- I
- I

*Item 10*

- I feel like crying every day.
- I feel like crying many days.
- I feel like crying once in a while.

*Item 11*

- Things bother me all the time.
- Things bother me many times.
- Things bother me once in a while.

*Item 12*

- I like being with people.
- I do not like being with people many times.
- I do not want to be with people at all.

*Item 13*

- I cannot make up my mind about things.
- It is hard to make up my mind about things.
- I make up my mind about things easily.

*Item 14*

- I look O.K.
- There are some bad things about my looks.
- I look ugly.

**Remember, describe how you have been in the past two weeks.....**

*Item 15*

- I have to push myself all the time to do my schoolwork.
- I have to push myself many times to do my schoolwork.
- Doing schoolwork is not a big problem.

*Item 16*

- I have trouble sleeping every night.
- I have trouble sleeping many nights.
- I sleep pretty well.

*Item 17*

- I am tired once in a while.
- I am tired many days.
- I am tired all the time.

*Item 18*

- Most days I do not feel like eating.
- Many days I do not feel like eating.
- I eat pretty well.

*Item 19*

- I do not worry about aches and pains.
- I worry about aches and pains many times.
- I worry about aches and pains all the time.

*Item 20*

- I do not feel alone.
- I feel alone many times.
- I feel alone all the time.

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*Item 21*

- I never have fun at school.
- I have fun at school only once in a while.
- I have fun at school many times.

*Item 22*

- I have plenty of friends.
- I have some friends but I wish I had more.
- I do not have any friends.

*Item 23*

- My schoolwork is alright.
- My schoolwork is not as good as before.
- I do very badly in subjects I used to be good in.

*Item 24*

- I can never be as good as other kids.
- I can be as good as other kids if I want to.
- I am just as good as other kids.

*Item 25*

- Nobody really loves me.
- I am not sure if anybody loves me.
- I am sure that somebody loves me.

*Item 26*

- I usually do what I am told.
- I do not do what I am told most times.
- I never do what I am told.

*Item 27*

- I get along with people.
- I get into fights many times.
- I get into fights all the time.



**Remember to fill out the other side**

**Revised Children's Manifest Anxiety Scale (RCMAS)**

Instructions: Read each question carefully. Put a circle around the word YES if you think it is true about you. Put a circle around the word NO if you think it is not true about you.

- YES NO 1. I have trouble making up my mind.  
YES NO 2. I get nervous when things do not go the right way for me.  
YES NO 3. Others seem to do things easier than I can.  
YES NO 4. I like everyone I know.  
YES NO 5. Often I have trouble getting my breath.  
YES NO 6. I worry a lot of the time.  
YES NO 7. I am afraid of a lot of things.  
YES NO 8. I am always kind.  
YES NO 9. I get mad easily.  
YES NO 10. I worry about what my parents will say to me.  
YES NO 11. I feel that others do not like the way I do things.  
YES NO 12. I always have good manners.  
YES NO 13. It is hard for me to sleep at night.  
YES NO 14. I worry about what other people think about me.  
YES NO 15. I feel alone even when there are other people with me.  
YES NO 16. I am always good.  
YES NO 17. Often I feel sick in my stomach.  
YES NO 18. My feelings get hurt easily.  
YES NO 19. My hands feel sweaty.  
YES NO 20. I am always nice to everyone.  
YES NO 21. I am tired a lot.  
YES NO 22. I worry about what is going to happen.  
YES NO 23. Other children are happier than I.  
YES NO 24. I tell the truth every single time.  
YES NO 25. I have bad dreams.  
YES NO 26. My feelings get hurt easily when I get fussed at.  
YES NO 27. I feel someone will tell me I do things the wrong way.  
YES NO 28. I never get angry.  
YES NO 29. I wake up scared some of the time.  
YES NO 30. I worry when I go to bed at night.  
YES NO 31. It is hard for me to keep my mind on my homework.  
YES NO 32. I never do things I shouldn't.  
YES NO 33. I wiggle in my seat a lot.  
YES NO 34. I am nervous.  
YES NO 35. A lot of people are against me.  
YES NO 36. I never lie.  
YES NO 37. I often worry about something bad happening to me.

## Beck Depression Inventory-II (BDI-II)



Date: \_\_\_\_\_

Name: \_\_\_\_\_ Marital Status: \_\_\_\_\_ Age: \_\_\_\_\_ Sex: \_\_\_\_\_

Occupation: \_\_\_\_\_ Education: \_\_\_\_\_

**Instructions:** This questionnaire consists of 21 groups of statements. Please read each group of statements carefully, and then pick out the **one** statement in each group that best describes the way you have been feeling during the **past two weeks, including today**. Circle the number beside the statement you have picked. If several statements in the group seem to apply equally well, circle the highest number for that group. Be sure that you do not choose more than one statement for any group, including Item 16 (Changes in Sleeping Pattern) or Item 18 (Changes in Appetite).

<p><b>1.</b></p> <p>0 I do not feel sad.</p> <p>1 I feel sad much of the time.</p> <p>2 I am sad all the time.</p> <p>3 I am so sad or unhappy that I can't stand it.</p> <p><b>2.</b></p> <p>0 I am not discouraged about my future.</p> <p>1 I feel more discouraged about my future than I used to be.</p> <p>2 I do not expect things to work out for me.</p> <p>3 I feel my future is hopeless and will only get worse.</p> <p><b>3.</b></p> <p>0 I do not feel like a failure.</p> <p>1 I have failed more than I should have.</p> <p>2 As I look back, I see a lot of failures.</p> <p>3 I feel I am a total failure as a person.</p> <p><b>4.</b></p> <p>0 I get as much pleasure as I ever did from the things I enjoy.</p> <p>1 I don't enjoy things as much as I used to.</p> <p>2 I get very little pleasure from the things I used to enjoy.</p> <p>3 I can't get any pleasure from the things I used to enjoy.</p> <p><b>5.</b></p> <p>0 I don't feel particularly guilty.</p> <p>1 I feel guilty over many things I have done or should have done.</p> <p>2 I feel quite guilty most of the time.</p> <p>3 I feel guilty all of the time.</p>	<p><b>6.</b></p> <p>0 I don't feel I am being punished.</p> <p>1 I feel I may be punished.</p> <p>2 I expect to be punished.</p> <p>3 I feel I am being punished.</p> <p><b>7.</b></p> <p>0 I feel the same about myself as ever.</p> <p>1 I have lost confidence in myself.</p> <p>2 I am disappointed in myself.</p> <p>3 I dislike myself.</p> <p><b>8.</b></p> <p>0 I don't criticize or blame myself more than usual.</p> <p>1 I am more critical of myself than I used to be.</p> <p>2 I criticize myself for all of my faults.</p> <p>3 I blame myself for everything bad that happens.</p> <p><b>10.</b></p> <p>0 I don't cry anymore than I used to.</p> <p>1 I cry more than I used to.</p> <p>2 I cry over every little thing.</p> <p>3 I feel like crying, but I can't.</p>
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Subtotal Page 1

Continued on Back

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<p><b>11.</b></p> <p>0 I am no more restless or wound up than usual.</p> <p>1 I feel more restless or wound up than usual.</p> <p>2 I am so restless or agitated that it's hard to stay still.</p> <p>3 I am so restless or agitated that I have to keep moving or doing something.</p> <p><b>12.</b></p> <p>0 I have not lost interest in other people or activities.</p> <p>1 I am less interested in other people or things than before.</p> <p>2 I have lost most of my interest in other people or things.</p> <p>3 It's hard to get interested in anything.</p> <p><b>13.</b></p> <p>0 I make decisions about as well as ever.</p> <p>1 I find it more difficult to make decisions than usual.</p> <p>2 I have much greater difficulty in making decisions than I used to.</p> <p>3 I have trouble making any decisions.</p> <p><b>14.</b></p> <p>0 I do not feel I am worthless.</p> <p>1 I don't consider myself as worthwhile and useful as I used to.</p> <p>2 I feel more worthless as compared to other people.</p> <p>3 I feel utterly worthless.</p> <p><b>15.</b></p> <p>0 I have as much energy as ever.</p> <p>1 I have less energy than I used to have.</p> <p>2 I don't have enough energy to do very much.</p> <p>3 I don't have enough energy to do anything.</p> <p><b>16.</b></p> <p>0 I have not experienced any change in my sleeping pattern.</p> <hr/> <p>1a I sleep somewhat more than usual.</p> <hr/> <p>1b I sleep somewhat less than usual.</p> <hr/> <p>2a I sleep a lot more than usual.</p> <hr/> <p>2b I sleep a lot less than usual.</p> <hr/> <p>3a I sleep most of the day.</p> <hr/> <p>3b I wake up 1-2 hours early and can't get back to sleep.</p>	<p><b>17.</b></p> <p>0 I am no more irritable than usual.</p> <p>1 I am more irritable than usual.</p> <p>2 I am much more irritable than usual.</p> <p>3 I am irritable all the time.</p> <p><b>18.</b></p> <p>0 I have not experienced any change in my appetite.</p> <hr/> <p>1a My appetite is somewhat less than usual.</p> <hr/> <p>1b My appetite is somewhat greater than usual.</p> <hr/> <p>2a My appetite is much less than before.</p> <hr/> <p>2b My appetite is much greater than usual.</p> <hr/> <p>3a I have no appetite at all.</p> <hr/> <p>3b I crave food all the time.</p> <p><b>19.</b></p> <p>0 I can concentrate as well as ever.</p> <p>1 I can't concentrate as well as usual.</p> <p>2 It's hard to keep my mind on anything for very long.</p> <p>3 I find I can't concentrate on anything.</p> <p><b>20.</b></p> <p>0 I am no more tired or fatigued than usual.</p> <p>1 I get more tired or fatigued more easily than usual.</p> <p>2 I am too tired or fatigued to do a lot of the things I used to do.</p> <p>3 I am too tired or fatigued to do most of the things I used to do.</p> <p><b>21.</b></p> <p>0 I have not noticed any recent change in my interest in sex.</p> <p>1 I am less interested in sex than I used to be.</p> <p>2 I am much less interested in sex now.</p> <p>3 I have lost interest in sex completely.</p>
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\_\_\_\_\_ Subtotal Page 2

\_\_\_\_\_ Subtotal Page 1

\_\_\_\_\_ Total Score

## Brief Symptom Inventory (BSI)

BSI PR

	NOT AT ALL	A LITTLE BIT	MODERATELY	QUITE A BIT	EXTREMELY	
1	<input type="radio"/> 0	<input type="radio"/> 1	<input type="radio"/> 2	<input type="radio"/> 3	<input type="radio"/> 4	Nervousness or shakiness inside
2	<input type="radio"/> 0	<input type="radio"/> 1	<input type="radio"/> 2	<input type="radio"/> 3	<input type="radio"/> 4	Faintness or dizziness
3	<input type="radio"/> 0	<input type="radio"/> 1	<input type="radio"/> 2	<input type="radio"/> 3	<input type="radio"/> 4	The idea that someone else can control your thoughts
4	<input type="radio"/> 0	<input type="radio"/> 1	<input type="radio"/> 2	<input type="radio"/> 3	<input type="radio"/> 4	Feeling others are to blame for most of your troubles
5	<input type="radio"/> 0	<input type="radio"/> 1	<input type="radio"/> 2	<input type="radio"/> 3	<input type="radio"/> 4	Trouble remembering things
6	<input type="radio"/> 0	<input type="radio"/> 1	<input type="radio"/> 2	<input type="radio"/> 3	<input type="radio"/> 4	Feeling easily annoyed or irritated
7	<input type="radio"/> 0	<input type="radio"/> 1	<input type="radio"/> 2	<input type="radio"/> 3	<input type="radio"/> 4	Pains in heart or chest
8	<input type="radio"/> 0	<input type="radio"/> 1	<input type="radio"/> 2	<input type="radio"/> 3	<input type="radio"/> 4	Feeling afraid in open spaces or on the streets
9	<input type="radio"/> 0	<input type="radio"/> 1	<input type="radio"/> 2	<input type="radio"/> 3	<input type="radio"/> 4	Thoughts of ending your life
10	<input type="radio"/> 0	<input type="radio"/> 1	<input type="radio"/> 2	<input type="radio"/> 3	<input type="radio"/> 4	Feeling that most people cannot be trusted
11	<input type="radio"/> 0	<input type="radio"/> 1	<input type="radio"/> 2	<input type="radio"/> 3	<input type="radio"/> 4	Poor appetite
12	<input type="radio"/> 0	<input type="radio"/> 1	<input type="radio"/> 2	<input type="radio"/> 3	<input type="radio"/> 4	Suddenly scared for no reason
13	<input type="radio"/> 0	<input type="radio"/> 1	<input type="radio"/> 2	<input type="radio"/> 3	<input type="radio"/> 4	Temper outbursts that you could not control
14	<input type="radio"/> 0	<input type="radio"/> 1	<input type="radio"/> 2	<input type="radio"/> 3	<input type="radio"/> 4	Feeling lonely even when you are with people
15	<input type="radio"/> 0	<input type="radio"/> 1	<input type="radio"/> 2	<input type="radio"/> 3	<input type="radio"/> 4	Feeling blocked in getting things done
16	<input type="radio"/> 0	<input type="radio"/> 1	<input type="radio"/> 2	<input type="radio"/> 3	<input type="radio"/> 4	Feeling lonely
17	<input type="radio"/> 0	<input type="radio"/> 1	<input type="radio"/> 2	<input type="radio"/> 3	<input type="radio"/> 4	Feeling blue
18	<input type="radio"/> 0	<input type="radio"/> 1	<input type="radio"/> 2	<input type="radio"/> 3	<input type="radio"/> 4	Feeling no interest in things
19	<input type="radio"/> 0	<input type="radio"/> 1	<input type="radio"/> 2	<input type="radio"/> 3	<input type="radio"/> 4	Feeling fearful
20	<input type="radio"/> 0	<input type="radio"/> 1	<input type="radio"/> 2	<input type="radio"/> 3	<input type="radio"/> 4	Your feelings being easily hurt
21	<input type="radio"/> 0	<input type="radio"/> 1	<input type="radio"/> 2	<input type="radio"/> 3	<input type="radio"/> 4	Feeling that people are unfriendly or dislike you
22	<input type="radio"/> 0	<input type="radio"/> 1	<input type="radio"/> 2	<input type="radio"/> 3	<input type="radio"/> 4	Feeling inferior to others
23	<input type="radio"/> 0	<input type="radio"/> 1	<input type="radio"/> 2	<input type="radio"/> 3	<input type="radio"/> 4	Nausea or upset stomach
24	<input type="radio"/> 0	<input type="radio"/> 1	<input type="radio"/> 2	<input type="radio"/> 3	<input type="radio"/> 4	Feeling that you are watched or talked about by others
25	<input type="radio"/> 0	<input type="radio"/> 1	<input type="radio"/> 2	<input type="radio"/> 3	<input type="radio"/> 4	Trouble falling asleep
26	<input type="radio"/> 0	<input type="radio"/> 1	<input type="radio"/> 2	<input type="radio"/> 3	<input type="radio"/> 4	Having to check and double-check what you do
27	<input type="radio"/> 0	<input type="radio"/> 1	<input type="radio"/> 2	<input type="radio"/> 3	<input type="radio"/> 4	Difficulty making decisions
28	<input type="radio"/> 0	<input type="radio"/> 1	<input type="radio"/> 2	<input type="radio"/> 3	<input type="radio"/> 4	Feeling afraid to travel on buses, subways, or trains
29	<input type="radio"/> 0	<input type="radio"/> 1	<input type="radio"/> 2	<input type="radio"/> 3	<input type="radio"/> 4	Trouble getting your breath
30	<input type="radio"/> 0	<input type="radio"/> 1	<input type="radio"/> 2	<input type="radio"/> 3	<input type="radio"/> 4	Hot or cold spells
31	<input type="radio"/> 0	<input type="radio"/> 1	<input type="radio"/> 2	<input type="radio"/> 3	<input type="radio"/> 4	Having to avoid certain things, places, or activities because they frighten you
32	<input type="radio"/> 0	<input type="radio"/> 1	<input type="radio"/> 2	<input type="radio"/> 3	<input type="radio"/> 4	Your mind going blank
33	<input type="radio"/> 0	<input type="radio"/> 1	<input type="radio"/> 2	<input type="radio"/> 3	<input type="radio"/> 4	Numbness or tingling in parts of your body
34	<input type="radio"/> 0	<input type="radio"/> 1	<input type="radio"/> 2	<input type="radio"/> 3	<input type="radio"/> 4	The idea that you should be punished for your sins
35	<input type="radio"/> 0	<input type="radio"/> 1	<input type="radio"/> 2	<input type="radio"/> 3	<input type="radio"/> 4	Feeling hopeless about the future
36	<input type="radio"/> 0	<input type="radio"/> 1	<input type="radio"/> 2	<input type="radio"/> 3	<input type="radio"/> 4	Trouble concentrating
37	<input type="radio"/> 0	<input type="radio"/> 1	<input type="radio"/> 2	<input type="radio"/> 3	<input type="radio"/> 4	Feeling weak in parts of your body
38	<input type="radio"/> 0	<input type="radio"/> 1	<input type="radio"/> 2	<input type="radio"/> 3	<input type="radio"/> 4	Feeling tense or keyed up
39	<input type="radio"/> 0	<input type="radio"/> 1	<input type="radio"/> 2	<input type="radio"/> 3	<input type="radio"/> 4	Thoughts of death or dying
40	<input type="radio"/> 0	<input type="radio"/> 1	<input type="radio"/> 2	<input type="radio"/> 3	<input type="radio"/> 4	Having urges to beat, injure, or harm someone
41	<input type="radio"/> 0	<input type="radio"/> 1	<input type="radio"/> 2	<input type="radio"/> 3	<input type="radio"/> 4	Having urges to break or smash things
42	<input type="radio"/> 0	<input type="radio"/> 1	<input type="radio"/> 2	<input type="radio"/> 3	<input type="radio"/> 4	Feeling very self-conscious with others
43	<input type="radio"/> 0	<input type="radio"/> 1	<input type="radio"/> 2	<input type="radio"/> 3	<input type="radio"/> 4	Feeling uneasy in crowds, such as shopping or at a movie
44	<input type="radio"/> 0	<input type="radio"/> 1	<input type="radio"/> 2	<input type="radio"/> 3	<input type="radio"/> 4	Never feeling close to another person
45	<input type="radio"/> 0	<input type="radio"/> 1	<input type="radio"/> 2	<input type="radio"/> 3	<input type="radio"/> 4	Spells of terror or panic
46	<input type="radio"/> 0	<input type="radio"/> 1	<input type="radio"/> 2	<input type="radio"/> 3	<input type="radio"/> 4	Getting into frequent arguments
47	<input type="radio"/> 0	<input type="radio"/> 1	<input type="radio"/> 2	<input type="radio"/> 3	<input type="radio"/> 4	Feeling nervous when you are left alone
48	<input type="radio"/> 0	<input type="radio"/> 1	<input type="radio"/> 2	<input type="radio"/> 3	<input type="radio"/> 4	Others not giving you proper credit for your achievements
49	<input type="radio"/> 0	<input type="radio"/> 1	<input type="radio"/> 2	<input type="radio"/> 3	<input type="radio"/> 4	Feeling so restless you couldn't sit still
50	<input type="radio"/> 0	<input type="radio"/> 1	<input type="radio"/> 2	<input type="radio"/> 3	<input type="radio"/> 4	Feelings of worthlessness
51	<input type="radio"/> 0	<input type="radio"/> 1	<input type="radio"/> 2	<input type="radio"/> 3	<input type="radio"/> 4	Feeling that people will take advantage of you if you let them
52	<input type="radio"/> 0	<input type="radio"/> 1	<input type="radio"/> 2	<input type="radio"/> 3	<input type="radio"/> 4	Feelings of guilt
53	<input type="radio"/> 0	<input type="radio"/> 1	<input type="radio"/> 2	<input type="radio"/> 3	<input type="radio"/> 4	The idea that something is wrong with your mind

### Substance Use Questionnaire

- 1) Please fill the average number of drinks you consume each week day. Use a typical week, averaging your consumption for each week over **the past month**. For example, if you typically had 5 drinks on Fridays, you would enter 5 in the box under Friday. By **one drink** we mean one 12 ounce bottle beer, one shot of liquor-straight up or in a mixed drink, or a 4 ounce glass of wine.

Monday	Tuesday	Wednesday	Thursday	Friday	Saturday	Sunday

- 2) Now, think of the time that you drank the most in the past \_\_\_\_ years. Indicate on average how many drinks you had during a typical week during that time.

Monday	Tuesday	Wednesday	Thursday	Friday	Saturday	Sunday

- 3) Below are lists of common drugs. Have you ever taken any of the following in the last \_\_\_\_ years?

**Common Street Names for Drugs:** Snow, skag, horse, smack, M, morpho, school boy, lords, dollies, uppers, pep pills, crystal meth, eye openers, copilots, cartwheels, crank, ice, coke, flake, snow, c, blow, rock, base, laughing gas, whippets, snappers, poppers, locker room, rush, red birds, red devils, yellow jackets, blue, blue heavens, acid, angel dust, peyote, mescal, cactus, button, mushrooms, pot, grass, reefer, hash and hash oil?

\_\_\_\_ Yes \_\_\_\_ No

**Other names for drugs:** Heroin, Morphine, Codeine, Dilaudid, Methadone, Seconal, Nembutal, Amytal, Amphetamine, Methamphetamine, Dexedrine, Desoxyn, Tenuate, Tepaine, Cocaine, Crack, Organic solvents, Nitrous oxide, Amyl Nitrate, Butyl nitrite, Aerosols, glue, nail polish remover, lighter fluid, gasoline, paints, hair sprays, Sleeping Pills, Tranquilizers, Quaalude, Miltown, Noctec, Placidyl, Valium, Librium, Tauxene, Serax, Zanex, LSD, PCP, Psilocybin, Mescaline, marijuana, Hashish, and Hash oil.

\_\_\_\_ Yes \_\_\_\_ No

- 4) How often have you had these all combined during:

The Past Month?	Less than once/week	1 time/ week	2-3 times/ week	4-5 times/ week	almost every day
	1	2	3	4	5

At the point that you used them most in the past \_\_\_\_ years?

Less than once/week	1 time/ week	2-3 times/ week	4-5 times/ week	almost every day
1	2	3	4	5

### Family Information Sheet

Child's Name: \_\_\_\_\_

Child's Gender: Male  Female  Child's Birthdate/age \_\_\_\_\_ Child's Race \_\_\_\_\_

Mother's Name (all names used now and in the past): \_\_\_\_\_

Mother's Birthdate/age \_\_\_\_\_ Mother's Race \_\_\_\_\_

Phone--Home \_\_\_\_\_ Work \_\_\_\_\_ Cell \_\_\_\_\_ Other \_\_\_\_\_

Address: \_\_\_\_\_

Mother's Social Security Number: \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_

Name of Interviewer of Child: \_\_\_\_\_ Name of Interviewer of Parent: \_\_\_\_\_

Family Constellation (Who does the child live with?): Check all that apply and be sure to indicate the child's primary residence if the child spends time in 2 parent's homes.

- Mother and Father
- Mother only
- Father only
- Grandmother
- Grandmother and Grandfather
- Mother and Step-father/significant other
- Father and Step-mother/significant other
- Other (relative)

Marital Status:

- Single, not married  
    \_\_\_ not living w/partner  
    \_\_\_ living w/partner
- Married
- Separated
- Divorced

- Is there a father figure in the household? If so, who? \_\_\_\_\_
- Please list number of adults that live in the household \_\_\_\_\_
- Please list number of siblings that live in the household \_\_\_\_\_
- Mother's education (number of years, degree) \_\_\_\_\_
- Mother's occupation (full-time, part-time) \_\_\_\_\_
- Father's education (number of years, degree) \_\_\_\_\_
- Father's occupation (full-time, part time) \_\_\_\_\_
- Family Income and any other financial assistance (e.g., TANF, child support) \_\_\_\_\_



## APPENDIX B

### Coding Systems

1. Child/Adolescent Meta-Emotion Coding System (CAMEI)-Child Awareness
2. Modified Child/Adolescent Meta-Emotion Coding System (CAMEI)-Parent Awareness
3. Child Awareness and Parent Awareness Coding Sheets
4. The Parentification Interview-Emotional Parentification Coding Scale (PI-EP)

## Child/Adolescent Meta-Emotion Coding System-Child Awareness

*This dimension assesses children's awareness of their own emotion process. We are interested in their ability to distinguish the experience of one emotion from that of another. We want to know how consciously experienced their emotions are for them. How clear and concrete is their emotional experience? Can they provide details of the process, from the induction of an emotion through its remediation? Are we able to tell what it's like for them to be sad or angry? Are they aware of physical and mental responses to emotion? Do they provide examples or situational details of a time they felt that emotion? Are they used to labeling their emotions and thinking about them? Do they find emotions interesting, exciting even?*

### A1. Child experiences this emotion

We are looking for any evidence that a child has experienced this emotion. This person agrees that they have experienced this emotion. The child may not say in words "Yes, I experience sadness" but by discussing what they do while feeling sadness we can deduce they experience it.

**Strongly Agree:** Child is very aware of this emotion occurring. He/she describes in detail what the emotion is like without much prompting by the interviewer. Also, there is no hesitation or confusion with other emotions. The child may offer description of the emotion beginning, ending, and the cause, what the experience is like for them, etc. This is something extra.

**Agree:** Acknowledgement of emotional experience. Child agrees that they are angry or sad but don't provide much detail without prompting. Child doesn't quarrel unduly with definition of words. Continuing on in the interview to describe or discuss their experience of the emotion is an assent to this item. An unenthusiastic or qualified assent is still an agree ("yeah" (no elaboration) "Oh, I suppose").

**Neutral:** Confusion about whether the emotion has occurred would be coded neutral; i.e. "I'm not sure, maybe, maybe it's not". Particularly use this code for times child alternately assents and denies. If child continues on with the interview about the emotion, yet alternately assents then denies existence of emotion, code Neutral. Also, if child says s/he never feels emotion but then gives a situation in which s/he did, code neutral. Any confusion about existence of emotion qualifies as a Neutral. Be sensitive to pauses or hesitations in responses.

**Disagree:** Child claims they never experience this emotion and does not describe a situation when they felt this way. Perhaps they say they never experience it any more (it's gone now). If the child states that they used to experience the emotion, but not anymore.

**Strongly Disagree:** The child states that they never have experienced the emotion. The interview moves on to the next section because the child has no experience of the emotion, or will not disclose experience of emotion. If emotional experience is acknowledged but then they won't talk, they would still get agree.

**Don't Know:** The emotion was not mentioned or not enough was said to code.

### *EXAMPLES*

**Strongly Agree:** “When I’m sad, I feel kinda down, quiet. Sometimes I want to talk with someone but also I may just want to be alone. It depends what makes me sad I guess...”

**Agree:** “I get sad sometimes.” “Yea... I get sad when my friends are mean to me.”

“I get angry sometimes at my brother.”

**Neutral:** “I hardly ever get sad. I might feel sad if I was reading a sad story, but I don’t get sad much.”

“I don’t get angry, well, maybe sometimes, but not much.”

**Disagree:** ““I don’t get angry anymore, like I used to. I stop before I get angry.”

**Strongly Disagree:** “I’m never sad.”

#### **A2. Child is good at distinguishing this emotion from others**

Child does not experience any difficulty knowing what emotion they are feeling and when they are feeling it. They can distinguish sadness/anger from other emotions, or modes of being in general. They describe a situation that is consistent with the emotion provided. We know this by their ability to talk about the emotion as a clear and separate experience from other emotions. They do not switch back and forth as if unclear of what emotions they were experiencing.

NOTE: This question is distinguished from item A1 as follows: A person may agree that they are sad, but then mention that sometimes they are not sure if it's something else, or that it gets all mixed up with a lot of feelings. They may mention specific times when it is difficult for them to know. In that case, coder would code Agree for item A1 and Disagree for item A2.

**Strongly Agree:** This child is very aware, articulate about his/her experience, and shows insight into his/her emotional experience. In addition, **to code strongly agree, this child must also make some mention of comparing and contrasting their experience of different emotions. They show that they recognize that you can have more than one distinct emotion at same time.** This is something extra.

**Agree:** Child answers questions easily about their experience of emotion and mentions no times when this emotion is confused with another. Child responds to question about an emotion in an immediate and direct manner. They convey to us their own clarity about what interviewer is asking and what their corresponding experience is. (For example, if interviewer says "sad," this subject has a corresponding reality of "sad" and doesn't wonder or question whether they really feel that feeling exactly.) Their response to whether they experience an emotion is an unqualified yes.

**Neutral:** None

**Disagree:** Child has any problem distinguishing this emotion from others or other states of being. There is hesitation or confusion about what would be an experience or example of that emotion. After some thinking, child is able to relate a distinct emotion experience. They may be able to complete the interview without further confusion.

**Strongly Disagree:** Child is confused about their emotion experience or is unaware of their emotion. All the child is aware of is being upset. The child confuses different emotions and they are unable to think of a distinct experience of the emotion in question. Child remains confused throughout interview. It's as if they lack a definition for emotion and are unable to classify their experience as an emotion

**Don't Know:** Code Don't Know only if no question about that emotion is asked, or if the child ignored question.

### ***EXAMPLES***

**Strongly Agree:** “When I’m sad, it feels heavy and slow and I want to be alone and just cry. But when I’m angry, I feel hot and want to let the whole world know how I feel.”

“Sometimes I’m just bored but other times I’m sad- like when I was homesick, away from home. I’d be crying when I’m sad.”

Child makes clear that they would feel two different, distinct emotions in a given situation “ I’d be both mad and sad.”

**Agree:** “Sadness is down-time for me”

**Disagree:** “I don’t know if that makes me really sad or angry. They’re kind of the same. Well, I guess sadness is like when my fish died.”

“It wasn’t that I was sad... I was just upset, I don’t know if I was sad or angry. I guess I was mostly angry that they said that about me.”

**Strongly Disagree:** “I don’t know. I just feel upset, stuff bothers me. “

### **A3. Child is descriptive of his/her experience of this emotion.**

Child can describe in any way their own experience of emotion; child elaborates, provides descriptive details (sensations, thoughts, images, desires) that accompany their experience of emotion. Child makes their experience seem real, concrete or personal in any way. This includes information gained from interviewer probing. However, in the rare occasion that an interviewer leads a child or feeds more information than necessary, and a child seems to be parroting the interviewer, do not include this information.

**Agree:** Any kind of description would be coded Agree on this item: *typical scenarios, what they do, how it feels, what they wish they could do, how it affects them* to feel this way. Child uses any adjectives. Note: if A4, A5, or A6, are coded Agree, code Agree here as well.

**Neutral:** There would be no Neutral.

**Disagree:** Child is asked to describe physical sensations, or cognitive processes, or to provide an example, and they couldn't, didn't, or wouldn't. Or child didn't provide any description of emotion experience, whether they were asked to or not.

**Don't Know:** Interviewer did not question at all about experience or did not allow child time to answer. Child did not discuss physical sensations, cognitive processes, or provide an example **and** interviewer did not ask for any of these.

### **EXAMPLES**

**Agree:** “When I’m sad I feel down and blue.” “It makes me sad when other kids are mean to me.”

“When I’m angry I keep thinking about what made me angry and my face feels hot.”

**Disagree:** “When I’m sad, I’m just sad. I don’t feel anything, I don’t think anything.”

#### **A4. Child is descriptive of physical sensations**

This item is a sub-set of item A3, it gives more particular information about the child's description of emotion. In this item, the child elaborates on how their body feels when they are experiencing the emotion. This item is for any physical sensation that happens when the child is in the midst of the emotion. This item gives us more information on how completely aware the child is of the emotion and what kind of language they use when they describe the emotion. Do not include responses that seem to be a result of the interviewer’s suggestions or leading.

**Agree:** Child describes any bodily sensation that is part of their emotion experience. Focus on the child’s response to question about how their body would feel. If child shows interviewer behaviorally (e.g., tenses up) as indicated by interviewer, you may code this here.

**Neutral:** There would be no Neutral, either they provided a physical description or they didn't.

**Disagree:** Code disagree if child is asked for a physical description and they cannot provide one, or provide a cognition, or ignore the question. NOTE: Be sure to distinguish a physical sensation from an expression. For example, red eyes or crying are an expression or a result of an expression and therefore be coded as disagree.

**Don't Know:** No physical description given, and none asked for.

### *EXAMPLES*

**Agree:** “When I’m sad my throat feels tight.” “I feel shaky.” “I freeze.” “I make fists.” “I feel like crying.”

“My face gets hot and I shake when I am angry.”

**Disagree:** “I look sad.”

“I’ve never thought about it.”

#### **A5. Child is descriptive of cognitive process (thoughts, images)**

Child describes any images or thoughts they have when experiencing the emotion. As for A4, this item is a subset and extension of item A3. In this item, we are interested in whether child's description of their experience of an emotion includes any thoughts, images, imagined actions or desires.

**Agree:** Child provides any detail or elaboration that lets us know what is going on in their mind when they experience a particular emotion; what they think of; what they picture; a metaphor for the emotion; what they wish they could do; what they do with their thoughts. This can include thoughts about remediation. **NOTE:** The relevance of thought has to be clear to the interviewer. For example, the child could NOT say “I think about going in the house when I’m mad” with no link to how that is relevant to mad feelings.

**Neutral:** There would be no Neutral

**Disagree:** Use Disagree only when interviewer asked about thoughts and they can't think of any. Also use this code if child offers information, but the relevance is unclear.

**Don’t Know:** The question was not asked and the child did not offer any thoughts or cognitions in other responses.

### *EXAMPLES*

**Agree:** “I think about what happened,” “I think about what made me sad.” “I think about my favorite cat.” “I think about wanting to hurt someone.”

“I think about what I would like to do to my sister when she makes me mad.”

**Disagree:** “I don’t think about anything.”

“I can’t think of anything that goes through my mind.”

## A6. Child provides a descriptive anecdote

This item is another subset of A3. We are interested in whether kids use situations to provide a concrete example of their emotion experience. The anecdote can relate to any phase of the emotion process. Child tells of situations in which they were experiencing the emotion. Stories, vignettes, etc. that are related to a specific time when the emotion actually occurred.

**Agree:** Child mentions a situation when they were experiencing the emotion. The anecdote can be minimal but must be specific to a situation: look for any "story" that gives circumstances or puts the child in time or place with this feeling. Therefore, "being in trouble makes me depressed" is not an anecdote, whereas "When I was in trouble last week I got really depressed" would be coded as an anecdotal description. Child has to mention actual time or times, not just a cause. Include information gained from interviewer prompting for more details.

**Neutral:** There would be no neutral.

**Disagree:** Code Disagree only if interviewer asked for a concrete example and child could not think of one or ignored question. The child may also use vague or general terms. The child may also just list general causes without specific details.

**Don't Know:** The interviewer did not ask for an anecdote and the child did not offer one on his/her own.

### *EXAMPLES*

**Agree:** "Once I was sad because my friend was sick and couldn't go out with us."

"I got angry when this kid at school called me a liar, but I was really telling the truth. She just didn't like it."

**Disagree:** "I hate it when people aren't nice." "Friends make me sad."

## A7. Child seems to know cause of emotion

Child can describe cause of own sadness: mentions precipitating factors, predicts what would make them sad, seems clear about why they get sad, may offer history as explanation. Child can describe cause of own anger: provides insight into factors precipitating anger, may be blaming but at least they have an idea of why they get angry, it doesn't just come from nowhere. They understand their anger.

**Strongly Agree:** Child mentions more than one cause of his/her emotions. The mechanism and/or explanation of why it made them feel that way is very clear to the interviewer. Basically, to code Strongly Agree, child is clear and descriptive of multiple causes. EXTRA

**Agree:** Child mentions cause of particular emotion. Code Agree if child makes any logical connection between event and emotion even if you are still not sure of what the mechanism is. Just one experience of a cause is needed.

**Neutral:** Code Neutral when child mentions knowing cause and then again, in other circumstances, not knowing what the cause is (with the same emotion). This would also be coded if response includes a vague response—it is unclear what specifically leads to the emotion (e.g., friends make me sad.) Also, code neutral when child mentions a plausible cause and one that just doesn't make any sense.

**Disagree:** Child says they don't know why they get upset; they are asked why they feel a certain emotion and they don't answer or say they don't know.

**Don't Know:** Not enough information is given to code. Unlikely code.

### *EXAMPLES*

**Strongly Agree:** I get mad when my brother messes up my room and when my sister doesn't ask to use my toys. I also get mad when my mom won't let me go to the store. (More than one example)

**Agree:** "When I've made plans that I'm looking forward to and it doesn't work out, that makes me sad."

"I get angry when my sister wears my clothes without asking."

**Neutral:** "I'm not sure why I get angry. I always seem to get angry when I'm at home, so maybe it's because I have to do chores. I'm not sure though."

"Friends make me mad."

**Disagree:** "I don't know why I get sad. It just comes over me sometimes."



## Modified Child/Adolescent Meta-Emotion Coding System-Parent Awareness

This dimension assesses children's awareness of their parent's emotion process. We are interested in their ability to distinguish their parent's experience of one emotion from that of another. We want to know how conscious they are of their parent's emotional experience. Can they provide details of the process? Do they have an understanding of what it is like for their parents to be sad or angry? Are they aware of their parent's physical and mental responses to emotion? Do they provide examples or situational details of a time their parent felt that emotion? Are they used to labeling their parent's emotions and thinking about them?

### K1. Child is aware of mother experiencing this emotion

We are looking for any evidence that a child is aware of mother experiencing this emotion. This child agrees that her mother has experienced this emotion. The child may not say in words "Yes, she experiences sadness" but by discussing what the parent does while feeling sadness we can deduce they are aware of parent's experience of this emotion. (Include information gained through interviewer's follow-up questions and prompting, but do not include information gained from interviewer leading or suggestions.)

**Strongly Agree:** Child is very sensitive to this emotion occurring in her mother. He/she describes in detail what the emotion is like for her parent without hesitation or confusion with other emotions. The child may offer a description of the parent experiencing the emotion (i.e., the beginning, ending, and the cause). (**EXTRA AWARE**)

**Agree:** Acknowledgement of the parent's emotional experience. Child agrees that the parent is angry or sad but does not provide much detail without prompting. Continuing on in the interview to describe or discuss their parent's experience of the emotion is an assent to this item. An unenthusiastic or qualified assent is still an agree ("yeah, she does" (no elaboration) "Oh, I suppose", a nod). (**AWARE**)

**Neutral:** Confusion about whether the parent experiences or has experienced the emotion would be coded neutral; i.e. "I'm not sure, maybe she has, maybe not". "I don't know if she does or not". Particularly use this code for times child alternately assents and denies that parent experiences this emotion. If child continues with the interview about the parent's emotion, yet alternately assents then denies existence of emotion, code Neutral. Any confusion about existence of parental emotion qualifies as a Neutral. Be sensitive to pauses or hesitations in responses. (**UNSURE/CONFUSION**)

**Disagree:** Child claims the parent never experiences this emotion. The child states that the parent used to experience the emotion, but not anymore.

**Strongly Disagree:** The child states that the parent has never experienced the emotion. The interview moves on to the next section because the child has no experience of the parent

experiencing the emotion, or will not disclose parental experience of the emotion. If the parents' emotional experience is acknowledged but then they won't talk, they would still get agree.

**Don't Know:** The emotion was not mentioned or not enough was said to code.

**K2. Child is good at distinguishing this emotion from others in mother**

Child is good at knowing what emotion their parent is feeling and when their parent is feeling it. They can distinguish their parent's sadness/anger from other emotions, or modes of being in general. They describe a situation involving their parent that is consistent with the emotion provided. We know this by their ability to talk about their parents' emotion as a clear and separate experience from other emotions. They do not switch back and forth as if unclear of what emotions their parents were experiencing.

NOTE: This question is distinguished from item A1 as follows: A person may agree that parent gets sad, but then mention that sometimes they are not sure if it's something else or mixes together parent experiencing other feelings at same time. They may mention specific times when it is difficult for them to know what parent is feeling. In that case, coder would code Agree for item A1 and Disagree for item A2.

**Strongly Agree:** This is a child that is very aware, articulate about his/her parent's emotional experience, and shows insight into his/her parent's emotional experience. To code **Strongly Agree**, the child must make some mention of comparing and contrasting their parent's experience of different emotions. They show they can recognize that their parents can have more than one distinct emotion at same time. This is something extra.

**Agree:** Child answers questions easily about their parent's experience of emotion and mentions no times when this emotion is confused with another. Child responds to question about their parent's emotion in an immediate and direct manner. They convey to us their own clarity about what interviewer is asking and what their parent's corresponding experience is. (For example, if interviewer says "sad," this subject has a corresponding reality of "sad" and doesn't wonder or question whether their parents really feel that feeling exactly.) Their response to whether they experience an emotion is an unqualified yes.

**Neutral:** None

**Disagree:** Child has any problem distinguishing the parent's experience of this emotion from others or other states of being. There is hesitation or confusion about what would be a parental experience or example of that emotion (e.g., it takes a while to think of something). They may even ask the interviewer for help figuring it out. After some thinking, child is able to relate a distinct emotion experience of their parent. They may be able to complete the interview without further confusion.

**Strongly Disagree:** Child is confused about their parent's emotional experience. All the child is aware of is the parent being upset. The child confuses different emotions that the parent is feeling and they are unable to think of a distinct experience of the emotion in question. Child

remains confused throughout interview. It's as if they lack a definition for their parent's emotion and are unable to classify their parent's experience as an emotion.

**Don't Know:** Code Don't Know only if no question about that emotion is asked, or if the child ignored question.

Note: This may not be assessing the child's actual skill level but the parents ability or lack of ability to clearly express distinct emotional states.

### **K3. Child is descriptive of mother's experience of this emotion.**

Child can describe in any way their parent's experience of emotion; child elaborates, provides descriptive details (sensations, thoughts, images, desires) that accompany their parent's experience of emotion. Child makes their parent's experience seem real, concrete or personal in any way. Include information gained through interviewer probing.

**Agree:** Any kind of description would be coded Agree on this item: typical scenarios, what parents do, how they feels, what their parents wish they would do, how it affects parents to feel this way. Child uses any adjectives. [Note: if K4, K5, or K6, are coded Agree, code Agree here as well. Code as Agree if the child provides this information only after the interviewer has to clarify the question/s for the child so that they understand]

**Neutral:** There would be no Neutral.

**Disagree:** Child is asked to describe parent's physical sensations, or cognitive processes, or to provide an example, and they couldn't, didn't, or wouldn't. Or child didn't provide any description of parent's emotion experience, whether they were asked to or not. (after prompting and clarification, child still didn't provide any description).

**Don't Know:** Interviewer did not question at all about experience or did not allow child time to answer. Child did not discuss parent's physical sensations, cognitive processes, or provide an example and interviewer did not ask for any of these.

### **K4. Child is descriptive of physical sensations mother may be experiencing**

This item is a sub-set of item K3, it gives more particular information about the child's description of parent's emotion experience. In this item, the child elaborates on how they think their parent's body feels when they are experiencing the emotion. This item is for any physical sensation that the child notices/describes happening when the parent is in the midst of the emotion. This item gives us more information on how completely aware the child is of the parent's emotional state and what kind of language they use when they describe the emotion. Include information gained from interviewer prompting. This information can come from any part of the interview, not just from the specific question.

**Agree:** Child describes any bodily sensation that is part of their parent's emotion experience. Code agree even if the child indicates they are unsure but they think or guess that their parents feel x, y, or z. NOTE: Do not distinguish a physical sensation from an expression (head hurts vs. hot face) given that children is describing their perception of parents' physical sensations.

**Neutral:** The child provides a borderline physical description, for example, the interview prompted them with examples and they parrot back the examples ("for example, does her head/stomach hurt) and/or child answers "no" to the specific question but later vaguely mentions a physical sensation/expression and coder is unsure if it qualifies and/or if child understands. (This should be rare)

**Disagree:** Code disagree if child is asked for a physical description of parent's emotional state and they cannot provide one, or provide a cognition, or ignore the question.

**Don't Know:** No physical description given, and none asked for. (this should be rare)

#### **K5. Child is descriptive of mother's cognitive process (thoughts, images)**

Child describes any images or thoughts their parents have when experiencing the emotion. As for K4, this item is a subset and extension of item K3. In this item we are interested in whether child's description of their parent's experience of an emotion includes any thoughts, images, imagined actions or desires. We also are interested in if kids mention their parent's mental processes during the emotion.

**Agree:** Child provides any detail or elaboration that lets us know what is going on in their parent's mind when their parent's experience a particular emotion; what they think of; what they picture; a metaphor for the emotion; what their parents wish they could do; what their parents do with their thoughts.

**Neutral:** Child provides any information that is somewhat descriptive of parent's cognitive process (what they think is going through parent's head)-it might be somewhat unclear to interviewer though/borderline

**Disagree:** Use Disagree only when interviewer asked about thoughts and they can't think of any.

**Don't Know:** The question was not asked and the child did not offer any thoughts or cognitions in other responses.

#### **K6. Child provides a descriptive anecdote (of parent's emotion experience)**

This item is another subset of K3. We are interested in whether kids use situations to provide a concrete example of their parent's emotion experience. The anecdote can relate to any phase of the emotion process. Child tells of situations in which their parents were experiencing the

emotion. Stories, vignettes, etc. that are related to a specific time when the emotion actually occurred.

**Agree:** Child mentions a situation when their parents were experiencing the emotion. The anecdote can be minimal but must be specific to a situation: look for any "story" that gives circumstances or puts the parent in time or place with this feeling. Story doesn't have to be complete

**Neutral:** There would be no neutral.

**Disagree:** Code Disagree only if interviewer asked for a concrete example and child could not think of one or ignored question. The child may also use vague or general terms for describing their parent's emotional experience. The child may also just list general causes without specific details.

**Don't Know:** The interviewer did not ask for an anecdote and the child did not offer one on his/her own.

#### **K7. Child seems to know cause of mother's emotion**

Child can describe cause of parent's sadness: mentions precipitating factors, predicts what would make them sad, seems clear about why they get sad, may offer history as explanation. Child can describe cause of parent's anger: provides insight into factors precipitating anger, they have an idea of why their parents get angry, it doesn't just come from nowhere. They understand their parent's anger.

**Strongly Agree:** Child elaborates on cause of particular emotion in parent. Code Strongly Agree if child makes a very clear connection between event and emotion experienced by parent and/or the mechanism is clear. This child has much insight into the causes of parent's emotions and describes more than one experience/cause.

**Agree:** Child mentions cause of particular emotion in parent. Code Agree if child makes any logical connection between event and emotion experienced by parent even if you are still not sure of what the mechanism is. Just one experience of a cause is needed.

**Neutral:** Code Neutral when child mentions knowing cause of parental emotion and then again, in other circumstances, not knowing what the cause is (with the same emotion). Also code Neutral if they mention not being sure of cause of parent's emotion is but they have some vague idea.

**Disagree:** Child says they don't know why parent gets upset; they are asked why their parent feel a certain emotion and they don't answer or say they don't know. Contradictions about what causes the emotion would also be coded disagree.

**Don't Know:** Not enough information is given to determine the cause of parent's emotion. The cause of the emotion was not discussed.

**Strongly Agree:** She gets sad when her arthritis in her leg acts up, and she also gets sad when she thinks about her brother dying.

### Child Awareness and Parent Awareness Coding Sheets

ID# \_\_\_\_\_ Emotion \_\_\_\_\_ Date \_\_\_\_\_ Coder \_\_\_\_\_

SA	A	N	D	SD	DK	#	Coding items
<b>AWARENESS</b>							
5	4	3	2	1	DK	A1	Ch. experiences this emotion
5	4		2	1	DK	A2	Ch. is good at distinguishing this emotion from others
	4		2		DK	A3	Ch. is descriptive of his/her experience of this emotion
	4		2		DK	A4	Ch. is descriptive of physical sensations
	4		2		DK	A5	Ch. is descriptive of cognitive process (thoughts, images)
	4		2		DK	A6	Ch. provides a descriptive anecdote
5	4	3	2		DK	A7	Ch. seems to know cause of emotion
<b>AWARENESS OF MOTHER'S EMOTIONS</b>							
SA	A	N	D	SD	DK	#	Coding items
5	4	3	2	1	DK	k1	Ch. is aware of mother experiencing this emotion
5	4		2	1	DK	k2	Ch. has no problem distinguishing this emotion from others in mother
	4		2		DK	k3	Ch. is descriptive of mother's experience of this emotion
	4	3	2		DK	k4	Ch. is descriptive of physical sensations mother may be experiencing
	4	3	2		DK	k5	Ch. is descriptive of mother's cognitive process (thoughts, images)
	4		2		DK	k6	Ch. Provides a descriptive anecdote
5	4	3	2		DK	k7	Ch. Seems to know cause of mother's emotion
					Yes 1	No 0	Child talks about engaging in caregiving behaviors toward her mother at any time in the interview. (This could include soothing, comforting words or physical acts -e.g., I tell my mom it's going to be okay...I give her a hug).

## The Parentification Interview-Emotional Parentification Coding Scale (PI-EP)

0=no EP	<p><b>No signs of emotional parentification.</b> Parent clearly and consistently states that they do <u>not</u> go to their children for support related to adult topics or when upset/stressed, parent is child-focused (focuses on the child's emotional experience) versus parent-focused, makes statements of distinguishing parent and child roles. May describe age appropriate, child-focused way of discussing a stressful family topic with child (which does not overwhelm the child emotionally or provide too many details). May indicate that they talk to child about stressful events related to child topics (school problems, sibling issues). Mother makes a statement communicating reasons she does not go to her child or "off-adult topics" Parent differentiates between best friend-parent role in some way. Clearly talks about negative consequences of going to child for support. No questionable /borderline comments. <b>NONE</b></p>
1=very low	<p><b>Very minimal signs of emotional parentification.</b> Parent states that she mostly seeks emotional support from adults. Majority of the interview, the parent is child-focused versus parent-focused, parent distinguishes between parent-child roles, discusses appropriate child topics, differentiates mother versus best friend role, but this parent may make a contradictory or <u>very minor statement</u> suggesting she has sought emotional support, caregiving, or advice for a parent topic (e.g., bills, relationship) from the child, that child is appropriate source, or that they strive to be child's best friend more than a mother. Parent states that overall there are "off"/adult topics," but a borderline or questionable comment is made. Clearly talks about negative consequences of going to child for support. <b>VERY MINIMAL</b></p>
2=low	<p><b>Minimal signs of emotional parentification.</b> Parent mentions other adult supports as primarily sources of emotional support. Parent may distinguish between parent-child roles and more or less appropriate topics (clearly states that there are "off"/adult topics"). Parent may make statements showing she distinguishes between parent-child roles, mother versus best friend role, but may <u>make 1-2 minor statements</u> suggesting she has sought or does seek emotional support, advice, problem solving, and caregiving from child at some point with regard to an adult issues (parent relationship, bills). May state that she does not expect child to solve the problem. Mentions negative consequences versus positive consequences of going to child for support. May say that they strive to be child's best friend above and beyond mother role. Some borderline/questionable comments. <b>NOTICEABLE BUT LOW</b></p>
3=moderate	<p><b>Moderate signs of parentification.</b> Parent expresses that she goes to her child once in a while for emotional support, advice, caregiving. May mention other sources of support when child is mentioned as a support, but agrees outright they consider their child as one of supports (among others). May describe specific situations, some of which may be borderline appropriate in nature. Parent may make statements that shows that she distinguish between parent-child roles, but only mentions a few negative consequences of going to child for support, mentions some appropriate and some non-appropriate child topics (mentions a few "off"/adult topics"). May be child-focused at times in interview and self-focused other times in interview. <b>MODERATE-CLEARLY NOTICEABLE</b></p>
4= high moderate	<p><b>High Moderate signs of parentification.</b> Parent expresses that child is one of her emotional supports (among others) and she has or often goes to/seek emotional support, advice, caregiving from her child. However, she may also mention other adults she frequently seeks help from as well. Parent is overall self-focused but still may make a statement about her child's emotional needs and possible negative consequences. Describes at least one specific situation in which she went to her child for this type of support or brings up an adult topics (parental relationship issue, money). One or two "off"/adult topics" may be mentioned. At some point during interview, the parent may distinguish between parent-child roles in a minor way but overall views few negative consequences of going to child for support (or no mention of consequences). Questionable mother versus best friend role. Several statements suggest she has frequently seeks or has sought emotional support from child, that child is appropriate source, or that they strive to be child's best friend. May notice contradictory statements about parent-child roles. <b>PRETTY BAD</b></p>
5= strong	<p><b>Strong signs of parentification.</b> Parent clearly expresses that child is one of main emotional supports and she frequently goes to/seek emotional support, advice, caregiving from her child. Does not really mention, beyond maybe once at beginning, that she goes to other adults. Parent is self-focused, fails to mention any possible negative consequences, focuses on positive consequences of this process, and <u>describes a specific situation or several situations</u> in which she went to her child for emotional support. Casually talks about turning to her child re: adult topics (parental relationship issue, money problems). Few "off"/adult topics" mentioned. Parent does not distinguish between parent-child roles beyond minimal mention. May confidently state that she strives to be her child's best friend and does not mention adult/parent role. She encourages her child to provide support, believes its helping the child and parent. <u>Overall, you get the picture that parent positively views child as a main support.</u> There may be a few contradictory statements. <b>BAD</b></p>
6= very strong	<p><b>Strong signs of parentification.</b> Parent makes a strong statement or many corroborative statements that she often goes to/seek emotional support, advice, &amp; caregiving from her child. No real "off"/adult topics" mentioned (or very superficially mentioned). Parent is very self-focused, fails to consider any negative consequences for child, focuses on positives of this process, and <u>describes specific situations</u> in which she went to her child for emotional support. Casually talks about turning to her child re: adult topics (parental relationship issue). Does not seem to distinguish between parent-child roles. May strive to be child's best friend beyond mother role. She encourages child to provide support, believes its helping the child. <u>Overall, you get the picture that parent positively views child as a main support.</u> Maybe one very minor contradictory statement. <b>VERY BAD-This is something extra</b></p>